TALKING STICKS AND BMW'S:
RITUAL, POWER AND AUTHORITY IN A PSYCHOTHERAPY TRAINING PLACEMENT

by

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My practical training was one of the most difficult experiences I have been through. And it is during difficulties, when the pressure is high, that the animal, the angel or both, in us emerge. For me it was a growth experience. I learnt that there are both pious and power impulses lurking in all of us, all the time.

I wish to acknowledge the following people:

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ABSTRACT

This study explores trainees' experiences of power dynamics within a ritualised training context, with reference to the three major aspects of the study: training, ritual and power. The psychotherapeutic training took place at Agape, a community-based counselling service in Mamelodi, whose theoretical approach to training included a mixture of postmodern, ecosystemic and African traditions. A substantial literature survey examines the major concepts and issues related to the research subject, such as psychotherapeutic training approaches, the philosophies and theories that may inform training procedures, ritual practices in psychotherapy, and organisational and power aspects of psychotherapeutic training. The research process was executed using the qualitative, interpretive research methodology. A sample of six of the trainees who had completed their training at this placement was interviewed, and two of the trainers. The researcher's reflections on her own training experiences are woven into the material. Using the interview technique and through asking a series of open-ended questions, the researcher obtained an account of the subjective, sacralised training interactions at Agape. Themes were identified that had emerged during the interview process. In brief, the themes referred to trainees' theoretical and practical experiences in the training placement, how they made sense of the sacralised therapeutic experiences, and comments on their relationship with trainers and fellow trainees. The most common theme that emerged was that of power. The end product of this study portrays the trainees' understandings of power within a sacralised psychotherapeutic context and their responses to this. This study makes explicit the links between ritualisation and power within an evaluative psychotherapeutic training context, and the consequences of this for training.

Key terms:
Psychotherapy; Ritual; Power; Psychotherapy clinic; Healing; Community; Trainees; Sacralised training interactions; Training placement; Theoretical orientation; Psychotherapeutic training; Therapist's power; Trainer-trainee relationship; Community; African healing paradigm; Training institution; Community-based counselling service; Ecosystemic; Sangoma; Postmodern; Ecology; constructivism
CHAPTER 1

INTRODUCTION, BACKGROUND TO AND AIM OF STUDY

This study explores the power relations in which ritual is embedded in a psychotherapy-training placement called Agape. I examine the pragmatics of trainees' experiences of the confluence of ritual, power and training within an ecosystemic, postmodern psychotherapeutic training system. In this first chapter I sketch the geographical and socio-cultural setting in which the study took place, and I present the background and aim of the study.

Agape is a psychotherapy clinic that was founded in 1989 by academics in the psychology department at the University of South Africa. Agape is situated in Mamelodi, a historically black township east of Pretoria.

Mamelodi was established in 1953. Physically it spans approximately 2 400 hectares and is situated 18 kilometres from Pretoria's city centre. The housing infrastructure in Mamelodi reflects the diversity and paradoxes typically found in South African townships. A broad distinction can be made between the poor who live in rented municipal houses and the petit bourgeois who live in their own houses in wealthier sections of the township. The types of municipal houses range from shanties constructed of cardboard and scrap metal sheets to the better "matchbox" houses, four-walled structures with a toilet in the corner of the property. The houses belonging to the better-off residents have typical middle class designs with fenced-off grass lawns, complete with safety and security features (Chiloane, 1990).

The state of the roads and environment further underscores class differences in the township. Some roads are tarred, though they may be filled with potholes and strewn with garbage. Many roads are just paths of dust and stone. Some streets are wide enough to accommodate a car - but only one. On some street corners there are vendors selling vegetables, sweets and even live chickens. Pollution, overcrowding and an absence of middle class environmental aesthetics punctuate the physical environment.

In addition to the trains of the formal transport system, Mamelodi has its own informal transport system comprising the so-called Black taxis - minibuses with
varying degrees of roadworthiness in which residents commute to destinations inside Mamelodi and between Mamelodi and the surrounding areas.

The People of Mamelodi

The people of Mamelodi are black, largely of working class origin and culturally affiliated to both the various western churches and traditional African religions. Chiloane (1990) records that the Methodist (1953), Lutheran Bapedi (1953), Swedish Mission (1954) and Assemblies of God (1954) churches were the first to be established in Mamelodi and played a major role in the provision of social services in the township. He notes that although residents of Mamelodi and similar areas in South Africa have attended western churches for several generations, many have also maintained their affiliation to traditional practices like sending their children to initiation schools, belief in ancestral spirits and seeking out spiritual cures for illnesses. The African Independent Churches developed after splitting off from white dominated churches, and in these churches, says Chiloane, traditional beliefs and practices are accommodated as part of the expression of Christian faith. Many of the residents, in the pursuance of physical and mental cures, subscribe to both the western medical paradigm and the healing practices of ancient Africa.

Four major ethnic groupings are commonly distinguished in Mamelodi, namely Sotho, Nguni, Venda and Shangaan. During the apartheid era people were encouraged to form ethnic identities in terms of these ethnic groupings (Chiloane, 1990). The majority of residents are of Sotho ethnic origin and speak Tswana or Northern Sotho as a first home language, although many would identify themselves as black South Africans rather than as Tswanas or Northern-Sotho speakers.

The Physical Characteristics of Agape

Agape is situated in the east of Mamelodi, off a main road, behind a garage and supermarket, partially encircled by roads full of bustling traffic. It occupies part of the grounds, actually the parking area, of the YMCA. Physically Agape is a piece of dusty, dirt-strewn ground with a small lapa structure (a thatched hut with low walls or none) at one side. Under the lapa there is a piece of cemented ground. A circular, graffiti-emblazoned wall encloses the lapa and a sandy piece of ground surrounds the lapa. On the left of the lapa stands a big gum tree that provides some
shade from the harsh African sun. Besides the YMCA hall, which fills the left part of
the grounds, Agape shares the plot with a self-help brick-making workshop and a
nursery school. Agape forms a thoroughfare for people and buses on their way to the
nursery school.

Agape is thus a basic, unsophisticated psychotherapy clinic which, when I
was being trained there, did not have facilities such as change rooms, canteens and
toilets for therapists and clients. The YMCA provided the rickety chairs for clients
and therapists to sit on. Tree stumps and large stones were sometimes pressed into
service as alternative seating. The toilets of the YMCA were the only ablution
facilities available to students and trainers. The tops of the toilets’ cisterns were
missing, and so were the toilet seats. The toilets were generally filthy, dark and wet.
There were no conveniences like toilet paper and soap and at times there was no
drinking water.

There were no building structures in the clinic: no therapy rooms, no walls,
roofs, doors or windows. This meant that those involved in psychotherapy were fully
exposed to the physical elements of sun, rain, wind, dust, and even the electrical
storms of summer. In every season both therapists and clients endured the
discomforts of breathing in the dust or getting sun burnt. When it got bitterly cold,
most clients stayed away from Agape and therapists and clients who did attend
would seek shelter from the elements in the YMCA hall.

Because of the lack of physical boundaries and barriers, therapists improvised
various forms of therapeutic privacy for the clients. Some therapists resorted to
sitting in remote areas of the property, shielded from others by distance and the
barriers provided by the other buildings on the property. Others would find seating
amidst the screening provided by clumps of bushes growing wild in the dust, often
stopping midway in the therapy session to allow people or buses to pass.

The Organisational Character of Agape

The Agape clinic functions every Wednesday from approximately 09h00 to
18h00. The clients utilise the services of the clinic on an informal basis. They may
refer themselves after overhearing talk of the “healing work” at Agape in the taxis, at
church or through the school and other formal township organisations.
At the time of writing, there was no formal appointment system, there were no waiting rooms, and no paper work needed to be completed. Clients had the freedom to drop in and out of the psychotherapeutic context as it fitted with their particular lifestyle. They could be seen individually, or with their various significant others, which could include extended family members, neighbours and sangomas or church pastors.

Once at Agape, they had the choice of joining the Agape "regulars" – a group of people who have found a home at Agape. Clients might even stay and enjoy lunch with the Agape regulars. The trainees and other locals prepared the lunch, purchased with money collected weekly from the therapists, of which everybody partook. There were many activities at Agape like drumming, music, dancing and so on that gave the place the character of a local community healing centre.

The Agape regulars were an interesting group of local people – some of them barely able to survive materially, others obviously marginalised, surviving on the fringes of the township. One such regular, Anna, lived in a cave in the mountain in Mamelodi. She frequently arrived at Agape floridly psychotic, sometimes verbally aggressive, talking in strange tongues. Anna would tell all who were willing to listen about her mansion, her children and the various spirits and demons that inhabited her world. She worked as Agape’s self-appointed cleaning lady, always busy with broom and mop. She also assisted with the preparation of meals. The trainers regarded her as a “spirit of wisdom” in Agape, and it appeared that she shared a special relationship with them.

Then there was Tommy, a man who spoke repetitively and incoherently about the loss of his father. The “sunshine boys” were also in regular attendance. They were unemployed, some with a history of mental illness, and spent their day smoking and sitting in the sun. Sometimes they were high on dagga or other drugs and would beg for money from the therapists to buy cigarettes. They would disappear for a week or two, during which they would be earning meagre amounts of

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1 Not her real name

2 Not his real name
money doing piece jobs, or they might be serving time in a local police cell following altercations with “the law”.

The drumming and the visits of local *sangomas* strongly inspired the Agape atmosphere. The presence of African drums was a defining Agape symbol. Schoolboys and some adult men and women would be drumming to the beat of African rhythms throughout the day. Sometimes singing and dancing would accompany the drumming.

Occasionally *sangomas* or *inyangas* would visit Agape, and make themselves available to heal the clients. During my first year there, Agape was blessed with a visit by the eminent *sangoma* Credo Mutwa (Journal entry, 1998). The *sangomas* enlightened the community of students about the “call to healing” that they (the *sangomas*) go through as part of their training. At Agape the work of the *sangomas* was regarded as an important source of healing for both clients and trainees.

Agape as a Sacred Domain

All the proceedings and interactions at Agape took on a ritualised character. The supervisors seemed to speak a special language, facetiously dubbed “Agapinese” by one of the trainees. Agape was referred to as a “sacred domain”. We were not mere trainee therapists – we were “healers”. The work that we did was “sacred”. Therapy was referred to as a ritual, and so was carrying chairs, greeting and drumming.

I learnt that greeting everybody in the morning by shaking hands was an important ritual, as were the lunchtime ritual and the end-of-day meeting. When we had a meeting it was important to talk while holding the “talking stick”. Supervisors tended to speak in an indirect, tentative way. They used words and phrases that conveyed an indeterminate meaning. For example, we were this or that “in some way” or “in some sense”. Generally, conversations were punctuated by phrases suggestive of suffering, vagueness or openness, such as “we are in the struggle”, or “it is taking place in the spaces between us”. Sentences were often marked by words like “connection, community, healing, sacredness” and so on. One of the trainers often repeated the axiom that “ritual is the point of connection between the community, the therapy and the trainee”.
I was advised that I was a healer and a client simultaneously. As healers we were “taught by our clients”. We were encouraged to make mistakes in therapy because “we are taught by the mistakes that we make”. We were told that at Agape we were a community. We were all brothers and sisters, and all in principle equal, in pain and otherwise. The most important thing at Agape was to “connect” with others, to “join” and to “form community” with others.

Ritual was incorporated on many different levels of interaction at Agape. The use of ritualised language (“Agapinese”) was one important characteristic of the setting. In addition, the rituals might be introduced as a once-off act while other rituals might be repeated later. As with the rest of the Agape activities, the rituals were not presented as a coherent set of training objectives that had to be performed. They slotted in with the training conditions. In the opinion of the trainers, particular circumstances would necessitate the performance of rituals. They would then announce the upcoming ritual that had been selected to deal with the particular situation. The situation might be conflict among trainees, a lack of general cohesion among Agape members, or anything that, in the opinion of the trainers, warranted a ritualised intervention.

For most of the trainees, myself included, the ritual would be completely unfamiliar with respect to content and process. We would carefully follow the instructions that we received from the trainers on how to prepare for the ritual. Most of us came to make sense of the rituals by accepting them as part of the training experience.

The Nature of Psychotherapy Training at Agape

During the selection procedures for psychology master’s courses at the University of South Africa (Unisa) and the Rand Afrikaans University (RAU), some clinical and community students from each of these universities were either deliberately selected to undergo their training at Agape or given the option to choose Agape as a training placement from among other training placements. The students received theoretical instruction at their respective universities, but they acquired their practical therapy experience over one or two years at Agape.
The trainees were exposed to varied categories of client populations. Some clients came to Agape seeking material assistance, and trainees were therefore often faced with people experiencing extreme poverty and needing practical help with concrete difficulties. Others sought relief from relationship difficulties within the family, marriage or extended family and friends' circles. The therapist would provide individual, couples, marital, family or group therapy in accordance with the need of the situation. Other problems for which clients sought help included scholastic difficulties, mental retardation, rape, physical and mental abuse, and the psychosocial challenges of HIV/AIDS.

Besides providing psychotherapy to resolve various difficulties, trainees were involved in school projects on violence and sexual abuse, often working hand-in-hand with the local police regarding rape and women and child abuse. Many adults and children who presented at Agape had either been the victims of violence or had been witnesses of extreme violence. Trainees had at one time, under the guidance of an ex-supervisor, set up a group of "mothers and fathers" at Agape. Apparently this group was receiving training in basic counselling skills.

Many of the trainees would follow up with their Agape clients through home visits in the community. Some trainees ran life skills programmes in the local schools, and some spent most of their time inside the community - connecting the residents up with their local resources, working closely with social workers, community workers, the police force and the various schools in the area. Besides the "mothers and fathers", there was a playgroup for children in which they could express their creative energies.

The psychotherapy training spirit at Agape included the African healing paradigm as part of the ecosystemic, postmodern approach to training and healing. The trainers emphasised the importance of sangomas in the healing of clients and frequently reminded trainees that the spirits of the ancestors formed part of our daily and therapeutic reality.

The practical training in psychotherapy took place with in vivo supervision. The trainees obtained case supervision from the three supervisors. During supervision the trainers would comment on the therapeutic attempts of the trainees, and would examine how the problem of a given client resonated with the trainee’s
“issues” of personal growth and development. In the same way that clients utilised the Agape services in an informal way, supervision took place with minimal direction. About twenty trainees required supervision on any day, and it was sometimes difficult to either secure a supervisor for supervision or to fix a time slot in which to obtain supervision.

Historical Development of the Research Question

Meeting other students, members of the local community and my clinical supervisors took up most of my first day at Agape. I was introduced to the Agape regulars, met up with a sangoma and was instructed in the do’s and don’ts of ancestor-based healing. As the days passed I joined with the people and the various activities with much enthusiasm. I conversed with many interesting people, participated in the drumming, spent time with the children and helped to prepare the lunch.

As a novice trainee I was intent on making sense of my training placement. I noticed the physical transparency of the place, the dearth of physical boundaries in the form of doors, furniture and other boundary-making décor. This physical openness was paralleled by the social openness of the context. Agape seemed to be the local “social watering-hole” where everybody met everybody. Rumour had it that a lot of people from the community met and found “connection” with others here.

Much later in my training it dawned on me that therapeutic expectations would not be specified and the assumption was that I would automatically “know” what was expected of me. Spontaneously, I started to arrange my therapeutic activities myself. I realised I had to manage my own day. The activities of the clinical placement were left open and undefined. There was no clearly defined leadership structure in place and no clearly demarcated hierarchical structures. The trainers stated that they were as much “in need of healing as everybody else”. Apparently there were no “experts”, nobody “knew better” than anyone else and we were all in solidarity in our “humanness”.

Initially it felt strange sitting outside and doing therapy in full view of everybody else. After a while I grew accustomed to this. I also learnt the “art of
waiting" – for the lunchtime ritual to begin, or for the end-of-day meeting to start or to obtain supervision.

I experienced the first stirrings of discomfort about Agape within the first month of my training, and after a few months these turned into a deeper sense of irritation and feelings of unsafety. I found the absence of overt rules and boundaries troubling. The context seemed to lack normative forms of organisational management. Activities were not organised with respect to time. There were no clearly specified times to start or finish activities, or to take leave. Lunchtime happened when everybody was ready. This meant lunchtime could take place between 12h00 and 16h00. An end-of-day meeting marked the end of the day but there was no specified time for this to take place. As the afternoon drew to a close, I would watch to see when the supervisors were ready to start the end-of-day meeting. I would arrive home in the evening any time between 18h00 and 21h00.

What intrigued me most was the fact that all activities were sacralised. I was witness to mundane, ordinary rituals as well as more exotic rituals like calling up of the ancestors, rituals at the river or up the mountain, or burning of imphepho. The strong impression that I gained was that doing rituals was “the right thing to do”.

I gradually started to become cynical about the oft-repeated assurances that we were all part of one community where everybody connected with everybody, beyond language, and beyond all barriers; a community where, six years into our fragile democracy, a real “New South African Haven” had come into being. One trainer referred to one of the Agape regulars as her “sister”. We all carried chairs, and we all sat down to eat the same humble meal during lunchtime. But despite such signs of apparent harmonious equality and special sacredness, I became increasingly aware that this was a place that came with historical imbalances (Chiloane, 1990), as described above.

Agape is situated in a township typical of the lower socio-economic levels. The clients were mostly poor, uneducated people who engaged in a daily battle to survive materially. For some clients the lunchtime meal was their only meal for the

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3 Zulu incense that aid divination (Buhrmann, 1984).
day. Most people arrived at the clinic on foot because they could not afford to pay the taxi fare. In contrast, the trainers were white and from economically privileged backgrounds. Many of the students in training were white and by definition privileged, while those who were black came from materially privileged backgrounds relative to the client population. Thus I started to see Agape less as a place of free and equal exchange and more as a place of concealed structure.

My increasingly less enthusiastic view of Agape was also accompanied by anxiety. I reminded myself that as a psychologist-in-training my position was precarious. It might not be in my best interests to express my discomfort. Psychotherapeutic training takes place in an evaluative context, with concomitant power differentials between trainers and trainees (Wendorf, 1984). I feared censure if I should overstep some invisible line. Towards the end of my training (11 August 1999) my journal entries reflect this lack of ease:

Carrying or not carrying chairs becomes the criteria for whether one is committed to Agape or not. That’s very dangerous. Nobody ever spells out what kind of commitment is required at Agape, but the moment people do not commit in the way that is expected, all hell breaks loose.

At one point in my training I did risk questioning the apparent lack of time management and the rationale behind the use of some of the rituals. The trainers responded to this boldness of mine in a way that I would later recognise as a characteristic response to dissension. I was commended for “showing the courage to question the sacred”. I was applauded for questioning and taking issue. My questions, though, were never answered. The logic behind the use of certain rituals was not explained.

I was unfamiliar with the rituals. The expectation that I participate in rituals that held no meaning or significance for me was to haunt me long after my training had come to an end. I felt that there was a strong pull to conform ideologically at Agape. There was a fervent emphasis on defining our training as “a special, sacred reality”. We were regularly encouraged to “form community”. I got the impression that nothing was more important than belonging or forming connections. One could even turn a blind eye to unacceptable behaviour, as long as one “connected beyond all the differences”.
As part of my mostly mute dissension, I also started pondering the motives of my trainers. I wondered why they chose to work at Agape. I wondered why they would consciously choose to work in such an untraditional context, and why they seemed to prefer the untraditional methods of psychotherapy, such as using healing rituals. Not that there’s anything untoward in using rituals in psychotherapy training per se. The literature suggests that there is a rich history of successful integration of psychology and spirituality (Canning, Pozzi, McNeil & McMinn, 2000). The underlying question that kept worrying me was why the trainers never spoke about what motivated them to work in such different conditions. Why would they deliberately opt to work in a cultural framework so foreign to themselves and to their racial and community identities? And why did I keep on feeling so imposed upon, and so profoundly disrespected in this “sacred domain”?

I found the apparent association between the use of ritual and the lack of openness regarding issues of leadership and authority, and the silence around pertinent issues such as race, class and politics, significant. I realised that because ritual is usually associated with the sacred, it could become a most appropriate weapon of power (Kertzer, 1988). And, given the tendency of psychotherapists to obscure issues of power (Heller, 1985), it struck me that sacralisation and denial-of-power issues were directly linked, the one fostering the other.

I discovered that in some of their writings, the Agape trainers acknowledged that ritual could be both beneficent and malevolent (Lifschitz, 2000). However, ideas regarding the potential abuse related to ritual practice were not sufficiently explored at the level of practice, by for example examining trainees’ experiences of the rituals through the creation of spaces in which trainees could express their sentiments about rituals. I questioned the assumption that ritual was “good for me” and “good for the community”. How could it benefit me if it made me feel so stepped upon? Yet ritual was assumed to be the point of connection between the client, the therapy and the community.

I also wondered why I had not been informed that rituals would be an integral part of my training. Was doing all these rituals some sort of experiment? Or was it a misguided attempt at bringing a sense of community to my supervisors who perhaps felt alienated from their own communities of origin? Or was it an attempt to bring
community psychology to the townships? I also wondered whether working in a black township automatically presupposed that African rituals would be useful for the training of psychologists. I knew these were complex questions requiring even more complex responses. But these questions were useful in examining the assumption that ritual is the “most sacred way of connecting with others” within a psychotherapy training placement.

My discomfort with rituals was twofold. First, I found it difficult to identify with the purpose and function of the ritual, even though identifying with the purpose and function of ritual are said to be crucial aspects of comfortable participation in ritual (Van der Hart, 1983). The second difficulty I experienced was with the management of the process of ritual. There was a lack of transparency and democracy in the way ritual was introduced. Apparently trainees had no say in deciding which rituals they would like to participate in, when or how. Neither did we have the option of refusing to participate in rituals. I feared that such refusal might be interpreted as a lack of commitment to my training.

I reflected on the way the power of the trainers manifested in the Agape context. It seemed many trainees felt the trainers’ presence and power, yet there was a prevailing sense that Agape was a “sacred domain”, “a special place of connection”, and that words like “power” and “hierarchy” might detract from the sacredness associated with the training placement.

These experiences and reflections as a trainee led to the formulation of the aim of my study.

Aim of Study

The aim of this study is to examine the role of power and authority in the practice of rituals in a psychotherapy training placement (Agape).

Sub-aims of the study are:

- to trace and make explicit the intimate connection between rituals and power in an evaluative context
- to comment on the implications of the power relations surrounding rituals for the nature and quality of the training that the trainee receives.
In this study I therefore attempt to explain the way in which trainees experienced rituals as part of their psychotherapy training, and the role played by ritual in shaping their experiences of power.

I examine the role of the training institution’s training philosophy and how this interacts with the expression of ritual, as well as its fit with the traditional African beliefs that were prevalent in the client’s social milieu.

I also consider the influence of sacralised aspects on “secular” psychotherapy practices and how this shapes the trainees’ experiences.

I map out in some detail the consequences of the sacralised training practices on the organisational and relationship dynamics between trainers and trainees.

The dissertation draws attention to the trainees’ responses to the sacralised provocations and how they managed these.

Brief Overview of each Chapter

Chapter one starts with an introduction and background to the research study. Within this a description is provided of the geographical, cultural and social context in which the training placement is situated. A description of the historical development of the research question follows. Finally the aim of the study is defined and a brief overview of each chapter is given.

Chapter two is devoted to a literature study in which the three major aspects of the study – training, ritual and power – are described with reference to relevant works. Then a detailed discussion of the confluence of these three aspects within a psychotherapeutic training placement is presented.

Chapter three explicates the methodology on which the research study is based and executed. First, the philosophical ideas that underpin the choice of research methodology are outlined. Thereafter the sampling and selection procedures, the processes of data collection, analysis and interpretation are described. As part of the description of the data collection procedures, the interpersonal and subjective processes that characterised the research process are explained.
In chapter four the themes that were identified following data gathering are analysed, discussed and linked with discussions in the literature study. This is followed by a brief reflection on the themes that were discussed.

Chapter five contains a restatement of the research aim, followed by a commentary on the extent to which this aim has been achieved. References are made to issues of standards and verification within the research tradition followed by a commentary on the implications of the research interpretations for the researcher, trainees, trainers, training and the training institution. Lastly recommendations are made for future research.
CHAPTER 2

LITERATURE SURVEY

In this chapter I examine the issues relevant to the power relations between trainers and trainees in a ritualised training context. I start by exploring the major concepts – training, ritual and power – as three distinct entities. Thereafter I analyse the confluence of these three concepts as they manifest in the training context. Referring to the framework of the training institution and specifically the training placement context (namely Agape) facilitates discussion of certain aspects, and at times some of these concepts are, therefore, examined with reference to the training institution and the training context.

Training

Bor and Watts (1999) give an overview of psychotherapy training in the United Kingdom in their book, The trainee handbook. They define psychotherapy training as a mixture of:

(a) exploration in the form of personal therapy (often done elsewhere and ongoing) and personal development groups; (b) supervised work with clients, (c) the acquisition of specific skills; and (d) understanding theory, and perhaps also making sense of and carrying out research. (p. 16)

The emphases on particular aspects, for example self-exploration, will vary depending on the preferred theoretical orientation of a given training course. Psychotherapy training involves both formal and course-based training. Trainees obtain their clinical experience within a clinical placement where they may have the opportunity to work with special populations or diverse age and diagnostic categories of client populations. Some clinical placements may specialise in the assessment and treatment of specific mental health diagnostic categories, while others may offer the trainee a more varied clinical exposure to the major mental health diagnostic categories (Bor & Watts, 1999).

In the ideal situation, trainers would present the novice trainee with an introductory package or contract that outlines clearly, among other things, the expectations of clinical supervisors and the roles and responsibilities of all
participants, and that states the aims and objectives of the training placement (Bor & Watts, 1999).

Training in psychotherapy is a stage-specific experience (Watkins, 1997). Trainees may progress through several stages of personal and professional expertise, needing sequential guidance and support (Liddle & Saba, 1982). Novice trainees may enter the profession with very little prior knowledge of and skills in psychotherapeutic practice (Kleintjes & Swartz, 1996). During their training they rapidly advance to become skilled practitioners by engaging in hands-on practical work with clients. This rapid acceleration in gaining skills is matched by profound changes in identity and in the experience of the self, and by the acquisition of many different roles. As a result, according to Kleintjes and Swartz, the psychotherapist-in-training may undergo much stress and anxiety during the protracted training period.

The stage-like progression of trainees towards therapeutic maturity necessitates a relationship with trainers that can accommodate the continuous gains in competence achieved by the trainees and the ongoing variations of their personal and professional needs. This kind of relationship is forged during supervision, in which their personal and professional development is nurtured and much of the transfer of skills from trainer to trainee takes place (Watkins, 1996).

The supervision process forms such a pivotal aspect of the psychotherapy training (Kaufman & Korner, 1997) that a more detailed examination of its function is warranted.

Supervision

Supervision can be defined as a hierarchical relationship of training between a trainer and a trainee in which the former has the necessary expertise and authority to instruct, advise, assess, oversee and provide feedback to the trainee concerning the trainee’s professional development (Wendorf, 1984). According to Webb and Wheeler (1998), the supervisor or trainer ensures that the trainee addresses the needs of the client. They describe the supervision process as a place that provides the holding space in which the gradual progress of the novice trainee towards professional maturity is managed.
Wendorf (1984) points out that because psychotherapy and training frequently draw from the same theoretical base, they are often treated as interchangeable processes. He goes on to say that the change and growth processes of psychotherapy and training can be explained using the same theory of change. Both take place inside hierarchically arranged relationships – between therapist and client and between trainer and trainee.

According to Rubin (1997) there are, however, important differences between the two. In supervision the emphasis is on the transfer of skills between trainer and trainee. The focus is on the development of the novice trainee to become a competent psychotherapist – to train and develop the student towards the specific, formalised goal of becoming a psychotherapist. A further difference between supervision and therapy can be found in the dual responsibility of the supervisor, to client and to trainee. During supervised therapy, the supervisor has to ensure that the client’s care is his or her priority, without compromising the rights of the trainee.

Many authors emphasise that the supervision process is integral to and probably the most important aspect of trainees’ learning, and that the quality of supervision received may influence the quality of psychotherapy available to the general public in the future (Henderson, Cawyer & Watkins, 1999). The supervisory role is indeed an important one, and is the most frequently used method to teach psychotherapeutic skills to trainees (Kaufman & Korner, 1997).

The clinical supervisor who conforms to the ideal of effective supervision has been conceptualised by Henderson, Cawyer and Watkins (1999, p. 48) as follows:

The ideal supervisor possesses favorable interpersonal skills (e.g. empathy, respect and genuineness); possesses knowledge and experience of both therapy and supervision; can effectively structure supervision by setting concrete goals for the supervisee; is generally supportive and non-critical; and provides an effective balance between direction and autonomy. In addition the effective supervisor is explicit in goal setting and clear in providing expectations and feedback, thereby providing a balance of supervisor support, respect, skill, clarity and teaching education.

Evaluation is an important aspect of the supervisor-trainee relationship. The clinical supervisor is charged with the responsibility of providing continuous feedback to the trainees to assist them to achieve the objectives of the training. The
trainer also functions as a role model of therapeutic “prowess” as the trainees observe the supervisor in action. In this regard Rubin (1997, p. 8) asserts, “it is not only what you teach, but also what you do, that has impact on those whom you are trying to teach.”

The evaluative aspect holds direct links with the power differentials inherent in the supervisor-trainee relationship. Supervisors are established “on their turf” whilst trainees enter a context that is both unfamiliar to them and in which they have to prove themselves capable future psychotherapists. According to Watkins (1996), many trainees report discomfort and feelings of powerlessness about this. “They may develop concerns about their competence, of being evaluated, and being ‘exposed’” (p. 141). The evaluative aspects of supervision may even interfere with the bonding relationship between supervisor and supervisee, as so many valued aspirations are at stake for the trainee (Henderson et al., 1999).

The trainer encourages behaviour in the trainee that may facilitate successful therapeutic outcomes. At the same time the trainer, according to some authors, has a duty to inform the trainee of personal and professional behaviours that may result in therapeutic failure or impasse (Haber, 1990). Consequently the trainer faces a most daunting task – he or she has to combine the supportive guidance aspects of supervision with a limit-setting function (Webb & Wheeler, 1998).

Besides the trainers’ role-modelling, supportive and limit-setting responsibilities, they have to manage the carry over of their theoretical orientation into the training context. During the process of psychotherapeutic training trainers’ philosophies, beliefs and values can be communicated to trainees in both intended and unintended ways (Sayer, 1986).

*Theoretical Orientation*

The philosophical and theoretical orientation of the training course is central to the research question. Accordingly, an extensive theoretical background is provided here. This also provides the necessary context for many of the discussions in this chapter and in the chapters to follow.

Epistemology is concerned with the meaning frameworks people share about reality and knowledge. This epistemology will influence how people order their
world (Keeney, 1979). Ontology refers to one’s beliefs and assumptions about reality, and epistemology refers to beliefs about how this reality can be known. Epistemology provides a conceptual framework in which the therapist organises his or her data about the client, how he or she thinks about the symptoms, treatment and even who he or she will consult with during the process of psychotherapy (Stachowiak & Briggs, 1984).

The dominant spirit or mentality (Zeitgeist) that held sway for a long time in the western world was that of modernity, or the Enlightenment. The logical-positivist epistemology, also known as the Newtonian paradigm, underlies this mentality. This is the spirit that facilitated the belief in the limitless possibilities of technology and science and which gave birth to the classical medical model of psychopathology (Capra, 1988). It is concerned with discrete, “objective” pieces of information, linked together to obtain “rigorous, scientific” data. According to Doherty (1991), this has led to a reductionist view of people and their difficulties that ignores the contextual and relational factors that contribute to the difficulties people experience. It breaks down whole systems, composed of mutually influencing parts and connected with other systems, and studies them in isolation and out of context. An example of this cited by Doherty, is the psychoanalytic categorisation of the human psyche into id, ego and superego – each to be studied as a distinct entity. Clinicians adhering to this approach would, when diagnosing, arrange their data in such a way as to validate the system of classifying symptoms into particular classes of pathology (Keeney, 1979).

Developments in the physical sciences and new discoveries in disciplines such as mathematics, biology, cybernetics and anthropology led to an epistemological change in the western world. The physicist, Werner Heisenberg, articulated the Heisenberg uncertainty principle of modern physics in 1926, and this ushered in the idea that accurate knowledge of phenomena is unattainable, even under the most ideal conditions (Butler, 1998).

Ecosystemic ideas are based on cybernetics, systems theory and ecological principles (Keeney & Sprengle, 1982). Cybernetics is a branch of mathematics that deals with systems of control mechanisms, feedback, recursiveness and information. It is concerned with organisation, pattern and process rather than with matter, material and content (Hoffman, 1990). Psychotherapists started to use the principles
of cybernetics to explain family interactions not as discrete entities but as parts connected to a whole, mutually interconnecting with other parts and forming a harmonious interdependence (Barker, 1998).

General systems theory may be regarded as a branch of the science of cybernetics (Barker, 1998). A key assumption of the systemic paradigm is that of reciprocal causality. Members of a system exist in relation to each other and are mutually influenced by each other’s behaviour. As Keeney (1979) observes, the behaviour of one member of a system is a logical complement to the behaviour of another member of the system, and vice versa. A symptom is therefore no longer viewed in terms of its etiology and pathology, says Keeney, but in terms of its “message value”, with consequent emphasis on the relational processes between people.

The ecological approach to psychotherapy is concerned with the adaptive fit of organisms and their environment, and with the means by which they achieve a dynamic equilibrium and mutuality (Stachowiak & Briggs, 1984). This approach emphasises the broader context of the behaviour of individuals, families and social groups. By adopting an ecological perspective, a therapist is focusing on adaptive and maladaptive transactions between persons and between persons and their environment. This approach sharply departs from the exclusivity of the intrapsychic lens of the psychodynamic approach with its emphasis on disease, and enters a terrain where broader multi-systems can be observed and socio-cultural foci are possible.

**Ecosystemic Epistemology**

Ecosystemic epistemology is rooted in the principles of simple cybernetics (first-order thinking) or of cybernetics of cybernetics (second-order thinking). At the heart of the distinction between simple cybernetics and cybernetics of cybernetics lies the approach to “reality out there”. Simple cybernetics assumes that there is a “reality out there” and that the observer is separate from the system being observed. Second-order cybernetics implies taking a position that is one step removed from the operation being performed so that the process may be regarded reflexively (Hoffman, 1990). According to second-order cybernetic principles, “objectivity” is always in
quotes" (Hoffman, 1985, p. 384). Thus for second-order theorists, objective knowledge and absolute truth do not exist (Becvar & Becvar, 1996). In accordance with the principles of cybernetics of cybernetics the observer is an integral part of the system that is being observed. The Milan team refers to this as the “observing system” stance (Boscolo, Cecchin, Hoffman & Penn, 1987). This attitude is coherent with a constructivist view of reality, according to which the observer is active in the process of constructing reality. Therefore the psychotherapist must include him or herself in the description of the “problem” (Becvar & Becvar, 1996).

While Gregory Bateson and his colleagues translated the concepts of general systems theory into the language of the behavioural sciences (Anderson, Goolishian & Windermend, 1986), biologists like Humberto Maturana, Francesca Varela and others initiated the practice of explaining human functioning in terms of biological processes. According to Efran, Lukens and Lukens (1990), an important emphasis introduced by Maturana is his assertion that there could be no distinction between the system and the observer. Maturana’s notion of “structural determinism”, say these authors, gave therapists a new way of conceptualising the process of human change. Structural determinism proposes that living systems, including individuals and families, are constrained by their biology. A system can only do what it has been structured to do. Therefore, there can be no instructive interaction; no change can be introduced from outside of the system (Efran et al., 1990), as living systems are “self creative”. Therefore a therapist can only influence a system in indirect ways (Hoffman, 1990).

The above developments led many psychotherapists to question the notion of rationally based certainty, resulting in a radically modified view of the Newtonian paradigm. Up until this time the discipline of psychology had courted acceptance in the Newtonian paradigm, emulating the methods and approaches of the scientific and rational sciences. After the Second World War the new Zeitgeist, the postmodernist paradigm, gained momentum. It reinforced the belief that our reality is relative, that there are many realities (truths), and that there can be no reality save that which is created (Doherty, 1991).
The Family Therapy Movement

The family therapy movement developed in response to this paradigm shift in psychology (Barker, 1998). In family therapy, problems of individuals, couples, families and other social groups are understood in terms of the dynamics of a system. The family is regarded as the most significant relational context, as it forms the source of a person’s beliefs and identity. The focus in therapy shifted from mind to behaviour and finally extended to include relational experiences. Family therapy is not limited to working with families as traditionally understood but includes the individual, a couple, or even neighbours and friends (Barker, 1998). Doing family therapy does not necessarily mean doing therapy with more than one individual, or shifting from individual therapy to group therapy. The approach is, rather, a new way of appraising the symptoms, assessment and treatment of people who seek out psychotherapeutic services.

The major family therapy schools that developed under the influence of the new ecosystemic paradigm are the Structural-Strategic model of Haley (1963, 1976; cited in Fish & Piercy, 1987) and Madanes (1980, 1981; cited in Fish & Piercy, 1987); and the Brief Therapy Model associated with the Mental Research Institute (MRI) which was based in California. These models, although they adopted fundamental systemic concepts, were still largely infused with modernist notions. They concerned themselves with issues of rules, boundaries, generational alignments, subsystems, coalitions and triads. These family therapy schools limited themselves to exploring the underlying structures of the family system, be it family beliefs that “maintained the symptoms” or the organisational patterns in the family that gave rise to various “pathological” behaviours. It was the goal of the therapist to identify these underlying processes, and to change them so that they become consistent with “universal, healthy” organisational patterns (Doherty, 1991). The broader, extra-familial contexts were largely ignored. Thus family therapy was begetting the very same atomism, splitting and pathologising that characterised the traditional scientific approaches to psychotherapy.

As the limitations and negative consequences of the reigning family therapy schools became apparent, some therapists introduced postmodern principles in their psychotherapy (Anderson et al., 1986). Therapists became sceptical of the notion of
the therapist as the “expert”, acting upon a relatively powerless and passive recipient, be it an individual or a family (Hoffman, 1985). Some took exception to the emphasis on the “pathology of the system”, and the concomitant neglect of processes of growth and change (Doherty, 1991).

*The Influence of Postmodernism*

Postmodernism as an intellectual force began to gather strength in the latter half of the twentieth century. Towards the end of the twentieth century it had infiltrated many academic disciplines and within the psychotherapy fraternity had shifted the way therapists approached psychotherapeutic assessments and “treatment”, and how they perceived their role as therapists (Doherty, 1991). Postmodernists operate from a belief in equal, multiple realities, because no one can have a monopoly on the “truth” (Anderson & Goolishian, 1988). The therapist is not an “expert”, only somebody who can “perturb” the “story” of a family or individual and assist them in “re-authoring” their lives. The therapist can at most become an equal role-player in the narrative of a family. The therapist is an integral part of the system that she “observes” and co-constructs an alternative “story” with the family (Doherty, 1991).

Meaning is assumed to be central to human existence and language is the most important medium through which meaning is conveyed. Through conversation the therapist creates a healing space that is a function of cooperation and collaboration between therapist and client. The therapist as “master conversationalist” assists the family to deconstruct the meanings embedded in the language that they use to describe their “problems” (Anderson & Goolishian, 1988).

Postmodernists, consistent with their stance against all forms of reified truths, have refrained from adopting a specific psychotherapeutic model. They have evolved a characteristic postmodern psychotherapy, which may be a blend of individual, family and biological therapy models, infused with the emphasis on language, meaning and the non-hierarchical and non-instrumental stance of the therapist (Doherty, 1991). Tom Anderson’s reflecting team is a good example of a therapeutic model that is consistent with postmodern and narrative principles (Hoffman, 1991).
In South Africa academics at the University of South Africa (Unisa) were influenced by the waves of new thinking that infiltrated psychological theorising. Unisa as an institute became known for its systemic approach to psychotherapeutic training and the psychotherapeutic training was based on the ecosystemic approach to assessment and therapy (University of South Africa, 1999).

The Theoretical Orientation of the Training Institution

The theoretical orientation of a training course in psychotherapy exerts a strong influence on many aspects of the training experience. For example theoretical assumptions to which trainers adhere will influence their teaching style, which in turn shapes the learning experiences of the trainees. In addition “the choice of training methods depends crucially upon the goals of that training...[and these goals]... will be inextricably linked with the trainers’ view of the effective practitioner” (Bor & Watts, 1999, p. 10).

Academics at the University of South Africa, including those who initiated the Agape clinic, played a leading role in developing and popularising the ecosystemic approach during the 1990s (University of South Africa, 1999). Ecosystemic, postmodern principles formed the philosophical backdrop against which the training took place. These theoretical principles created a particular spirit in which therapy and training took place and shaped the training in several important ways. For example, during training in systemic family therapy, trainees evolve conceptually until they can approach families as part of larger ecologies, and make sense of problems in interactional terms rather than in individualistic ways (Liddle & Saba, 1982). Within this context trainees are supposed to emerge from the training process skilled in evaluating, assessing and treating clients as individuals who function within and are part of ecologies rather than as discrete, isolated persons.

The context of the training placement may either facilitate or hamper the realisation of the theoretical principles underlying the training. For instance, the Agape clinical placement is a context in which the principles of the ecosystemic, postmodern approach to psychotherapy training could be easily realised. In this clinical placement trainees confront clients whose therapeutic difficulties necessitate contextualisation within the confluence of larger social realities. The poverty, violence and socio-political conditions within a unique socio-cultural infrastructure
of connectedness are the ideal context in which to respond with an ecologically sensitive approach to psychotherapy (Lifschitz & Oosthuizen, 2001). Here single mothers battle to keep their children from becoming dropout statistics. Some clients experience both domestic and societal violence. In this community unemployment is a big social problem and family disintegration a common occurrence. Some clients are homeless and many young girls the victims of rape. In sum, trainees deal with people whose difficulties are closely related to the actual realities of daily living (Efran, 1991).

By appropriately dealing with these clients, trainees obtain on-the-job preparation to approach the problems of clients in a holistic, ecologically sensitive and contextual way (Liddle & Saba, 1982). A postmodern, constructivist meta-theory is the ideal philosophy in which to construct a “spirit of possibility” to counteract the daily distress that clients experience (Efran, 1991).

With regard to the trainer-trainee relationship as viewed within the postmodern constructivist meta-theory (Efran, 1991), the emphasis in training is placed on the mutual interactional and cyclical feedback processes between trainer and trainee (Wendorf, 1984). The training context is seen in interactional terms rather than that of a natural hierarchical relationship (Andolfi, 1979). The trainer-trainee relationship is conceptualised as less hierarchical and thus less didactic. The trainer is not regarded as an “expert”, but as someone who is continuously evolving during the training, part of the continuous growth, healing and discomfort in the same way as the trainee.

The training further embraces the principle of uncertainty. This allows for an “undefinedness”, a lack of directiveness that gives the trainee the freedom to respond to contextual stimuli. This kind of training tolerates a certain degree of ambiguity, so that the pattern of training is allowed to unfold without too much external shaping from trainers. In this egalitarian training context the trainee is liberated from undue performance anxiety, as his or her behaviours are appraised with reference to a relational, holistic therapeutic context and not purely in terms of the degree of concurrence with predetermined therapeutic standards.

The “observing system” stance (Boscolo et al, 1987) necessitates an emphasis on the importance of the personhood of the trainee. In line with this trainers would
encourage the therapists to bring their personhood to bear on the therapeutic context through expressing their opinions, beliefs and even their humour (Andolfi, 1979). Thus the trainee is assumed to actively contribute to the experience of training.

Haber (1990) endorses the belief that the development of the personal self of the trainee is an integral part of professional development. As he points out, the self of the therapist may contribute to the eventual success of therapy as well as to therapeutic impotence. Successfully integrating the personal issues of the trainee may, says Haber, lead to a higher level of evolvement for the trainee, greater insight and greater freedom from “personal handicaps” during therapy.

However, not all family therapy trainers encourage an emphasis on the personal development of the therapist in training. Haley asserts that the trainer may only probe the personal self of the therapist to the extent that this has relevance for the therapeutic encounter between client and therapist (Haber, 1990).

I turn now to the second of the three concepts to be discussed in this chapter: ritual. In the discussion ritual is defined, its functions are clarified and the relationship between ritual and psychotherapy is explored.

Ritual

Ritual is the stuff that life is made up of. It is the readymade “how to” behavioural framework that allows for the expression of life functions. We automatically ritualise our behaviours concerning eating, drinking, socialising, sleeping and so on. We get married with prescribed ritual etiquette, give birth and name our offspring within traditional ritual rules, and are finally laid to rest with much ritualised fanfare. It is difficult to conceive of human living without ritual. Ritual is used to accomplish our daily tasks, to achieve our goals, to begin activities, to mark aspects of personal and group transitions and to give a sense of the beginning and ending of our life processes. It is the arch creator and sustainer of meaning in our lives (Anderson & Foley, 1998).

As humans we are inextricably ritual-bound. Ritual provides structure and direction where none exist, gives meaning to those who inhabit sterile realities, contains our more turbulent or intense emotions, instils a sense of identity, and may be the only set of rules and order left amidst senseless chaos. But above all, ritual
may give power to those who would otherwise be weak or insignificant (Kertzer, 1988) or alternately it may “sacralise” and thus reinforce the ones who are in power. Without ritual, social life as we know it would not be possible (Anderson & Foley, 1998).

According to Van der Hart (1983), rituals consist of stereotyped, symbolic acts or interactions. People can express their ideologies, opinions, values, norms and emotions via these symbolic acts. During the performance of a ritual, says Van der Hart, people sanction the social system to which they belong. An example of this is the ritual exchange of wedding vows by the bride and groom during the wedding ceremony. With the exchange of vows the couple not only pledge solidarity and union to each other, but also express emotions and reinforce their values. All this commonly takes place inside a sacred or legal framework, such as a church or magistrates’ court, in the presence of a special social network of family and well-wishers. This ritual ceremony also takes place within the ideological framework of the sacredness of marriage, sanctioning this age-old institution. In this way ritual “encourages a particular construction of reality” (Anderson & Foley, 1998, p. 49).

The building blocks of rituals are symbols or signs. These symbols may be words, gestures, acts or objects. Some rituals may consist of acts only, with no objects, while other rituals may be made up of a combination of the various symbolic forms – objects, acts or words (Van der Hart, 1983). For example, the circumcision rites among the Xhosa-speaking tribes in South Africa consist of particular acts, artefacts and performances. Thus a group of pubescent boys may be required to live in seclusion in the forest. During this time they have to acquire behaviours suited to their future status. They may engage in various symbolic acts like ritual sacrifices and making appeals to the ancestors (Ngxamngxa, 1968).

From Van der Hart’s (1983) formal definition quoted above, one can deduce that ritual has a prescribed, rigid character involving relatively fixed patterns of acts, specific to certain situations. Rituals come with an explicit or implicit “manual of instructions” of how they should be performed, by whom and at what time and important do’s and don’ts related to their performance (Van der Hart). It is this uniformity or regimentation that contains the stability and continuity that rituals transfer to individuals and situations. Ritual is of value precisely because of this
sense of continuity that it offers, tempering the inherent vicissitudes of life (Anderson & Foley, 1998).

However, this uniformity has led to rituals becoming stereotyped as acts that could be fascinating and even exotic, but only dabbled in by “pre-logical, non-western, primitive” people (Hammond-Tooke, 1989). From this springs the perception that ritual and modernity are mutually exclusive concepts and that modern, western society, relative to other cultures, is seriously under-ritualised (Imber-Black, Roberts & Whiting, 1988). Contrary to this view, Kertzer (1988) cites evidence of the widespread use of ritual in modern society. According to him politicians and statesmen in modern society use rites and ritual to bolster their power. In modern politics, he adds, ritual may be used to maintain the status quo as well as to advance the course of a revolution.

The hoisting of the national flag to mark the importance of a state ceremony, the collective discharge of guns at a military parade or the singing of the national anthem at sporting or political events are common modern rituals that may be used to reinforce political power.

When the rigid aspects of ritual are over-emphasised, this may cause people to feel coerced to participate in ritual against their wishes. But the uniformity of a ritual is but one aspect of the whole. Ritual may consist of what some authors (Imber-Black et al., 1988) refer to as closed and open parts. The closed parts of a ritual are rigid, and are usually performed without any changes to them. These closed parts may be performed mindlessly, with an emphasis on their repetitive, routine aspects. They may become devoid of meaning, and are then referred to as “empty” or “hollow” rituals (Imber-Black et al., 1988). The open parts may be adapted to suit particular conditions, which allows for a certain amount of improvisation (Van der Hart, 1983). In this way ritual may be used to advance change and transformation (Roose-Evans, 1994). Christians all over the world celebrate the Easter ceremony, but this ceremony has been modified to suit local conditions across time (Mail & Guardian, 2000), while remaining fundamentally the same.

The word “ritual” carries within it the promise of “special-ness” – ritual has the potential to imbue human acts with meaning. It has the capacity to transform the mundane, the ordinary, into something divine. The hollowness of a ritual may be
tempered by the degree to which the participant feels involved with the ritual, emotionally or cognitively. If a ritual is reduced to mere empty repetition, the participant may feel him or herself to be a distant spectator in the ritual, unmoved and indifferent. Or worse, he or she may feel coerced and imposed upon by a foreign frame of reference (Van der Hart, 1983).

Some believe that ritual refers strictly to religious practices. For them, ritual refers to acts or behaviours aimed at obtaining some divine blessing or inspiration. Ritual embraces the sacred, the holiness of activities. Durkheim was one of those who believed that rituals were largely concerned with the sacred aspects of life (Van der Hart, 1983). According to Roose-Evans (1994), the most important kind of ritual is religious. He comments further that in religion people confront universal existential concerns about the meaning of life, and that religion offers people a host of rituals to help them negotiate many complex and ambiguous aspects of life. In this instance rituals are perceived as acts that give expression to deep religious conviction and spirituality. Other authors deny this strictly magico-religious position on ritual, explaining the intimate connection of ritual with personal, social, family, clan, tribe or nation development (Van der Hart, 1983).

Some confuse ritual with ceremonial; although ceremonial may be part of ritual. The ceremonial refers to the external aspects of the ritual like the flowers, the decorations and so on (Roose-Evans, 1994).

In general ritual is defined as sacred, often repeated activities that lends meaning and significance to what would otherwise be mundane human experiences.

Rituals in Psychotherapy

Rituals that are most useful in psychotherapy can be divided into two major categories: rituals of transition, also referred to as rites of passage, and rituals of continuity. Transition rituals are used to process transformations from one state to another. Examples are puberty, marriage, birth and death rites (Van der Hart, 1983). Rituals of transition create a safe space, a context in which the change from one stage to the next can be made smoothly, with minimum harm to the individual and the group (Van der Hart, 1983).
Rituals of continuity refer to those rituals that may facilitate the maintenance of the existing order. Establishing a regular prayer routine, and those personal rituals related to ordering our daily lives, may function as rituals of continuity (Roose-Evans, 1994).

Healing rituals and specific therapeutic rituals can be grouped under transition rituals because healing and therapy often involve processing transitions that have not been made or have been improperly made (Van der Hart, 1983). Psychotherapy is a process in which a therapist assists an individual or group to make decisions, or to meet specific developmental demands. During psychotherapy the therapist encourages the positive growth of individuals and groups, and assists them in attaining a better fit between themselves and their circumstances (Hansen, Stevic & Warner, 1986). The therapist may further instruct the client in the performance of rituals to foster the achievement of specific therapeutic goals.

It is important to bear in mind that rituals of transition and rituals of continuity may not be mutually exclusive acts. Rituals of continuity may contain some aspects of transition and vice versa (Van der Hart, 1983).

Persons who perform rituals and/or do healing work are usually referred to as healers. Next I briefly discuss the concept healer and the healer’s place within different healer systems, including that of psychotherapy.

A healer is someone who “has achieved his place in society by means of special knowledge, training and skills not ordinarily available to other members of society” (Miller, Baldwin & DeWitt, 1987, p. 139). In traditional African religions, the traditional healer is regarded as “the master of African medicine” (Kottler, 1998). Thus a healer is a person who is specially chosen, trained and armed to bring healing to others. Psychotherapy is a healing profession. In healing rituals the emphasis would be on engaging the patient in those rituals that would resolve a particular difficulty, to enable the person to complete a transition and foster growth and the wholeness of his or her entire personhood (Butler, 1998).

In systemic family therapy there have been many instances recorded of successful use of rituals in families, according to Imber-Black et al. (1988). But long before this official or formal introduction of ritual into family therapy, say these authors, therapists had appreciated the natural and resourceful forces of healing
inherent in rituals and had used rituals sporadically and in unusual situations. Jay Haley (1980) uses the rite of passage of "leaving home" as an "initiation ceremony" to assist young people to separate from their families of origin.

The process of psychotherapy itself may be perceived as an important ritual. Lifschitz (2000, p. 10), for example, refers to "the performance of some contemporary rituals like psychotherapy". During psychotherapy clients find a holding space in which they can safely explore threatening beliefs, express taboo emotions, and process long-suppressed losses that have prevented them from negotiating necessary developmental transitions (Imber-Black et al., 1988).

Ritual is an important supportive, facilitative framework that allows individuals and families in therapy to embrace the changes needed for the sake of personal and collective wellbeing. Thus during the process of a ritual (psychotherapy) a person who has long suffered an untenable marriage may finally decide to leave – breaking free from the relationship and starting to live on her own.

Ritual is important in providing safety and holding in times of disintegration and personal and social decay. It forms the cradle that holds the "victim" during crisis or extremes of experiences (Lifschitz, 2000). When very intense emotions are experienced, the person can express these feelings while holding on to the "ritual container". An example of this is the rituals that are performed for those who are terminally ill or dying. The dying person may be prayed for, given ritual cleansings, visited and comforted with words of encouragement and acceptance (Roose-Evans, 1994). In this way the crisis of death is respectfully managed, while at the same time creating a space in which painful emotions can be processed and expressed (Imber-Black et al., 1988).

The psychotherapy process becomes the ritual of transition that may be absent from the person's ritual repertoire. The quality of ritual to hold contradiction lends itself particularly well to psychotherapy (Imber-Black et al., 1988). People who seek out psychotherapy are often trapped in battles against themselves. They may need to leave relationships and find themselves staying, but at their peril. They may struggle to give up behaviours that underpin a lack of control. People seek out therapy in pursuance of change, at the same time resisting the pull to change (Imber-Black et al., 1988).
Lifshitz (2000) maintains that during the psychotherapy process people may find themselves unable to continue as before. They are at a crossroads and have to choose a different road on which to continue. They may experience confusion and discomfort. Lifshitz believes the change process necessary in this context can take place within the stability offered by ritual. Ritual is the most important thing that can contain both stability and change. For example, the ritual of confession (Roose-Evans, 1994) allows people to deal with their past through the processes of writing, thinking and talking through their guilt and regrets. By letting go of the past they set themselves free, permitting self-growth and change, earning themselves a new “future dispensation”.

Judging from the literature, the Agape trainers seem to adhere to a definition of ritual that refers to its healing characteristics. Although the harmful aspects and inherent ambiguity of rituals are referred to, healing rituals are defined as sacred. Implicit in this definition is the reference to ritual as of a “higher order” than mere secular practice. The process of becoming a healer is also regarded as a sacred ritual, defined as a “journey of service to others” (Lifshitz, 2000).

In this definition of ritual, reference is made to its multifunctional nature. Ritual functions to contain the person in the midst of a “storm”. Ritual also creates “community” with others. At the same time ritual may preserve the status quo (Lifshitz, 2000). It seems that it is precisely the multivocality and multiple functionality of ritual that persuaded these writers to incorporate it as a therapeutic technique within a ritualised psychotherapy-training placement.

Besides being coherent with the theoretical orientation that informed the particular course referred to above, ritual is a culturally fitting way of joining with clients. It facilitates the construction of a reality of patterns and process. In this way ritual validates the importance of meaning, interactional patterns and the community-orientated approach to psychotherapy (Imber-Black et al., 1988). A major goal of the ecosystemic approach to assessment and treatment is the incorporation of the client’s broader socio-cultural world as integral aspects of the psychotherapy process (Stachowiak & Briggs, 1984). The introduction of ritual in this context facilitates the actualisation of this goal.
The ability to “join” with clients is regarded as important by various psychotherapy schools, irrespective of theoretical orientation (Liddle & Saba, 1982). By joining with clients, psychotherapists have to open themselves so that they may perceive difficulties and possibilities from the client’s perspective, without being critical or rejecting. Ritual is a respectful way of joining with clients. It conveys acceptance of the client’s culture and validates the client’s social framework. This, say Liddle and Saba, can only have positive effects for the subsequent therapeutic relationship – successful joining is a necessary ingredient of a successful therapeutic encounter.

The Three Stages of Rituals

Some transitions may take place with ease and little need for special ritual. Other transitions may be drastic, immediate and intense. The latter might call for a ritual that can contain a greater degree of complexity and strife. Thus some rituals are fairly simple, and others are more complex. But irrespective of the complexity of a ritual, it maintains a certain structure and order in its execution, if the ritual is taken as a whole (Van der Hart, 1983). Most authors agree that transition rituals can be divided into three phases:

Separation

In this stage special steps are taken to prepare for the ritual (Imber-Black et al., 1988). This is the cut-off phase, beginning the movement away from the group, individual or situation from which the separation is made (Van der Hart, 1983). Before leaving for the pilgrimage to Mecca, for example, Muslims prepare themselves physically and spiritually for the sacred journey by abstaining from previous sins, cultivating habits and manners consistent with their future religious status and learning the rules and methods of the holy pilgrimage.

Liminal or Transitional Phase

This is sometimes defined as the “limbo” phase (Van der Hart, 1983) during which previous roles and behaviours are suspended. It is a phase of change and transformation in which the person may take on new roles and identities (Imber-
Black et al., 1988). Thus in some cultures the in-laws give the newly married woman a new name before she takes up residence with them. The renaming facilitates her integration into the new family while she tries out new roles and her new identity.

Reaggregation or Reintegration Phase

In this phase people are reintegrated into the social community in a transformed state. They have achieved a new status (Imber-Black et al., 1988). They have “arrived” following a “safe voyage” via ritual (Van der Hart, 1983). In traditional Sotho-Tswana society, when a clan member has been absent from the tribe for a prolonged period, he is reintegrated upon his return through a reception ceremony which consists of dipping his right hand into the stomach content of an ox which is killed as a sacrifice to the ancestors. In this way the clan member is also reconnected to his ancestral spirits (Breutz, 1947).

The Functions of Ritual

Rituals contain the transitional energies that are discharged when an individual or a group changes physically, psychologically or socially (Roose-Evans, 1994). This is evident in religious conversion ceremonies where people profess their allegiance to a new faith. The witness brought by the presence of others serves to hold the new convert while at the same time validating his or her new reality.

It is when discussing the functions of ritual that it becomes apparent why ritual defies easy definition. Ritual is a complex concept that embraces all the various aspects of human living, from the physiological to the aesthetic (Kertzer, 1988).

Imber-Black et al. (1988) point out that ritual can hold both sides of a contradiction at the same time, as happens when, in the performance of one ritual both the past and present may be embraced, both sadness and joy celebrated and the importance of both belonging and leaving validated. It can provide certainty and holding in its prescription and rigidity. At the same time, say these writers, it may nurture change and transformation. It can join opposite phenomena into one. Ritual can both mark and create the separation and severance of people from each other, while simultaneously confirming the continuous unity of the same people, with each
other. As Imber-Black et al. observe, it contains and carries paradoxes and contradictions with ease.

Ritual is an economical way of expressing that which would be expressed clumsily in words or writing. A ritual can be regarded as a framework – of “specialness” or of profundity – or just a framework that creates the time and space in which behaviours, actions and meanings can occur. It is something that may transcend natural time frames (Imber-Black et al, 1988). For example in a ritual frame of reference time may collapse, emotions may be contained and expressed, new identities may be internalised and new roles taken on (Van der Hart, 1983).

Ritual is multivocal – it may hold and give expression to many different meanings at the same time. It gives expression to that which words alone cannot express (Imber-Black et al., 1988). The initiation ceremony of an adolescent may allow the adolescent to “break” from home, and at the same time reinforce his connectedness to his family of origin. The adolescent may imbue the ceremony with his own personal meanings, and those who witness the ceremony may imbue it with their own meanings. Thus ritual may unite a diversity of meanings during one act (Kertzer, 1988).

It is this multivocality that cloaks ritual in ambiguity. Symbols are inherently meaningless – they may mean different things to different people at different times. Therefore, ritual may forge cohesion in a social context that lacks consensus (Kertzer, 1988).

Ritual allows for the internalisation, enactment and solidification of new roles and identification. During the ritual groups or individuals have time to distance themselves from a previous identity or status, have an opportunity to “try out” and announce new roles and identities (Imber-Black et al., 1988).

Ritual provides structure, both physically, physiologically, spatially and spiritually. It becomes the “place where it all happens”. It is in the ritual that the person or group may gather in a particular place, at a particular time, wearing particular adornments and symbols, to give expression to the meanings or acts in question. Here the physical and the spiritual merge as the purely physical and ceremonial becomes imbued with special meaning and sacredness (Imber-Black et al., 1988).
Participation in ritual may be experienced on more than one level simultaneously. Thus it may be felt and expressed within a social grouping, whilst being experienced on personal, psychological and spiritual levels. One may experience the physiological and sensory aspects of rituals and interpret what is happening cognitively, while being emotionally and spiritually stirred (Kertzer, 1988). The ritual bath that Jewish women undertake after completion of their menstruation serves an example of how a ritual may be experienced on many different levels. Through this ritual the woman becomes both physically and spiritually purified. It marks the end of her withdrawal into her womanhood, and signals that she is ready to resume sexual relations with her husband. Thus this ritual may simultaneously be experienced at the physical, emotional and spiritual levels (Roose-Evans, 1994).

From anthropology we learn the important role of rituals in maintaining social order and in providing ongoing validation not just of the societal and community social structure, but also of individual and group identities (Imber-Black et al., 1988). For example, adolescence is a time of transition, a stage when one is not yet adult but is no longer a child. During this phase rapid and intense changes are experienced cognitively, emotionally, sexually and socially (Stuart & Sundeen, 1987). In many non-western societies adolescents undergo special puberty rites to guide and hold them through this potentially stressful time (Van der Hart, 1983). Adolescents in modern western society have no such supportive rites. Small wonder, comment Stuart and Sundeen (1987), that the levels of depression, suicide, teenage pregnancy, drug and alcohol abuse and existential anxiety, to name a few pathological manifestations of the “storms and stresses” that may occur during this phase, have reached alarmingly high levels.

Before I examine the relationship between power and ritual, it is necessary to discuss the various meanings given to “power” and the many different normative connotations that surround the concept. This, then, is the topic of the next section.

Power

Power is a complex, value-laden term that has had considerable “bad press” in western society. It is usually surrounded by negative connotations, and westerners in general have been coy about openly displaying their need for power and their
propensity for dabbling with it. Nevertheless in psychotherapeutic settings power principles are part of the general interpersonal dynamics that shape the psychotherapeutic experience. It is therefore both necessary and expedient to examine its nature and significance in confluence with healing rituals in a training context.

Williams (1982, p. 121) refers to rituals of healing as constituting a “social drama of power”. In traditional African religion, the afflicted person or group turns to the sangoma, as the one who leads them out of the affliction. Thus, as Williams observes, during the healing ceremony, the healing comes through the power that is conferred by the healer upon the patient.

Heller (1985, p. 30) defines power as “a quality of possessing intentional and meaningful impact in relation to the self, others and the environment.” The word “impact” refers to the influence one may exercise over the self, others or the environment. The outcome of this influence or power is significant to the parties affected by the impact. In view of this, power can also be defined as the capacity to influence another person or a group to accept one’s ideas, or what is commonly referred to as persuasive power (Shannon, 1996). Power is usually a matter of unequal balance, with one side overbalanced in one direction, and the other side underbalanced in that direction (Kedar, 1987).

Heller (1985) points out that power is a meaningful and diverse concept that challenges neat definitions of it. He observes that Alfred Adler defined the striving for power as the need to compensate for perceived inferiority, and regarded power as stemming from a sense of powerlessness.

Harry Stack Sullivan defines human power in interpersonal terms (Heller, 1985). His conceptualisation of power, says Heller, is dualistic, and less negative than Adler’s. He distinguishes between power arising in social circumstances out of fear, and power arising from a sense of security and strength.

Still according to Heller (1985), modern clinical psychologists describe power in dichotomous terms. Power has at least two faces. They define “healthy” power as the power manifested in the person with healthy self-esteem, who is well able to tolerate uncertainty and ambiguity. The more shadowy hue of power is defined as coercive power, or exercising power over others. This is regarded as
negative, and is often accompanied by anxiety and apprehension, usually expressed
by a weak personality. Modern clinicians, says Heller, appear to agree that both these
forms appear in the psychotherapeutic clinical setting.

The concept power may also be addressed with respect to its underlying
motives. The externally motivated person strives to accrue power for her or himself
as defined by the prevailing social values of status and importance. The internally
motivated person, on the other hand, has an “internal and lasting sense of impact”.
People with internal power do not seek power for themselves but apply their power
to a greater cause, perhaps in positive service to others (Heller, 1985). People
continuously strive towards greater power over their internal selves, for example to
have control over their emotions, to think positively, and so on (Shannon, 1996).

_Therapists’ Sources of Power_

To associate psychotherapy with power may be counter-intuitive. This is
because psychotherapy is traditionally regarded as a benevolent process. Yet power
can be regarded as the essence of the psychotherapeutic activity and can actually be
the impetus of the healing that comes from psychotherapy. Power is an ever-present
ingredient in psychotherapy, negatively or positively. It seems it is both a necessity
and an obligation for psychotherapists to address themselves to the issues of power
(Heller, 1985).

Shannon (1996) explains that lack of knowledge of the nature of power is at
the root of many of our social problems. He adds that we are not always aware of the
impact of power in everything we do. He believes that we tend to engage in an
ambivalent relationship with power, always needing it and using it but fearful of
being seen to have it. Power is swept under the carpet; it is seldom spoken of and
never really acknowledged. One of the reasons for this, says Shannon, may be that
power creates discomfort in us because of its widespread abuse. Power is usually
perceived as negative and potentially destructive. Thus people who occupy positions
of power often fear that this may intimidate others who may subsequently reject
them.

In psychotherapeutic practice itself there has been a tendency to deny or
obscure issues of power. Even in those approaches to psychotherapy that openly
explore therapeutic power dynamic between clients and therapists, few references are made to the power that the therapist brings to the psychotherapeutic setting (Heller, 1985). According to (Golann, 1988), the topic of therapists’ influence is one that has not been sufficiently explored especially as it relates to the use of power as a therapeutic technique.

This neglect could be due to many reasons. Some therapists may be fearful of admitting their own potency. Perhaps psychotherapists are intuitively aware of the enormous power they wield but shy away from acknowledging this (Heller, 1985). This kind of difficulty with regard to power has given rise to vociferous debate among psychotherapists about the “proper” place of therapists’ power. There is a wide variety of definitions of power as well as innumerable descriptions of how power should be expressed in the practical therapeutic situation. These are strongly influenced by the theoretical position to which the therapist adheres.

In this study I explore the sources of therapists’ power most pertinent to the research question. Culture is an important source of therapist’s power. For example, in traditional African society the sangoma is invested with the authority to heal. He is the one to whom the sick hand themselves over in search of a cure (Kottler, 1988). In Western society the psychologist is endowed with a special professional status that marks the person’s acceptance in the psychology fraternity. Thus society plays a decisive role in defining the role of the healer or psychotherapist (Heller, 1985).

Power may be overt, as expressed in the physical appearance of the therapist. His or her height, age, gender, manner, aura of authority, assumed “healing presence” and attire are all telling indicators of power. The igqira (indigenous healer) in Xhosa custom performs ceremonies and healing rituals in full regalia – the beads, head gear, sjambok, spears, sticks and so on are all full of meaning (Buhrmann, 1984).

Power may also be expressed in the structural aspects of the clinical setting via décor, furniture, size of office, technological equipment and so on. It may be manifest in the way that the therapist speaks and in the language used, for instance in choice and order of words (Kedar, 1987). The expert knowledge, special procedures and techniques employed may show off the power of the therapist, or the display of
power may be more subdued, as in the silence and “blank screen”, distancing approaches of psychotherapists trained in traditional psychoanalysis (Heller, 1985).

The realm of therapeutic technique is another vital source of power. Before the advent of the various family therapies, traditional psychiatry enjoyed much higher status and respectability than it does today. The psychiatric fraternity, for instance, controlled treatment centres on which they made huge financial outlays (Haley, 1971). Freudian psychoanalysts may gain a sense of power from speaking a language that many do not understand (Shannon, 1996). Clients and lay people may perceive psychologists to have the power to solve their every problem. Indeed, psychologists may even be perceived as experts having magical healing powers (Nell, 1990).

The individual personality of the therapist is an important source of power. Heller (1985) maintains that some of the most powerful healing components in psychotherapy may lie in the qualities of the therapist. Individuals may differ in their expressed need for power, which may be modified by their experience of power. A person’s age may also confer much power. Buhrmann (1984) reports that among the traditional Xhosa healing fraternity, besides the customary respect for age, possession of esoteric knowledge buys the healer much power.

Individual therapists may also have power because clients and others may perceive them as able to satisfy their needs for nurturance, or as capable of solving their problems and facilitating their personal transformation. During the process of psychotherapy clients may experience a level of intimacy and attention that they have never experienced before. This puts the therapist in a very powerful position. Therapists may be put on a pedestal, elevated to the status of parental figures and imbued with the idealisation and expectation of praise and nurturance that usually accompany such a powerful position.

Heller (1985) mentions that psychotherapists apparently have a greater need for power than members of the general population. He refers to several findings indicating that persons with a higher than average power motivation tend to be attracted to the psychotherapy profession.

In South Africa, psychotherapists may also derive power from their racial and class position. Due to historical and political factors, a large proportion of South
African psychologists are white and/or middle-class. Pillay and Petersen (1996) explored the current practice patterns of clinical and counselling psychologists in South Africa and found that mental health care is still largely the occupation of white South Africans, and that the latter are also the largest consumers of mental health care. This means that in the South African context psychologists form part of a small segment of power-holders due to their race or socio-economic status. A global perspective of this phenomenon is given by Torrey (1986) in his commentary that "witchdoctors" and psychiatrists in most parts of the world tend to occupy a higher social position relative to the general population.

Some therapists may enjoy special gender status. An older white male therapist, due to a combination of race, gender and age, and by dint of occupying a high status position, may come to symbolise that form of paternalism described as "the Great White Father Syndrome" (Heller, 1985). This skewed power relation between therapist/supervisor and clients may be further underscored if the male therapist is surrounded by working class blacks who have not shared in, or failed to acquire, the material and educational status that used to be the exclusive privilege of white South Africans (Dawes, 1985).

The configuration of white therapist and black or minority client is still very much the norm in multicultural settings (Cashwell, Looby & Housley, 1997). In culturally diverse therapeutic settings there is also a tendency among black clients to surrender their power, intensifying the power differential between white therapists and minority clients. Heller (1985) emphasises that further support for this interracial power dynamic has been recorded. He mentions, for example, findings that suggest that both black and white clients tend to become overly compliant in biracial therapeutic encounters. Though white persons may strive to become Africanised (Kruger, 1983), they may still be partly regulated by the norms of their original culture and share at least some of the values with other whites in South Africa (Gobodo, 1990).

Another pertinent power source pertains to the "maverick" status of therapists referred to by Aponte (1994), which may be particularly relevant to therapists who prefer to practice in extreme environments. Given the historical background of South Africa, it would, for example, be rather unorthodox for white people to immerse
themselves in an African culture. To be comfortably white in a predominantly black environment is in itself an unusual achievement. And one of the easiest ways to establish power for oneself is to flout convention, courting the power of being “different”. As Shannon (1996, p. 124) observes, “the attempt to transcend convention, to become something special, gives them a feeling of power”.

The Interface between Ritual, Training and Power

I now turn to a discussion of the interaction between ritual, training and power as it manifests in the psychotherapy training context. In this discussion I illuminate the significance of power in its interaction with healing ritual in a psychotherapy training setting.

The following remark seems to me a particularly apt preface to this part of the study: “Not to be aware of the underlying organisational dynamics that infiltrate counselling and supervision relationships is to be in danger of colluding with the unhealthy side of the organisation” (Carrol, cited in Copeland, 1998, p. 377).

The Power Paradoxes that Stalk the Discipline of Psychology

The concepts of first and second-order cybernetics highlight some important differences among psychotherapists with regard to issues of therapists’ power. The way power is conceptualised and the acceptance of the reality and inevitability of therapists’ power are important points of distinction between first and second-order therapies.

In the family therapy fraternity, the adoption of ecosystemic epistemology as an alternative paradigm for diagnosis (Keeney, 1979) went hand in hand with a change in speaking about therapists’ power. Different assumptions, expressed in different vocabularies, conveyed a different understanding of therapists’ power (Hoffman, 1985).

Some family therapists have embraced systemic principles, but still largely adhere to certain Newtonian principles of hierarchy, objectivity and power. They tend to display an overt, direct and matter-of-fact acceptance of the right of the therapist to exercise power. They approach “power and influence as stock-in-trade” (Golann, 1988, p. 53). These therapists punctuate the difficulties of the families as
"problems" and speak about using the "expert power" of the therapist to bring about change. Central to these approaches is the belief in "objective" reality. The therapist is perceived to be relatively separate from the system he or she is a part of (Anderson & Goolishian, 1988). The structural and strategic family therapy schools are some of the better-known models for this approach to therapists' power.

Haley's (1980) structural-strategic approach, for example, highlights hierarchies. He emphasises the authority and power invested in families. Therapy is aimed at developing strategies that will put parents in charge of solving the problem. Assuming a confused family hierarchy, the therapist may align with the parents against the problematic child, since siding with the child will aggravate the hierarchy problem, which is assumed to be the source of many family problems.

Like the structural school, Haley's structural-strategic family therapy is active and directive, and does not hesitate to use therapists' expert or authoritative position to achieve positive transformation in the family. According to Haley (1963), the therapist remains in charge even when he or she allows the client to direct what should take place during therapy.

With the development of postmodern thought, therapists attempted to level the therapeutic playing field between therapist and client vis-à-vis power (Anderson & Goolishian, 1988). Therapists became dissatisfied with the potential for abuse of power in therapies that did not entirely embrace the Heisenberg uncertainty principle (Capra, 1988). The narrative school of therapy, among others, rejected the ideas of objective reality and empiricism borrowed from the natural sciences. Adherents of this school believe that human systems can only exist in the meanings that are constructed about them (Anderson & Goolishian, 1988).

Words like "hierarchy", "control" and "power" are currently unfashionable terminology among postmodern thinkers. Phrases like "making the expert disappear" and taking on a "not-knowing position" became hallmark features of the postmodern narrative therapies (Hoffman, 1991). Some of these theorists defined therapy as a "conversation", a "linguistic system socially and intersubjectively constructed", and the therapist as a "master conversational artist" (Anderson & Goolishian, 1988).

The widespread influence of Batesonian ideas among systemic therapists ushered in this new position towards therapists' power. The more enthusiastically
therapists adopted Batesonian ideas, the more they rejected a belief in the unilateral power of the therapist. Therapists were cautioned that beliefs in the myth of power corrupt (Bateson, Weakland & Haley, 1976). Indeed, Bateson took issue with Haley for using the metaphor of "power" and for construing the therapist as a "power-broker" (p. 106). According to Bateson, all such metaphors derived from the physical world of force and matter, cannot be applied to the therapeutic context.

The Milanese school of therapy, as a model of second-order cybernetics, maintained a certain "openness" when they defined the family "game" and allowed the family to "define itself". The hypotheses they formed during the initial therapy sessions were only "tentative explanations", which might be adjusted or rejected later (Selvini-Palazzoli, Boscolo, Cecchin & Prata, 1980). At about the same time, Lynn Hoffman (1985) began talking about defining the relationship between the therapeutic team and the client in non-hierarchical terms. There was thus a move to define ideal therapy as non-hierarchical, non-peonjorative and non-instrumental – or as non-instrumental as possible. The therapist was encouraged to "shed power" during psychotherapy, to equalise the implicit power imbalance between therapist and client (Hoffman, 1985). Thus second-order cybernetic approaches assumed a more "advanced" position in rejecting traditional positivist epistemology (Hoffman, 1990).

The postmodern approach to therapists' power became a powerful antidote to therapists' possible excesses around power. Therapists were cautioned against the ever-present dangers of sliding into beliefs of therapeutic omnipotence and adjured to be constantly mindful of the dangers of hierarchy and control (Hoffman, 1985). The licentious use of power could, it was believed, beget not just resistance on the part of clients, but "hatred, righteousness, chaos and even carnage" (Fish, 1990, p. 30).

At the same time, however, this move in family therapy towards a potential mass denial or mystification of the inherent power differential between therapist and client may result in therapists inadvertently siding with the conservative status quo. Thus far the systemic family therapies have proven themselves incapable of optimally dealing with issues of, for example, child abuse, wife battering, and other problems associated with power imbalances (Doherty, 1991). It is on this account that the systems theorists have found that they have stepped right into the "feminist line of fire" (Fish, 1990).
Furthermore, systems theory found itself unable to marry theory and values, reaching an "ethical impasse", according to Fish (1990). This author brings into question many of the Batesonian wisdoms, ideas that have reached biblical status among postmodern therapists. Among other things, Fish states that concepts of causality and power are not just compatible with the systems paradigm, but absolutely necessary to correct the systemic paradigm, and so prevent it sliding into the category of "irredeemable" theory (p. 21).

Fish (1990) argues that a theory must facilitate the highlighting of power differentials between client and therapist, not obscure them. When power differentials between therapist and client are highlighted they can be managed therapeutically. Fish goes on to say that a family therapy theory must embody a value system that serves to acknowledge therapists' power relative to the client; it should not obscure such realities. Thus it can be argued that a family therapy theory that encourages therapists to strive towards complete non-instrumentality and serves to entrench benign beliefs of therapist-client equality may find itself in the league of those who court the unattainable, and possibly the undesirable too.

Doherty (1991, p. 42) suggests that practical realities at times necessitate that therapists relinquish their emphasis on "story, meaning and language" and take on the role of "modernist expert". Sometimes the therapist needs to "disrobe" and become the advocate of the family, assisting the family to successfully confront systems more powerful than itself, like the health system, or the police, or the schools or church, for the sake of the wellbeing of one of its members. Therapists need to increase their awareness that many of the problems of clients can be traced to the institutions to which they are affiliated. And in such instances, say Sue and Sue (1977), it might be incumbent on the therapist to take on the role of social change agent.

Perceived failure in these instances to express some judicious modernist expertise may be tantamount to the therapist failing the individual or family, warns Doherty (1991). Perhaps it is therefore not such a good idea to develop a complete disdain for all certainties and truths. Just as first-order therapists need to guard against the dangers of beliefs in the therapists' omnipotence, says Doherty, postmodernists who zealously align themselves with a non-instrumental therapeutic
stance have to guard against the omission of leaving clients at the mercy of forces beyond their control.

The above discussion highlights the still unresolved tensions that plague current psychotherapy practice. The contradictions in and inability of the new systems paradigm to deal with the real world of inequalities, violence and aggression are fast coming to the fore. Thus for Fish (1990) and other like-minded writers, psychology as a discipline needs to be rescued from the quagmire of the denial-of-power-dilemma in which it currently finds itself.

_Psychotherapy Training as a Context of Power_

As Webb and Wheeler (1998) comment, the training context is a circumstance of power inequalities. Clinical supervisors occupy powerful positions relative to trainees. The trainer is the one invested with the power of being trainer, the one who is imbued with authority. He or she is the one who may shape the trainee’s professional and personal identity. The trainer is the change agent and role model. His or her behaviour, both what is said and what is done, may powerfully influence the experience of the trainee (Vonk & Thyer, 1997).

Trainers have influential knowledge. They can reward, punish, ignore or expel a trainee. Supervisors have the power to shape the attitudes of trainees and clients. They can coerce, generate awe or anxiety and fear in students (Watkins, 1996). For example, during the selection process supervisors typically select certain students and reject others. Given the enormous odds against which a student gets selected, the “miracle” of managing to get selected serves to remind the trainee in what a privileged position he or she is and how powerful the supervisor is (Bor & Watts, 1999).

Relative to the supervisor the sense of power of the novice trainee is tenuous. The novice trainee is in the process of carving an identity as a therapist or healer (Friedman & Kaslow, 1986). Most trainees in other academic disciplines are confronted with some uncertainty and ambiguity during their training. But psychotherapy trainees, compared with trainees in other disciplines, confront a greater degree of uncertainty (Anderson, Needles, Terry & Hall, 1998). This could be due to the “invisible” healing agent in psychotherapy and the fact that trainees need
considerable time and practice to become convinced of its "realness" and efficacy (Friedman & Kaslow, 1986).

Added to this ambiguity are other factors that challenge the security of the novice trainee. Often those who turn to psychotherapists have been the victims of power abuses, or feel themselves trapped or powerless to change themselves or their environments (Heller, 1985). Hence trainees have to deal with people who expect to be "helped". This may induce feelings of powerlessness in trainees when they are unable to do this, particularly those who, in the struggle to forge a professional identity, may get caught up with conflicts about their own competence as they attempt to come to terms with their chosen profession (Friedman & Kaslow, 1986).

Psychotherapy training goes beyond the boundaries of professional development and includes the development of the person of the psychotherapist. Thus trainees are under pressure to move towards adulthood, or at least to attempt to address issues of their own persons that may affect the nature of the psychotherapy that they deliver (Baldwin, 1987).

Trainees need the approval of the clinical supervisor and may simultaneously fear being judged by him or her (Henderson et al., 1999). They are basically dependent on their clinical supervisors and believe that they will ensure that the training meets the standards of the profession. They assume that the supervisors will act inside the defined ethical boundaries of the profession, but may have no standard against which to judge this (Rubin, 1997). And even if they did they would be relatively powerless to enforce this.

Certain clinical contexts contain within their social matrix variables such as race, class, culture, ethnicity and socio-economic strife that may shape the trainees' experiences of power, and more importantly may heighten their own powerlessness in the face of clients' hardships. These daunting challenges are imposed on trainees when their sense of self may well be at its most vulnerable, that is to say when they are least powerful. Therefore for some trainees profound shock and feelings of alienation may accompany their initial integration into the clinical placement.

Trainees may also have to confront the challenge of navigating their way in culturally and socio-economically different settings. This is especially so in contexts
where clients are poor, not well educated and generally engaged in battling with “survival” issues.

*Psychotherapy Training as a Sacred Circumstance*

In the western way of training professionals in disciplines embracing both a scientific and an art aspect, there is a tendency to emphasise the scientific, technical or secular aspects at the expense of the artistic dimension. In this regard Kruger (1983, p. 119) writes about the “unidimensional view of science and therefore of man and culture, which has become so characteristic of the West and which has led our culture into a largely technologically dominated bureaucraticised society.”

Through adopting African beliefs and practices, claim Kruger (1983), traditional science may be transformed into science with “soul". In this way academic “western” training is combined with the “other world”. This is the world in which spirituality, folk beliefs and ancestor worship are a natural reality. In this way the western tendency to fragment human living in general, and psychotherapy training in particular, can be arrested because: “all things in nature are complexly, but systematically interrelated” (Keeney & Sprekle, 1982, p. 9).

In some psychotherapy training programmes, ritual is included as part of the delivery of therapy and there is a conscious attempt to infuse the training with specific philosophies and spiritualities (Lifschitz & Oosthuizen, 2001). Trainees may participate in various ritual practices, with an acceptance of the therapeutic benefits of particular cultural practices and ritual activities. They may be exposed to a sacralised, unique “indigenous” psychotherapy, perhaps “tailor-made” for the local client population.

Such ritualised training activities shape the trainees’ experiences of power in several ways. A chief characteristic of ritual is its ability to not only construct a particular reality (Anderson & Foley, 1998) but also to validate it (Kertzer, 1988). Within such a sacralised communal context the healing and cohesive qualities of rituals may be emphasised while an exploration of their political aspects may be de-emphasised. This, coupled with the fact that a sacralised context seemingly excludes realities of power and hierarchy, may result in a “collapse of hierarchical boundaries” (Kertzer, 1988) during the process of ritual, albeit temporary, in which trainers,
trainees and clients engage in ritual as “equals”. This effect conflicts with the hierarchical arrangement of the trainer-trainee relationship (Webb & Wheeler, 1998). Training does not take place in an egalitarian context, but within a sacralised training context this state of affairs may be obscured.

Another effect of rituals on the power relations within the training context is that the trainers, by virtue of being the leaders in the training placement, are “uplifted” to the status of “priesthood”. The trainers become the holiness of the congregation, with all the powers and responsibilities invested in such a position. They are the ones who anoint, who bless both clients and trainees. Ritual adds to the aura of authority of those who anoint. It solidifies, naturalising the power of the priests and priestesses of the sacred domain (Kertzer, 1988). The trainee becomes more than mere therapist – he or she becomes first a novice in a sacred order and later an anointed “healer” in his or her own right. Ritual thus instils the training, trainers and trainees with sacred credibility. It does not just reinforce power, but magnifies it, as the trainers, besides professional power, are now also the bearers of anointed power (Kertzer, 1988).

Hence the definition of training shifts away from strict secular definitions of training in which the competence of trainees will be evaluated according to external and predetermined academic criteria, to a context of “holy alliances”. The consequences of this for training may be crucial. It may result in a blurring and overlapping between academic title-holder and priestly power. In this ritualised context it becomes difficult to distinguish trainer from trainee or client. It may interfere with the formation of clear definitions of the roles of trainers, trainees and clients. Ritual may thus serve to keep a veil of uncertainty over the nature of the interpersonal relations within the training context (Kertzer, 1988).

The above is said with the acceptance that complete objectivity is a myth (Hoffman, 1985). Therefore trainees cannot expect to have total clarity of their training circumstances. The psychotherapeutic context inevitably confronts the student with some uncertainty about self and his or her therapeutic ability (Friedman & Kaslow, 1986), but this does not preclude the fact that trainee therapists may at times experience a greater need for basic guidelines and boundary-setting mechanisms during training. The latter fosters a sense of “holding” and support for
the trainee therapist. Some uncertainty could be useful, it could even encourage the
trainees to “push their own boundaries” as therapists, but as long as some pattern
forms to envelop the fledgling therapist (Watkins, 1996).

A further consequence of the ability of rituals to blur clarity is the possible
organisational effect. Trainers have accepted the responsibility to manage the
training organisation optimally so as to facilitate the transformation of trainees into
future professional practitioners. The organisational context in which the training
take place exerts a strong influence on the nature of training that the trainees receive
(Copeland, 1998). Ritual may confuse the professional boundary between trainer,
trainee and client. A lack of useful distinction between who is trainer and who is
trainee, for instance, may produce a situation in which there are no hierarchical
boundaries. If no one is in charge it becomes difficult to put structural and
organisational markers in place. This could result in discounting the importance of
organisational management of the clinical placement, which may have repercussions
for the trainees’ experience of containment and support (Friedman & Kaslow, 1986).
Furthermore the lack of organisational and managerial clarity may interfere with the
realisation of training objectives. And the lack of training objectives may impede the
assessment and evaluation of the clinical process of the course (Liddle & Saba,
1982).

This organisational culture may induce feelings of powerlessness in both
trainees and clients. Ritual is known to facilitate mystification processes. In the midst
of ritualistic mystification those who are unequal or powerless may believe that they
are equal participants when in fact the “power of the few is viewed as an expression
of the wishes of the many” (Kertzer, 1988, p. 48). Ritual may therefore foster
uncritical compliance and cohesion, even in the absence of real consensus, says
Kertzer. Through ritual trainees may feel induced to accept the ritualised practices,
which may result in trainees feeling ignored, neglected, disrespected and even
coerced.

The mystification inherent in ritual processes may also interfere with
processes of philosophical and theoretical transparency. Ritual may put trainees in a
“receptive frame of mind” (Kertzer, 1988, p. 99). This may interfere with the
development of a spirit of openness and a questioning attitude among trainees —
which may discourage them from seeking clarification and explanation from trainers on philosophical values and theoretical issues (Aponte, 1994). Thus ritual could inadvertently facilitate a neglect of issues of transparency which may engulf the training placement at large into a “code of silence”.

It seems, therefore, that ritual is a powerful intervention, and in a sacralised context an added responsibility faces the trainer: that of optimally balancing the sacralised aspects of training with the inherent power imbalances of the training context. Trainers have to manage the organisational culture of the training, honour the ethical and value assumptions on which the training is based, take responsibility for a balanced infusion of ritual in the training, whilst providing ongoing guidance and support to trainees (Aponte, 1996). This is an overwhelming, some may even say impossible, mandate for which to take responsibility. Amidst all the therapist-trainer chores in the training placement it becomes easy for issues of power to become obscured.

From the above discussion it would seem that trainers’ foremost responsibility would be to clearly define the trainer-trainee relationship, to spell out the differences and the disparate responsibilities that accompany such disparities. Congruent with the above is the responsibility of the trainers to explore to what extent their values are conveyed in the training (Sayer, 1986).

According to Sayer (1986), ideology is the bridge between theory and practice. She continues by asserting that a trainer is likely to practice in accordance with a particular worldview, and the chances are that his or her practice is mediated by this ideology. Trainers are duty bound to consciously expose these ideologies so that the tension between involvement and objectivity of the trainer may be examined (Sayer, 1986).

More especially, when ritual is part of the delivery of therapy and there is a deliberate attempt to infuse the training with specific philosophies and/or spiritualities, care should be taken to explicate this to the trainee (Aponte, 1996).

Conclusion

In this chapter I have reviewed, in considerable depth, the literature relevant to issues of training, ritual and power. I have made copious reference to the works of
relevant authors so that this literature could be adequately discussed and the issues conceptualised. This then formed the basis of the discussion of how the interface of ritual and power in interaction with the underlying training philosophies and beliefs shapes trainees’ psychotherapeutic experiences. From what emerged in the literature I then outlined how, in sacralised psychotherapeutic training placements, trainers and trainees have to grapple with the concepts of ritual, training, power, and their confluence.

Through rituals trainers may attempt to engender a cultural milieu that facilitates therapeutic efficacy and a collaborative relationship between trainers and trainees, in which trainees may safely explore their personal and professional tasks (Watkins, 1996). During ritual, the trainers become more “human”, sharing equally with clients and trainees alike. Thus ritual may serve to temper the hierarchical arrangement of the trainer-trainee relationship and engender a more positive trainer-trainee alliance. However, when a ritualised postmodern, constructivist training context is not tempered by judicious first-order expressions of power, or contained within a management and organisational culture, trainees may find themselves at the mercy of the forces within the clinical placement.

Historically, ritual and psychotherapy have enjoyed a mutually beneficial relationship (Canning et al., 2000). The fact that this form of sacralised psychotherapy was embedded in the theoretical principles of ecosystemic constructivist epistemology has enhanced the relationship. When ritual is introduced in psychotherapy as an adjunct to psychotherapeutic technique, it may foster the change or growth processes of the client, as well as increase the learning of the trainee (Aponte, 1996).

However, the above aims are hampered by the fact that psychotherapeutic training necessitates a hierarchical relationship (Webb & Wheeler, 1998), with a trainer “on top” who has more knowledge and therapeutic experience, and who may also have culturally ascribed status based on age, gender and race. Training does not take place in an egalitarian context; neither does it take place in an ideological and cultural vacuum.

The hierarchical relationship inherent in the training relationship is associated with the negative aspects of power, control and hierarchy. Thus in psychotherapeutic
training, ritual becomes part of a seemingly oppositional situation. Training traditionally takes place in or creates an evaluative context. Ritual is generally associated with the sacred, and the sacred is assumed to be devoid of negative connotations of power, hierarchy and control. During the training, however, the two are brought to harmonious fusion. When the training is infused with sacred practices, it creates paradoxes that may have value as circumstances for training, but may also lead to abuse.

Trainers who adhere to postmodern constructivist meta-theories (Efran, 1991) may be unaware of the power that accompanies their authoritative position. At the same time, trainees may have difficulty forgetting their vulnerable, "one-down" position as they are constantly reminded of this in the course of the training. Therefore to leave the power dynamics of the trainer-trainee relationship unexamined is to fail to understand important aspects that shape the trainees' experiences.

Sacralising the training context may introduce some unintended, perhaps "unholy" consequences. One of these is that the training context may serve the purpose of obscuring the objective academic standards of psychotherapeutic practice and training with which the training has to conform. With this loss of "objectivity" it may cease to matter to what extent the training fulfils ethical and professional criteria. It becomes difficult for trainees to question the sacred circumstance, because they might be tampering with the gods!

Infusing psychotherapy training with spirituality brings to the surface a concern about moral implications. It adds to the obligations of the trainers to ensure that the training the trainees receive is infused with just enough, not too little, and neither a too-biased input about values and spiritual dimensions (Aponte, 1996). Bozzioli (1998, p. 2) expresses this awareness of the importance of maintaining a balanced perspective in a sacralised context thus: "Rituals remake individuals and groups morally, and in this lies its power."
CHAPTER 3

RESEARCH METHOD

In this chapter I discuss qualitative research in general and its use in the present study. I start by defining qualitative research and identifying its philosophical and theoretical roots. I then explain the reasons why the present study is best conceived of within the precincts of qualitative research methodology. I describe the process of sampling and selection, and explain the interview technique, providing at the same time a description of its process. Thereafter I proceed with a discussion of data analysis using an interpretive approach.

Qualitative Research

_The research methodology we choose reflects unspoken assumptions that we hold about the world in general, and about knowledge in particular_ (Glesne & Peshkin, 1992, p. 5).

“Qualitative research is an umbrella term for various philosophical orientations to interpretive research” (Glesne & Peshkin, 1992, p. 9). The interpretive process involves processes like induction and “naturalistic generalizations in explaining research in a meaningful way” (Creswell, 1998, p. 15). It is an “exploratory, discovery-orientated hypothesis generating research” (Sells, Smith & Sprengle, 1995, p. 201). Qualitative research embodies the move away from linear, either-or, causative thinking, to thinking in holistic ways about patterns, connections and multiple involvements. Qualitative researchers emphasise process rather than content, and perceiving whatever is studied with respect to its contextual aspects. Qualitative research involves the exploration of phenomena, be they relationships, social aggregates, individuals or societies, as they happen, i.e., in the natural setting in which they take place. Qualitative researchers focus on the meanings that participants assign to their experiences, rather than imposing preconceived ideas from the “outside” onto their experiences. The researcher attempts to get beyond the
surface to uncover hidden depths of meanings and perspectives (Bhana & Kanjee, 2001).

Tapping in to the meaning of behaviour necessitates a level of involvement on the part of the researcher that goes beyond the traditional role of the “distantly involved” researcher, to a role that requires a willingness to become immersed in the life world of the participants (Creswell, 1998). The researcher risks closeness to the participants and the subject matter to the extent that he or she is forced to confront his or her personal values, beliefs and prejudices as these relate to the matter under study. The researcher therefore assumes the role of a flexible, conscious and self-aware person who can tolerate a high degree of ambiguity and uncertainty. These attributes are inevitable consequences of research that seeks to deal with matters that are often sensitive and highly emotional in an in-depth and real-life manner, without compromising scientific rigour (Creswell, 1998).

According to Creswell (1998) a number of specific, central philosophical assumptions guide the inquiries of qualitative researchers. These are examined below.

Central Philosophical Assumptions

Qualitative researchers share a certain ontological perspective on the world. They believe in a world of multiple realities (Glesne & Peshkin, 1992). There may be as many realities as there are participants in a study. The qualitative researcher is interested in the reality of the participants. The researcher may “step into the shoes” of the participants in an attempt to understand the participants’ reality from their perspective. Rather than impose his or her reality on the participant, the researcher strives to give voice to the reality of the participant (Creswell, 1998).

Another assumption concerns the epistemological aspect, or how this world and its phenomena may be known. Qualitative researchers display an appreciation for the complexity, multidimensionality and interwovenness of social reality. This kind of consciousness precludes beliefs that knowledge about the world can be obtained in a deductive, oversimplified manner. Social reality can only be known by using methods that can measure and convey realities that are not directly observable, that are diffuse and often ambiguous yet meaningful, such as participant observation.
and interviewing techniques (Neuman, 2000). Therefore qualitative researchers interact closely with their participants. They spend extended time in the field interacting with participants in order to obtain an "insider perspective" (Creswell, 1998).

Central to qualitative research is the importance of values in the research process. The subject matter under exploration may be sensitive, "value laden" information. The researcher doing such research is not a "neutral, objective scientist" but somebody who is informed of his or her own beliefs, intuitions, hunches and preconceptions about the phenomenon under scrutiny. The values and expectations of the participants as well as the aspirations, potential rewards and limitations embedded in the social and political context in which the research project is situated may also be projected onto the research. In qualitative research, values are not regarded as potential "contaminants" of the objectivity of the research. Thus no attempt is made to bracket out the values of those involved. Indeed, values become an active ingredient of the research that needs exploration, evaluation and a proper place within the process and outcome of research (Creswell, 1998).

The language of the qualitative researcher embraces a personal style that reflects the researcher's "ownership" of his or her personal involvement in the study. For example, when writing, the researcher may use the first person form of address, "I", instead of resorting to less personal forms of references to the self. Another example of this is the preference for the word "credibility" rather than the term "internal validity", or "transferability of information" instead of the "external validity" of a study (Creswell, 1998). By using this personal literary style the researcher presents himself or herself not as the "expert outsider" but as an "active participant and co-learner", who contributes to the construction of the particular realities being studied. This assists in the process of democratising the process and outcome of research (Creswell, 1998, p. 19).

The preferred process of reasoning used in the methodological approach of qualitative research is the inductive method. The researcher conceptualises the entire research process within its context, using an emergent design so that ongoing changes and adaptations can be made in response to the research process. The researcher gathers the details of the research first before forming generalisations.
This inductive method is preferred to the deductive method in which the researcher specifies categories in advance of the research (Creswell, 1998).

A systematic exploration of the present study’s fit with the qualitative research paradigm follows.

*Correspondence between Present Study and Qualitative Research Paradigm*

The aim of the study, which is “To examine the role of power and authority in the practice of rituals in a psychotherapy training placement (Agape)”, is to investigate a research problem whose scope is quite broad-ranging and that has not been previously researched.

I chose a research methodology that could process a research question that is abstract, complex and philosophically bound. The major concepts of the study cannot be formulated neatly, are not reducible to numerical units and are interpretation intensive. The study warrants the use of a conceptual model that can articulate the complexities and multiple, interwoven realities of the research question (Creswell, 1998) and a research methodology that would give the researcher the flexibility and freedom to explore a complex research question with the depth of understanding that it demands (Harre, 1981).

The study explores the sacralised power dynamics that shape the relations between trainers and trainees. I attempt to deconstruct, to open up for scrutiny and commentary by the participants, the silent issues of power, hierarchy and control and the tensions of inconsistencies and contradictions inherent in the trainer-trainee relationship. In the process of this deconstruction, the underlying value assumptions, philosophies and epistemologies are examined. Thus the research is suffused with the values, expectations, hopes and aspirations of the researcher and participants. Qualitative research methodology facilitates the voicing of the hidden, ethically complex and value-laden aspects of the research process (Reason & Rowan, 1981).

The research problem needed to be explored from the perspectives of those involved, and I was interested in the subjective experiences of the participants (Rowan, 1981). The spotlight was on the detailed descriptions of participants’ intellectual, emotional and intuitive experiences. None of these can be adequately conveyed in the methodologies of quantitative research. In the study I sought to forge
a space in which the voices of all participants, especially those of the "silent" trainees, could be heard. The qualitative approach seemed most appropriate because the research topic required interpretation of the experiences of the participants, as seen through the lens of the researcher as participant observer.

As the researcher I was intricately tied up with the research as participant observer, having been a trainee within the context myself. I have spent extensive time in the field to acquire the rapport and access exclusive to the insider (Maruyama, 1981). The perspective about the research given by myself is partly a result of personal interpretation, which is of central importance in qualitative research.

The use of a narrative style provides the means of telling the story of the researcher and the participants in such a way that both can take ownership of the research content, process and assertions that will be made. Qualitative methodology encourages the use of language to create rich descriptions of the stories of the participants.

Lastly, the issues being examined can only be understood with regard to the interpersonal, theoretical, ecological and philosophical contexts in which they arose. The study entails in-depth descriptions of constantly evolving dynamic occurrences unique to a specific context. The methodology of qualitative inquiry would therefore facilitate a true reflection of the evolving, dynamic nature of the research process as it took place within the natural setting (Creswell, 1998).

Sampling and Selection

Sampling is the process of selecting units of observations small enough to accommodate the research resources but representative of the target population. This involves people, settings, events or behaviours (Butchart & Kruger, 2001). Traditional sampling techniques are used to select as few observations as possible and generalise from these observations to a wider population. In qualitative inquiry research, participants are selected who can give prolific accounts of their experiences. Generalisability of observations is not of chief importance. Researchers are more interested in providing in-depth, thorough and meaningful observations of a study. Therefore the method of sampling used is usually non-random or purposive.
Irrespective of whether sampling is random or non-random, the units of analysis selected for observation must be representative of the phenomenon about which the researcher hopes to draw conclusions (Butchart & Kruger).

For the purpose of this research study, the sampling was purposive, a decision that was directed by the nature of the study. Thus participants were selected who had undergone, or were still undergoing, psychotherapeutic training, or who were trainers at the training placement involved in the study. Furthermore, participants were selected who were perceived as being able to articulate their experiences in a holistic, critical and sensitive way.

A small sample was selected because the researcher was concerned with in-depth, interpretive analysis of the observation. This indicated that participants should be able to provide the researcher with extended, meaningful explanations of the research phenomenon. The researcher was not concerned with the generalisability of the participants’ accounts, but with providing meaningful descriptions. Various characteristics of the training placement distinguished it as a unique or “extreme” case, from which it would be difficult to generalise observations to roughly similar training placements (Durrheim, 1999).

The researcher “sampled to redundancy” (Durrheim, 1999). Although the sample size was stipulated in advance, by the last interview a pattern of recurring themes and concerns had emerged that indicated that an increase in sample size would provide little new information.

In selecting the participants, attempts were made to ensure some representivity in terms of race, gender, university affiliation and type of psychology course enrolled for. Thus the sample of trainees included three males and three females. One male and one female were black, or other than white, while two males and two females were white. Three of the six trainees were affiliated to the Rand Afrikaans University (RAU) and three to the University of South Africa (Unisa). Two of the six participants were enrolled in a Community Psychology Course and the rest were enrolled as Clinical Psychology students.

All the participants had completed their practical training at the clinical placement in question, or were in the final year of their clinical training at that placement. With the exception of the RAU Clinical Psychology trainees, the duration
of training was two years. I deliberately selected trainees who were in the second year of their training or who had already completed their training because I assumed that they would have had time to develop a capacity to reflect critically on their training and to provide in-depth and insightful commentary on their training. Of the six trainees selected one had completed the training and the rest were in the second year.

Unlike the Unisa trainees, the RAU trainees had selected Agape from among other clinical placements at which to do their training. During the two years of my clinical training I had been in continuous professional contact with most of the participants for at least one full year.

The decision to include a sample of trainers in the study was made with the expectation of obtaining disconfirming evidence (Kelly, 1999). Two of the three trainers involved in the clinical placement were interviewed, one male and one female. The selection of at least two-thirds of the trainer population, one representing each gender, was done with the intention of getting holistic information from the trainers’ perspective.

Participants were asked if they would be willing to participate in the study after I had related the “cover story”, which is discussed in detail in a later section, of my research to them. All the participants agreed to participate when they were first asked. I obtained verbal consent from each participant to record the interviews on audiotape and to use the information exclusively for the purpose of research.

Initially I was tempted to avoid choosing participants who might give disconfirming views. As the research process progressed I realised this fear was ungrounded as none of the participants, except perhaps for the trainers, expressed views that potentially disconfirmed my research assertions. During interviews with two of the trainee participants, they initially professed to have views that seemed to contradict my research assertions, but as the interview progressed they revealed training experiences that did not correspond with their earlier positions.

I had never doubted the importance of including the trainers as part of the study, lest my study be too one-sided. The trainees, trainers, clients and the cultural, social and physical aspects of the clinical placement should be conceived of as parts of a whole, and interpretations made and conclusions drawn about this study could
not be made sense of outside of the framework of this holistic training experience. I believe that the training philosophies discussed in this study concur with the trainers’ beliefs about training and psychotherapy. I seem, however, to draw different conclusions and I apparently interpret things differently from the way they would. A major challenge was, therefore, to create the “safest” possible interview process – one that would not offend or alienate the trainers. I suspected that this was not going to be easy.

The Pilot Interview

I conducted a pilot interview with one of the trainees. The decision to carry out a pilot interview was made due to my total lack of familiarity with the interview process. In the pre-pilot interview period I felt as if I was wandering in the wilderness, completely ignorant and not knowing where to start my journey. I hoped that the pilot interview might lessen my feelings of ignorance and might provide some clues about how to structure and manage the interview process and even who to interview and when.

I arrived at the venue equipped with preformulated questions and recording apparatus. I approached the interview tentatively and limited my participation to explanations about the research and interview procedures. Where necessary I responded to questions that were asked by the interviewees and asked only questions that were directly related to the research question. During the post-pilot interview discussion with the interviewee, I received significant feedback on the process of the interview and gathered some useful ideas on how to amend my interviewing style.

I found the whole pilot interview process immensely educational. I had to confront and modify a number of things before I could proceed with the remaining interviews. Besides abandoning the preformulated interview questions and modifying the tone of the interview so that it became more of a conversation, I made a number of other adaptations in response to the pilot interview.

- I changed the sequence of the participants’ interviews. I decided to interview the trainers before interviewing the rest of the trainees. The research subject was potentially controversial, and the thought of having to interview the trainers filled me with anxiety. I feared that they might take exception to the research topic and
it was therefore important that I interviewed them before I was tempted to research a less anxiety-provoking topic (Glesne & Peshkin, 1992).

- I created a clear "cover story" (Glesne & Peshkin, 1992) in which I spelt out the content and extent of the research question.
- I spent more time before starting the conversation clarifying major concepts related to the research study to ensure that there was at least some semblance of consensus about definitions right from the beginning.
- I had a greater awareness of the vast scope and ambiguity of the research question.

Overall the pilot interview was a very significant process that changed my whole frame of thinking about the research process, and it was singly responsible for “making words fly” (Glesne & Peshkin, 1992, p. 63) in subsequent interviews.

Data Collection

The decision to select the interview as the key data gathering technique was taken in the light of the qualitative nature of the research. In interpretive theory the major method of data gathering is the interview technique (Bhana & Kanjee, 2001).

A total of nine interviews were conducted. Seven interviews were with trainees (one interview was repeated as part of the pilot interview). Two interviews were conducted with the trainers - one with each. Each interview was transcribed verbatim and in full. Participants were interviewed once only, except for the pilot interviewee. The average duration of the interview was one hour. The interview commenced with an exploration of definitions of important concepts pertaining to the research, for example ritual, power and training. This was to ensure that there was a reasonable level of consensus from which to embark upon the discussion. At times I had to adjust my definitions (of, for example what constitutes a ritual) to include the participants’ definitions of concepts.

The interview method allows one to access the opinions, attitudes and perceptions of others presumed to possess information about the phenomenon of interest (Glesne & Peshkin, 1992). For the purpose of this research question, the aim of the interviews was to obtain subjective, undirected information from the interviewees. The questions were asked in such a way as to explore values, motives,
concerns and needs, with the emotional tones that accompanied these. The interview was also directed at gaining insight into the participants’ unique ways of managing their training experiences.

An interview can be placed somewhere along a continuum from structured to unstructured. In a structured interview the interviewer exerts stronger control over the sequence and nature of the exchange of information than in unstructured interviews. The interviewer asks prepared specific questions to which the interviewee must respond. In this situation the interviewer usually asks the questions and the role of the interviewee is limited to that of responder to questions.

During the pilot interview I tended towards the structured pole and formulated specific questions to which the trainee interviewee had to respond. This created an interview process that was not conducive to getting the kind of information I sought. The interaction was rigid and lacked the spontaneity of a conversation that “flows”. This also resulted in my not taking up and elaborating on important comments made that were not directly linked to the preformulated questions. Afterwards this trainee commented that the interview had felt like an “interrogation”.

Following the feedback from the pilot interview, the rest of the interviews were modified so that they became more of a conversation. The relationship between interviewer and interviewee became more equal, which resulted in a more spontaneous and open sharing of information. I re-interviewed the participant of the pilot interview, who commented favourably about the more egalitarian, freer and less constrained nature of our conversation.

Questions asked may be closed and open-ended. Closed questions tend to result in short, brief responses. Open-ended questions encourage interviewees to share more richly, in short, to “tell their story”. This kind of question is usually discovery-orientated and tends to elicit novel, deeper information, which may lead to more questions and different answers. This is consistent with asking the “what rather than why” questions referred to in the literature (Stiles, 1993, p. 606).

According to Glesne and Peshkin (1992), questions must be specific and designed to evoke a comprehensive response. They must also fit the topic, and should not be cluttered with grammar and concepts that interfere with conveying a
concise meaning (Glesne & Peshkin, 1992). The pilot interviewee commented that the questions I asked were too vague and that I should specify exactly what information I was looking for. This interviewee also felt that some of the questions were too long and that I should rather break them up into shorter questions.

In response to the constructive feedback received during the pilot interview, I abandoned the preformulated questions and, in the remaining interviews, asked questions that arose spontaneously during the conversation. The questions I asked were more open-ended and discovery-oriented and the content of the conversation was directed by whatever the participant or I, as the researcher, wished to explore. This gave me the opportunity to explore vague or unclear statements. The interviewee had an equal opportunity to ask me questions and to comment favourably or unfavourably on matters related to the research. This process enhanced the trainees’ in-depth descriptions of the cognitive, emotional and spiritual aspects of their experiences. We exchanged ideas freely, challenged each other’s perceptions and frequently the conversations took on an animated, lively character. Both the participants and I were moved to entertain new ideas as these emerged during the conversations. The focus of the conversations was experiential, and I encouraged the interviewees to engage in meaningful discussions of their actual training experiences.

The Interview Process

*Interviews with Trainees*

After I had recounted the cover story and stated the research question, participants took time to process this information. The actual content of the cover story was influenced by a few factors. Initially I felt very intimidated by the nature of the research question. I was overly concerned about its potential to “stir”. I feared being perceived as a “bad” person by the participants. Therefore in the initial interviews, especially at the pilot interview, I related a very vague cover story. This vagueness made it difficult for the pilot interviewee to understand what it was that I wanted to talk about. It hampered the “take off” of conversation. After the pilot interview I decided to be candid about the research question, but was careful to release information about the power dynamics and the examination of power in the training context gradually. I made sure that by the time the full extent of the research
question was clear, participants would appreciate that the controversial nature of the
topic did not necessarily point to malicious intent on my part. During interviews with
the trainers I kept the cover story very vague. I revealed very little about the power
dynamics aspect of the research question and limited the conversations to a
discussion of ritual and training. I would appropriately "sneak in" a discussion of
power dynamics in a non-offensive, circumscribed way.

At the start of the conversation, there were often numerous questions and
time was spent checking, asking about and explaining the scope and details of the
research study until we reached some point from which the conversation would
progress. The conversation usually took off after an initial exploration of the
definition of some of the major concepts related to the research study, concepts like
ritual, training, power, and interviewees would spontaneously start airing their
opinions and views.

The conversation usually gained momentum when trainees realised that I was
interested in their unique training experiences. They spontaneously shared their
experiences of and ideas about their training. They seemed to particularly appreciate
the opportunity to reflect on aspects of their training that they had not articulated
before. This related to issues of rituals, the organisational aspects of the training, the
philosophical nature of the training and so forth.

There was a frank exchange of ideas. One trainee felt that her mind was being
"broadened" about her training. The fact that the context was that of two equals
sharing ideas fostered an honest and "open" participation in the conversation. My
role as participant observer facilitated a sense of trust and comfort that was necessary
to generate such a direct expression of ideas. Many felt that I "knew" how they felt,
to which I often had to respond that it was still important that I get their personal
opinion about the issue concerned.

The conversations were spirited, but at times some trainees appeared hesitant
to express negative feelings towards the training context and would hold back,
perhaps out of fear that this would be out of order or, perhaps, out of loyalty towards
the trainers. For one trainee especially, loyalty was a major concern. After expressing
her negative feelings she reminded me that the trainers were all basically good
people and were doing what they thought was best for the trainees.
At times the conversation took on the tone of a debriefing session. Some trainees discussed unresolved tensions around the training context. They would relive some of their training experiences in such a way that they would visibly become quite emotional. Such interviews were cathartic as the trainees had an opportunity to release some of the negative thoughts they carried around with them.

I was impressed by one trainee's astute analysis of her role as a white liberal in a largely black context. She candidly reflected on uncomfortable racial issues related to training. She revealed her ambivalence about white benevolence in an overwhelmingly black environment, and wondered whether she was unwittingly perpetuating black suffering through potentially inappropriate helping behaviour.

Every conversation took on a special character. This was because the trainees made sense of their training in different ways. This was evident in that trainees would explain the same experiences differently or would place emphasis on a different aspect of the training. Some would accentuate how difficult the lack of structure in the training placement was for them. One trainee felt that more rituals should have been included in the training programme. For another it might be the lack of overt authority displayed by the trainers. Another trainee might reflect on his or her beliefs about the containment of the student in the placement. Overall, all of them to a lesser or greater degree commented on the following themes:

- Philosophical and theoretical assumptions underlying the approach to training
- The role that ritual played in the training, be it positive or negative
- The lack of structure and organisational culture
- The denial of hierarchy, power and overt leadership
- The lack of theoretical and organisational clarity that distinguished the training context
- The discomforts surrounding ritual and cultural practices
- The ritualised language that was used
- Their struggle in coping with the training context
- Their cognitive, emotional and behavioural responses to provocations in the training placements.
Interviews with Trainers

During the interview (conducted separately with each trainer) both trainers were very cooperative and displayed helpful attitudes towards the research project. They answered questions comprehensively and spontaneously shared some of their thoughts and beliefs.

A major difficulty was that I felt I could not share with them the true nature of my research topic. I had previously observed how other trainees who tried to broach issues of hierarchy and power had been ignored, and I had myself experienced dismissal when broaching potentially contentious ideas. It was also my contention that the trainers tended to deny or obscure issues of power. I was thus convinced that they would dismiss my research subject. Approaching the interview with this kind of agenda was the most difficult part of the research. It was anxiety provoking to consciously mislead some of the participants. It flew in the face of my most cherished personal values of honesty and openness.

This state of affairs generated much anxiety for me both before the interviews with the trainers and throughout the research process. I was concerned that the research findings might show up the trainers as less competent and perhaps even less honest than they assumed themselves to be. I wondered what some of the other lecturers at my training institution would think. And, most importantly, would the research findings have repercussions for the future of Agape?

In spite of these misgivings I had fruitful interviews with both trainers. During the interviews I approached the issues of power indirectly. With the younger female trainer I risked a bolder attitude in expressing concerns about power relations in the training contexts. I felt more comfortable with her and less intimidated than when I had to contend with the person who, in Heller’s (1985) terminology, would be identified as the “Great White Father”.

I was hoping to obtain some disconfirming evidence during the interviews with the trainers. I did get a better understanding of some of the philosophical assumptions that underlie the practices at Agape, such as the willingness to let crises happen and the apparent lack of organisation. The trainers seemed to be genuinely immersed in this approach to training and during the conversation I could appreciate
the philosophy behind the training from their perspective. However, the information that I discovered in fact underscored many of the conclusions I came to in this study.

*The Interview of the Interviewer (Researcher)*

The trainees evoked different responses from me. During the interviews my respect increased for some trainees’ ability to reflect critically on their training. Some expressed themselves vigorously and forced me to rethink some of my ideas. One or two trainees had a very eloquent way of articulating rather complex training issues. I also admired those who seemed to experience great difficulty being in the training yet persevered and retained a sense of proportion about their training experiences.

I especially cherished the contributions of one trainee, who accused me of having “an axe to grind”. Although she felt that my research subject was appropriate and much needed, she was concerned that it might degenerate into a “punching back” event. I suspected that she was too concerned about the risk inherent in my research topic, and was probably uncomfortable with the “courage of my convictions”. Nevertheless this was one interview that spurred me on to reflect very seriously on what it was that I hoped to achieve with my research study.

I identified strongly with trainees who displayed deep loyalty towards the trainers. I also felt, like them, that perhaps part of the research process was about betraying the trainers.

Those who retained a high standard of professional conduct towards their clients, even when they themselves were feeling uncontained and ungrounded, impressed me profoundly. All the trainees seemed to sincerely believe that they were making a difference to some people’s lives.

The younger trainees seemed to be in greater need of holding and even therapeutic input to help them make sense of their training experience. I found this difficult to witness, and often questioned, throughout the research process, whether I had perhaps been insufficiently supportive towards them during my own training, and whether, as a “mature” student, I should have been “there for them”.

For a period following each interview I would reflect deeply on the impact of the interview on myself. I deliberated for hours on how my role influenced the
process of data collection. I would be plagued by uncomfortable questions such as the following:

- Was I perhaps too emotionally attached to the research study? Perhaps I should feel less involved?
- Was I imposing my ideas on the research process?
- Was this a storm in a teacup? Was I creating something out of nothing?

The Researcher as Participant Observer

Participant observation is a method whereby the researcher, in “becoming an actual part of the participants’ reality”, is able to give intersubjective and interpretive accounts of the research situation, instead of seeking comfort in the role of the distantly involved scientist (Creswell, 1998, p. 76). It considers the natural circumstances surrounding the researcher as self-in-the-system. This is consistent with an epistemology that emphasises the subjectivity of human experience (Rowan, 1981). It enables the researcher to appreciate the meanings that people form about their experiences. This affinity for the participants and research context challenges participant observers to risk exposing and examining their personal values that are pertinent to the research process. The participant observer risks disturbing and influencing the research context. The researcher therefore has to comment on the nature, the side effects and after effects of such direct and often prolonged contact with participants in the natural environment (Elden, 1981).

As a participant observer researching my training experience “in retrospect”, my role as participant observer was not planned for in the research design. I selected the research topic after I had completed my training. Over the preceding two years I had immersed myself in the training context and felt both intellectually and emotionally attached to the place and the people. As a relational being I define my universe and punctuate my social context with respect to relationships that I form with others (Rowan, 1981). This, combined with a natural curiosity about people, fostered my assimilation into the social relations in the training context. I had forged positive relationships with trainers, trainees, clients and the local people that formed part of the training ecology. Thus my prior situatedness as a trainee in the training placement became a rich source of information about the research study. Due to this
privileged, "endogenous" researcher position I did not have to contend with gatekeepers or spend time getting acquainted with the participants or familiarise myself with the training context (Maruyama, 1981, p. 280).

As a trainee I had engaged in most of the training activities the participants had experienced. This included doing psychotherapy with individuals, groups, families and community members. The trainers who supervised the trainee-participants had supervised me. I had the same training experiences as some of the participants concerning attendance of rituals, formation of community networks, supervision and so on. And, like most of the trainees, I had also been confronted with the severe levels of social and domestic disintegration, crime and violence endemic in the community.

I had gone shopping in the nearby shops, made home visits in the surrounding informal settlements and done follow-up visits with my clients in the community. I had had lengthy conversations with the “locals”, engaged the children in play, and attended the local mosque, police station and schools in the area.

The local sangomas had taught me about traditional African customs, and from them I had learnt the meanings of words that describe different aspects of the traditional healing practices. As a trainee, clients who seemed to positively integrate “western” psychotherapy with treatments from the local sangomas had intrigued me.

The housewives instructed me on how they managed their involvement with their children and confided in me their concerns about their children’s school performance and their husbands’ unemployment. Many mothers worked part-time in “piece” jobs to supplement the family income. Some of the young university students shared their concerns about getting an education, looming prospects of unemployment and securing themselves “a better future” than the future their parents had been faced with.

My role as participant observer took care of the trust and rapport issues so important between interviewer and interviewee. The participants seemed to have no difficulty relating to me in my role as researcher. They were cooperative and generously shared their training experiences. What facilitated relaxed discussion with the trainees in particular was that as participant observer I was their “equal”. As colleagues we had shared a trusting collegiality that frequently took the form of a
"sibling" relationship. These relationships had provided me with much support, guidance, courage and holding during the two years of my training.

I did not have to elaborate on my role as researcher except to clearly draw attention to the special characteristics of the interviewer-interviewee relationship as this pertained to the transaction of consent, confidentiality and ethics concerning the protection of the privacy and personhood of the clients. From the outset I explained to each participant that as a participant observer I had my own opinions about the research questions, which might not necessarily concur with theirs. I also explained that the research question seemed to be continuously changing and that I did not yet have a fixed idea of the direction the study would take. In fact, it only took on a more definite form during the final phases of the data gathering and, more especially, the data analysis stages.

A real danger lurking in the nature of the relationships formed between a participant observer and the participants is that he or she may become so close to his or her subjects that an "incestuous" relationship forms, with a subsequent loss of objectivity and a failure to see phenomena that are very obvious to an outsider (Reason & Rowan, 1981). By the time I started this research study I was, however, an "outsider", no longer in the warm embrace of my fellow trainee-participants. This distance from the participants and the training context yielded insights and clarity that would not have been possible if my role had been limited to that of "insider".

Data Analysis

Data analysis is a process whereby order, structure and meaning are imposed on the mass of data collected in a qualitative research study. In this study data were collected using the interpretive approach. Interpretive methods make use of people’s first hand accounts of their experiences, particularly the meanings they themselves impose on their realities. These methods concern the interpretation and understanding of language and the contextual understanding of behaviour (Bhana & Kanjee, 2001).

Interpretive social science originated with the German sociologist, Max Weber (Neuman, 2000). He urged researchers to study "meaningful social action", by which he meant that people should be observed and studied in their natural
environments, “as it happens” (cited in Neuman, p. 71). Their personal meanings and interpretations should be a major contribution to the content and process of the study.

Interpretive social science is associated with hermeneutic theory. This theory is concerned with discovering the meaning embedded in texts or situations (Neuman, 2000). In hermeneutic theory the researcher does not limit him or herself to the superficial meaning of a text but endeavours to get to the essence buried within the text. In this way the researcher accesses a deeper understanding of the text. This method does not have a set of prescribed techniques, but in order to impose some structure on the analytic process I made use of the following “steps” suggested by Terre Blanche and Kelly (1999, p. 140):

Step 1: Familiarisation and immersion. The researcher immerses herself in the collection of data, texts, notes and participants’ life worlds, in order to make sense of those worlds. Dialoguing occurs between the researcher and the texts as she reads and rereads scripts, observes connections between parts of texts and makes notes, which guide the researcher towards the most fitting interpretations and conclusions. Besides the two years that I spent as participant observer, I had also spent many hours in conversation with other trainees, some of whom are now practicing psychologists, and peer reviewers. Text work such as transcribing, identifying themes, collating data and making sense of the research subject, continued for more than a year. Sometimes I felt too close to the data and took breaks away from it to retain a sense of perspective. During the data analysis phase I became aware that of the many aspects of the research study that I had not examined in as much detail as, in my opinion, they warranted.

Step 2: Inducing themes. During this step, I scanned each interview for themes and listed them. After listing all the interview themes, I collated the common themes and joined categories that could be subsumed under specific themes with these themes.

Step 3: Coding. The text of each interview was then scanned to mark words, phrases and paragraphs that embodied the themes that were identified. The texts were numbered in accordance with the theme to which they were related. Excerpts belonging to the same theme were grouped together and listed.
Step 4: Elaboration. In this stage the researcher reviews the induction of themes and coding phases with the intention of making relevant changes, like refining the themes, adding sub-themes or changing the coding format. The researcher takes another, closer look at the themes and the coding system. In this study I changed the labelling of themes at least three times. After prolonged consideration about the appropriateness of the themes I was eventually satisfied that I had identified the most useful ways of making sense of the data.

Step 5: Interpretation and checking. In this section I wrote up the interpretations of and conclusions drawn from the data and attempted to convey a sense of the trainees’ overall training experience, in the light of the data collected and analysed.

Conclusion

This chapter presents an understanding of the paradigmatic underpinning that informs the research process. In it I explain the examination of and present a description of the participants’ subjective experiences as well as depict the historical, cultural and social contexts of the research study. Participants’ meanings and personal experiences are conveyed as they experienced them, but as seen through the eyes of the researcher as participant observer.

In this research narrative descriptions are used to convey an understanding of the participants’ training world. In empirical research statistical explanations are given. One advantage of using a narrative style is that it can communicate the depth, meaning and complexity of human experience. “Telling of stories” is of particular significance when the researcher wishes (as I did) to capture the experience as seen and told by the participants themselves (Stiles, 1993).

The next chapter consists of a comprehensive discussion of the themes that emerged during the interviews conducted with the participants, followed by a brief reflection on these discussions.
CHAPTER 4
DISCUSSION OF THE MAJOR THEMES WITH REFERENCE TO THE LITERATURE STUDY

Most trainees at some stage question both how relevant parts of their course are, and the style and methods used to train them (Bor & Watts, 1999, p. 1).

In this chapter I discuss the themes that were identified from the data collected. Before doing so, however, in order to provide some background as to the context from which these themes derive, I look briefly at Agape culture, aspects of an African approach to health, illness and treatment and Agape rituals. Next I give a short description of the themes. Each of these is then explored with reference to the therapeutic experience of the trainees. In the first section of each theme I explore the theme with respect to the worldviews, belief systems and values that are embedded within each theme. Thereafter I discuss the way in which each theme manifested itself in the training context, with special reference to language, other rituals and the therapeutic activities. Within each theme I explore how the language and other rituals, combined with the specific philosophical and theoretical underpinnings of the training placement, influenced the trainees’ therapeutic experiences concerning power and spirituality.

Agape Culture

Rituals develop in any workplace or social context, and the preferred rituals usually fit the prevailing social reality in which the ritual is embedded; i.e., there is a correspondence between the ritual and the social setting (Swantz, 1970). At Agape the training of psychotherapists took place in the socio-cultural environment of the clients’ living space. It was situated “among the people” within the geographical boundaries of a black South African working-class community. Part of the Agape culture included an African approach to healing, which was practically expressed during therapeutic activities.
An African Approach to Health, Illness and Treatment

In this brief discussion I attempt to highlight the uniqueness of the traditional African worldview and to contrast it with the mainstream western worldview, whilst appreciating that worldviews are dynamic and continuously respond to the dictates and demands of social, historical and political conditions (Maimela, 1991).

The description of the traditional African illness-health process paradigm sketched below is based on the assumption that African peoples of various descent and creed, who have retained some ties to traditional beliefs and practices, more or less share an African cosmology (Maimela, 1991) that mediates their approach to the illness-health process. Despite a “loss of Africanness” among Africans through internalisation of the “cultural and religious values of their European masters” (Maimela, p. 4) a distinct African worldview has survived and is shared among Africans even beyond the African continent. Thus the use of mostly Zulu references in this discussion to describe the peoples of Mamelodi, who are mostly of Sotho-Tswana descent (Breutz, 1947), is done with respect to the reality of a shared African cosmology. Furthermore the division of African peoples into categories such as Xhosa, Sotho or Zulu is a consequence of the European colonialist presence in Africa and is not a creation of Africans themselves (Bate, 1995).

Unlike the Western medical tradition that rigidly splits up the experience of illness into physical, psychological or spiritual parts, traditional African men and women do not compartmentalise the body into physical or mental categories. An illness is always regarded as an illness of the whole person (Ngubane, 1977). Personal healing and transformation in traditional African society are complex, multifaceted concepts. Healing involves treating the individual, but may also include the whole social and cultural background of the patient. For example, Breutz (1947) cites that a physically or mentally deficient member of a Sotho-Tswana clan community, who is unfit to perform any work, “does not suffer any curtailment of his rights and privileges due to him on the grounds of his rank in the clan community” (p. 61) and when an animal is slaughtered “even the most distant kinsmen are readily granted hospitality” (p. 61). This is because certain healing ceremonies of the traditional black man and woman necessitate the presence of family, friends and neighbours, as well as the attendance of the ancestors (Ngubane, 1977). Furthermore,
the belief in the spirits of the ancestors among traditional Sotho-Tswana people demands that the traditions of elders be respected, and this results in a heightened sense of group solidarity in matters of health and illness (Breutz, 1947).

Many African people do not subscribe to the traditional African illness-health process paradigm, particularly those who have converted to mainstream churches. Thus many Mamelodi residents attend “mainstream” Christian churches. Some attend Independent African Churches that are a mixture of traditional African beliefs and Christian elements, with some churches being opposed to customary practices (Chiloane, 1990). Instead, says Bate (1995), congregants of these churches may experience the “laying on of hands” by the “prophet” and partake of “holy waters” dispensed by the latter, in the Christian sense of these practices. The emergence of the Independent African Churches is partly a manifestation of the inculturation of Christianity in South Africa, according to Bate, and seems to carry no special significance at Agape.

The Agape “flock” appears to hold to a more generalised idea of traditional African religious practice with special emphasis on ancestral beliefs and sangoma practice.

Agape Rituals

Agape rituals have a definite African flavour. Greeting everyone by shaking hands in the mornings, carrying out the clients’ chairs and sharing the communal lunch and so forth, was often accompanied by the sound of drumming. The dress style of some of the trainers and trainees reflected an African presence. Some of the trainers were decorated with beads and bangles and one trainer often walked around, talking stick¹ in hand – assumed by most of us to be an African tradition, although it appears not to be of African origin.

Talking via the talking stick was a very potent ritual at Agape. All talk at the meetings took place via the talking stick. People spoke only when they held the talking stick in their hands. The talking stick “creates that space” (Trainee 3) in which people can talk. As explained by one trainee:

¹ http://www.inclusion.com/tools_1.htm
Um, in my experience using the talking stick helped people to, to speak. When the stick comes, comes to you, you have a decision to make. Either you gonna speak or you’re gonna pass it on. (Trainee 3)

The talking stick is an ancient aboriginal tool for healing relationships through learning to listen and speak to others. It is also an ancient tradition with the Native American peoples. It is a decorated stick that is passed sun-wise from person to person in the talking circle. Only the person with the talking stick is allowed to speak and the rest must listen to him or her. No one is allowed to interrupt the speaker. At the start of a meeting, all may gather around, forming a circle. The talking stick usually lies in the centre of the circle, and the first one to speak will pick up the talking stick, which announces the beginning of the talking, and listening². At Agape the spirit of the talking stick was honoured, and allowed people to speak with and to be listened to by others.

The lunch ritual conformed to traditional African custom. Before lunch money was collected from trainers and trainees to buy food at the local shops, which was either cooked by some of the trainees or the local residents or needed no preparation. During lunchtime important rites were observed, such as formally welcoming people, making announcements, speaking of or declaring something of importance. Prayers were said, songs were sung and some people recited poetry.

Sangomas were a familiar sight at Agape and frequent references to the ancestors were made. Some of the Agape “regulars” were revered as sangomas-in-training or enjoyed special status because they had family members who were ordained sangomas. Trainees were encouraged to include a patient’s sangoma in the therapeutic process. As trainees we witnessed the “calling up of the ancestors”. This ritual might take place amidst the beating of drums, dancing and singing. While waiting for the ancestors to appear some of the locals and therapists would become progressively more intense, until one person uttered a piercing howl. The one who howled might faint, fall to the ground, lose consciousness, his or her body writhing and twitching, perhaps frothing at the mouth. This person might start talking in a

² http://www.inclusion.com/tools_lhtm
strange voice, eyes fixed as if in a trance. The spirits of the ancestors would be speaking to this person, perhaps through a child, relative or friend. The intense bodily reactions were indicative that the ancestors had appeared. Those witnessing would stand around with cupped hands, knees slightly bent, leaning forward while uttering words like “Khosi yam”\textsuperscript{3} or “syavuma”\textsuperscript{4}.

Some of the rituals took place at special venues, such as the home of one of the trainers, on the mountain, or at the river in Mamelodi, and at special times, often beyond training hours, like over a weekend. Burning of incense (imphepho) marked the start of the ritual and facilitated the appearance of the ancestors (Bate, 1995). This was usually done by one of the trainers who would be appropriately dressed in traditional African healer attire. In preparation for some of the rituals we might be asked to bring along a symbol related to the ritual theme, or we could be asked to “bring our shadow”.\textsuperscript{5}

Towards the end of my training a river ritual was performed to celebrate the termination of the training period. The trainees performed ritualised washings and received blessings from the trainers who were standing in the river performing special rites. Later a farewell ritual was held in which trainees accepted, amidst song, dance and prayers, special beads that symbolised their new status as “ordained” healers.

Sometimes trainees were invited to attend ceremonies in which some of the “regulars” were formally ordained as sangomas. During these ceremonies animals were slaughtered and other ritual acts were performed to mark the transition from ordinary person to that of healer.

\textsuperscript{3} An exclamation of surprise and awe uttered when the ancestors appear.

\textsuperscript{4} Roughly translates as ‘we agree’ and is uttered when the ancestors appear (Buhrmann, 1984).

\textsuperscript{5} The healers’ own reflections or images of self (healer’s incompleteness, fears and imperfections) that he or she has to continuously confront. These encounters may bring healing to the healer, which in turn informs the healer’s practice (Lifschtz, 2000).
The language used was sprinkled with specific kinds of words, phrases and nuances that were reflective of one’s presence in a sacred context. For example, Agape was often referred to as a “healing community” (Lifschitz & Oosthuizen, 2001). A phrase that was often repeated at Agape was that “ritual is the point of connection between the community, the therapy and the trainee”.

Some rituals formed part of daily Agape interactions. Others were more dramatic or needed special preparations. Therapy was a ritual, so was connecting with the “regulars” and clients who stumbled upon the place by accident or out of curiosity, perhaps in search of food or friends. In this sacramental training institution, in theory, there was no way of distinguishing between trainer and trainee, nor could one easily differentiate between trainees and the local client population.

In keeping with the above description of a ritualised context it would be reasonable to assume that these rituals did not take place in a philosophical vacuum. The choice of ritual, and particularly African rituals, as the modus operandi of clinical training, the way rituals were managed and the fact that doing rituals was deliberately encouraged, hinged on particular philosophical and theoretical assumptions. In the first theme dealt with below, I discuss the underlying philosophical ideas that gave rise to the socio-cultural and philosophical reality prevalent at Agape, which validated the use of particular rituals.

Evolution of the Major Themes

*How a series of events is perceived depends on how the sequences of behaviours is punctuated* (Barker, 1998, p. 36).

The information that emerged from an analysis of the transcripts of both trainers and trainees formed patterns that later crystallised into five themes. These themes reflect the trainees’ experiences of the dynamic, sacralised power relationships that were forged during the training between trainers, trainees and the clients.

The seeming contradictions juxtaposed in each theme capture the tensions in training that both trainers and trainees faced as they balanced ideas, philosophies and expectations of each other and of the training context. Thus the formulation of the themes corresponds with the central research question – the exploration of the
tensions inherent in a training context that sought to balance the philosophical, theoretical and practical components as these shaped the nature of the training and the experiences of trainers and trainees.

Determining the boundaries of these themes was at times difficult. Frequently the content of themes overlapped; neat boundaries could not be drawn because the themes were inextricably linked to each other. The definition of themes and the fit between the themes and the content are the result of my personal punctuation of the texts. Different punctuations of the texts would be possible and equally valid.

Summary of Each Theme

Theme 1: Western/Newtonian Worldviews versus African, Postmodern and Constructivist Worldviews

This theme is concerned with the statements, comments and inferences trainers and trainees made about the tensions between mainstream western/Newtonian worldviews and the traditional African worldview, alongside postmodern worldview assumptions, and the implications of these for training.

Theme 2: Individualism versus a Community Orientation to Life

This theme is concerned with the statements, comments and inferences that participants made about the tensions between collectivism (emphasising people’s connectedness to others and interdependence with others) in the training context and the mainstream individualist approach of the broader society (the western, self-contained exclusivist type) in which the clinical placement was situated, and how this shaped the psychotherapeutic training experiences.

Theme 3: Rationality versus Spirituality

This theme is concerned with the statements, comments and inferences participants made about the tensions between a theoretically-based approach to psychotherapeutic training, as symbolised and reflected in scientific methodology, theory and rationality, versus a spiritual orientation of human relatedness, emotions, spirituality and transpersonal experiences, and how this shaped the psychotherapeutic training experiences.
**Theme 4: Hierarchy, Dominance and Power versus Egalitarianism, Equality and Powerlessness**

This theme is concerned with the statements, comments and inferences participants made about the tensions inherent in the interpersonal dynamics pertaining to the politics of power, authority and expertise, and how this organised the psychotherapeutic training experiences.

**Theme 5: The Trainees’ Personal Involvement versus Professional Distance within the Training Context**

This theme is concerned with the tensions that trainees experienced as they moved between being personally involved in their training experiences and keeping a professional distance. The theme includes an examination of the cognitive, emotional and coping responses that were evoked as a result of this tension.

**Discussion of Each Theme**

Each theme is discussed with reference to the three major concepts central to this study:

1. The role that rituals play in each theme
2. The implications of the way in which the tensions in each theme are managed for the psychotherapeutic training experience
3. The implications of the way in which the tensions in each theme are managed for the interpersonal dynamics in the psychotherapeutic training context.

In order to realise a useful discussion of each theme with reference to the above major concepts, each thematic discussion is divided and discussed under the following headings:

- **Heading 1:** Worldviews, value orientations and belief systems
- **Heading 2:** Manifestation in the training context with regard to language, other rituals and the therapeutic experiences

As well as being dealt with as part of separate themes, the dynamics surrounding the concepts of power and spirituality seem to surface in every theme.
This is so because both concepts are central to the research question and could not be neatly separated from the general clinical experiences.

It should be noted that, in order to protect the confidentiality of my conversations with the trainees, all are referred to as women. The female pronouns "she, her, hers" should thus be taken to include both genders (a reversal of the norms of "sexist" writing).

Theme 1: Western/Newtonian Worldviews versus African, Postmodern and Constructivist Worldviews

Worldviews, Value Orientations and Belief Systems

A trainer’s approach to psychotherapy and training is often based on the integration of aspects of a number of philosophical approaches and theoretical influences. A review of the literature reveals that the Agape trainers’ philosophy is a complex combination of ecosystemic epistemology, postmodernism and anti-apartheid sentiments joined with elements of the traditional African paradigm. This approach to training partly embodies the conceptual shift that has occurred away from traditional, “scientific”, psychodynamically-oriented views of human functioning towards a more modern, holistic, systemic and postmodern perspective (Becvar & Becvar, 1996).

The trainers functioned within the philosophical spirit of the training institution’s approach to psychotherapeutic training. Unisa’s psychotherapeutic training model was based on the “new” systemic, holistic and ecologically-based approach to understanding human nature. The aim of the training was to produce psychotherapists who could work effectively with people within their ecological contexts. To achieve the training objectives, trainees were exposed to literature relevant to the philosophical and theoretical roots of systemic family therapy, postmodernism and social constructionism. These assumptions formed the philosophical and value anchors of the psychotherapeutic training. Other philosophies to which the trainers adhered were in addition to these central beliefs and ideas.
Within the ecosystemic framework, the universe is perceived as a complexly intertwined network of feedback systems that process information. The person-environment context contains various system levels (for example, the individual as part of the family, the family as part of the community, church, school, work, etc.) all of which are embedded in an intricate socio-political-cultural matrix of meanings. Stachowiak and Briggs (1984) observe that the individual, in turn, is composed of many subsystems, such as the biological, emotional and chemical subsystems. These systems, though forming connections with other systems, operate as autonomous systems, able to respond to stimuli and adjust themselves to ensure continuous existence. The system orchestrates what Stachowiak and Briggs describe as a balanced diversity of conditions that optimally maintain the ecosystem.

For a systemically oriented therapist, symptoms originate in an interpersonal context, and it is futile to counsel an individual outside this context (Haley, 1963). In the light of this a symptom is not viewed in terms of its aetiology and pathology but is seen as one of the ways in which the system "balances and heals itself" (Atkinson & Heath, 1990).

In this view, people's experiences are examined in the context of their relatedness to other people and systems. Any behaviour or phenomenon is understood in the context in which it occurs. This approach is a whole new way of appraising symptoms, assessment and treatment of people who seek out psychotherapeutic services.

In this paradigm the goal of therapy is to establish new relationship networks within the ecological relationship system so that the system does not deliberately seek information in any strict programmed format, but becomes receptive to experience. Minuchin (1974, p. 131) refers to this process as an "evolving diagnosis related to context".

This kind of therapy directs attention away from the individual and individual problems in isolation towards relationships and relationship issues between individuals. It is a meta-perspective in that it endeavours to avoid either/or choices. It prefers to be all-inclusive and to believe in shared responsibility and reciprocity, in which each part influences the other and both are equally cause and effect of each other's behaviour.
Postmodern ideas, particularly those of social constructionism, are a source of further important assumptions on which Unisa’s psychotherapeutic training is based. The social constructionist position implicit in the training philosophy is consistent with essential postmodern principles of “reality as multiverse”, “objectivity always in brackets”, an “observing system stance” and an “ethically grounded” approach to psychotherapy (Becvar & Becvar, 1996). (Gergen, cited in Becvar & Becvar, 1996, p. 88) expresses this position as follows:

That is, if we are to be consistent with the fundamental assumptions of the postmodern worldview, clients must be understood as possessing equally valid perspectives and we must become aware that there is no transcendent criterion of the correct.

The Agape trainers’ motivation to work within this particular ideological framework is further infused with a strong socio-political consciousness of the fragmentation of South African society as a result of apartheid. When initiating the psychotherapy work in Mamelodi some ten years ago, the trainers aspired to bring psychotherapy to the people, to “those who had been deprived of the services of clinical psychologists” (Lifschitz & Oosthuizen, 2001, p. 109).

The trainers’ practice is informed by spiritual values. This includes a concern with “the process of human struggle” and an emphasis on the importance of forming community ties with others and of creating healing spaces that form safe sanctuaries for those in crisis (Lifschitz & Oosthuizen, 2001).

The above philosophical and theoretical approaches fit in with the values, morality and ethics of various healer paradigms outside the realm of western psychotherapy, such as those contained within the traditional African healing approaches and in the traditions of shamanism, to which the trainers subscribed (Butler, 1998).

The traditional African paradigm is a healing approach that includes several categories of belief about disease causation. Certain diseases are perceived as natural phenomena that can afflict anyone. These illnesses do not need any form of spiritual intervention. Cleaning impurities from the environment, for example, will suffice (Ngubane, 1977).
In another class of illnesses the ancestors or ancestral spirits (amadlozi) are implicated. Failure to honour the ancestors or to perform expected rituals and sacrifices to the ancestral spirits might lead to illnesses of a moral or social nature. The diviner (sangoma) is the person who has to trace the origin of the affliction, and decide on the appropriate sacrifice or ritual to restore health and harmony. This may involve the slaughtering of a cow or goat, accompanied by the burning of imphepho, an everlasting plant that, according to Buhrmann (1984), is believed to assist with the divining process. The service of the “lighting of the candles” (ilhati) may also be performed, so that the ancestors may consider themselves invited guests at the ceremonies (Williams, 1982). According to Vera Buhrmann, the rituals and sacrifices are not performed just to appease the offended ancestors, but also to obtain their guidance and wisdom.

Another category of illness is that caused by evil intentions. A person who generates these illnesses may have a personal grudge against a victim and conspires, often with the help of a sangoma or nyanga (herbalist), to harm the victim. This form of illness is called umthakathi, the Zulu term for sorcery. Sorcery may cause emotional depression and other forms of mental illness – even, says Ngubane (1977), to the point of death. To counteract the effects of thakathi the medicine has to be located and the identity of the “evil doers” exposed as soon as possible, as the individual and his or her entire family may be affected. Ngubane reports that in such cases, a diviner is consulted, who conducts the appropriate rituals to neutralise the powers of the sorcerer(s).

Indigenous healers can be divided into two broad groupings. The izingoma (diviners) are usually consulted to deal with social, political and supernatural problems. They assist in establishing the cause of “bad luck”, suggest solutions to love or other social problems or perform clairvoyant activities, and may not attend to illness problems (Mankazana, 1979).

The role of the sangoma in society extends beyond that of healer to include that of soothsayer, priest, doctor and pharmacist, among others. He or she is the protector of societal traditions and culture. The sangoma can divine the future, and may hold intuitive knowledge that is not limited to space and time. When people
consult the *sangoma* they take guidance from him or her, and they receive guidance that may restore their health (Ngubane, 1977).

The *izinyanga* (herbalists) are healers who specialise in the treatment of various physical ailments such as sexually transmitted diseases, tuberculosis, AIDS-related symptoms, and so on. They may use a variety of herbs, tree bark and animal skins and bones that are mixed to form healing medicine (Williams, 1982).

Shamanism incorporates an assortment of “native”, spiritually-oriented healing therapies. According to Butler (1998), it includes healing methods like prayers, chanting, contact with spirits, drumming, “laying on of hands” and so on, that cannot be explained within the Newtonian paradigm of healing. It would seem that the Agape trainers harboured a concern with “feeding the existential hunger” (Butler, 1998) within people. Butler is of the opinion that the spiritual famine endemic to current modern society is a consequence of excessive materialism with a resultant neglect of issues of faith, community, emotions and spirituality.

*Manifestation of the Theme in the Training Context: Language, Other Rituals and Therapeutic Experiences*

Theorists such as Becvar and Becvar (1996) hold that it is through language that individuals and groups come to know their world. From a constructionist perspective such as theirs, language is central in forming our consciousness, both at an individual and group level. We form meanings through language, and through language we come to know our world and that of others.

At Agape language functioned as the chief socialising agent of the philosophical and theoretical assumptions on which the training was based. For example, consistent with postmodern notions of continuous co-construction and with a preference for the condition of uncertainty, “not knowing” and a process rather than an outcome orientation to life, language was used to reinforce a continuously evolving, indefinite and uncertain reality (Lifschitz & Oosthuizen, 2001).

Words and phrases were used that encouraged a tentative, process-oriented communication style. For example, “stay in the struggle” was an often-used phrase that encouraged people to be comfortable with difficulty and uncertainty, and not to
try to solve things too quickly. “Staying in the uncertainty”, “being in crisis”,
“staying in chaos”, and “not knowing” were common buzz phrases. The behaviour
of an Agape “regular”, who sometimes displayed behaviour that would customarily
be defined as “psychotic”, was responded to with the comment, “she brings healing
for all of us”. We were often reminded that this “regular” had “the courage to give
voice to the unspoken”. The trainers also sometimes observed that trainees came to
talk about their “stuckness” and that we could “struggle together”, finding ways to
“give voice to the void”. References were made to “being outside and inside”, “in
the eye of the storm”, and “finding safe spaces for crisis” (Lifschitz & Oosthuizen,
2001).

One trainee shared her opinion of communication that was left to “define
itself”:

And there’s a little bit of that in the language at Agape as well, a little
bit, this is now on the other hand, speaking purely language. There’s certain
things, like you have to use “community”. You have to use “giving voice to
the unspoken”. If you use those words then it seems like to be vague is more
acceptable than to find out the specifics. Like I mean “giving voice to the
unspoken” is such a vague term. You can do a million things and classify that
you’ve now “given voice to the unspoken”. Especially if you have no clue
what “giving voice to the unspoken is”. (Trainee 3)

The use of “Agapinese” blended well with the ill-defined, sacred atmosphere
that prevailed in the training context. Other rituals also constructed the training
context as African rather than western. One trainee comments on the fact that coming
to Agape meant a first-time exposure to African rituals:

If I look at my upbringing and my background, I wasn’t exposed to
any of that. And coming into Agape there was a lot that was, like, ja, the
talking stick ritual was a first time exposure to that. (Trainee 1)

It seems that the talking stick made an impression on a few of the trainees.
Another trainee commented on her attachment to the talking stick:

The use of the talking stick is something which I am very attached to.
(Trainee 3)
And later on she comments on her yearning for ritual:

What I want to add on that point is, um, coming from Agape into the Military, to the family therapy clinic. I miss that ritual. It sounds like people are just doing things, “sommer vir sommer”. There wasn’t any sacredness attributed to what’s happening now in therapy. And I think that’s what makes ritual for me at Agape important. It lends a kind of holiness to what we do here. (Trainee 3)

Some of the trainees explained their awareness of ritual within the training:

Merely by the fact that it was done every week. It was a ritual in a sense that it was organised and everybody knew that there was going to be a meeting. So it was ritualised form of behaviour. (Trainee 3)

Ja, and I suppose what would be interesting for me because I lose sight even of the little rituals that made up the everyday, every Wednesday experience in terms of the talking stick – the general, the little rituals that made up the day at Agape. So the way, the gathering in the evening, the end of the day, that then is also a kind of a ritual. (Trainee 1)

Trainees were provoked to respond to general rituals like shaking hands, eating together, drumming, the river rituals and so on, as well as to more contentious rituals like ancestor veneration. Trainees tended to distinguish between the mundane, everyday Agape rituals (for example the lunchtime ritual and shaking hands in the morning), and the rituals that required a commitment beyond Wednesday and often took place outside the geographical boundaries of Agape, for example at the river at Mamelodi. The latter rituals were regarded by some as “real” rituals. They were often more dramatic, were done for specific purposes, and might require some prior preparation. One trainer referred to ritual as “healing where people are held in crisis” (Lifschitz, 2000). Thus ritual was central to the conscious ordering of the training context in spiritual, sacred and mystical terms.

The trainers regularly discussed efforts to create rituals that fitted the various training circumstances. For example, a ritual might be required to mark the transition of a trainee from trainee to “healer”, or to provide holding for the trainee, or to foster a sense of community within the training placement.
Trainee 1 commented further on the fact that it was ritual that marked the beginning and the end of the day, as there were no formal markings to indicate the beginning or end of the day:

*Ja, 'cause I see structure in it. I mean in the context of any day of any clinic there will be the way the day progresses. So today we started how we gathered for lunch, how we ended, *ja, ja*. (Trainee 1)*

From the interviews conducted it seems that the trainees were sensitive to the tensions between adhering to postmodern cum traditional African philosophies and living them out in an evaluative psychotherapeutic training programme. The trainers were devoted to postmodern philosophies and the language discourse of the training, the ritual activities and the philosophical frameworks of belonging and connectedness were all in congruence with this. However from the trainees' perspective there was a lack of balance between the postmodern cum African philosophies and first-order principles of objectivity, rules and organisation, i.e., Newtonian principles. Trainees probably assumed that the trainers were responsible for the organisational and regulatory aspects of the training placement, because to nurture and support the trainees' incremental gains in psychotherapeutic competence necessitated some organisational and power mechanisms on the part of trainers (Rubin, 1997).

Usually, as Webb and Wheeler (1998) observe, training takes place within an evaluative context, and the trainee is therefore concerned with being found therapeutically competent and adequate. For the Agape trainees not only was this training context presumed to operate on postmodern principles, but with the introduction of ritual it also became sacralised. This confronted them with a dilemma of how to harmonise what to them could have appeared to be mutually exclusive domains. Rituals belonged to the domain of the sacred. Training, on the other hand, was perceived to belong to the domain of achievement, of proving one's competence and being evaluated (Webb & Wheeler, 1998). For the trainees it mattered little how much they were "spiritually uplifted" during the process of rituals; they assumed that their performance in the clinical placement was being evaluated in accordance with generic academic standards of competence.
This conflict between philosophical assumptions and practical necessities did not go unnoticed. One trainee suggested that the postmodern theories to which the trainers adhered were not practicable. She asserted that the theories could not be successfully translated into practice because there was a lack of correspondence between the theories and the evaluative context of Agape.

She explained that her understanding of postmodern ideas was that they embrace the notion of non-directiveness. Those in “authority”, like the therapist during a psychotherapeutic session, adopt a one-down position, allowing for a bottom-up approach to influence and power. Within the clinical placement this was troublesome, given that training happened in an evaluative context. Thus for her the implementation of postmodern ideas in the Agape context was a contentious issue. She elaborated on this as follows:

But I have long since accepted the idea of doing things in terms of purism, the postmodern way, in reality is not going to work. And that sooner or later the reality of some kind of structure is going to show up. And to me this was just an indication of that, that the way rituals are organised. So, though, I’m jaded and cynical about the idea that you can’t have this kind of collective decision-making processes. If anything the students are going to choose an entirely different kind of ritual. Um, so maybe, my, I’m to the point where I’m weary and cynical about assuming that it could be done any other way than for someone to impose this kind of thing. Because if we were in any other kind of context that is how it would happen. Someone would make a decision and you either comply with it or you wouldn’t. There isn’t really an issue of it being a reciprocal type thing. It’s too difficult. It doesn’t make practical sense. (Trainee 4)

Furthermore, behind the strivings to infuse the psychotherapy training with ritual lurked the potential to overemphasise ritual at the expense of organisational infrastructure. This produced a spiritual reality that was not tempered with methodological inputs that would facilitate the professional development of the novice trainee (Friedman & Kaslow, 1986), and instil demonstrable therapeutic competencies, which is the ultimate goal of psychotherapeutic programmes (Henderson et al., 1999).
You were never told when to do things. (Trainee 2)

So the boundaries are not explicit and almost makes you feel incredibly confused about your role, or, and your, the part you have to play there. And your, it just makes it very, um, almost like you’re swimming around in this big ocean where you’re not sure whether you’re arriving or in which direction to swim, but, um, _ja_. And it’s just so confusing to know what is expected of you ’cause that is not made explicit, but the undercurrent is still there. I feel I should be doing something in this way. And I’m not allowed to do it in that way or that is really wanted of me but it’s never said explicitly. So you just have to sort of try and create your own boundaries. ’Cause I think structure is very important. But I think it just needs to be made a bit more clearer for everybody involved. Almost like putting up the rules and the, whatever, expectations so that if you cross whatever they set up in their own minds, that you’re aware of it yourself. (Trainee 5)

Another trainee offered an explanation for the seeming preference for chaos characteristic of the training context. She inferred that the lack of structure and explicit rules was a condition consciously orchestrated by the trainers with a certain motive in mind:

But on the other hand I also got the idea that the reason [they] did not often want to say, um, let’s appoint somebody to take charge of this. I somehow got the idea that they wanted somebody to, out of this primordial chaos, to emerge out of rather than saying “I think you should be doing this.” So they are very good. They are very tolerant of chaotic situations. Then it is important that somebody takes control. And I sometimes got the impression that the job itself wasn’t so important. It was what happened in the relationship between people that was more important to [them] than actually getting the job done. (Trainee 3)

Most trainees, accustomed to the middle class ethic, had never been exposed to “township” life before. The severity of social disorganisation and personal suffering was a rude awakening for some. They were confronted with a foreign, harsh social milieu. One trainee’s reflections in this regard convey the uncomfortable mixture of fascination, awe, curiosity and fear that some trainees experienced:
In terms of what my experience of being exposed to other, *ja*, rituals that fall outside my cultural framework. If I look at my upbringing and my background I wasn’t exposed to any of that. There was stuff there that I wanted more exposure to. I wanted to work in that setting. I wanted the exposure to the difference. To what was completely different. So in that way I also came there with the white paranoia. Of wow, you know, do I get hijacked? This is now a township. This is the kind of place that I never ventured into. (Trainee 1)

Yet few attempts were made to order the trainees’ physical and therapeutic environments. This lack of clearly defined boundaries sometimes meant that the “locals” bombarded trainees with requests for anything from cigarettes, money or a lift into the nearest town. Frequently trainees did not know how to respond to people begging for money or offering to wash their cars for remuneration. Assuming that the trainees’ emerging therapeutic self-identities included ideas of themselves as benevolent beings, they might have found it difficult to behave in ways that contradicted this. The trainees did not receive grooming or guidelines on how to best manage this kind of situation. And like most things at Agape, this situation was left to “define itself”.

Trainees were warned of the dangers of too much certainty, reminiscent of the way in which Bateson warned Haley of the dangers of using the “metaphors of power” (Keeney, 1984). Subsequently some of the trainees refrained from ordering their therapeutic activities lest they be accused of having “control” issues:

This is something that I have experienced with psychologists. As soon as somebody says “OK guys, let’s do this” then you get this response from everybody, “*Ja* this person’s got control issues. This person now has an issue with being in control all the time.” But I think it is something psychologists are too hypersensitive about. (Trainee 3)

And you learn that over time, that you need to tell your clients come in at that time and trying to sort of, like, make your day yourself before the time. That only comes with time because you, your first impression that you get when you get there is that it’s not OK to give your clients a time. (Trainee 5)
As far as the trainees were concerned it was not so much a matter of lack of structure that caused them the greatest frustration, although this was a big concern for them judging from the sheer quantity of their comments about this theme: it was the perceived denial of the importance of explicit structure and the subsequent failure to provide them with clear guidelines throughout the duration of their training. What trainees did perceive was that rules and structure were downplayed. Little was done, physically and socially, to lend structure and orderly rhythm to the training activities.

What seemingly manifested at Agape was a bias against Newtonian principles of rules and order that emerged in the trainers’ reluctance to organise the training activities in accordance with overt rules. These tensions between adhering to postmodern principles at the conceptual level and the translation of this into practice were a major source of ideological contradiction for the trainees. In an evaluative psychotherapeutic clinical placement, trainees assumed that the trainers were “in charge” and would therefore take control of and manage the context in accordance with their functional power.

The trainers, on the other hand, could have found this an untenable expectation, with respect to their adherence to postmodern philosophies. They seemed to believe that they were as much “in need of healing” (Lifschitz, 2000) as trainees and clients, and that could mean that they were equally powerless. Therefore in the Agape context the trainers preferred not to express power by exhibiting dominance behaviours through organisational and management processes of the clinical placement.

This situation of imbalance between ideology and practical necessities may arise when one assumes a purist position on the first-order cybernetics/second-order cybernetics continuum. Just as an overemphasis on Newtonian principles of order, sameness and unilateral control may beget rigidity and abusive control (Fish, 1990), an exclusive emphasis on second-order cybernetics may beget oppressive freedoms and a dearth of discipline, with consequent confusion and instability (Atkinson & Heath, 1990).
Theme 2: Individualism versus a Community Orientation to Life

Worldviews, Value Orientations and Belief Systems

And those ideas were informed by, we need a holding area. Things like lunch, welcoming people, making a point of even stopping the conversation and having to greet someone – a very important part of inclusion and in that sense conservation. Giving it a name, Agape. The sense of belonging, even in giving beads, are all acts of increasing belonging and within that the purpose of, for instance, therapy, of training, of training of students, is a transformational act. But it can’t happen without holding. (Trainer 1)

The above excerpt pronounces the centrality of the concepts of community and belonging in the Agape context. The significance of being “in community” is also reflected in the definition of Agape. As a trainee, I had defined Agape as the clinical placement in which I had to satisfy the academic and practical requirements of a psychology student. The trainers defined Agape with reference to its communal value:

At Agape, which is the place of healing ritual, there’s many other activities which surround it. Which create a community. Which, um, define the nature of the place, which might be observed in, or the very increases, the very connectedness of the place. And those in some way could be thought of as ritualistic practices. I see them more in communal sense of defining the context and for rituals to occur it needs to occur in a safe place. (Trainer 1)

Trainers also identified with the sense of community on a very personal level. One trainer reveals this:

... is that, um, is that I think the way that I’m in that context and my belonging to that community, because I feel very much that I belong to the community of Agape. It’s been a very personal space for me and it’s one of my sacred places of belonging in some way and has been for many years. So in some way I accepted a lot of the traditions of the community as my own. (Trainer 2)
These remarks indicate that this trainer immersed herself in the training at a personal level. In my observation, the trainers' professional selves seemed to have collapsed into their personal selves. They did not uphold mythical distinctions between professional self and personal self. This was consistent with postmodernist assumptions of the importance of the self of the therapist (Becvar & Becvar, 1996). The trainers seemed to live up to the philosophies that they espoused, especially as these pertained to the importance of a sense of community.

White western society places a high premium on the importance of self-contained individualism and tends to define success and achievement in highly individualistic terms. This form of excessive individualism may be negatively expressed as narcissistic self-indulgence and narrow self-interest that are not tempered by empathic concerns with broader group interests (Spence, 1985).

On the other hand collectivist societies, in which individuals are taught to balance individual needs with those of the group, tend to cultivate communities that are more social, less aggressively competitive, with a sharing and caring spirit among each other (Sampson, 1988). These societies tend to draw less sharp distinctions between the self and non-self systems, and individuals are socialised to respect the needs of the group and to sometimes allow these needs to take precedence over their individual needs.

From the discussions in the literature referred to above, on the relative merits and demerits of individualism and communalism, it seems that individualism in itself is not pathological. What could, however, become problematic is a pattern where the needs of the individual always take precedence over group needs, and the strivings of the individual are not tempered by the needs of the larger group.

Most therapists, irrespective of ethnic identity, have been socialised in this individualist framework, and frequently expect the behaviour and attitudes of their clients to be congruent with this framework.

In contrast to this, a distinct "person-as-part-of-group" ethos was predominant at Agape. This was so because it was situated within a non-western society, an African society that presumably still adhered to beliefs that mental illness and health centred on groups and events external to the individual, and that sanctions or treatments were group activities (Ngubane, 1977). Furthermore communal mores
were deliberately cultivated, enacted and reinforced at Agape via the practice of ritual, the use of language and various other constructivist mechanisms that perpetuated feelings of cohesion.

This group orientation is consistent with the ecosystemic approach to assessment and therapy. It emphasises the broader contextuality of behaviour of individuals, families and social groups. It pays homage to socio-cultural, ethnic, religious, economic and political factors, as well as the role of individual physical and psychological influences. It addresses the complexity and interaction of the multiplicity of contributory, modifying and reinforcing factors, interior and external to the individual. Assessment and treatment of mental disorders are always relative to the ecosystem in which they occur. By adopting an ecological perspective, a therapist is focusing on adaptive and maladaptive transactions between persons, and between persons and environment. This therapeutic gaze is a departure from the exclusionist intrapsychic focus of the medical model, with its focus on disease, to a broader, multi-systems socio-cultural focus (Keeney, 1979).

Furthermore, second-order therapy, as enshrined in the principles of constructivism, encourages therapists to be included with the client as part of the system being observed. Instead of separateness, togetherness is encouraged. Therapists are urged to “become less” during therapy with their clients (Becvar & Becvar, 1996). The adoption of this stance in psychotherapy fosters a belief in equality between client and therapist and by extension between trainer and trainee. Within this conceptual framework the concept of community has become strongly infused with notions of equality and an emphasis on sameness rather than on difference.

*Manifestation of the Theme in the Training Context: Language, Other Rituals and Therapeutic Experiences*

The way in which language was used at Agape was intended to preserve and intensify the constructed reality of closeness, community, openness and equality. Language is intimately connected with creating social reality. Words like “community” and “connectedness” were constantly in the air at Agape. One trainee conveys her experience that the ritualised use of language at Agape (“Agapinese”)
was used to construct and maintain a particular reality. She comments on one of the trainer’s “special powers” of using language to communicate a sense of closeness:

But still, I don’t deny she’s got an incredible power to make people feel welcome. She’s the person who’s got the most power I’ve experienced to make me feel like I want to share things. I don’t know why, but when she speaks with me I just want to tell her everything. Yes, I think it’s also the language that she uses that makes me want to do that. Not so much the words that she uses but the way she says things. Yes, and her eyes. So when somebody else would say “[Martha]6, my sister”, it would be completely meaningless but when she says “my sister” I sort of believe that. A little part of me wants to believe that she really sees her as a “sister” at some spiritual level which transcends race, colour, financial conditions. (Trainee 3)

So when I speak about language, it’s very important for me to consider who’s using it, not just the words. (Trainee 3)

The importance of community is also evident in the language that the trainers use when describing the special healing work of Agape:

Staying with the confusion and discomfort is an essential pragmatic of community work which allows interpersonal processes to evolve. In this way a community is a continuously co-created set of relationships in which sufficient trust forms between its participants to deal with issues of mistrust. (Lifschitz & Oosthuizen, 200, p. 108)

Trainees were regularly reminded that they should “connect” and “make community”. From the time a client walked through the gates of Agape, the Agape credo echoed that the student should “connect” with the client, or connect the client with others. Trainees were discouraged from and sometimes rebuked for forming collegial groupings. Such groupings among students were assumed to be exclusivist and against the spirit of connectedness at Agape. This revealed that the definition of community was not as broad as the languaging about “making community” would imply. “Making community” seemed to have been limited to forging ties with clients

6 Not her real name
and "locals". The formation of "community" among an exclusive group of trainees did not fall within the parameters of this definition.

Ritual played a central role in both constructing and strengthening a sense of community at Agape. There was a shared perception that ritual helped to "make community". Ritual was assumed to bring "connection". It provided a sense of belonging to all who participated in it. Ritual was also assumed to level all playing fields. "When doing ritual we are all equally 'onelegged' and we are all engaged in the 'struggle of living'" (Lifschitz & Oosthuizen, 2001). One trainee commented as follows on this phenomenon:

But at the ritual I know the supervisors take on a different role, they talk about their weaknesses and their oneleggedness. And they connect on that level. So, ja, we connect because of the sharing that takes place. Ja, no - ritual definitely has that influence. And if I can use that word "power", it does, to bring us, because there's so much of sharing, so much of connectedness. And so much of the community sense at that one time of the ritual. (Trainee 6)

When asked to define ritual one trainee described ritual with reference to its ability to connect people to each other:

What do I define as a ritual? OK, a ritual is, I would say a ritual is an act or an event that is done according to a specific rule in order that the meaning of the ritual can come out of it. So there's a specific meaning that you derive from the ritual. Um, and lunch was one such ritual. How I think about it, it was an important gathering point in the, in the day, to tie everybody together for once, because you can scatter around very easily, that you have one event where everybody shared in that same experience. I think this was an important lesson for me, to see how to tie up people at a place which seems like everybody is scattered. (Trainee 3)

The trainers associated the use of ritual with the reality of community. Sometimes healing was perceived to be synonymous with community. One trainer said:
And the formation of community is, like, activities like handshaking and eating together. Certainly the creation of defined safe place where people can catch themselves, where people can feel a sense of belonging of being included. (Trainer 1)

These views are corroborated in one of the trainer’s literary commentaries on ritual and community:

The healer without an accessible community may be in danger. Continued exposure to the struggle of others in performing rituals creates pollution which infiltrates the life of the healer. (Lifschitz, 2000, p. 22)

Rituals were consciously created and implemented to serve the idea of community:

It comes with those continual, uh, experiences of looking at ourselves that we implemented certain ideas. And those ideas were informed by, we need a holding area. Things like lunch, welcoming people. Making a point of even stopping conversation and having to greet someone. A very important part of inclusion and in that sense conservation. Giving it a name, Agape. The sense of belonging, even in giving beads, are all acts of increasing belonging. And within that the purpose of, for instance, therapy, of training, of training students, is a transformational act. But it can’t happen without holding. (Trainer 1)

Another trainee shared how ritual helped her to enter and become part of a community of people from whom she had been alienated for a long time:

Ja, it’s stuff that we spoke about last year. ’Cause then what does ritual symbolise? You know for me it symbolises, for me the rituals I was exposed to symbolise richness and difference and, um, ja. I suppose in all my whiteness finally, you know, after all these years of being excluded here’s finally a group that will let me in. And let me share in stuff that resonates with me as well. That I, you know. And then because it wasn’t my whole training that was the something extra. (Trainee 1)

You know there is that as well, in terms of wanting to work in communities like that because of what I get back, in terms of what I learn, for
what I’ve been so sheltered from as a child growing up. And that there is for me. I’m a South African. But I’m also African. And there’s aspects and I think that’s going back to the rituals again. There’s stuff in African rituals that resonates with some part of me. Even though I was never exposed to it as a kid. But which feels like that’s also my heritage. And there’s a sadness in me in never being exposed to the richness that comes with that. And working in a setting like that, it’s almost like its claiming a right back. That I couldn’t have because I was white. That I felt excluded from. (Trainee 1)

During the interviews, trainees seemed to be in agreement that ritual provides an important sense of community. But it seems they did not necessarily experience this as part of their realities as trainees. For one trainee the ritual (lunch), instead of bringing a sense of togetherness created discomfort in her because the ritual was so poorly managed, causing some people to go without food:

And the thing about, the whole lunch thing came up because it has become incredible chaos. Um, because people tend to run to the table, kids and you name it, and people dish up their plates so full and nobody else can get. And then it’s almost as if somebody else, blamed – guess who – the students for not, for not, um, not taking responsibility. But then again, you don’t know what is OK. What can I do? What can I not do? And this, I’m so glad I’m learning how to just open up my mouth. So I said, “listen, we don’t know what our boundaries are.” Not knowing on which toes I’m gonna step. (Trainee 5)

Some questioned the ability of ritual to forge a sense of community within an evaluative context like psychotherapeutic training. Also, because of the pressure to conform to ritual practice and the linking of participation in ritual with being part of a community meant that if trainees chose not to join in ritual activities they risked being ostracised. Some of these sentiments are referred to in the excerpts from the interviews reproduced below:

Ritual and a sense of community? Are you talking about how they link up with each other? I think ritual could be an incredible source of creating community. But I don’t get the feeling that this is really what is happening, necessarily, at Agape rituals. Um, I can’t exactly give you the
answers why. Um, I think maybe because it’s something about not feeling safe to express yourself, not really. Being aware that it is training and it is going to be sort of judged whatever you say. And, um, ja ritual and community. The thing about community is for me is that it’s a process and it takes a long time to create a real sense of community. And it takes a lot of openness and honesty. (Trainee 5)

I think that, um, so much of it, especially with rituals, that involves stepping out of a typical kind of experience. So much about it, and it’s certainly one of my own issues, the need to conform, the need to run with the pack and stay consistent with the world around you. But I think a lot about this has to do about do I join everybody or do I stand separately? And that’s where the conflict comes in. And why am I standing separate? And my feeling is with some people I’d feel more comfortable expressing why I’m standing separate than others. So when I’m, actually, when I’ve decided I’m gonna go to this ritual, it’s time to go and it’s useful to go, then my experience of it, my discomfort around it, is a different kind of discomfort. It’s not that kind of conflict where it’s an issue whether I’m going or not going. I think it has a lot to do with a need to please the system I’m with. I think it’s one of my qualities, of my characteristics, to want to please. To want to be compliant. To want to be part of the pack. To not want to be the destructive element. (Trainee 4)

Another trainee was aware that a shared sense of community does not necessarily erase significant differences between people, especially differences pertaining to race and socio-economic issues. She speculated that these differences influenced the therapeutic experiences of both herself and clients. This trainee disclosed that, for her, Agape symbolised an opportunity to “give back” after all the privileges she had enjoyed as a white person in Apartheid South Africa:

But in the situation of, well, I got to be understanding of this. People in this community, it’s a poverty-stricken place. And there is, with that there comes a need, you know. And what do I symbolise to them? I symbolise one of the haves, and they’re symbolising the have-nots. The process that I’ve been brought up with in this country. That the have-nots take from the haves
and the haves can get more. And being honest in a sense that, well, I went, if I work in community it was around and it might always be that way for me, for the rest of my life in South Africa. It is for me about giving back. (Trainee 1)

The same trainee conveyed how racial differences permeated the therapy with clients in ways that were sometimes difficult:

And what I symbolise for him when I came in there and we started off therapy. In that initially he couldn’t even talk to me. Because I was too intimidating for him because I was white and everything that whiteness symbolised for him. And all my inhibitedness because he was black and everything that blackness symbolised for me. And the fact that we could establish what felt to me, toward the end of it, a more equal relationship where there was openness. (Trainee 1)

In the quote above this trainee revealed her grasp of the complexities surrounding issues of community and equality. Even when we are all equal in “community”, some of us may be more equal. The honesty of this trainee is commendable, and a perusal of the literature reveals that the trainers have similar concerns. They refer to the “fragmentations brought about through the mechalological processes of Apartheid ideology” (Lifschitz & Oosthuizen, 2001). However, a question can be raised about whether the trainers are sufficiently aware of how these divisions influence social relations between trainers, trainees and the clients, as they tended to emphasise the brother-sisterly connections of Agape members to the exclusion of dealing, in sufficient depth, with significant differences.

These differences pertained to the complexities of the macrosystem in which the training placement is embedded, which directly affect the quality of people’s mental health. The overcoming of “mechalological fragmentations” would necessitate preparing trainees to intervene effectively in the problems poor people face on a daily basis (Mirkin, 1990). Appropriate counselling may at times, as Sue and Sue (1977) point out, involve helping a teenager secure a job interview or teaching him or her life skills. The most dominant need of the “client-concerned-with-survival” might not include that counsellors “make community” with him or her through shared participation in ritual, but that, as Sue and Sue suggest, the counsellors share with
him or her those skills that they have obtained by virtue of their socio-economically privileged status.

*Theme 3: Rationality versus Spirituality*

*Worldviews, Value Orientations and Belief Systems*

Spirituality refers to an ethic that encourages the pursuit of values such as human equality, freedom and communion with others. Spirituality usually includes a concern with social responsibility, beliefs in the sacredness and holiness of life and things, and faith in the existence and potency of otherworldly powers such as spirit and/or God.

Within the Agape training context the spiritual world was perceived to be sublime. There seemed to be an uncritical acceptance of spiritual matters, particularly if they were of the traditional African variety. This was permeated by a seeming glorification of things African that legitimised a faint denouncement of things "western". This encouraged a religious-like imploring of trainees to do ritual and "make community". The trainers emphasised the importance of "casting one's shadow", of practising ritual, of being in community, and the importance of "being in crisis" (Lifschitz, 2000).

Implicit in the training culture were vague negations of things commercial, of material affluence, of worldly politics of dominance, power and hierarchy and of exercising control over one's environment. This attitude was accompanied by a cautiousness towards theories, particularly of the western, Newtonian variety, and towards "traditional" contemporary psychological literature.

This more spiritual approach to training was also conveyed in the minimal systematic procedures that were in place to induct, orient and guide trainees through various aspects of the training programme. The trainees received little formal theoretical information on the philosophies, values and therapeutic and administrative procedures of the training placement. From the first day of their training trainees might start talking to people, performing drumming, doing psychotherapy, "making community" with strangers within and beyond the physical
confines of Agape, assisting in the preparation of meals, and joining in home visits, with minimal theoretical support from the trainers.

The trainers believed that theories, meta-considerations, policies and methodologies about the practice of psychology had their uses, but that the pragmatics, the immersion of the healer in his work with passion and commitment, were of greater importance (Lifschitz & Oosthuizen, 2001). Ultimately what mattered was the degree to which theories were lived out in the daily comings and goings of social intercourse.

In the trainers’ view, theories might, for instance help practitioners to define and achieve training goals and objectives, or to form conceptual frameworks that give a sense of proportion and direction to the psychotherapy, but they had a shadow side. Theories could interfere and detract from living out concepts in reality and, most importantly, theories “remained one step removed from the practical situation” (Lifschitz & Oosthuizen, 2001). It was the formation of energetic and intense “connections” with others “on the ground” that truly mattered. The emphasis was on psychotherapists’ displaying the courage to “walk their talk”.

Manifestation of the Theme in the Training Context: Language, Other Rituals and Therapeutic Experiences

“Agapinese” was liberally spiced with words and phrases that encouraged trainees to engage with the sacredness of the process. One way in which the language conveyed the seeming preference for the sacred over theoretical or abstract considerations was the absence of theoretical concepts and references. At Agape energies were focused on being piously involved with clients:

So that the water ritual there arose out of one of the supervisor’s idea of sitting and talking to people about what kind of ritual do you need and somebody said “river” and other people started agreeing. In some way it developed in the ecology of our conversation. To bring a foreign idea in I don’t think is always useful as an appropriate ritual, unless it embodies the ideas, the tenses, the language of the people. (Trainer 1)

In the languaging there were few attempts to conceptualise and theorise about matters related to the practice and conduct of trainees. On the other hand, frequent
references were made to involvement, commitment and belonging. Trainers referred to "people telling their story", to people willing to commit to the struggle of living, and to people "having the courage to show themselves" (Lifschitz & Oosthuizen, 2001). Lots of action-type words were used, but not so many reflection-type words, like "analysing" or "understanding".

The definition of rituals was, for instance, confined to its holy aspects of "creating holding, safety, healing, sacredness", and so on (Lifschitz, 2000). This recurred continuously during conversations at Agape. The definition of ritual was not broadened to link it to other discourses of, for instance, its role in "churchiality", or its association with political processes, particularly the political infrastructure in which Agape was embedded.

Another trainer defined ritual in the following way:

_"Ja I think I need to give it more thought, but I think ritual centres for me very much around, around behaviour that happens in a particular way. Often around particular times. And that it opens the space for something different to happen. It's almost like it gives a sacredness to what's being done at the time. And I think there's different levels that one can talk about, using the talking stick, for example. That for me, I also consider that to be a ritual but on that level I think it is a ritual around, um, opening spaces in a particular way in giving sacredness to the way that people connect, um, one level. And I think that there are some rituals that are, are sort of pockets of experience that is more planned and once-off in its nature. (Trainer 2)"

Psychotherapy, like other realities such as the formation of community, was defined exclusively with reference to its spiritual aspects. It was referred to as healing and ritual was perceived to be synonymous with healing. Healing was defined as follows:

"It isn't a tool which you're using to cause change. You're entering into a domain, and in that lies the crisis of the person's life, which happens, through the confrontation, to occur. Natural interactional process, which allows for transformational transformation, defines healing ritual as a cauldron. And a cauldron means a thick black fog holding a voiding substance in some way. (Trainer 1)"
When he explained the definition of a healer, this trainer emphasised that academic qualifications were insufficient to turn someone into an authentic healer. It was when one reached beyond that to enter the “struggle of living” that one became a healer. According to this trainer, if one limited the definition of a psychotherapist to that of professional only, one remained a non-person:

Ja, and most people are encouraged and even provoked to be only just professional. In other words non-persons. And I think that that is, especially, is a circumstance where you can injure people. Not only the clients, but you, can get injured. (Trainer 1)

It’s the transformation from the person into a healer. It has to do with definition, in a very profound way. When you become a healer in psychotherapy you could have reached the qualifications. My experience is that there’s many people out there with the qualifications but don’t behave in that way. But when you start calling yourself a healer then that’s a moment of confrontation, not of disguise. And I think that the process of training is that process of incubation, almost, also. Which allows for the necessary learning and confrontation and growth, and that the trainers are in that sense more like midwives who need to create safe circumstance to allow for that birth. (Trainer 1)

This use of language communicated a preference to conceptualise the world and, by extension, the training in sacred, spiritual terms. In this language people were encouraged to suffer, to “struggle” and to stay in the discomfort of their uncertainties (Lifschitz, 2000). The opaque speech adopted was also consistent with a reality of lack of rationality, logic, reason and understanding, concepts related to theory rather than to the sacred:

On another level I think the ritual of having something like the talking stick is also around, um, the culture of the people giving consent to that healing. That in some way that is a ritual that is agreed on by people, but it creates the culture of that community that uses it. Um, the particular way in which they use it. (Trainer 2)

Another key aspect of the language is the currency it gave the more dramatic aspects of practical realities. Often talk centred around “staying in crisis”, the
importance of “staying with the uncertainty”, and engaging in “confrontations with the self” (Lifschitz, 2000). At the same time references would be made to Agape as a place of extremes. It was a place of life and death. There people struggled with the issues of survival.

Healing happens when the crisis is allowed to occur, in a safe place. (Trainer 1)

In the language of the placement, the ability to be confused was praised, and the making of mistakes was “positively connoted” (Selvini Palazzoli et al., 1978) if it led to a more compassionate and empathic understanding of others. During the interview for this study, one of the trainers talked of failures, a theme that recurred during conversations at Agape. In the literature, one of the trainers cautions us about the dangers of idealising perfection, and of a psychotherapist pretending he or she is the icon of the well-functioning person. Psychotherapists should be encouraged to be humble by also showing their imperfections (Lifschitz, 2000). Thus ritual here served to underline the importance of very ordinary experiences and the acceptance of others’ mistakes and negative aspects of their behaviours.

During psychotherapy with clients, and when interacting with the community, trainees were conscious of the added dimension of spirituality. One trainee explained her awareness of rituals within the training thus:

Whenever there’s ritual there’s people with certain tasks in that ritual. And by the, by definition they are imbued with different responsibilities than people who are not assigned to tasks in that ritual. Um, if the organisation of the whole set-up is that the therapist determines what’s going to happen in the next activity, then if they’ve done a ritual where they introduce what’s going to happen next then that organisation is perpetuated. (Trainee 3)

The ritualisation of the training process is conveyed by one of the trainers:

I think the focal point of a healer’s practice – and I mean healer in psychotherapy interchangeably – the focal point of a healer’s practice is performance of rituals, of healing rituals. And the performance of rituals is the work of the healer. I mean, we all engage in ritual all the time. But the ones I’m concerned about as a healer are the healing rituals. (Trainer 1)
The trainer elaborated on ongoing attempts to create rituals that fitted in with the various training circumstances. For example, a ritual might be required to designate the transition of a trainee from trainee to healer. Or there might be a need for a ritual that provided holding for the trainee, or which fostered a sense of community within the training placement. Ritual powerfully transformed the training context into something special, into an otherworldly, spiritual domain.

The fact that rituals were so prominent at Agape already signals an attempt to move away from theory and towards ritualised experience. Rituals are activities where things happen, where one does things. They are not spaces for dispassionate, academic, theoretical reflection. Rituals were consciously created and constructed in such a way as to allow each person the opportunity to expose himself or herself, to bring his or her shadow, and so cultivate an ethos of personal humility.

One of the things that we are really religious about, Shahieda, religious about. We say to each other that if we’re gonna perform a ritual with our trainees, with the Agape parents group and things like that, we cannot do it unless it’s also for us. We are exposed in exactly the same way. (Trainer 1)

The trainer emphasised that rituals “grew out of circumstances”. Rituals like the river ritual, or a ritual to mark leaving or belonging, arose out of the needs and experiences of people at Agape. So rituals were not enforced out of theoretical expediency; they were performed in the name of needs, as these arose in the practical circumstances.

Through ritual, spirituality was included in every aspect of the training, perhaps because rituals played such a central role in the training socialisation of the trainees. For example, trainees were encouraged to perceive themselves as “sacred healers”, doing sacred work. Rituals also provided the “holding space” for the trainee during the socialisation towards becoming a healer. This could have led some trainees to feel that the understanding aspects and the theoretical underpinnings of the training context were not sufficiently highlighted. With respect to this, one of the trainees felt that the psychology on which the training was based was not easy to understand and that she perceived the training to be skewed in favour of practice rather than theory:
I've also come in contact with the type of psychology which, even though it was difficult for me to understand, it's the type of psychology which is more focused on the relationship than on the theory of what you're doing, and that I think is one of the most important gains that I got from Agape. Even though I would have liked a little bit more theory. (Trainee 3)

Although the official discourse at Agape cast spirituality as uniformly positive, some trainees had difficulty coming to terms with the spirituality within the training context and thought of it as negative, destructive, and even dangerous:

Recently Joe⁷ was in the sangoma training and, you know, some of the trainees went there. And what they saw there. They couldn’t believe what they saw there. The guy was vomiting and doing all sorts of bad things. And I said to myself, even before, because I know what happens there. I said “No, I’m not going there.” But before, I remember if I was to see a sangoma’s footprint, I would not walk on that road. I would rather let myself walk on a thorn bush instead of walking there. (Trainee 2)

I was feeling very uncomfortable with the whole idea of the whole ancestral thing. And it actually was around, um, what’s her name, Nomsa⁸ was now going into, into becoming a sangoma, something being called. And I was very uncomfortable with the fact that, that she didn’t want to become one but she had to or else the ancestors was gonna do bad things to her. And I thought that, that is really not very nice ancestors. (Trainee 5)

Initially, attending all these rituals, I was very fascinated with these, it was sort of like a new culture – strange sounds, imphepho, leaves, smoke going around, it was just being exposed and introduced to a new culture. I loved the thought of going up the mountain. It was fascinating. But a year and a half into it, now the latest ritual and, um, being more exposed to sangomas attending the rituals, ja, it becomes a deterrent. In the way that I am, in the

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⁷ Not his real name

⁸ Not her real name
ritual it becomes, I become afraid that whatever I say will be interpreted by the *sangoma* in a different way. (Trainee 6)

One trainee had strong negative feelings about spirituality in general, and appeared especially fearful of having to confront her own spirituality. She felt pushed to do so and this caused her spiritual turmoil. She had deep-seated fears about spirituality, the church and anything that smacked of sacrament. It seemed she could manage to distance herself from the rituals she opposed or found meaningless. However, she was apparently unprepared to cope with the way in which her spirituality was evoked on a personal level:

Spirituality I resent, I resent the idea of, It sounds simplistic, but I resent the notion of sacrilege, and sacrament and church. The idea of mystical powers. It actually bugs me. I don’t like it. I don’t like what it says about people. I don’t like what it says about me. So for me to get involved in a process that does that, it’s good. Because it’s awesome to confront that kind of stuff. But for me there’s just a general fear of it. I think that’s got a lot more to do with it. An alarm around it, a caution around it and then being pushed to go there. Even if it’s done sometimes very superficially because of the way it’s constructed. I still sense, underneath all of this, the messages can be quite powerful. The messages of attaching yourself to your spirituality. Of addressing your, um, a lot of stuff inside of you that you don’t otherwise voice. And that alone is something I’m cautious about. I’m afraid of, um, as a person. So in that sense it’s so easy for me to very, very quickly dismiss these kind of rituals. (Trainee 4)

Because less attention seemed to be given to expanding on the theoretical aspects of the training during actual psychotherapy, trainees expressed a sense of the “unspoken” that permeated the training. They felt that many aspects of the training remained unexplained. The suspicion and erosion of trust that may develop among trainees in an atmosphere in which training activities are not linked to theory is illustrated by the comment of one of the trainees:

Because I’ve always had some suspicion around their beliefs. Because as white people they are so much into black culture, and I question that. I mean how, honestly, are you doing that? How honest are they in doing that? I
mean, it's like now they've just found this new way of believing and they are
discarding everything. (Trainee 2)

A direct consequence of the lack of theoretical transparency, coupled with the
unremitting prominence given to ritual, was that some trainees perceived themselves
to be coerced into accepting beliefs and practices that they did not necessarily
subscribe to. For some trainees this was tantamount to a system of "cult induction",
which caused them discomfort. That the pressure to participate in the Agape cultural
activities was perceived to have reached "cult-like" proportions is conveyed in the
following excerpts:

That is the feeling that I get. That we are slowly but surely being
brain-washed into accepting that as a belief system. (Trainee 5)

That sense that you are being infiltrated with some kind of way of
thinking all the time. And I see that with the first year students. And I know I
was there, where you feel that the message you give yourself is, I have to
adapt to this way of thinking. (Trainee 4)

When training takes place in a multicultural environment, trainees may
experience a greater than usual need to have the link between theoretical concepts
and training activities pointed out. An unusual context, foreign to the trainees,
increases the need for theoretical and conceptual clarity. If the trainer fails to explain
the necessity of engaging in certain cultural practices, or cannot convince trainees of
the therapeutic benefits of particular rituals, they may feel coerced to participate in
ritual practices they deem offensive. They may feel imposed on and disrespected.
They may resent the strong pressure to conform to the philosophy of the trainers.
This may breed feelings of resentment, anger and lead to a total breakdown of trust
between the trainer and trainees. The aforementioned may amount to what Ibrahim
(1991) calls "cultural oppression".

A similar point is made by one of the trainers. He encourages therapists to
"bring their shadow" (Lifschitz, 2000). Therapists should be inspired to expose their
vulnerabilities because "healing is both for the healer and client" (p. 20). He adds
that when people are forced to participate in rituals against their will, it constitutes a
form of abuse:
Without the consent of its participants, collectivities form cults which capture people and force crisis upon its victims. They become closed domains of coercion which deploy ritual as a tool or strategy to reprogram people into conformity. (Lifschitz, 2000, p. 5)

In some psychotherapy training programmes, trainers have tried to integrate spiritual matters with psychotherapy (Canning et al., 2000). According to these authors religion and psychology are “inextricably intertwined”, therefore psychotherapy shares many parallels with spiritual disciplines.

It seems that therapists’ spirituality cannot be neatly separated from the therapeutic situation. “A complete training of therapists prepares them to work with the mind, emotions and spirit” (Aponte, 1996). The issue at stake is apparently not whether psychotherapeutic training should or should not include spirituality but the manner in which it is implemented. If trainees are sensitively oriented to the spirituality paradigm of clients, and if the spirituality is presented in a balanced way that does not alienate trainees and clients, both trainees and clients might benefit from such a holistic approach to training (Aponte, 1996).

Theme 4: Hierarchy, Dominance and Power versus Egalitarianism, Equality and Powerlessness

Worldviews, Value Orientations and Belief Systems

The concept of power is dealt with in most of the other themes in this chapter. This is because power is central to the research question that is being asked. In this section, however, power is dealt with separately, so that the issues can be highlighted and finally integrated with the rest of the themes.

At Agape there were officially no therapist “experts”. Through the use of ritual processes, for instance, a reality was fostered that “we were all equal” in the training context, and that there were no hierarchical boundaries, in the way that this is commonly understood. These attempts seemed to resonate with sentiments about minimising therapists’ power as espoused in second-order therapeutic principles stated by Hoffman (1985). According to her, second-order therapists adopt the following stances during psychotherapy:

1. An “observing system” stance and inclusion of the therapists’ own context
2. A collaborative rather than a hierarchical structure
3. Goals that emphasise setting a context for change, not specifying a change
4. Ways to guard against too much instrumentality
5. A “circular” assessment of the problem
6. A non-pejorative, non-judgmental view. (Hoffman, 1985, p. 393)

Numerous references have already been made to the relative power of the trainer vis-à-vis the trainees (Webb & Wheeler, 1998). The trainee is dependent on the trainers to guide, support and “ground” the trainee. In reaching for therapeutic maturity, the novice trainee has to undergo various personal and professional transformations under the tutelage of the trainers. The trainer has the power to influence trainees’ perceptions of themselves as personal and professional beings (Watkins, 1996).

In the same way, the training experience itself may highlight for the trainee his or her lack of power and dependency on the trainer (Webb & Wheeler, 1998). Therefore when ritual was introduced at Agape as part of clinical training, the trainees, unsure how it related to the issue of being evaluated, were in no position to refuse to participate. The trainees’ major concerns centred on not being evaluated negatively. One trainee expressed this fear:

Well, ja, like I explained earlier, the fear is about being evaluated negatively. Being perceived negatively. (Trainee 6)

The Agape trainers were invested with power from several sources. They are professionally trained psychotherapists who hold relatively high positions in the academic establishment. They often negated these professional credentials in the Agape context, but these credentials carried their expected weight in academic circles. The trainees were aware of the professional qualifications of each trainer although they seldom made reference to these.

Some of the trainers were ordained sangomas. They were fluent in the traditional African paradigm. They were au fait with the local healer terminology and they could deftly engage in rituals that shocked many of the trainees. Although they did not speak vernacular they were imbued with power, particularly in the eyes of the
locals, because of their bold alignment with them, through wholehearted participation in rituals. The trainers were, in fact, “outsiders” who had the power to anoint the “insiders” (the locals). It would appear that the trainers consciously appropriated the cultural paradigm of the locals through the encouragement of rituals like ancestor worship and talking via the talking stick.

Trainers also wielded power due to their race, class position and gender. It does not matter how much the trainers, as white people, identified with the “indigenous folk”. The fact that they were raised in South Africa means that they have enjoyed historical social and economic advantages such as educational opportunities and other privileges that were exclusive to those who were white in apartheid South Africa (Dawes, 1985).

The male trainer may also enjoy special status due to his gender. He may be perceived as the “Great White Father” (Heller, 1985) amidst the black people, because at Agape the white trainers interacted predominantly with blacks of a lower class position. This further entrenched historical socio-political discrepancies (Dawes, 1985).

What may have further imbued the Agape trainers with special status were the contradictions that surrounded their presence at Agape. As whites they seemed to be comfortable in an overwhelmingly black environment. This was unusual, even in the new South Africa. They were white people who were well versed in the African traditional paradigm – again rather uncommon, as was the “alternative” brand of psychotherapy training that they offered. The trainers’ dress code (beads, bangles and sometimes talking stick in hand) did not exactly reflect that of mainstream white society. They openly espoused philosophies that were not quite conventional. These characteristics may have imbued them with the “power of being different”. And according to the literature, a sure way of amassing power is to question tradition and to flout convention (Shannon, 1996).

*Manifestation of the Theme in the Training Context: Language, Other Rituals and Therapeutic Experiences*

The way in which trainers used language at Agape fostered the reality of an egalitarian context. Trainers consciously inculcated the use of language that
conveyed sensitivity to issues of power and domination (Becvar & Becvar, 1996). During the final year of my training we were taught to refer to supervision as "inquiry". This was because the word "supervision", according to the trainers, had too many connotations of power and one-sided control. They believed that the process of supervision was what Becvar and Becvar (1996) refer to as a "co-construction", in which the students had equal power and an equal say. The following year new students were instructed to use the word "inter-vision" instead of "supervision", for the same purpose. Trainers were at pains to explain to the trainees that the supervision process was not a judgement ceremony in which trainers had the last say on what was supposed to happen during the trainee's psychotherapy session with a client.

During the interview for this study, one of the trainers used language to describe a minimalist trainer power input in the general running of the training. In response to my questions about who had the decision-making powers to announce ritual events, the trainer intimated that the trainees were part of such decision-making processes because "we have to be sensitive to what people are saying". (Trainer 1)

The trainer denied that there were any forms of one-sided decision-making processes:

No, I think that these rituals are not pre-decided. They can’t be. They can only be, they can only be formed in the flow of the process. (Trainer 1)

He elaborated on this as follows:

In our maybe clumsy way, on a regular basis after Agape, till maybe ten o'clock at night we very often sit and talk together [the trainers only] about circumstances. Each one having a place to tell their story and then in some way putting these stories together and getting a sense of the feel and the issues. And a lot of what we organise has to do with those circumstances. That they emerge out of these circumstances. When we meet in the big group [with trainees and others at Agape], and when we break up into smaller groups [at Agape], we’re in some way directed by our understanding. It might be inadequate, as I say, naïve, but that’s what we use as a way of guiding. Now the form of the ritual grows or emerges out of our conversations. We
would be listening to each other and in some way formulate a ritual in terms of, maybe, expressed ideas, or implied ideas which people have. (Trainee 1)

This trainer went on to explain that the selection of ritual activities was democratically decided. He continued by referring to the "mutual selection" of trainers and trainees during the clinical psychology masters' selection procedure at Unisa. Here he implied that trainees had equal power in selecting a clinical supervisor during the selection procedure. In reality trainees are just grateful when they get selected, given the overwhelming number of applicants with whom they have to compete. The trainer, after initially shying away from admitting to the power he wielded as trainer in the clinical placement, later acknowledged his personal power within the training context, but minimised this by explaining that he tries to "spread his authority" at Agape.

Rituals affected the trainees' experiences of power in the training context. It made them feel comfortable and embedded within a framework of sacredness and belonging:

It's just something that's special. Something that you prepare for. Something that you make a big fuss about. (Trainee 6)

This trainee continued:

So each one is, we have a framework. So I fit myself into that framework. And it all depends on the way I come on that day and how much I want to experience. How much I bring myself to experience certain things. How much I become part of it. And that allows me to see how much I can take away from that. (Trainee 6)

From the commentary of one of the trainees it seems that in the Agape context some complex political issues surrounded the rituals:

Hmm, um, I'm trying to think. I think there's lots of little undercurrents that are ritual, that is not very obvious. Um, and maybe they even have to do with dynamics between people but I, I'm just trying to think. I think part of it can also be on a hierarchical sort of level. Um, people that would usually sort of come together, which I think that, often the hierarchical
structure is underplayed and it’s said there is no hierarchical structure; but there is if you look at interactions between people. (Trainee 5)

One of the trainers also referred obliquely to the inherent power “struggle” in the ritual process for trainees:

In some way, sort of, um, you know bringing their own lunch, not sharing lunch, not being there for the whole ritual. And I think there’s very little one could do about that. And I think it’s important that they be given the space to choose to do that or not to do that. Um, that it comes from a space inside them, that they need to accept whatever ritual it is and make it their own because that is the power of ritual, and in some way that’s the sacredness of it as well. (Trainer 2)

This trainer also commented on the fact that the power of ritual hinges on the belief in it:

Well I think it’s different according to different things. I mean, in terms of having rituals I think the power of rituals are in the, in the belief in them. I don’t think that rituals would be useful if people did not think that they were rituals. So in some way it becomes a bit of a social constructionist nightmare because, or dream in some way. That it’s very hard to call a ritual a ritual if somebody else did not think it’s a ritual. (Trainer 2)

Rituals were also used to create a sense of democracy in a context of power differentials. Through ceremonies and rituals, people could be seen to have equal input into the daily politics of the context at Agape. During the end-of-day ritual meetings, for instance, trainees had an opportunity to talk:

I mean we were there. We were gathered in a meeting, but you know it’s a bit difficult to talk. Um, it felt to me all that we confirmed in those meetings is that it is difficult to talk about things. Sometimes, not very often, something significant were said in those meetings, but mostly I think, um, I picked up a feeling of not really wanting to share something in that end-of-day meeting. There was a lot of underlying tension, which was not made overt. Apart from that it was there. That was acknowledged. That there were
underlying tensions. But we never kind of went into that. When I was present anyway. (Trainee 3)

But, uh, *ja*, but the meaning that would have come from it was sometimes not there. (Trainee 3)

When perusing the sections of the transcripts relating to the trainees’ experiences of power within the ritualised training context of Agape, one is struck by the degree to which descriptions of these power relations at Agape reflect the definition of healing, quoted previously, as “social drama of power” (Williams, 1982, p. 121). The comments of the trainees revealed that they were acutely aware of the politics of power, authority and expertise. They knew that at times authority, power and expertise were diffused and that ritual played a key role in this diffusion. Trainees keenly sensed who was in authority and who had the power to control and censure their behaviour, and were very aware of their own precarious position in the clinical placement. The trainees’ observations of hierarchical processes within the training placement are revealed in the following comments:

[They] are the supervisors and what they say goes. (Trainee 6)

I think the supervisors. They are the leaders. (Trainee 2)

OK, like, um, the people who run the place ... they would huddle together and it’s almost not OK to, it feels not OK to be able to be the same with them as it is to be with other students. (Trainee 5)

In contrast to the constructed reality of equality, one trainee was of the opinion that in the grand hierarchical scheme of Agape, the Agape “regulars” were higher up on the hierarchical ladder than the trainees. This perception would seemingly be consistent with the emphasis, in the trainers’ philosophies, on having proved oneself in the “struggle of living”, and on how this may qualify one to become a healer. In this vein the “regulars” had more “struggle credentials” (being black and poor) than the students (Lifschitz, 2000). The trainee who commented on this noted:

They [the “regulars”] are more powerful than the students. They say something and *boeta*, if you’re a student that is on the negative side of their
stick, they’ve got it in for you. I tell you now. They are the powerful ones. (Trainee 5)

These delineated discrepancies in power hold whether the power is made overt or whether it is covert. The trainees were aware that hierarchical relations were denied or played down. It seemed that at Agape issues around power and hierarchy were perceived in a rather negative light. This manifested in the trainers’ consistent attempts to deny or obscure their own power. A few trainees expressed an appreciation of the fact that if power is played down, this does not equal an absence of power:

She wanted to say to the trainer are you out of your mind to just assume that we are equal here? That you are not the trainer? That you are not taking charge, control of the process? And that’s what the trainer always does. He always denies that he is in charge. And in denying that he ends up not acknowledging the harm aspect of what is inherent in it. And he ends up calling it healing. (Trainee 2)

There we’re given the pretence that, OK, we’re all community members and we’re part of the community. And then when you try to say something or reach out in a different way, in a way that don’t suit, that necessarily suit the supervisors, then you feel the pressure coming on you. Then you hear the supervisors’ voices when they comment. So you feel the structure, you feel the authority. But it’s not sort of acknowledged that they do it. They don’t acknowledge it. But they impose it, I think. (Trainee 6)

The fact that power was, in the perception of trainees, not openly acknowledged could mean that its effect was greatly amplified. Whether the power a person holds in an organisation is formal or informal, the net results may be the same. In some instances informal power can be more potent. In the absence of formal rules and regulations, a senior person may exercise power in an arbitrary fashion, as there are no formal checks and balance mechanisms to temper his or her power (Shannon, 1996, p. 41).

Some trainees felt ambivalent towards the authority of the trainers. They experienced a mixture of resentment and fear for the “authority stuff”. In particular, if they had not received direct feedback from a given trainer, this might create a
sense of insecurity in them. They might then harbour special concerns about this person’s power to punish, to make things bad for them. One trainee expressed her fear that her legitimate right to object, for instance to participate in certain rituals, might be construed as a lack of commitment to her training.

I’m really finding it hard, practically, to get around to talking to her. And, um, I feel as though I’m deliberately dodging her, at the same time making conscious efforts to talk to her. It’s a strange position to be in. It’s making me uncomfortable and I want to address it. And I think that I’d feel most guilty about trying to explain to her why I was not there or was there. That’s the thing. I struggle to talk to her so I don’t know how she’d feel about things. That she wouldn’t understand why I did it. That she wouldn’t feel that I’m committed to the place. To me it’s always a fear with supervisors, especially with the one supervisor. But she doesn’t give me much feedback in terms of how she’s experiencing me, in terms of our personal relationship. And, um, ja, so you know and it’s around that not knowing, not knowing what would happen. How that information would be perceived. Part of that is that I don’t speak too often to her. (Trainee 4)

Another trainee’s concerns centred on the loss of the trainers’ approval:

Well, I don’t think they’ll fail me. But I wouldn’t have their approval. Um, to leave this course. I wouldn’t have their approval to say, you know, like when people leave Agape they speak very highly about them. They speak highly of the past students. And I just wouldn’t earn that respect, I think. I think you got to do what they would like you to do to be part of that family and to survive with that family. (Trainee 6)

The ritual experience itself may have highlighted for trainees their powerlessness and dependency on the trainers. When ritual was introduced as part of clinical training, the trainees, unsure how it related to the issue of being evaluated, were in no position to refuse to participate. One trainee expressed this fear as follows:

And certainly, and another way of understanding it, I, that it makes it hard for me to contact them because I feel that authoritarian stuff. And for me it is so hard. And it’s always been hard for me to deal with authoritarian
people. I’ve always had a mixture of resentment for their authority and a fear of their authority and not being able to make sense out of it. But I think it. I really do believe that a lot of my conflict with them, a lot of my distrust and discord has been around, certainly, you, my own feelings about people in those positions, as much as it is whatever they’ve contributed. And, um, so I accept an element of responsibility for this, for the discord, I really do. And I accept it because ultimately it’s only a portion of my life. I think if my entire lifestyle was based around whether or not I got along with my three supervisors, I’d feel a real failure. And I’d feel I was getting nowhere. But because it’s a portion of my life, I know I can take those experiences and use them fruitfully somewhere else. (Trainee 4)

In addition to what has been said so far, the unchecked expression of power may be exacerbated through the ritualisation of the context. In the literature, some authors refer to sacralised power, the function ritual serves to make power seem holy, and thus good, the right of those who have it (Kertzer, 1988). This can make it very difficult for those at the receiving end of such power to define their situation, and to deal with it in a concrete way. The comments made by some trainees suggest that the ritualisation of their training made it difficult for them to recognise and articulate the power dynamics at play.

And I’m very uncomfortable with the imposed, um, certain things without being clarified what it means. Without being told, yes, you just sort of have to participate in some sort of rituals where the ancestors are called and without me being able to ask my God to come in as well. It freaks me out because quite frankly I believe in a spiritual realm. And I, I just feel uncomfortable with the idea that I am sort of forced to be involved in the spiritual, a spirituality that does not connect with my spirit. (Trainee 5)

In a sacred context it may be difficult for trainees to take issue, to question the power behaviours. It is difficult to object to a ritual. It may seem inappropriate. In the midst of the fluid ritual process your hands are cut off, so to speak – you may find yourself swept along, unable to protest. In this way the discourse of ritual may facilitate distortions of power. It may obscure the illegitimate use of power. It may prevent people from questioning the status quo as ritual confers rhythmic stability to
the way things are. It becomes the perfect organisational vehicle for sacralised power (Kertzer, 1998).

It would appear that the discomforts experienced by the trainees were not restricted to the actual content of the rituals, although this certainly played a role in their distress, but that the perceived imposing of ritual in the training context also troubled them. This was compounded by the lack of transparency surrounding the implementation of rituals as part of the training curriculum. Their consensus regarding the legitimacy or acceptability of rituals was not explored. It did occur to the clinical supervisors that some trainees might find some rituals personally unacceptable. One trainer felt, however, that trainees had enough holding in the larger context of the training and added that they only spent one day out of their training week at Agape:

On some level. Um, and, um, I think given that circumstance possibly some people would come for training will be very unnerved by that experience. And I think that they’re held very much in the bigger context of training. That they all of them belong to a particular university and they have some holding during the week to sort of feel that they’ve honed the skills or whatever. Um, but I think students who’s exposed to that five days a week without any other input, it might be very harmful for them. (Trainer 2)

The trainers would announce, perhaps a week or two in advance, that “we will have a welcome ritual, or a goodbye ritual on such and such a Saturday”. Consensus around this would be assumed. Thus the whole context surrounding the enactment of ritual took on an oppressive character.

The power of the trainers seemed to have included control over the activities of the local people who frequented the training placement. The locals were seemingly not assimilated into positions of power in the training context – by for example, exercising control over the therapeutic activities – except for participating in the rituals and daily Agape activities. One of the trainees (trainee 1) commented on the lack of discernible effort to transfer skills from the therapists to the locals:

So both, for me both is there. There is the dynamic in that there is the, well we’re coming in and we’re the educated bunch, symbolising the whiteness behind that. And we provide the food and you know the students
give the money and we cook the food. So there’s that level of stuff and then there’s the stuff around the fact that there’s not enough peer counsellors trained up so that the community itself can take over the function. Because the community itself take over the function, then it’s … . (Trainee 1)

Hence the therapists may be perceived as “elitist” psychotherapists, who manage and control the “locals” by keeping them punch drunk, as it were, on ancestor worship. The implied message here would seem to be that we can be culturally one but powerfully separate.

For this reason, the trainees could not obtain support and guidance from the locals, because in reality they were as disempowered as the trainees. This situation of centralised power may have served to reinforce the perception, in the eyes of the trainees, that the trainers were very powerful.

Furthermore the fact that psychotherapy was couched in spiritualist terms did not automatically preclude the reality that trainers or therapists could be “practising down” to both client and trainee populations. The language of trainers may be liberally sprinkled with words like “shamanism” and “ritual”, and they may regularly make otherworldly references. But this may be the “colonialism of mental health” in another guise (Hoffinan, 1991, p. 9).

Agape is situated in the midst of a township for which documented evidence exists of the decades of socioeconomic hardships that its inhabitants have faced (Chiloane, 1990). For the trainers, “being in chaos” and “remaining in the struggle” are by choice, because they have the means to leave the context any time they wish to. Such luxury of choice is not available to the majority of inhabitants of the township. Neither is this choice available to the trainee, who may only choose to leave the context at considerable cost to him or herself. At the end of every Wednesday, beyond the warm, embracing fold of ritual, clients go back to the socio-political conditions that probably propelled them to seek out psychotherapy in the first place.
Theme 5: The Trainees’ Personal Involvement versus Professional Distance Within the Training Context.

What can be more intimate or important to each of us than our self?

(Kenny, 1989, p. 86).

Relevant worldviews, value orientations and belief systems

The question of how trainees were affected has repeatedly been dealt with in each of the above themes. In this discussion there is a sharpened focus on the personal style, philosophies, opinions and psycho-emotional responses of the trainees in the sacralised power clinical context.

The self of the trainee was provoked to respond to the ideological, collectivist, sacralised and power dimensions of the sacralised training programme. The discussion in this section focuses on the trainees’ understanding of their own assumptions and how this shaped their experiences of training. The discussion also dwells on the trainees’ actions, seen from their perspectives, in the therapeutic contexts and settings, during supervision, and in their relationships with self, trainers, clients and fellow students.

In the training context the self of the trainee is an “emerging self” as he or she forges a personal and professional identity through mutual clinical and meaning-making interactions (Friedman & Kaslow, 1986). At the same time the self of the trainee is a relatively complete being with a personal philosophy and sense of self. During the training the trainee is open to negotiating a re-definition of self while at the same time engaging in critical analysis of self and others. The trainee also becomes a reflecting self, as he or she critically analyses the self and others.

The training process permeates the core person of the trainee in a profound way. For the duration of the training the trainees endure many forms of anxieties, especially about their competency and adequacy, and much of this is processed in the clinical supervision relationship (Friedman & Kaslow, 1986).

The evaluative nature of the training context compounds the trainees’ concentration on themselves. As Kleintjes and Swartz (1996) point out, trainees enter the training with limited psychological skills and knowledge. They comment further
that the trainee is dependent on the clinical supervisor to inform, to guide and support him or her towards increasingly greater levels of professional competence. Therefore trainees may perceive their basic selves to be under scrutiny, and may even perceive their sense of self to be under threat from being harmed, abandoned or rejected (Webb & Wheeler, 1998).

The self of the trainee will be under scrutiny and the subject of commentary as the trainees reflect, critique, author and re-author their own clinical experiences. Of particular importance are the trainee's experiences of questioning of the self, their confusion, instability, insecurity, isolation and withdrawal, and how they respond to these conditions in themselves and others.

The model adhered to in the training context at Agape is that of the importance of developing the personal self of the trainee (Haber, 1990). As previously referred to, this is a controversial issue, as some authors believe that the supervisor may get involved in the personal aspects of the trainee only if he or she can prove that this is a therapeutic necessity (Haber, 1990).

Other schools of thought regard the involvement and actual scrutiny of the personal issues of the therapist as a necessity in creating optimal therapeutic outcomes. Inevitably some of the issues of the client may resonate with the issues of the therapist. Resolving, or at least examining, how the issues of the therapist fit with the issues of the client may be of therapeutic value to both client and therapist (Haber, 1990).

In the literature, the Agape trainers suggest that it is through the personal suffering of the healer that he or she is selected to be initiated as a healer (Lifschitz, 2000). Through this sacred apprenticeship the healer gets an opportunity to be healed, or to receive treatment. Later the healer's therapeutic success can be linked to this "treatment" during or before the initiation that informed the healer's practice (Lifschitz, 2000). As a healer of others, the healer also has the responsibility to continually explore, expose and struggle with his or her own personality deficits, or aspects of the self that need healing.

Thus the Agape trainers had a strong belief in the importance of bringing the personal self to the therapeutic context. One trainer links the degree to which the therapist explores and lays his or her own personal issues on the therapeutic table
with ethical principles. The more the therapist examines his or her own “shadows”, the more likely the therapist is able to truly connect with the client, the more compassion the healer has for the client, and the more holding the healer can provide for the client during crisis (Lifschitz, 2000).

Manifestation of the Theme in the Training Context: Language, Other Rituals and Therapeutic Experiences

The language used at the training placement embodied the emphasis on the self of the trainee. For instance, before the start of any ritual or meeting, the trainers would often ask the trainees, “how do you come today?” or “what do you bring today?” Questions expressed in this way resulted in an immediate and spontaneous focus on how the personal self of the trainee entered into the training context, which would determine the nature of the trainees’ as well as others’ experiences in that context.

During the lunchtime ritual, for instance, the trainer who did the welcoming would do this in a very personalised way. She knew the names of each and every person and would name each person. Everybody was recognised in a personal, real way.

The definition of “healer” espoused by the Agape trainers, as previously alluded to, contains within it references to the personal aspects of the healer. A person becomes a healer not strictly on the basis of academic achievements, but by earning this status through engaging in life’s storms and struggles. The aspiring healer has to expose him or herself, i.e., make the self vulnerable, through risking in hurting and healing of self (Lifschitz, 2000).

The physical layout of the training context promoted this knowing of one another. There were no boundaries like doors and windows that cut people off from each other. So even if you did not know someone’s name you could make contact with that person in a physical way. Thus the self of the person was always visible, within reach and accessible. People could easily speak to each other and, in fact, everyone was encouraged to find the “language of connection”. Thus the issue of languaging of the self went beyond the verbal level to include issues of spatial communications of the self, and this was reflected in the geographical and physical
layout of the placement. It also included the world of ancestors. Trainers would refer to the ancestors of the self and would emphasise how important it was for trainees to open their selves to the input of the ancestors.

During the ritual of supervision (or inter-vision) the languaging often shifted completely away from the client and onto the self of the therapist. Often the supervisors were not particularly interested in the contents of the therapy and showed greater concern with the process, particularly with the trainee’s response to the process. The supervisor might ask: “what did it [the problem of the client] bring to you?”, not “what’s going on in the case?”. The trainer might ask, “what issues of the client have emerged in your own life?”, or “what do you need?”, not “what does the client need?” Often this emphasis on exploring the issues of the trainee went beyond the confines of supervision. There was a constant reference to issues, to things unresolved, to encourage trainees to bring to the surface the “silent issues of their lives”.

At Agape rituals were created with the express purpose of looking at the self of the trainee. The ritual called “the lighting of the candles” entailed lighting a candle as symbolic of expressing what it was that you brought of yourself to the context. What were the hurts within you? This ritual was done to encourage looking inside the self and to bring healing for the self.

Another ritual was one in which the trainees had to outline their bodies on a large sheet of paper. Inside the paper they had to write down their positive and negative attributes. Afterwards they discussed this in the group.

Trainees were also asked to focus on their shadows, which means they had to examine aspects of themselves that they seldom talked about, the side of themselves that they did not normally show people. In this way trainees were encouraged to continually scrutinise themselves, especially that which was part of the “unspoken”. This created in trainees a habit of introspection, of looking at themselves in a way they had seldom done before the training.

Trainees were instructed to keep a diary in which they regularly reflected and made comments on themselves and the training. From time to time the trainers would remind trainees of their diary writings. Sometimes during group sessions
trainees might be asked to share some of their diary reflections. This ritual played a significant role in instilling in trainees a culture of focusing inwardly.

One trainee described how these rituals affected her self:

And, um, for me the rituals have been about that part of me, that social responsibility element of my life. And I think that’s why I can compartmentalise my experiences of rituals as well. And till the day they come up with a ritual that says the drunkard part of me is just as much part of the experience as the healer part of me, then we’ll have a ritual on our hands that will be truly powerful. (Trainee 4)

One of the trainers shared her perception of the importance of a context that fostered the trainees’ focus on themselves:

But I think that is the usefulness of such a setting. That I think that in terms of training on this level, to train to become therapists means making contact with oneself. And that is in my belief the biggest tool that we have. Possibly the only tool of the therapist is yourself. (Trainer 2)

As therapists-in-the-making, the trainees were exposed to many different theories and worldviews, and they themselves were constructing and re-negotiating their worldviews and philosophies to fit with their rapidly changing healer identities (Friedman & Kaslow, 1986). Thus they were confronted with a postmodern, ritualised training context that challenged their definitions of the roles of both trainers and themselves, as well as the nature of their training. The trainers, for instance, expected trainees to be at Agape with their “whole soul” and trainees were frequently reminded that their presence at Agape went beyond their capacity as students. What exactly this meant remained implicit.

Furthermore, the trainers seemed to encourage trainees to expose their vulnerabilities (“show his or her shadow”) and to confront personal issues as these might pertain to the clients’ crises (Lifschitz, 2000). The fact that the training was intentionally directed to develop the personal self of the trainee (Haber, 1990) also inspired trainees to reflect on themselves.
Another challenge for trainees was having to broaden their definition of psychotherapy to include that of the supernatural. And they had to acknowledge that ritual played a role in facilitating the activation of healing factors (Bate, 1995).

With respect to direction, guidance and organisational support, the trainee interviewees made several direct references to the lack of structure, absence of therapeutic direction and clarity, and general lack of rules and boundaries that characterised their training:

Like, nobody would ever check whether you are writing your cases, but you need to do that. (Trainee 2)

Hmm, like little things, even the time of coming. Nobody checks that. Even the simple one of collecting lunch money, nobody considers that. (Trainee 2)

Trainees might seek out the guidance of the trainer, who was often not available. The clinical supervisors were themselves often busy with therapy, or doing supervision with others. The same trainee remarked:

Like, nobody would tell you when to go for supervision. How many times to do that, but that is expected. You need to do that regularly. (Trainee 2)

In addition to the above-mentioned lack of organisational support, the trainees were confronted with a physically non-containing environment where physical shelter was inadequate and they were exposed to the whims of the climatic conditions. Also, the social organisation of the clinical setting offered the trainee little in terms of milieu support that would facilitate the formation of collegial groupings among trainees (Watkins, 1997). For instance, trainees had no designated “trainee quarters” or physical space in which they could congregate and form impromptu casual support networks with each other, as would happen in the canteen of a university. One trainee remarked:

And at Agape that’s a big influencing factor, the weather. *Ja*, because all the external conditions, like the heat and the exhaustion. No water, no proper toilet facilities. (Trainee 6)
Another trainee shared how the lack of privacy impacted the therapeutic relationship:

For the simple fact that it got to the point where the therapy was becoming stuck by the surveillance. We needed the privacy for the openness to happen. So we relocated, we sat under the tree at the back where people couldn’t really see us unless they came to look for us. (Trainee 1)

A training context devoid of conventional physical barriers and, apparently, of social rules can obscure a lack of holding and containment for the trainee. And ritualising the training context may facilitate this obscurity. Ritual can reinforce the ambiguity of a context that is already marked by lack of clarity, ambiguity and a lack of clear training objectives and goals (Kertzer, 1988). This may heighten the trainees’ need for support, guidance and grounding.

For some trainees the lack of boundaries had serious repercussions, both personally and therapeutically. The constant lack of direction led to feelings of meaninglessness, confusion and chronic uncertainty. It eroded their therapeutic confidence during interactions with clients:

_Sjoe, it puts me in a lot of ambivalence. Lots of insecurity and confusion states. I live in the confusion there. Ja, because you never really know where you are._ (Trainee 6)

_Ja, because then there’s also a sense that you don’t know what to trust. Because it’s a mystery. If things are, if the reality of it is being mystified, then, _ja._ (Trainee 1)

_Ja, and what I actually was thinking of, that if I think of myself in Agape, last year was almost like me trying to get my feet. Seeing that I’m bored to death in the afternoons, trying to make sense of it all. Which is a very difficult thing._ (Trainee 5)

Another difficulty for many of the trainees was that they felt imposed upon and forced to conform to values, beliefs and practices they felt uncomfortable with, and particularly so with respect to rituals. This was compounded by the fact that the trainees did not have the power to question the legitimacy of rituals. It seems that the trainees routinely endured exposure to and participation in rituals they found
meaningless or offensive. One trainee conveyed her experience of having the trainer’s values imposed on her. She felt coerced to accompany her client to consult a *sangoma*:

She tried to impose her values on me. Which I recognise it’s her own value. But their belief is very strong, therefore they sent me there to take the client there. (Trainee 6)

Trainees seemed to believe that they could not freely communicate their feelings and ideas. One trainee felt that it was not safe to express herself in a direct, honest way. She was reluctant to share her feelings, particularly about things that she assumed might offend the trainers:

And I just can’t, I never feel incredibly at home there. I never feel very safe there. That is my feeling. To be who I am. I come with also my own background. (Trainee 5)

This made it difficult for trainees to retain a sense of proportion and make sense of their training experiences, which infiltrated their sense of identity. They had difficulty defining who they were. During their training they might occupy various roles, ranging from social worker, housekeeper, township taxi driver, mobile bank, soup kitchen assistant to just plain saviour or saint. One trainee complained that she felt very alone. She could not reach out to trainers, and did not have an organised support peer system from which to draw strength. She said:

However, now we don’t have that contact with the other students, like the first years, we don’t. We’re totally isolated from them, except at Agape. (Trainee 6)

Some experienced a sense of helplessness, which led to feelings that they had lost their voice, and a sense of apathy. They felt blocked and suppressed, and these feelings found expression in rebellion and defiance. This led, in turn, to feelings of discomfort, distrust, apathy, helplessness and turning towards several “survival strategies”:

*Ja,* one way is switching off. Another is, certain times, is just keeping quiet. (Trainee 5)
But to hear it in front of everybody else, your peers and supervisors, especially since it is an evaluative context. And that silences me. I lose voice with that. (Trainee 6)

There’s value in staying with the frustration. Not trying to solve the frustration too quickly. That’s what I would say is probably one of the things I have gained. (Trainee 3)

I think in my first year that kind of thing was claustrophobic almost, to a point where I didn’t know how to deal with it. (Trainee 4)

And it’s just very unfair, it’s like almost not very open. It’s not very open and honest and real and genuine. (Trainee 5)

Some trainees expressed a sense of being traumatised. They experienced the interview for this study as an opportunity to be debriefed. The physical, emotional and cognitive discomforts that they described seem to have been all-pervasive. One trainee described the training period as a “crisis” that she had to survive.

One trainee expressed surprise at the intensity of the negative sentiments she had internalised during her training. She suddenly became aware of how “tough” her training had really been and that she was justified in feeling as she did:

I just didn’t realise. I never realised I have this. I do have these frustration feelings. (Trainee 6)

These descriptions of the trainees’ experiences of the sacralised training system concern the reality of the power that clinical supervisors wield, as perceived by trainees, in an evaluative context. Trainees want and need the approval of their trainers. They are fearful of being rejected by trainers. As novice therapists they need the guidance of their trainers. The Agape trainees tried, with varying degrees of success, to negotiate their way through a process in which they felt pressurised to conform to the expectations of the trainers. At the same time the trainees strove to remain true to themselves by resisting participation in beliefs and spiritualities with which they did not identify.

The comments of the trainees also bring into focus the potential for causing psychological damage of imposing a reality of spirituality on trainees, for which they are not adequately oriented, about which they are not sufficiently informed and in
which they do not feel contained. Trainees at Agape had to cope with rituals outside their cultural frame of reference, some of which deeply disturbed them, and at the same time deal with the awakening of their own dormant and unexplored spirituality.

A review of the literature suggests that demoralisation at some level is inherent to the training context (Watkins, 1996). In most training contexts trainees have to endure some degrees of loss of status, support and identity, and feelings of inadequacy, says Watkins. Most training contexts, especially initially, confront trainees with ambiguity, lack of clear structure, and some sense of uncertainty. From the copious commentary made during the trainee interviews for this study, it seems that the Agape trainees’ experiences of demoralisation reached levels beyond what could ordinarily be ascribed to the usual impact made by most training contexts. Besides, in most training contexts one may assume the presence of supervisor behaviours that will counter demoralisation and will be present in sufficient quantity and quality to ground, guide and contain the trainee, to facilitate his or her confidence and encourage his or her growth and development (Henderson et al., 1999). This would serve to arrest the initial, expected feelings of disorientation and imbalance. It seems that the Agape trainees interviewed did not have access to positive “learning alliances” (Watkins, 1997) that may have served as an antidote to the feelings of demoralisation they expressed.

Reflection

The themes that have emerged in this research study were pertinent to the experiences of all the trainees. At the same time, each trainee’s experience was unique, and each seemed to make sense of his or her training through focusing selectively or even exclusively on one or more of the themes discussed. Some trainees had a greater concern with the discrepancies of power within the training context. Others focused on the “secrets”. Some trainees displayed greater concern with themselves, worrying about their spirituality, or tending to blame themselves for what were essentially context-related difficulties.

The themes as a whole seemed to converge towards a definition of a training scenario in which trainees found themselves in philosophical, theoretical, spiritual and practical therapeutic discomfort. They got caught up in the confluence of paradigmatic and theoretical assumptions that were seemingly not clearly articulated
to provide them with the guidance and framework that it was supposed to deliver to
them. Due to this trainees experienced a number of paradigmatic and practical
contradictions relevant to the definition of their training, the place of ritual within
their training, and the discomforts brought on by the lack of organisational and
structural order and support.

Trainees had assumed that rituals were an extension of the formal postmodern
paradigm theories in which they had received instruction at their affiliate university.
There they had learnt that ritualised psychotherapy was more culturally friendly
towards clients and that it certainly supported trainees in forging effective
psychotherapeutic ties with clients (Sue & Sue, 1977).

Within this context rituals became a much-proclaimed activity at Agape,
accompanied by vigorous encouragement from trainers that trainees should “make
community” and become “connected” to others (Lifschitz, 2000). Amidst this
exaggerated proclamation of rituals, making community and forming connections, a
silence fell on how these rituals and actions of connection fitted with the practical
and evaluative nature of psychotherapeutic training.

The exaggerated emphasis on rituals seemed to go hand-in-hand with a de-
emphasis on organisational and managerial aspects of the training with regard to time
and activities. Accordingly, trainees did not receive appropriate structural support
and guidance to balance the ambiguities and lack of definition ensuing from the
emphasis on ritual and sacralisation. This caused trainees to experience cognitive and
emotional discomfort. The trainees expressed feelings of neglect, lack of grounding,
chronic uncertainty, confusion and demoralisation (Watkins, 1996).

Trainees developed particular coping styles within this context, some of
which were geared to helping them to manage and survive the training context. They
also developed specific responses to preserve their sense of self within this context.

From the experiences related by the trainees it appears that they found the
training challenging, difficult and sometimes overwhelming.

The final chapter articulates the conclusion of this research study and
includes a statement of the research aim, as well as a discussion of the extent to
which this aim has been achieved. The study is then evaluated with reference to
reliability and validity, and the implications of the research interpretations for the researcher, trainees and trainers and for training and the training institution are subsequently examined. Finally the strengths and limitations of the study are evaluated, with a section on recommendations for future research.
CHAPTER 5

CONCLUSION

In this concluding chapter the research aim is restated, the realisation of the research aim is commented on and the common themes that emerged during the research process are listed. The research study is evaluated with respect to reliability and validity, implications of the research interpretations, and strengths and limitations. Finally recommendations are made for future research.

The Research Aim

The research aim was to examine the role of power and authority in the practice of rituals in a psychotherapy training placement (Agape). The research question focused on the trainees’ accounts of sacramental training interactions.

Realisation of the Research Aim

Extensive and rich accounts have been given of the trainees’ experiences of ritual and power within the training context. The stories related by the participants created understandings of training experiences that have been missing from previous research. Readers have the opportunity to get a feel for the lived world, from the trainees’ perspective, in the confluence of ritual, training and power of this unique training placement called Agape.

To facilitate an understanding of the trainees’ experiences, the researcher provided detailed descriptions of the social, cultural, political and spiritual contexts in which the training placement is embedded.

Major Themes

The following major themes emerged from an analysis of the data:

- Western/Newtonian worldviews versus African, postmodern, constructivist worldviews
- Individualism versus communalism
- Rationality versus spirituality
- Hierarchy and dominance versus egalitarianism and equality
- Trainees’ personal involvement versus professional distance within the training context.

Each theme was discussed in detail and the contents were linked to the discussions initiated in the literature study.

Evaluation of the Study

Reliability and Validity

Social researchers want their measurements to be reliable and valid, since this will yield results that are believable, truthful and credible (Neuman, 2000). In qualitative research, reliability and validity are part of an overall concern with trustworthiness. Reliability relates to procedural trustworthiness, i.e. that the observations made are repeatable or dependable and that another observer will therefore make the same observations, give and take contextual differences. Validity refers to interpretive trustworthiness – the relative truthfulness and accuracy of the interpretations that are derived from the observations (Stiles, 1993). Qualitative researchers prefer to use the term “authenticity” instead of validity. Neuman (p. 171) explains the term as follows: “Authenticity means giving a fair, honest, and balanced account of social life from the viewpoint of someone who lives it everyday”. He adds that reliability is a necessary ingredient of validity.

Reliability

According to Stiles (1993, pp. 602-607), ensuring reliability involves the following steps:

- **Disclosure of orientation** means that the researcher must reveal his or her position towards the study; i.e., his or her expectations of the study, biases, beliefs and theoretical assumptions.

- **Explication of social and cultural context** refers to the obligation of the researcher to examine and make public those cultural and contextual assumptions in which the investigation is entrenched, that often influence the research results and conclusions.
• **Description of internal processes of investigation** refers to the evolving subjectivity of the researcher during the process of the study.

• **Engagement with the material** refers to the hands-on feel of the research. The researcher has real, face-to-face, often extended contact with the participants and research context.

• **Iteration** refers to the cycling between observation and conclusion.

• **Grounding of interpretations** refers to the linking of interpretations to the content and context; for example, themes may be linked with excerpts from the interview text.

• ** Asking “what?” and not “why?”** questions which enable participants to speak freely and to reflect on their real training experiences.

*Procedure followed to achieve reliability.* As the researcher, I adopted a reflexive, self-referential stance towards the research process (Rowan, 1981). I explored and “laid bare”, within the inevitable limitations of self-knowledge and preconceptions, my values, tacit knowledge and inner processes as these may pertain to the research process and outcome. Reason and Rowan (1981) define tacit knowledge as including the values, beliefs and personal preferences of the researcher acquired through experience and which develop over time. During the research process this knowledge may overtly or insidiously impose itself on the research process and outcome.

A detailed description of the historical, cultural, philosophical and training contexts in which the study is situated is provided. This information gives important background and a context in which the process and outcome of the study may be understood.

An explanation is offered of the evolving inner processes that initially led me to the formulation of this particular research question, and of the way in which it influences the dynamic research process. I then elaborate on the discomforts and difficulties I encountered during this study, particularly with reference to the participants of the study. I continue by explaining how the themes helped me to understand the phenomena under study. I detail the nature of my relationship with
participants as well as with people and social processes within the broader training ecology in which the study is embedded.

I describe the dialogue in which I engaged with the text throughout the processes of conducting and transcribing the interviews, analysing the data and so forth. I convey a sense of my inner processes and responses to the ongoing provocations from the texts. This is an indication of the evolution of the formulated concepts, interpretations and conclusions of the study.

I make reference to my continuous movement between what I observed, heard, read and experienced, the interpretations I formulated, and the conclusions I drew.

*Link between themes extracted and interview texts.* I asked questions in such a way that participants were able to “tell their story”. This narrative approach to sharing information encouraged participants to give an experientially based account of their training experiences instead of giving abstract generalisations. Participants had an opportunity to reflect on and candidly share their experiences of the training context.

*Validity*

Stiles (1993, pp. 607-613) enumerates the following as criteria of validity:

- **Triangulation** means seeking information from multiple data sources, multiple methods, and multiple prior theories or interpretations, or multiple investigations.

- **Coherence** refers to the quality and robustness of the interpretations.

- **Uncovering of self-evidence** is conveying the “accuracy” of the way in which an experience has been made sense of.

- **Testimonial validity** refers to the fit or coherence between what happened in actuality and what is conveyed in the data.

- **Catalytic validity** refers to the extent to which the research process influences, shapes and directs the thinking and behaviours of the participants.

- **Reflexive validity** refers to the self-critical ability of the researcher and the extent to which he or she was moved to engage the data in new ways.
Means of ensuring validity in this study. By using information from multiple data sources, the researcher checks the “truthfulness” of the observations, interpretations and conclusions that are made (Creswell, 1998). I made use of two primary data sources – participant observation and interviews. Participant observation includes memories of my training experiences and my journal notes. One journal contains detailed process notes of psychotherapy sessions for the duration of the two-year training period. Another journal was used to record general training experiences.

One interview was conducted with each participant (six trainees and two trainers). One trainee participant was interviewed twice – the first was the pilot interview, which was repeated in modified form. Except for the pilot interview, the interviews were unstructured and conversational. I focused on the issues pertaining to the research question, like the role of ritual in training, the power dynamics surrounding the practice of ritual, and the personal experiences and responses of the participants to this.

Another source that I consulted for the purposes of the research study is an essay I wrote commenting on my personal experiences of the training course towards the end of my second year of training. I also had informal discussions with ex-trainees, asking for their commentaries and insights regarding their experiences of training with special reference to the research question.

The interpretations formulated “feels right” to myself, to some of the participants (Stiles, 1993) and to three peer reviewers (Creswell, 1998). I sought the opinions of others in obtaining feedback on the methods, accuracy of contents, validity of research interpretations and overall feel of the quality of the research process by subjecting the research to the scrutiny of peer reviewers, as recommended by Creswell (1998). One of the reviewers is a psychiatrist who works within a medical model paradigm at a state mental health institution. The other two received their psychotherapy training in the training placement of this study. One was a community psychology student with RAU, the other a clinical psychology student with Unisa. Three peer reviewers suggested that the data tightly relate to and “hang together” as the literature recommends it should, with the perceptions, realities and explanations offered by the participants (Stiles, 1993).
The realities conveyed in the research study actually validate and concur with the experiences of some of the participants. The information the participants shared during the interviews was consistent with the assertions made by the researcher. Most of the participants commented on their perceptions of the ritualised nature of the training course. They shared their ideas and feelings about the power dynamics in which the practice of ritual was embedded.

During the interviews some of the participants were stimulated to reconsider some of their beliefs about the training experiences. Some trainees had never reflected on their training because they were so busy being in it. Talking about their training made them aware of their feelings and attitudes towards it. For example, some were unaware that they had experienced the training as “hard”. Another became aware of a lot of unexpressed negative feelings towards the training. Some of the trainees reflected, for the first time, on the effect of the broader socio-political discourses that influenced the training course.

The researcher was moved to re-negotiate some of her initial beliefs and to think critically about the research study during the process of research. I myself confronted some of my experiences of training only during conversations with some participants, especially the trainee participants. Initially I thought that perhaps I was exaggerating or even imagining some of my research beliefs, but in dialogue with the participants I realised there were others who shared some of my perceptions. The interviews with the trainers were useful in forcing me to “check my facts”, especially when I observed that we made different sense of the same “facts”.

I am also aware that I have somehow changed during the process of the research. Towards the end of the research process I felt more distant from my training experiences, perhaps even less passionately involved. It was as if I was much calmer, like someone who has been debriefed. This may partly be due to the fact that during the process of research I shifted from being alone with certain perceptions to building a consensual community with similar perceptions and experiences.

Implications of the Research Interpretations

The interpretations formulated in this research study may have implications for the researcher, trainees, trainers, training and training institutions. The research
study includes an examination of three major aspects that are significant in a therapeutic relationship, namely spirituality, power and training. More specifically, spirituality and power seem to be inherent elements of psychotherapeutic practice. While the concepts of spirituality, training and power take on even greater significance within an evaluative context such as a psychotherapeutic training programme, the research study nevertheless has implications for psychotherapists in general.

It seems that the overall experience of the trainees at the Agape clinical placement was that of theoretical and philosophical uncertainty and contradiction. The state of crisis that the students seemed to have experienced was exactly what the trainers said they wanted to achieve, and the question then arises whether the benefits they (the trainers) thought would follow from this actually materialised or could have been achieved differently.

The beliefs and practices in the training placement took place in a context that lacked transparency and where there was no concerted effort to examine tensions. Language and ritual were used to construct and perpetuate a milieu of equality, which was contradicted by the experiences of the trainees. There seemed to have been a lack of correspondence between what was declared at the level of theory and its practical enactment.

A neglect of issues pertaining to the physical, cognitive, social and emotional containment, support and guidance of the trainees accompanied the apparent overemphasis on spiritual issues. Trainees felt uncontained, unsupported and ungrounded in the training placement. Their training experiences were not informed with systematic and orderly attempts to structure, direct and organise their training life world.

Trainees experienced that the trainers imposed their values, belief systems and practices on them. They feared the power of the trainers to deny them acknowledgement of accomplishments or positive self-esteem. As a result, trainees responded with a sense of demoralisation and a lack of enthusiasm towards their training. They seemed to have lost trust and faith in the ability of trainers to make them feel safe and contained. They experienced loneliness, abandonment, neglect and possibly a sense of disillusionment.
Implications for the Researcher

For the researcher the research process became a rite of passage (Van der Hart, 1983) to meaning-making of the training experience. During the research process many of the researcher’s inner voices, which had been silent during the training period, were sounded. There were times when the research was experienced as perplexing, unsettling, disturbing and difficult to fathom. Frequently feelings of extreme fatigue, ludicrousness and even “psychosis” were evoked. Finding spaces in which to express and examine these feelings was an unintended consequence of the research process. Perhaps the researcher herself was not fully cognisant of the extent to which the research process became a “ritual of catharsis”.

Writing this dissertation brought about personal growth for both the researcher and participants. During the process of the research, the researcher and participants had to learn new ways of relating to each other, and as they adjusted themselves during the research conversations they learnt new things about themselves, each other and the training experiences. For example, during the research process the researcher frequently found herself in awe of the impact that the training had had on her personally. It was a very difficult process.

Thus the research process served to validate the researcher’s training experiences. As a trainee in the training context she was a relational being, a part of all others and things within that context. In the midst of the intensity of the training experiences a trainee can be compelled to feel “different” and thus alone. Asking this particular research question and going through the process of weaving “stories” in response to it may challenge the belief that “I am the only crazy one” when, through dialogue, sameness with others is discovered.

I was led to ask different questions. Perhaps much of the hardness and difficulty of the training had to do with the extended time that I spent in the training context. If I had spent a shorter time in the same context, would my experiences have been much different?

If the training context had been more informed by other psychotherapeutic practices not underlined by rituals or sacredness, would it have made a difference to the way I experienced the training?
Implications for the Trainees

During conversations with the trainees I discovered that, in trying to make sense of my own training experiences, others were engaged in the same process. The experience I wanted to investigate was my own. I wanted to make sense of why I felt, for example, constantly imposed upon. And in so doing I came to see that others were experiencing similar feelings.

The research process allowed for constructions of the trainees’ experiences from their viewpoint. Their voices were being sounded and hopefully heard, thus validating their training experiences. Trainees were also reminded that their behaviour and experiences in the training context carry importance and significance. A few of them were surprised at the interest that was shown in what were, for them, mundane and ordinary aspects of their training experiences.

A satisfying aspect of engaging the trainees about their training experiences was that the sharing could happen without “looking over our shoulders” – a caution that was exercised whenever training-related experiences were shared within the physical confines of the training context.

Implications for the Trainers

The most important implication of this study for trainers is that it proclaims the importance of trainers’ addressing the issue of power as a “stock in trade” of psychotherapeutic practice (Golann, 1988). The research findings also highlight the importance of trainers’ regularly obtaining feedback from trainees about how they are experiencing their training, instead of making assumptions about trainees’ experiences.

Another implication is that trainers are reminded, through these findings, of the importance of ensuring that any form of sacralised or “alternative” practices introduced into training go through a process of critical analysis, so that its effect on training can be carefully monitored and evaluated (Canning et al, 2000).

The research study underlines how important it is for trainers to reveal and examine their values, personal preferences and biases as these relate to training,
because it is seemingly inevitable that the values of trainers will creep into the training context (Sayer, 1986).

**Implications for Training and Training Institutions**

Research should not stop at providing a set of theories or comments but it should contribute towards making a difference (Creswell, 1998). This research study may serve as a commentary on psychotherapeutic training practice. It could even in some limited way serve as an evaluation of a social programme from an insider’s perspective (Potter & Kruger, 2001).

This research does not limit itself to abstract analysis of what was being said about training experiences in the training context, but provides a “real life” feel of the experiences of trainees. It provides insights into the “nuts and bolts” experiences of trainees within a psychotherapeutic setting.

Psychotherapeutic training, just like psychotherapy, can both harm and heal. And only through regular commenting, critiquing and dialoguing with all the stakeholders in a safe environment, can useful feedback be obtained that may lead to different practices (Potter & Kruger, 2001). The findings of this research study confirm that there are obvious implications for the introduction of “newer” paradigm models of training into psychotherapy without an accompanying exploration of how the goals of the paradigm are realised at the level of practice. It seems that psychotherapy training schools have to have clear, well-articulated theories that can be successfully converted into practice. Adherence to vague theories may result in vague practices (Aponte, 1996).

The research question also brings implications for the issue of practising “relevant” psychotherapy, particularly as this may pertain to the “marginalised”, the “different” and the “destitute” (Sue & Sue, 1977). For example, from this research one can deduce that practising culturally sensitive psychotherapy has its merits, and should certainly be encouraged. But at the same time, care should be taken that the political structures in which the culture is embedded are not disregarded or excluded (Pretorius-Heuchert & Ahmed, 2001).
Strengths of this Study

A major strength of this study is that it confines itself to an exploration of the reality-based training experiences of trainees. In research studies an exploration of training issues is often limited to an abstract exploration of concepts. The advantage of this study is that it seeks to go beyond ideas and to impart a sense of the experiential realities of psychotherapeutic trainees (Heron, 1981).

Another compelling aspect of the study is that it takes into account the details of various contexts, more specifically the cultural, social, economic and political background in which the study is embedded. In the study the researcher took some time to describe the cultural context of the clients, the theoretical and paradigmatic contexts of the training placement, and the socio-political and societal aspects that shaped the experiences of all the participants connected to the training placement.

An added strength of the study is that it is rooted within the ecosystemic paradigm. The systemic perspective allowed the researcher to explore the social factors, including the physical and geographical characteristics of the training placement, as significant factors that shaped the general training experiences.

The use of the interpretive approach facilitated the construction and communication of the meanings with which trainers and trainees imbued their experiences. The researcher both encouraged participants to share their meanings and believed the meanings that participants had expressed.

The researcher did not pretend to be value-free (Creswell, 1998), and shared her opinions with the participants when it was appropriate to do so. The researcher appraised the training context from within the system, as well as looking upon the system from the outside (Maruyama, 1981).

The meanings that were constructed in this research study are consistent with constructivist principles of the authenticity of the multiple realities “out there” (Becvar & Becvar, 1996). The frameworks of meanings within a training context were expanded to include those of researcher, trainers, trainees and clients. Consistent with the belief in multiple realities, the realities of trainers or trainees were not taken as the only realities of the training context, although in this research study the realities of the trainees were selected for closer examination and
articulation, and the researcher's preferred lenses of observation influenced the construction of these realities.

The qualitative research methodology supports a thorough examination, analysis, and evaluation of the role of the researcher within the research process and outcome. In the previous pages the person of the researcher is given flesh and form. The close interaction of the researcher in the research context with the participants is described, which allows for the biases, prejudices and vested interests of the researcher to be obviated and examined (Rowan, 1981).

In the same vein this research study permits the roles of trainers, clients and local residents to "come alive" during the research process. The research methodology gives voice to the trainees. It allows for the world of the trainees to be visited and heard.

Limitations of this Study

The study embraces such a mass of training experiences that it was not possible to deal with it in more detail than I have attempted in this study. Several times during the research process, I pondered whether the research question should not, perhaps, be simplified. The scope and abstract nature of the study could have led to a loss of focus, perhaps through necessitating concentration on too many aspects at the same time.

As a participant observer I sometimes lost sight of the boundary between the participants and myself. Sometimes it was unclear whether it was my training experience that was being justified or whether I was telling the story of the participants. At the same time the research findings may also be disputed. Other interested parties might peruse the raw data and come to opposite conclusions (Rowan, 1981).

Because the research question was infused with my personal agenda I could, perhaps, have asked the trainees leading questions that directed them to provide me with the answers that served to validate my training experiences (Rowan, 1981). However, what adds to the credibility of the interpretations is that I have quoted extensively from trainees' interview transcripts. The language used by participants was often unambiguous and direct. It would have been difficult to interpret their
comments in any other way. Even if I had asked leading questions, it would have been difficult to get them to respond in such a direct way if they did not, at least partly, identify with the experience about which they were being questioned.

The research study may have focused on the experience of the trainees to the extent of silencing the trainers and clients.

The biggest limitation or, rather, constraint of this study is that as the researcher, I was the most important instrument of research. This meant that I had to constantly manage and control my own involvement. I spent a lot of time "sanitising" the research study of my own biases and prejudices (Rowan, 1981).

This study was confined to the exploration of the dynamics of an “extreme” situation, which hampers the generalisability of the research findings (Durrheim, 1999). The training placement is unique in its blend of postmodern, constructivist and African cosmologies. The incorporation of traditional African rituals as part of the practical training experiences serves to place it even further outside the realm of “traditional” training experiences. For this reason it may be difficult to extrapolate or generalise these findings to roughly similar training environments.

Recommendations for Future Research

Future research could concern itself with an in-depth exploration of the roles of trainers, their purpose, function and goals within a sacralised training context.

A subsequent research study could also focus on the experiences of clients in a sacralised training context.

The tensions between providing culturally sensitive psychotherapy and attending to the socio-political factors within the psychotherapeutic milieu may need to be further explored, with reference to the perennial issue of therapeutic relevance (Seedat, Duncan & Lazarus, 2001).

It could be useful to carry out a study focusing on the psycho-emotional experiences of trainees. From this research study it would appear that trainees could perhaps benefit from a more thorough examination of their responses to the provocations within this type of psychotherapeutic training context.
Another area for future research would be to examine the special organisational infrastructure that is provided by rituals within a psychotherapeutic training context.

Research could also explore the healing properties of rituals within a psychotherapeutic training context, with emphasis on how rituals may facilitate the integration of trainees into the training programme, and foster their appreciation of cultural differences within a psychotherapeutic setting.

Conclusion

This study provides a careful examination of the nature of trainees' experiences of power dynamics within a ritualised training context. The research was done within the framework of the qualitative research paradigm, the methodologies of which were applied to the research steps. Specific themes around the three major concepts of the research question – ritual, training and power – were identified. These themes were discussed and linked to the literature discussion of these concepts. Some important experiences of trainees were identified and discussed.

Paradigms and theories played a key role in shaping trainees' cognitive, emotional and practical experiences in the training context. The research interpretations and findings point to important areas for future research. This research study would be of value to those involved in psychotherapeutic theorising, clinical practice and training.
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