

Psychology in a Future South Africa: The need for a National Psychology Development Programme

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Brian Rock & Brandon Hamber

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Brandon Hamber is an independent consultant.

Brian Rock is a former Project Director of the Children's Enquiry Trust.

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Summary

This research is part of a continuing process aimed at developing the profession into one which contributes meaningfully to the context in which it is situated, as well as into one which is taken seriously. The credibility of the psychological profession depends on it being able to offer effective services to a broad spectrum of people in diverse circumstances. Obviously the realisation of this depends largely on the type of service psychologists provide, and the extent to which these are readily available. But

more importantly on the capacity of the new psychological association to lobby and initiate projects to profile psychologists.

When reduced to its basic parts, this document consists of three essential components. First, a theoretical basis summarising certain key tensions. Second, actual recommendations specifying the core initiatives that should be set in place, and third, an overarching framework that keeps it all together cohesively. None of the constituents are cast in stone or necessarily exhaustive. Rather, within the time and budgetary constraints of the project, this proposal should be used as an exploratory document which can be amended and embellished. If nothing other, the spirit embodied within the document and the structure holding it together should be retained. For no matter how sound our intentions or lofty our aspirations, the profession cannot develop optimally without a *highly detailed plan of action* as its disposal. Nevertheless, the development of a unitary plan can be time-consuming. Thus, individual and regional initiative should be encouraged simultaneously.

1. Introduction

The psychology profession is in a state of flux arising from both internal debates and external shifts that are taking place in the broader socio-political arena. Mental health has not until recently been perceived as a priority. Most psychologists operate in the private sector, providing services to a limited number of people. State provision of psychological services has for the most part been scant. In cases where services have been provided, the planning and implementation has been poor, with services being excessively duplicated in certain areas and non-existent in others. This has occurred within a mental health system that has been ill-defined (if defined at all), clumsily co-ordinated and fundamentally fragmented.

By contrast, the Reconstruction and Development Programme and the ANC Health Policy highlight the need to promote and ensure the mental health of all South Africans. Whether policy ideals can translate into reality remains to be seen. Nonetheless, the psychology profession must adopt a *proactive* stance, actively defining its role and function in South Africa. In essence, the motivating force behind this research endeavour is to comprehensively synthesise a broad range of recommendations and ideas to serve as a springboard for the development of internal policy direction for the firm establishment of a profiled psychology profession within society.

The task of developing a conceptual framework delineating recommendations for the implementation of training policy and professional structures is no mean feat. Several factors exist that may conspire to thwart these objectives beyond the fact that the prospect of change is frequently met with resistance. The process of change is not straightforward and using the "correct" terminology is no guarantee of *de facto* change (Freeman, 1991). Shaping a more relevant psychology will not be achieved by merely marketing an old package in a new form but requires a dramatic re-conceptualisation of research, training and service provision (Forum, 1993d).

If we are to negotiate transformative change successfully, the question of why certain recommendations made in the past have not been acted upon, as well as why those which have been adopted as policy are frequently not followed through, requires some

understanding. This contributes to feelings of disempowerment, and ultimately withdrawal, amongst professionals who come to believe that their efforts in negotiating and resolving professional issues is fruitless.¹ Such indecision and hesitancy is well-illustrated by the results of a questionnaire² designed to tap psychologists' views on a range of issues, with the predominant response being one of uncertainty. Most worrying is the implicit belief communicated by such a response, namely that someone out there will take care of "business". The net result is that many opportunities to become involved fall by the wayside. This was recently borne out by the lack of a psychological presence during the *National Health Forum*, an initiative designed to formulate national health policy. The importance of inclusion in such a think-tank is quite apparent.

1.1 Recommendations not acted upon

1.1.1 Legitimacy vs Credibility

There are many varied reasons for the lack of follow-through, of which perhaps the issue of legitimacy and credibility is the most important. Previous psychological associations representing the profession have not been entirely legitimate, underscored by the decision to disband the *Psychological Association of South Africa* (PASA) and form a new, more inclusive body. Prior to this occurrence, it was very difficult to implement many of the recommendations emerging from such organisations.

If PsySSA and/or the Professional Board are to implement change they will need broad legitimacy. This is a prerequisite if these changes are to be heralded, and subsequently taken responsibility for, by the wider psychological community. However, there is a dialectical tension between legitimacy and credibility which will not simply evaporate with the passage of time. Often well-grounded intentions to engage in legitimate, broadly consultative processes stymie the process that facilitates involvement and decisive action, ultimately undermining professional credibility. That gaining legitimacy is vital is not disputed, and one thing we should have learnt is that in its absence the possibility of accruing credibility later is almost an impossibility. The challenge ahead is to entrench principles of reflection, discussion and negotiation, but to situate these within an environment that promotes individual responsibility and empowerment.

1.1.2 Inherent tensions

Another aspect to be considered is the natural divisions that have developed within the field, which continue to pose the threat of ongoing conflict. These operate on at least two levels that can be termed "intra-discipline" and "whole-discipline" concerns. The former includes tensions arising from the various registration categories which by and large entail separate research and practice foci, whereas the latter pivots on the inherent split embodied by the definition of psychology as an applied science. These have a lasting effect upon the cohesion of the profession and its potential for fragmentation, which obviously removes the energy from activities that foster the growth of the discipline and its ability to act decisively when it addresses policy issues.

1.1.3 Global shifts

A further consideration pertains to the shifts that have taken place within global politics, partly reflected by concomitant changes in the social sciences. The latter involves the move from a modern to a post-modern world, resulting in a broadening of methodological approaches, that seriously question whether truth and reality are external properties that can become known with sufficient enquiry. Similarly, the question arises as to whether professional issues have one solution and that with sufficient debate and discussion all will be revealed.

1.1.4 The lack of a coherent plan

Even if psychology could develop a way of dealing with inherent divisions constructively, gaining legitimacy and taking account of global shifts, it would still be no guarantee of the rebirthing of the profession. Many practical and applicable recommendations have been made in the past, however, which have often been of a linear nature and have often not been encapsulated within a broad, overarching framework. This framework amounts to a detailed plan which embodies a vision for the future, outlines pertinent action strategies and the functions of broad structures that can facilitate the implementation thereof.

1.2 A National Psychology Development Programme

The core focus of this document is the development of a strategic plan which we have termed *A National Psychology Development Programme* (NPDP). Obviously a large portion of time has been spent elaborating on the specific detail contained within the plan. But most importantly the NPDP provides a foundation within which specific ideas are embedded.

1.3 The structure of the document

The research process (or methodology section) undertaken to complete this work, together with a brief history of the broader process, is contained in *Section Two*.

Section Three provides a brief summary of the key tensions that exist within the psychological discipline. The reason for including this material was two-fold. First, it is important to map salient parts of the territory, and second, it provides a springboard for the later discussion of policy recommendations that can facilitate the expansion of the profession. One of the difficulties encountered was that, despite the wealth of published and unpublished material in the field, it often consisted of ideological and theoretical positions with little attention directed toward the practical implementation and facilitation of ideas. This posed something of a dilemma for the authors when finally deciding on the style and content of this section. The temptation to engage in theoretical and philosophical discussion was ever-present. But the challenge was to provide some map of the territory and salient debates in order to construct a cohesive logistical plan, outlined in *Section Four*. During the course of our work we were made aware of several initiatives that are currently being planned and implemented. Wherever possible, these have been taken into consideration in an attempt to dovetail this project with them to hopefully synergistic effect.

Section Five includes some thoughts about taking this process forward, in a manner that invites all members of the profession on board.

2. Research Process

This research project is an outgrowth and continuation of *The Forum on the Role and Function of Psychology in the New South Africa* held in Johannesburg in September 1993. The Forum was part of a broader process that began with the decision to dissolve PASA and redraft a constitution for a new psychological association to be inaugurated at the *Psychology and Societal Transformation Conference* held at the University of the Western Cape in January 1994.

The Forum was punctuated by the selection of a Task Force that was requested to present the main themes arising from the Forum to the conference attendees. The rationale was to provide some continuity between the two events.

Following the "Transformation" conference, the Task Force was co-opted as an *ad hoc* committee of the Professional Board to assist with development issues in the profession and ensure that the work done thus far did not lose momentum. At the first meeting of the Task Force it was decided that research in the broad areas of relevance, psychological service provision, training and professional structures be undertaken. This research was funded by the Professional Board.

2.1 Phase One: Review of the pertinent issues

The first phase was aimed at distilling the key issues in the various areas of the psychology discipline. Information was obtained from the following sources:

- All pertinent articles published in the *South African Journal of Psychology*, *Psychology in Society* and other relevant works
- Documentation from the *Forum on the Role & Function of Psychology in South Africa* and the *South African Medical & Dental Council*
- Conference presentations
- Relevant epidemiological studies
- Policy documents, including the Reconstruction & Development Programme and the ANC Health Plan

Section Three contains a summarised version of the information gleaned in this process.

2.2 Phase Two: Consultation and Integration

The second phase was predominantly a consultation and integration phase resulting in a conceptual framework containing recommendations for the implementation of internal policy directives. Discussion was sought with key personnel in the psychological field, including, amongst others, heads of university departments, trainers, private practitioners and government personnel. Sixty individuals were consulted in this process. (see [Appendix A](#)).

The interviews were conducted using an unstructured interview schedule in order to facilitate the discussion of a broad range of ideas. These were primarily conducted telephonically with many respondents choosing to fax their written comments to the researchers. The remaining interviews were conducted face-to-face. Each week the various responses were discussed, debated and tentatively integrated into a rudimentary framework, which was fed into the interview process for the following week and used as interview material. Broadly the interviews revolved around the broad themes discussed at the Forum (see *Section Three*).

The contents of this document are in no way thoroughly reflective of all those with a vested interest in the affairs of the profession. It is not intended that this be the last word on policy matters but rather as a set of directives that can be used to formulate a way forward for the psychology profession in the future.

3. Key Tensions in Psychology in South Africa

To contemplate and document the key tensions facing psychology in South Africa at present is complex. Most of the debates have a long and intricate history and are raised repeatedly in the literature. The *summarised review* that follows serves two functions. First, it serves as a foundation for the strategic plan that follows in Section 4. Second, it highlights many useful recommendations documented by professionals in the field.

The key tensions are discussed within the following broad areas articulated at the Forum:

- Making psychology more relevant in South Africa;
- The provision of psychological services in South Africa;
- Training issues; and
- Professional structures.

Although the various debates are discussed under separate headings that imply a certain linearity, the issues are interlinked and interwoven.

3.1 Making Psychology More Relevant

It is clearly not easy to produce a relevant psychology owing to the fact that one is open to criticism from a variety of ideological positions. (Dawes, 1985)

Much has been written over the years about making psychology more relevant in South Africa. Over the last decade, perhaps beginning around the early eighties, South African psychologists have become increasingly concerned with the applicability of psychological theory and practice in meeting the broader mental health needs of all South Africans (Hayes, 1993).

Possibly, the only common element in the various debates is the appeal for relevance. The actual use of the term in most of the viewpoints expressed goes beyond solely

broad applicability, ranging from the degree to which psychology can blossom into a true profession (Raubenheimer, 1981), to the extent to which psychology can unshackle itself from a eurocentric frame and embrace afrocentricism (Buhram, 1977; Holdstock, 1981, 1982; Kruger, 1980, 1981), to the demonstration that politics and psychology are linked (Dawes, 1985), to the ability to meet the needs of the working class (Whittaker, 1993).

3.1.1 Psychology is based on individualism and is largely eurocentric

Many have expressed concern regarding the individualistic nature of the psychological paradigm, particularly as it applies to the humanist theories which assume that interpersonal and intrapersonal growth is all that is needed to procure individual happiness. This locates problems within the individual and fails to take account of the social context within which mental health and psychological problems occur (Anonymous, 1986; Bassa & Schlebusch, 1984; Berger & Lazarus, 1987; Dawes, 1985; Freeman, 1989b; Hamber & Rock, 1993; Straker, 1988; Thomas, 1987; Vogelmann, 1986; Vogelmann, date unknown).

Consequently, psychopathology is equated with disease and individual weaknesses rather than social ills (Vogelmann, 1986). Naturally it was the apartheid system and its oppressive and detrimental effect on mental health and general well-being that was highlighted as the most pressing social problem. The lack of sufficient focus has largely been perceived as the inappropriate transposition of typically American and European perspectives onto the South African context. Several authors have equated this approach with a strictly positivist philosophy and methodology, which instils within the discipline an ahistorical, individualistic and mechanical frame that is wholly unsuited to understanding what it means to be human in the world (Whittaker, 1993).

Further debate arose which was less concerned with the method of study, choosing to define and distinguish between the "objects" being studied. As a result, the differences were explored between an African (afrocentric) and European (eurocentric) worldview (Buhram, 1977; Holdstock, 1981, 1982; Kruger, 1980, 1981). Certain authors posited the existence of an "African" psyche that required wholly different theoretical explications and thus required different modes of psychological training if psychologists were ever going to be able to respond to broad mental health problems effectively.

The divide between an afrocentric and eurocentric world has come under serious scrutiny and has been criticised from a number of quarters. Freeman (1991) asserts that the call for an afrocentric psychology has glorified the so-called primitive; emphasising an indigenous framework that reifies culture. Subsequently, many dichotomies have arisen in different forms that reflect the essence of the euro-afrocentric debate. Nell (1990) points to the pejorative overtones of the commonly referred to First-Third world split that often disempowers psychologists who readily come to believe that they have nothing of value to offer. The resulting emphasis on cross-cultural psychology is frequently plagued by the microscopic examination of cultural difference with the result that an obsession with difference and with ethnicity is reproduced and reinforced (Freeman, 1991); similar to that which formed the impetus behind the apartheid regime. Freeman (1991) posits a sensitive option in which "various options need to be explored so that without glorifying traditional culture, and without becoming party to emphasizing difference, interventions cohere with the world-view of clients" (p 145).

3.1.2 Psychology has been divided on racial lines and supports the status quo

Broadly speaking, psychologists are predominantly white, middle-class people providing psychological services to mainly whites living in urban, middle-class areas (Bassa & Schlebusch, 1984; Berger & Lazarus, 1987; Freeman, 1992; Korber, 1990; Pillay & Petersen, 1994; Vogelman, date unknown; Visser, 1986 cited in PASA, 1988). Furthermore, there has been little change evinced in this profile of psychologists over the last decade (cf. Bassa & Schlebusch, 1984; Pillay & Petersen, 1994). This has, in part, given rise to the profession's inability to challenge the imbalances and broader social problems that have resulted in this disproportion. The lack of a critical voice has resulted in a deafening silence that has, wittingly or not, exhibited powerful support for practices which were extremely destructive to the mental health of most South Africans (Dawes, 1985). The frequently preferred silence under the guise of scientific neutrality assumed by many psychologists has been vigorously criticised as an artefact tantamount to condonation (Anonymous, 1986).

3.1.3 Conclusion: Making psychology relevant in South Africa

Most of the contested debates regarding relevance occurred in the late 1980s. Questions facing the ongoing debate of relevance still appear important but seem to have changed in their focus. The question begs whether challenging apartheid policies in 1985, however relevant at the time, still has currency in post-apartheid South Africa where the dominant discourse seems to have shifted to one of reconstruction and development. Nonetheless, it would seem that relevancy is primarily demonstrated through a social analysis that requires an open appraisal of the effect of social factors (including government policy) on the mental health of the individual whether it be apartheid or the legacy it has bequeathed. It is an ahistorical and acontextual psychology that fails to define and articulate a social link that leads to the possibility of irrelevance. Ultimately the responsibility lies with psychologists to define a role and future direction to the South African reality.

3.2 The Provision of Psychological Services

Based on the premise that psychological services should deal with mental health in the broadest possible manner, it is important to assess the present allocation of resources to deal with problems compared with the actual provision of services. This assessment should not only take place within the health sector. What psychologists have to offer extends well beyond health. Nonetheless, this section reflects an inherent bias towards the health sector, partly owing to the significant amount of attention and focus this area has received when discussing service provision.

3.2.1 State of South Africa's Mental Health

It has been extensively reported that there is a relationship between South Africa's mental health problems and the socio-political context (Anonymous, 1986; Bassa et al, 1984; Berger & Lazarus, 1987; Dawes, 1985; Duncan & Rock, 1994; Freeman, 1989b; Hamber & Rock, 1993; Straker, 1988; Thomas, 1987; Vogelman, 1986). Owing to the adverse effects of having lived in an authoritarian dictatorship and the stress involved in undergoing significant social change (Zwi, 1993), people in this country have to deal with a range of problems. These include issues of health, mental health, development and education. PASA (1988), however, cautions against

attributing all mental health difficulties to apartheid practices. Although apartheid has done undeniable psychological harm on a large sector of the community, they argue that it would be an oversimplification to see this as the only cause in a complex net of social, political and economic spheres that have an adverse effect on mental health (PASA, 1988).

There can however be no doubt about the degree to which people have been severely traumatised living in this country. Provisional data on incidents of violence alone indicate that there are roughly 53 deaths per 100 000 population (Medical Research Council: National Trauma Research Programme), compared with 10 per 100 000 in the USA (Van der Spuy, 1993 cited in Parry, 1994).

Despite the difficulty in gathering mental health statistics, there are certain alarming findings listed below:³

- An elevated and ever-increasing suicide rate has been widely documented (PASA, 1988; Reeler, 1987a; 1987b). This is particularly pronounced in white males over the age of 25 years which is higher than most other countries (Parry & Fischer, 1993 cited in Parry, 1994).
- High rates of alcoholism (Parry, Brice, Cummins, Angellos, Thompson, Stoppel & Stretch, 1993; Rocha-Silva, 1989; 1991 all cited in Parry, 1994; Vogelman, 1986; PASA, 1988).
- High levels of depression (Gillis, Welman, Koch & Joyi, 1991 cited in Parry, 1994; Oberholzer, 1985; PASA, 1988). For example, one study reported as many as 44% of women living in informal settlements exhibiting high levels of depression (Gillis, Welman, Koch & Joyi, 1991 cited in Parry, 1994).
- Endemic levels of malnutrition that often leads to serious psychological sequelae (Thomas, 1987; Van der Walt, Kloppers, Solleder, 1983; Vogelman, 1986).
- High percentages of psychiatric problems have been reported (Parry, 1991 cited in Freeman, 1992), including high levels of schizophrenia and other psychotic episodes (Gijana & Louw, 1981; Luiz, 1981; Freed & Bishop, 1980 quoted by Swartz, 1987 and cited in PASA, 1988).

3.2.2 Shortfall of Psychological Services

Despite indications that psychology is a growing profession, there is a shortfall of psychological services. The shortfall of services together with the stark racial disparities within existing services is well documented. The following points give an indication of the main trends:

- Health services have been fragmented, poorly planned and duplicated, resulting in unnecessary expenditure and inadequate services delivery (Medical Research Council, 1987; Klopper, 1986; Freeman, 1989a; PASA, 1988). This is equally true of many other government departments, that is exacerbated by a lack of intersectoral communication.
- Presently psychological services are largely curative (Freeman, 1989a), with little emphasis on psycho-education training and prevention (PASA, 1988). Visser (1987 cited in PASA, 1988) points out that only 4,5% of professional activities of registered psychologists include preventative work.
- Psychological services are at present provided mainly by white psychologists (Freeman, 1992; Pillay & Petersen, 1994; Vogelman, date unknown) and are largely

limited to white middle-class patients (Bassa & Schlebusch, 1984; Freeman, 1992; Korber, 1990; Visser 1986 cited in PASA, 1988; Pillay et al, 1994).

- The number of psychologists available to respond effectively in various capacities is wholly inadequate (Donald & Caspo, 1989 cited in Donald, 1991; Freeman, 1992; Visser, 1987 cited in PASA, 1988; Freeman, 1989a). This shortfall is primarily in terms of the lack of psychologists, posts available and the location of services (Forum, 1993a). For example, the ratio of clinical psychologists to population is approximately 1:304 000 as compared to 1:4 000 in many other developed countries (Lin, 1983 cited in Freeman, 1992). Regarding educational psychology, Donald (1991) predicted that nearly 2 000 psychologists would be required to meet black education needs alone.
- Psychological services are predominantly urban-based (Freeman, 1989a; 1992; 1993; Pillay et al, 1994). 80% of clinical and counselling psychologists who responded to a recent questionnaire (Pillay et al, 1994), work primarily in urban areas while only 10,55% work solely in rural areas.
- Access to psychological services is frequently limited because of the unaffordability of psychological services. Despite the abysmal subsidies offered by medical aid schemes for such services, the vast majority of black patients are not even subscribers to such schemes, and with most psychologists working in private practice relying on a fee-for-service, effectively excluding 80% of the population from the benefits of these services (Freeman, 1992; Freeman, 1993; Pillay et al, 1994).
- Furthermore, the actual amount of state funds available to develop mental health services are rarely used to provide more psychological services. Much of the mental health budget⁴ is spent on 30 000 beds for psychiatric patients and mentally handicapped (Gagiano, 1992 cited in Parry, 1994). Even in the event of primary health care services being developed, it is highly unlikely that mental health will be prioritised within or outside of this framework without intensive lobbying for services.
- Imbalances between community and hospital care are also reflected. For example, the Tara H Moross Centre which has 180 beds receives R8,6-million annually whilst the whole of the Southern Transvaal community services, which services 45 000 patients a year, receives one-fifth of that amount⁵ (Zwi 1991, cited in Freeman, 1992).
- Psychiatric services are utilised to a much larger degree than psychological services. 90% of those patients seen in community clinics are treated for psychotic conditions with medication and receive little other support (Centre for Health Policy, 1992). The remaining 10% are treated for anxiety and depressive-related conditions. The contradiction is that in reality 10% of those requiring care experience psychiatric-related conditions, and 90% require intervention in the area of anxiety and depressive conditions (Centre for Health Policy, 1992). Clearly, most anxiety and depressive-related disorders at the primary health care level clearly go unrecognised.

3.2.3 Provision of services and Primary Health Care

Many authors have expressed that changes in psychology will have to be part of broad governmental policy developments. Suffice to say that shifts in many ministries and departments (education, health, labour) will affect the nature of psychological services. For example, it has been recommended that provision of services requires state legislation, centralised health care services, a national health care service⁶ (Broomberg & Price, 1989; De Beer & Broomberg, 1990; Freeman, 1992; Picard, date unknown; Vogelmann, date unknown) and shifts to a primary mental health care approach (Freeman, 1989b; Freeman, 1989c; RDP, 1994a, 1994b; Task Team, 1994).

The Primary Health Care (PHC) model requires careful consideration given the drive towards a primary care focus within South Africa. The relationship between Primary Health Care and psychology is unclear and complex. There are diverse opinions and crucial divisions surrounding the issue (Forum, 1993b). One of the debates appears to be whether psychological professionals can fit into the model as easily as other disciplines, together with concerns about whether psychology will be given its due focus. As Hayes (1993) points out: "Psychological services are not going to be a priority of the next government, not because they don't care, but because the other social pressures on them are going to be enormous" (p.7). Nevertheless, psychology has been urged to become part of a curative and preventative Primary Health Care system (Freeman, 1989b; 1989c; 1993; Task Team, 1994).

3.2.4 The applicability of providing psychological services in South Africa

Beyond providing more psychological services across a broad spectrum, the profession must confront some misconceptions that abound. One of the problems is the fact that psychologists are perceived in a certain way and that people have had limited experience of psychologists (Berger & Lazarus, 1987). Potential consumers of psychological services often do not know what a psychologist is or what (s)he does, nor are they aware of what is expected from them in any psychological encounter (Neki, Joinet, Hogan, Hauli & Kilonzo, 1985). Neki *et al* (1985) argue that this unfamiliarity, together with familiarity with other healing modalities, can foster a number of expectations and stems from a variety of misconceptions, one being that psychologists will prescribe medication to deal with the problem.

Several authors (Holdstock, 1981, 1982; Kâgitçibasi, 1984; Kruger, 1980, 1981; Turton, 1986) have questioned the applicability of psychology in an African context. The questions asked are whether psychological theory (based on theory development in other contexts) can offer solutions and ideas about traditional ways of living (Kâgitçibasi, 1984), or an understanding of an African world-view (Neki *et al*, 1985). In African communities in which no familiar conventions of such a relationship are available, the therapeutic encounter can pose very different problems from those in the West where such conventions freely prevail (Neki *et al*, 1985). This may be one of the contributing factors that cause many people to consult traditional healers (Vogelman, date unknown). Furthermore, the perception is that psychologists treat 'mad' people or only the middle class, and are therefore removed from the everyday issues of ordinary people (Berger & Lazarus, 1987).

Over and above these many misconceptions and unfamiliarities, there are very real issues that have hampered the accessibility of psychological services in the past. These include the length of time involved, transport difficulties, cost, the regularity of appointments and language (Berger & Lazarus, 1987).

During their study, Berger & Lazarus (1987) were also made aware of certain positive perceptions. Psychologists were seen as providing individual counselling entailing the development of a relationship with their clients, together with listening and talking in order to work through personal problems.

For others psychology has a definite, if not crucial, role to play. This requires shifting from a narrow mental health model toward an approach that is based on a well-developed range of skills and understandings. This requires a process of demystifying what it does and involving itself at all levels in the community (Mokhuane, 1993),

embracing the notion of full community participation and continued consultation (Vogelman, date unknown).

3.2.5 Conclusion: Ensuring psychological services in the future

In sum, it is stark that psychological services are under-provided and under-subsidised given their applicability in South Africa. Psychological services need to be prioritised, which requires better management of the profession and increased efforts to improve its image (Forum, 1993b). The lobby for more resources requires convincing arguments that psychological services will benefit the majority.

Clearly, psychologists need to be more proactive at a community level in service delivery; however, skills in community-based work and consultation skills are necessary (Forum, 1993b). Psychologists are capable of delivering diverse services and it needs to allow itself to become more diverse, accessible, practical and concrete (Forum, 1993b). Psychologists should widen their scope of expertise and become involved in more diverse areas, such as conflict mediation, research into international conflict and peace resolution skills (Mauer, 1987). Practice needs to be extended from traditional therapy to the roles of consultants, advocates and trainers in psychological skills in community and organisational settings (Forum, 1993a). However, in diversifying psychology to promotive and preventative services, the traditional roles of psychology should not be neglected or abandoned (Forum, 1993a).

3.3 Training Issues

The training of psychologists in a future South Africa has received much attention and is at the centre of many debates. Issues range from the restructuring of undergraduate training into a four year degree, to the professional standing of the present Masters training. The notion of different registration has also provoked debate with certain groups advancing the suggestion for a more uniform training as opposed to those who support specialisation. At this juncture, clinical psychology receives most of the attention which is to the detriment of the other branches of the profession and to the richness of the discipline as a whole.

3.3.1 The nature of psychology training in South Africa

- **Masters training**

The consideration of training issues most usually remains focused on postgraduate training at the Masters level. Two examples of this are Edward's (1993) and Kriegler's (1993) addresses to the *Forum on the Role and Function of Psychology*. Both detailed inputs on training were pitched solely at the Masters level and emphasised how the present training does not meet the rigorous standards of professionalisation. For Edwards (1993), universities are presently "turning out a lot of incompetent psychologists" (p.38) and without minimum training standards, the profession would be lost in a future South Africa.

Focusing on the professional nature of training raises a critical tension. It may be argued, for example, that psychology should prioritise becoming more broadly applicable before considering the issue of minimum training standards. Kriegler (1993) neatly summarises the dilemma by stating that a balance between the need for

minimum standards and competence on the one hand, and the need for meeting the countries needs within the constraints of the demands of universities, politics and economics, on the other hand, needs to be attained.

The attempt at balancing rigorous training inputs with social and community applicability are reflected within the debate surrounding the scientist-practitioner model. Present university psychology training programmes emphasise a scientific-practitioner model of training. This requires that individuals are trained to be proficient in both the research and applied aspects of the profession, given their equal importance (Van der Westhuysen & Plug, 1987). This approach has been criticised for its academic emphasis that often neglects the dialectical relationship between the individual and their environment.

At a postgraduate level, it has been argued that training does not incorporate sufficient community focus (PASA, 1988). The PASA (1988) document uses educational psychology as an example. It points out how educational psychology has not, at least at that time, incorporated community development work and prevention, for example through compensatory, enrichment and literacy programmes, informal and non-formal youth education programmes and teacher counselling with regard to prevention and management of learning problems. Similarly, one might argue that industrial psychology has not offered students sufficient conflict mediation and conflict resolution skills, nor clinical psychology sufficient community development and counselling skills.

These omissions have not solely occurred within postgraduate training, but have been reflected in undergraduate course curricula. To illustrate, an introductory text in development psychology published in South Africa in the early eighties ignored apartheid issues altogether (Louw, Gerdes & Meyer, 1984, cited in Dawes, 1985). It is no wonder that the training of psychologists has been criticised for creating a false consciousness in the discipline (Dawes, 1985), reinforcing an elitist ethic and presenting an uncritical decontextualisation and imported "non-African" approach (Berger & Lazarus, 1987). Such training tends to psychologise the causes and cures of human functioning and suffering rather than considering political, cultural and ideological factors and thus lacks critical analysis of structural conditions (Berger & Lazarus, 1987).

The manner in which some of these issues are resolved in the future will shape the following training concerns:

- **Selection of candidates for training**

The selection of candidates for postgraduate training and whom they serve has been particularly skewed in the direction of the numeric minority in this country. As a result, there has been an increasing demand for selectors to choose candidates more representative of the whole population to undergo training as psychologists. Van der Westhuysen et al (1987) found that the selection procedure at different departments was surprisingly similar. However, it should be noted that little attention was placed on the racial composition of the training groups. Gerdes (1992) poses the question of whether an important selection criterion should not be the ability to think trans-culturally? Problems are encountered when one begins to think of how such a construct is measured.

There clearly is a need for more black South Africans to enter the profession need the need for more alternative recruitment strategies (Kriegler, 1993). Pillay et al (1994) make recommendations in this regard, including that more black psychologists need to be trained, and non-African students need to learn at least one African language and develop cultural understandings and sensitivity. Experience in community settings and personal characteristics like leadership have also been suggested as useful criteria to consider (Skuy, 1993).

- **Undergraduate training**

Undergraduate training requirements and course curricula have been sorely neglected. For one, undergraduate psychology is often taught in a "cookbook" fashion. There seems to be little continuity between undergraduate and postgraduate training that reflects a sharp schism in the profession. Within the present system the majority of undergraduate students do not progress beyond obtaining a major in psychology. These students usually find employment in other fields. Often their training has not provided them with sufficient understanding of how psychology may be utilised in different contexts and is of little value to them in the world. These criticisms taken as a whole emphasise the difficulties in the present course structure. In response, the need for a curriculum development programme adopting a more critical focus in psychology has been proposed (Collins, 1994; General Psychology Honours, 1994; Hamber, TerreBlanche & Levy, 1994). Curriculum revisions should begin with the first year of training and introduce more intensive courses focusing on the debates, issues and crises facing psychology with a more critical focus in mind (Collins, 1994), as well as making space for the transmission of usable skills (Forum, 1993c; Nell, 1992).

3.3.2 Addressing the needs: BPsych Degree and Professionalism

The large numbers of undergraduate psychology students clearly reflects an avid interest in the subject (Van der Westhuysen *et al*, 1987). However, few actually become psychologists and even fewer make a contribution to the broader welfare of the South African population using psychological skills. Donald (1991) expresses uncertainty about being able to train sufficient psychologists within the present system. In fact, for Donald (1991), the need for more psychological trained personnel cannot possibly be met solely by the current highly specialised and protracted training. Rather it is process and content shifts in training that can make a difference. The issue of training a mid-level psychologist has been raised and debated for some time as a viable alternative (Donald, 1991; Du Toit, 1989 cited in Nell, 1989; Forum, 1993c; PASA, 1988; Strumpfer, 1993; Van Wyk, 1985 cited in PASA, 1987).

Nell (1989) provides an analysis of the model of a mid-level psychologist by commenting on the arguments posited by Du Toit (1989 cited in Nell, 1989). Du Toit argues that mid-level psychologists are needed to reach individuals who otherwise would not be able to avail themselves of psychological services due to the lack of service accessibility or financial constraints. Psychologists are unable to overcome these difficulties because, unlike doctors and social workers, they are "too expensive and too highly trained" (Du Toit, 1989 cited in Nell, 1989, p.3).

Nell (1989), however, argues that unlike doctors and social workers, psychologists are not catered for in the current health care system. Thus, any suggestion that less

expensive and less highly trained psychologists will overcome these difficulties does not seem very realistic. Nell comments:

It is difficult to imagine that a health care service unwilling to appoint any R30 000 p.a. psychologist would be willing to appoint large numbers of 'cheaper' psychologists, and it does not seem reasonable to address a structural employment problem by creating a larger supply of professionals. (Nell, 1989, p.18)

Nevertheless, the issue remains unresolved. Furthermore, the debates have now moved beyond the universities and presently, the Pretoria Technikon has put forward a detailed proposal to train "semi-psychologists" in a range of practical community mental health skills.

3.3.3 Key Issue: Specialisation and Accreditation

One key tension that persists in the area of training, and which requires specific discussion, is how training at each level balances the need for core curricula (uniformity) and specialisation. On one hand, there are those who feel that specialisation is necessary because without specific training foci psychologists will be trained in too broad a fashion, thus diluting rather than enhancing their skills. On the other hand, there are those who believe that diverse training programmes waste resources in managing a system that inherently overlaps. Nonetheless, the need for specifically trained individuals in special areas appears necessary.

Schlebusch (1987) points to the need for medical psychologists and how this requires more sophistication in the areas of physiology, medicine and pharmacology. Similarly, it may well be worth investigating the possibility of training psychotherapists, which is a specialised skill, outside of universities in institutes of sorts.

Van der Westhuysen *et al* (1987) consider two options in meeting the demands for specialised knowledge. First, departments could specialise in specific fields, and second, inter-university contact could be established to facilitate a non-binding but ordered exchange of specialists between universities who have specialised skills. This recommendation was made by the PASA Council Committee for Training (1985), yet no such formalised and institutional exchange is operating nearly a decade later.

3.3.4 Conclusion: Training of psychologists

The shortfall in the number of psychologists is clearly problematic. The question of whether merely training extra bodies will solve the problem must be addressed. There clearly exists a need for intensive curriculum development at every level of training that can begin to meet the overwhelming need for psychological services. Moreover, creative ways of using psychological skills could enable psychologists to reach a wider band of people. This would necessitate shifts in training modalities.

3.4 Professional Structures

The issue of professionalism is perhaps the most contentious of all the areas discussed thus far. What constitutes being a professional and the consequences of developing professional interests are weighty, complex matters. These questions are complicated even further by having a Professional Board that is accountable to, and largely directed by, the South African Medical and Dental Council (SAMDC) on issues concerning the profession. This situation has been the catalyst for heated debate, primarily spearheaded by Nell (1992, 1993). In his view, the relationship between psychology and the medical profession is detrimental to the growth of the psychology fraternity. Another aspect is the parameters of the relationship between the Professional Board and its sub-committees and the Psychology Society of South Africa (PsySSA) and its standing committees.

3.4.1 Professionalism, social responsiveness and advocacy

The history of the professionalisation of psychology and related issues has been well-documented (Cooper, Nicholas, Seedat & Statman, 1990; Louw, 1986; 1988; Strumpfer, 1993). In certain instances the profession's drive to be more professional has been achieved by being able to demonstrate its usefulness to society (Strumpfer, 1993). However, given the dominant apartheid ideology of the past, this was often achieved by being able to lend its skills and talents to the actualisation of policies of apartheid which enabled such a system to continue unchallenged (Cooper *et al*, 1990).

Of particular concern is how the profession *promotes professional psychology interests* and social responsiveness simultaneously without compromising one or the other too dramatically. This places the profession in a strategically difficult position, straddling the need to become more socially relevant while at the same time trying to elevate its professional standing and profile, to provide socially relevant services more effectively.

Louw (1988), however, cautions us against the hazards of professionalisation. Stressing professional uniqueness serves an ideological function aimed at showing the autonomy of the profession as separate or independent from business and politics; leading to increased public power and influence in society. Further, stringent licensing and higher standards are aimed at protecting the public, but also restricts the number of professionals trained resulting in higher incomes. This, Louw (1988) argues, leaves the profession "morally ambivalent" (p.72) because the profession claims to work in the interests of the collective but also advances its own interests and power, which effectively places the profession at the risk of distancing itself from the majority of the people.

Freeman (1991) bypasses the issue of moral ambivalence and urges the psychology profession to work increasingly in the collective interest. Thus, professional organisations within mental health are to influence public thinking or policy by employing "outward" activities rather than being primarily concerned with professional ethics, registration and fee structures. Similarly, Gerdes (1992) states that psychology should be concerned about projecting its image. In this regard, she suggests developing a mission statement geared towards laypersons and making use of the media that can play a dual role:

- a) to create awareness of psychology within the mental health field;
- b) to convey psychological information which could be helpful in the promotion of mental health within various communities (Gerdes, 1992).

All of this requires more activity in the areas of future planning and application of psychological knowledge and skill (Gerdes, 1992). The dilemma contained within this form of advocacy is that frequently a belief in the public interest often becomes infused and distorted by our own self-interest; resulting in a stance in which what is good for the practice of psychology is considered to be advantageous to the mental health needs of the country.

A further difficulty has been that an intense involvement with guild issues in the past has prevented psychological associations from playing an advocacy role. Within such a context individual attempts to do so were frequently met with dissension (Mauer, Marais & Prinsloo, 1991). What might well be necessary is a strong professional body which can lobby on behalf of professional members (Forum, 1993). However, this body together with the profession will have to demonstrate its social utility to maintain legitimacy. The need for links between the community and national bodies has been expressed (Forum, 1993a). Similarly, regional forums have been suggested to facilitate the sharing of resources, discussion and policy formulation (Forum, 1993a). Furthermore, the continued advocacy for prioritising mental health is necessary. This may be achieved by influencing the government about the detrimental effects of political policies and through promoting mental health at the intersectoral governmental level.

3.4.2 The relationship between psychology and the medical profession

Nell (1992) argues that even in a democratic South Africa, a liberatory psychology will not change anything if it does not also wield social power which it is to derive from the state structures that control health and welfare. As long as psychology remains co-opted by the politically more powerful medical profession, it will remain subordinate to medicine and will be unable to free itself of the social indifference and elitism of the past so as to fulfil a human welfare agenda (Nell, 1992). In practice this means the creation of an independent and autonomous licensing board separate from the South African Medical and Dental Council (SAMDC) which can engage in licensing, enforcing professional discipline, developing and maintaining training standards and defining the scope of the psychological profession itself (Nell, 1992).

Clearly, Nell (1992, 1993) feels that psychologists have limited power over their own discipline, unlike psychologists in the United Kingdom, America and Australia, while it remains wedded to the SAMDC. Several arguments, however, have been levelled at this position. First, the newly-formed professional association requires a growing process before it can assume many of the responsibilities currently handled by the Professional Board. Second, the formation of an Independent Psychology Board may be hampered by the financial logistics of such an endeavour (Prinsloo, 1993; Strumpfer, 1993). According to Prinsloo (1993), the SAMDC subsidises the psychology profession by approximately R550 000 per year.^z Third, given the inadequate subsidisation of psychological services by medical aid schemes (Couperthwaite, 1993), an altogether independent structure divorced from the medical profession may undermine the already limited amounts paid to psychological service consumers. Finally, the Professional Board primarily exists to protect the public by ensuring proper training standards, maintaining registers of professionals and

providing a place where a member of the public can seek redress if he or she feels unfairly or unprofessionally treated. An Independent Psychology Board may very well not be perceived as legitimate if it policed itself (Strumpfer, 1993).

3.4.4 Conclusion: The need for structural stability and strength

Despite the fact that mental health is seen as an integral part of health care by the World Health Organisation and within the Reconstruction and Development Programme, it has always been a poor relation of health care and medicine generally. One line of argument is that psychology is a non-medical health care profession and thus lacks social power compared to medicine, thus limiting the profession in gaining broader appeal carrying out a human welfare agenda. Another is that psychologists traditionally show little interest in organisational issues (Forum, 1993b; Raubenheimer, 1981) that has resulted in psychology failing to put forward a strong unified front. Clearly, a strong structural and organisational base for psychology is necessary for the profession to expand and develop.

4. A National Psychology Development Programme

Overview

This section details the necessary steps that should be undertaken to begin realising a new vision for South African psychology. The individual recommendations have been ordered within the framework of a broad strategic plan that we have termed the *National Psychology Development Programme* (NPDP).

The plan includes the following main areas:

- **Vision:** the vision for psychology
- **Values:** the values and spirit that need to be conveyed by a development plan for psychology
- **Interdependences:** the key relationships, both internal and external, that need to be fostered to realise the vision
- **Structures:** the structures that will effect the development of the plan
- **Action:** the strategies that require implementation

These sections are interrelated and have not been formed through a linear progression. They are anchored within an ecosystem paradigm that facilitates a synergistic, dynamic interaction that is far greater than the sum of its parts. Moreover, the specific details pertaining to each segment can be altered without dramatically shifting the whole balance. In fact, Section Five outlines a phase of implementation that involves as many psychologists as possible in taking the broad frame of the plan forward and becoming actively involved with particular parts.

4.1 A Vision for Psychology

Any vision for psychology should provide an ideal of where the profession would like to envisage itself at some point in the future. The vision discussed below is derived

from all aspects of the document, including theoretical discussions and practical recommendations.

- **Psychology will be indisputably relevant in South Africa.**

Despite debates surrounding the applicability of psychology within the South African context, psychology has much to offer. Naturally this will require innovation, creativity and laterality. But we as a profession are confident about negotiating the challenge of change and growth and endeavour to adapt and solidify our base of knowledge. The psychology profession can offer rigorous insights into human behaviour, motivation and the interaction between individuals, groups and the society in which they live. Wherever possible, we are committed to exploring the universal appeal of our discipline, as well as celebrating the unique challenges that face us within our own country. We live in a traumatised society and we commit ourselves as a profession to healing wounds.

- **Psychology will no longer reflect the disparities of apartheid.**

We welcome the recent changes that have transpired in this country. Our profession will continually strive to be an integral part of this transformation by addressing the disparities of the past constructively. Nevertheless, reconstruction will take time and the legacy of apartheid will live on long after the demise of the laws that made it a reality. This will not deter us in our drive toward reconstruction but increase our sense of commitment to all principles of equality.

- **Psychology will find ways to address the shortfall of psychological services and address the mental health needs of the South African population.**

The profession will, through all its branches, develop a way of addressing mental health issues and the shortfall of services. This will be a dynamic and developmental process aimed particularly at the development of a comprehensive human rights and welfare agenda.

- **Psychology will address the issues of psychological training and how best the profession can meet the present needs of the population.**

Presently, under the influences of the necessary reconstructive spirit in the country the need for services is *necessarily* over-emphasised. The profession is invested in training competent professionals to meet these needs, while simultaneously propagating a strong professional ethos that maintains a healthy balance between its own interests and the interests of the people it serves. The profession will continue to develop a strong research focus taking account of various methodological options and developing a consciousness of how knowledge is produced, by whom and for whom.

- **Psychology will develop into a richly diverse discipline guided by stable and strong organisations with significant social power.**

The diversity of interests and ideological affiliations within the profession will be encouraged as a means to fostering a richly woven profession that manages internal differences constructively. Ongoing critical debate will be fostered within and between various groupings by a firmly grounded association that is invested in promoting the discipline as a key social player.

The plan is held together by certain values that convey the overarching spirit of the programme.

4.2.1 Development and planning is paramount

It is imperative that the profession facilitates a process that prioritises the expansion and heightened visibility of the psychological fraternity. The profession is at a critical juncture and seriously runs the risk of being marginalised and found wanting in the longer term. Toward this end, the profession must engage in a sustained four-tiered process juxtaposing planning, implementation, evaluation and realignment that is guided by the following tenets:

- **Inspire proactivity**

We need to find ways of developing proactive, positive and productive professionals who can contribute to the ongoing development and broadening of the profession. We all have a hand in our future as a profession, and in mapping our professional destiny. Psychologists have not been sufficiently outspoken in defending their interests and frequently seek scapegoats, indulge in nostalgia or become apathetically indifferent. Perhaps the profession, to its detriment, is too contemplative and all too frequently without opinion. Communicating what we do confidently will lead to increased prominence and professional credibility.

- **Promote confidence**

Psychologists must begin to feel confident of the things they do.

Our own attitudes concerning the value of the discipline, its power as an applied science and its worth as a basis for dealing with human problems, affect the confidence with which psychology is practised. It is important for individual psychologists to feel confident about the future, to have a sense of personal worth, and to feel appreciated by others. We believe that a psychological community needs to have confidence in its own worth and the importance of its professional activities if it is to convince others of the potential and effectiveness of psychology. (British Psychological Society, 1988, p.3)

This should not be confused with unfettered optimism, but should encompass the development of healthy circumspection together with confident action.

- **Confront our past**

The psychology profession has had a troubled past that has its roots in the exclusion of the majority of the population from training as psychologists, and where registered, participating actively in the profession's growth and development. This history has occurred in tandem with the broader socio-political ethos embodied by the apartheid system of governance. Conflicts have been exacerbated by intra-disciplinary

factionism in which professional issues are waylaid, leading to the creation of deeper and more long-lasting rifts.

Part of the historical legacy we have inherited has resulted in the development of strong, deeply personal ideological positions. These strongly influence perception and when taken to an extreme lead to antagonism, exclusion, non-participation and apathy. Many members of the profession are highly "ideologised" and the predominance of political agendas may seriously hamper the profession's development. Any profession requires an evolved political awareness if it is to be effective; however, when this is clouded by ideological loyalties the clarity associated with political perspicacity is often lost.

As individuals within a profession we need to facilitate a process of ongoing reconciliation that goes beyond merely an acknowledgement of complicity, to engaging wholeheartedly the principles of reconstruction and development. Hayes (1993, p.6) quite rightly asserts that

The history of psychology's complicity with apartheid and oppression cannot simply be wished away. This does not mean either that we have to stay stuck in the shame and guilt of the past. The complex task of transforming psychological theory and practice in terms of a more socially liberatory discipline, requires a thorough analysis of the past, so that the lessons of that antipathetic time in South African psychology's history, can be properly learned and not repeated.

It is imperative that the profession negotiates constructive ways of dealing with our past; moving beyond ideological standpoints toward a point whereby the content of one's viewpoint is critically examined rather than their organisational affiliations. In addition, the profession needs to confront people's refusal to go with change and support transformation by relinquishing positions of power and status.

- **Encourage diversity**

Many viewpoints exist regarding what psychology is and what methods are best used in developing an applicable psychology informed by a sound knowledge base. Essentially our discipline is in a fragmented state, wherein many organisational and philosophical divisions prevail. The depth and breadth of such divisions has often been the source of friction, which is destructive and highly problematic.

Nonetheless, these varied aspects have the potential to create a worthwhile synthesis and be a *healthy* sign of vigour and enthusiasm. The promotion of diversity needs to occur structurally and practically. For example, it is not necessary that we have one independent psychology group. It is far more important to encourage the full participation of various interest groups who are able to dialogue with one another, in a conducive environment that does not spiral into confrontation. Differences should be harnessed, and worked with, to create a dynamism in the profession.

- **Foster research**

There is an increasing lobby for psychology to move away from rigid modes of research to more community-based research. These sentiments are inextricably linked to exploring ways in which psychology can address pressing social problems. Frequently this discussion is reduced to the distinction between pure research that is intended to advance psychological theory and applied research that is concerned with applicable outcomes.

Whilst research for its own sake may be unproductive, the increasing perception is that any research, other than socially-responsive research, is a waste of resources that should be challenged. The profession should continue to facilitate both energies and not foreclose on any further debate. Similarly, methodologies divorced from positivistic enquiry should not be given second-class citizen status. The role of research within the discipline is crucial. To focus solely on a pure-applied dichotomy is in many ways reductionistic and misleading. Other variables are involved in the research process which contribute to a broader assessment of applicability. The legitimacy of knowledge is not only linked to how it is formulated or carried out, but in what ways it is documented and disseminated, research needs to be fed back to those who have provided information.

4.3 Interdependences

4.3.1 Psychology is located in a social matrix and is therefore dependent upon the goodwill, co-operation and positive perceptions of a broad range of key players who may be directly or indirectly involved with the profession. Whether members of the public, for example, utilise what the profession has to offer, depends largely on public attitudes to psychology itself. Moreover, other professions have expectations of the discipline which are influenced by the contact they have with psychology and psychologists, which in turn influences their willingness to work with the profession, and in the case of policy-makers, whether they are receptive to the theoretical insights and practical applications emanating from the ranks of the profession.

4.3.2 Direct players include all those individuals and groupings involved directly within the broad arena of mental health. This category would include all active members of the psychological profession, consumers of psychological services and other integrally related professions.

4.3.3 Indirect players are those who play an integral, yet somewhat removed role in facilitating the mental health services, as well as those involved in facilitating the aims, objectives and aspirations of the profession. This category may include policy-makers, government departments and members of the general public.

4.3.4 Different players may exist both within the psychological profession (internal participants) and outside the profession (external participants). This is not exhaustive and may include others. Most importantly, any comprehensive action strategy must relate in one way or another to the various groupings if it is to be successfully implemented.

4.3.5 The substance of the relationships is discussed in various parts of the document.

4.4 Structures

It is essential that structures facilitating the profession's interdependences and action strategies are placed in service of those specific objectives. Often structures become reified and all-important, shifting the emphasis from a needs-driven perspective (highly responsive) to one which is frequently overly defined by structural capacities and long-standing bureaucratic rituals that are frequently anachronistic.

4.4.1 The various structural entities within the profession will need to become involved in, and facilitate two related, but distinct activities:

- Guild issues (disciplinary hearings, training, accreditation, etc.)
- Development issues (lobbying, advocacy, visibility, relationships, etc.).

4.4.2 The profession should begin a process that encourages the inclusion of all its members regardless of professional proclivities and organisational affiliations,⁹ without compromising the breadth and depth of the profession. This will be achieved by shifting from solely top-down, highly centralised national structures to developing strong, regional hubs that facilitate bottom-up mechanisms of decision-making. In the absence thereof, feelings of isolation and non-contribution to pertinent professional issues will continue to increase.

4.4.3 The functioning of structures needs to take into account the embryonic nature of the new professional association, and every effort needs to be made, both in terms of existing structures and proposed support mechanisms, to breathe life into the association and ensure that it is not still-born. Toward this end, the following is proposed:

- The Professional Board has, until now, predominantly played the role of ethical watchdog to the consumers of psychological services. The Board needs to begin to function as a promoter of the psychology profession and offer assistance to the professional association.
- The establishment of a separate licensing board is at this moment unfeasible, but a process of empowering the new psychological association and devolving certain tasks and responsibilities to their own internal structures needs to begin immediately. The issue regarding the financial arrangement with the SAMDC subsidising the profession should not be foreclosed but opened up for discussion.
- At present there exists a great deal of overlap between the committees of the Professional Board and the standing committees provided for by PsySSA's constitution. This is not cost-effective and leads to duplication which does not optimise the time spent by individual professionals. The present goal is to prepare the new association for increasing responsibility for matters pertaining to the discipline.
- PsySSA has constitutionally provided for standing committees that are positioned to make decisions regarding various aspects of the profession. Most importantly, perhaps, are the committees dealing with psychology in the public interest, the education and credentialing committee and the ethics committee. Every effort must be made to breathe life into these committees so that they are empowered to develop toward independent, autonomous functioning. The Professional Board should offer to convene national meetings of key standing committees together with the full PsySSA Council and selected delegates from other constituencies. The Forum held last year is a good example of how facilitative the Professional Board can be in this regard.

- Focused discussion between the Professional Board and PsySSA intent on action must take place immediately, delineating the short-, medium- and long-term functional objectives that should be developed.

4.4.4 University departments should be given authority to structure their training with a large degree of autonomy, tempered by certain broad parameters set in place by the Professional Board and PsySSA. Bids for uniform undergraduate and postgraduate courses are not productive. Pluralistic curriculum models should be developed on the basis of the culture of the individual institution, an assessment of student characteristics at each university, and the particular dynamics operating at the institution between various departments, faculties and the senate.

4.4.5 Proposed Support Mechanism

Universities should be encouraged to form ongoing University Forums. These would operate on the level of particular registration categories, so that all clinical psychologists, for example, would have monthly or two-monthly forums which would facilitate inter-university communication, promote regional foci and build a process founded upon sustained involvement in pertinent professional issues.

- It is suggested that these committees dovetail with the regional activities of the PsySSA branches, and where possible, act in ways that facilitate their growth and development.
- Representatives of the University Forums should be invited to participate in the activities of, and give input to, certain committees, such as those mentioned in point 4.4.3.
- Members of the University Forums should involve themselves in promoting good relationships with the various interdependents discussed in *Section 4.3*.

4.4.6 Many professionals have devoted a great deal of time to promoting the profession without remuneration. Whilst professional interests may in the main remain an after-hours passion, the profession must begin to cater for sustained foci that are used in broadening and strengthening the profession. It is very important to create posts for full-time personnel (termed Regional Liaison Co-ordinators) who can devote their energy to various development foci, which of necessity require ongoing, single-minded attention. The funding of this and other like-minded proposals is discussed in *Section Five*.

- Regional Liaison Co-ordinators will take responsibility for facilitating open channels of communication between various regional and national structures, collating information and generally managing the development process together with PsySSA. A further function will be the necessary education and advocacy in the region.
- They should form a National Liaison Committee consisting of the various regional co-ordinators who meet twice annually and submit various recommendations on issues pertinent to the development of psychology.

4.4.7 Private Practitioners

There is often animosity between private practitioners and psychologists working in the public sector, fuelled by misconceptions and stereotyping on both sides. Nonetheless, the majority of registered psychologists spend most of their time in

private practice. It is vital that private practitioners are included in any programme of development, particularly within those aspects that embrace the vision for psychology.

4.4.8 Psychologists working in private practice should be encouraged to begin offering some services to communities outside of their private practice. Service provision would not necessarily be individual-centred, but may include the training and supervision of various mental health and health workers, educating the general public, conducting mini-workshops on broad psychological principles and linking with local government initiatives, amongst others. Innovative ways of encouraging the offering of such services to people and groups beyond the practitioners' typical clientele must be developed. This would promote psychology in a way that the wholesale restructuring of course content could not.

4.5 Action Strategy

The Action Strategy is divided into a range of smaller projects that are in many instances interrelated. Although implementation may differ according to regional circumstances and structures, the long-term success of such a development programme may hinge upon the number of individuals who are co-opted and invited to actively participate in launching and running the various projects.

Principles underlying recommendations

- Clear distinctions need to be made between professional pursuits that stimulate and enrich, in fact which form the basis of professional life (such as academic debate, conferences, scientific meetings), and those activities that are necessary in developing and promoting the profession. It is the latter which form the core of this section.
- Insofar as possible we must make use of what resources we have at our disposal. While it is important to use energy to agitate for the allocation of more posts, training facilities and internship placements, we must recognise that this may only be a reality in the medium to long term.
- Cognisance needs to be taken of shifts in international and local politics that have entailed a move away from nation-state philosophy to an emphasis on regionalism, multiculturalism and the encouragement of diversity (cf. Franks 1994; RDP 1994a; 1994b). Consequently, recommendations have emphasised the development of strong regional, district and local hubs of decision-making networks that will enable as many professionals as possible to become involved in bringing the profession together rather than "non-contributing" to its fragmentation.
- Thus, the NPDP is constructed to reflect and intersect with the broader political zeitgeist that currently envelopes the country. Consequently, the emphasis falls on the inclusion of all parties with a vested interest in the profession's growth, coupled with the promotion of local and regional initiatives embedded within a broad national game-plan.

4.5.1 National Awareness Campaign

- The profession must project a public image and take responsibility for the communication of mental health as a priority. This involves informing others about psychology and its contribution to the country, together with playing an advocacy role.

It is essential to show both government and the general public that money spent on psychological research, in the education of undergraduate and postgraduate students, and on the practice of psychology, is well spent and is an investment in the well-being of the nation. (British Psychological Society, 1988, p.2)

- The profession must embark on a national campaign that promotes mental health as a priority,⁹ and more importantly, *the connection between mental health and psychology and psychological service provision.*¹⁰ This will serve to increase confidence in our ability to play a meaningful role within society. There is a proportional relationship between the amount of time spent educating and informing people about the benefits and workings of psychology and its perceived need. For too long the profession has waited for the world to come to it. Perhaps now is the time for us to begin acting proactively, communicating and relaying the skills and services we can offer.
- The medical profession has been very adept at portraying itself as a useful profession that attends to vital needs within society. As a result, few could refute the need for comprehensive medical care in this country. The role of medicine is so entrenched within our society that the medical cure often predominates, despite many patients being treated for physical problems whilst suffering from psychological or psychiatric ailments.
- The consequences of inadequate psychological support, however, are relatively intangible and easily overlooked. Ironically this has been entrenched by the perception that working class people do not require assistance with their feelings and emotional life; their emotional states frequently being perceived solely as a function of material and social deprivation.

4.5.2 Ongoing Lobby and Public Relations

There are a number of areas through which psychology could gain increased visibility. These activities will elevate psychology into the public spotlight and generate much-needed advocacy and education:

- General Public
 - It is crucial that the profession begins to explore and implement ways of *intersecting with the Reconstruction and Development Programme*. Of necessity reconstruction and development requires the economic upliftment of communities and individuals and the provision of housing, electricity and other necessary amenities. However, it would be a grave oversight if these programmes were to exclude psychological inputs from their planning and implementation phases. Furthermore, the profession could become involved in facilitating involvement in such programmes.

The profession should become more active and vocal in *policy formulation and implementation*.

- The profession should place itself in a position to *comment on current affairs* as they arise, displaying the benefits and uses of psychological knowledge across a broad spectrum of events and circumstances.

- The profession should actively develop creative strategies aimed at *disseminating mental health education* via television, radio and print. This should include involvement in literacy campaigns using mental health concepts, talk shows, and consultancy work to television programme developers to facilitate the accurate portrayal of psychology and mental health. There needs to be *public education as to what psychology is and what it can do*. Energy must be expended in attempting to resolve any misconceptions about these issues.

- **Government**

Besides developing good relationships with media groupings, it is essential that the profession begin fostering strong links with government departments. The need for government support is two-fold. The first affects the degree to which psychological services are provided in various sectors of society, such as schools, hospitals and clinics. The second affects the extent to which the profession is consulted in matters of policy formulation.

In the first instance, the profession will continue to swim upstream if it does not forcefully lobby for the provision of more posts within the public sector. This would facilitate the establishment of psychological services in at least the following areas: health, welfare, education, defence, labour and justice. Psychology need not restrict itself to health or any other single ministry, however. Psychologists have a wide range of diverse skills which can be applied across sectors, provided intersectoral communication can be facilitated. In addition, the profession must seriously consider how links may be forged with local government, which has responsibility for implementation of the Reconstruction and Development Programme.

Second, it does not seem as if the profession is widely consulted, if consulted at all when it comes to policy decisions. For example, it is doubtful that many (if any) psychologists have been asked to contribute to the formation of the *Truth and Reconciliation Commission*.

- **Regional Forums**

Psychology needs to be well-represented at pertinent meetings and forums involving government departments, community organisations, non-governmental organisations and other potential interdependents. In addition, representatives need to become more vocal when they do attend. The profession needs to play a more proactive role in putting psychological services on the political agenda and needs to play a role in mental health and policy development in order to ensure a role for psychology.

- **Medical Aid Services**

Presently psychological services are not taken seriously enough by Medical Aid schemes. Often schemes require a referral by a medical practitioner to legitimate the patient's claim. In addition, medical aid scheme benefits are considerably lower for psychologists than for doctors providing an equivalent service (Couperthwaite, 1993). Furthermore, medical schemes contribute less than 5% of their budget toward psychological services (ibid), often imposing unrealistic ceilings on the amount of benefits paid per year for psychological services.

Within the current climate it seems that the move toward National Health Insurance is unlikely, at least in the near future. Thus, the profession must begin to negotiate ways of relating to these schemes to its own advantage. Frequently the issue of medical aid is dismissed on the grounds that it is not a priority for most people. However, there is an ever-increasing possibility that companies will provide medical aid to their workforce and their dependants. If psychological services receive more priority and thus better financial perks for patients, psychological services may very well become available to a larger number of people.

- **Internal newsletter**

Presently various groupings within the profession are relatively unaware of important happenings within the profession and related fields. It would be useful to provide timeous notice of forthcoming events, together with a brief synopsis of the issues that these events pose for the profession. Wherever possible follow-ups of meetings, forums and discussions should be prepared and reported back.

- **Conclusion: Visibility**

The success of a broad national awareness campaign depends on the various structures being able to confidently impart knowledge about the discipline and confidently involve themselves in activities that do not fall within the traditional ambit of the profession.

This has implications for the training of Honours and Masters students in particular. They should be sensitised to professional issues and geared toward playing an active role in how the profession is perceived and strategically situated. Toward this end, trainers should be aware of their role as the moulders of professional psychology. How psychologists become involved in public relations, policy initiatives and wide-scale education lies in their hands.

4.5.3 Skills Audit

The Profession should undertake a regional and national skills audit of all registered psychologists detailing the:

- type of work done
- number of hours devoted to such work
- type of organisation
- job designation
- area of intervention
- degree of research involvement

This could largely facilitate networking between psychologists and strengthen an internal referral system that will allow the profession more autonomy and self-sufficiency. Similarly, information regarding current research initiatives could be circulated, thus heightening contact and the cross-pollination of ideas that will establish psychology more firmly. This should be linked to the following recommendation.

4.5.4 Develop an ongoing compendium of the usefulness of psychology

Confidence may well be developed by documenting the benefits that psychology offers society in an ongoing fashion. This can be achieved by compiling research that conveys the profession's effectiveness in dealing with certain issues and problems. In one sense the sustained appeal over the last decade for a more relevant psychology has had certain negative side-effects; inculcating feelings of powerlessness and hopelessness in the face of such unrelenting criticism. The time has come to begin voicing some of the more positive aspects. Similar efforts have been undertaken in America, which could well be replicated in South Africa. These include the findings that:

- The provision of psychological services leads to enormous financial savings
- Untreated psychological problems tax the health system inordinately.

4.5.5 Training

○ **BPsych Degree**

- It has highly problematical implications and may lead to a situation in which predominantly black students will be trained in four years to provide certain services to communities, while the present bias of training predominantly white students beyond the Masters level will continue.
- The capital and human resource costs involved in reorienting the training system are tremendous. Furthermore it is unlikely that universities will be in a position to accept dramatically fewer students into their undergraduate programmes (prerequisite for floating a four year model), which are in most instances already oversubscribed. Possibly the costs involved in such a venture could be directed to public education and ongoing skills provision to those working in related areas.
- The attempt to provide more flexible professional opportunities for individuals who are unable to pursue a Masters training is well-intentioned. However, *one major obstacle is that there are very limited state-provided posts for psychologists in any sector.* Many recently trained graduates enter private practice out of a lack of public sector opportunities. If state posts were to be made available, there is a strong likelihood that a considerable percentage of private practitioners would apply for these positions. *It is crucial that the profession attends to the lack of posts urgently.* The notion that the problems facing the profession would dissipate if a four year model were implemented may be quite unrealistic. In fact, in the absence of more posts becoming available, training more people in a shorter time would most likely flood the private sector (as it is unlikely that job opportunities would be readily available for these graduates either), resulting in far more harm than good.

Presently the implementation of a four year BPsych degree is implausible on the following grounds:

Many of the issues that have provoked consideration of a four-year model could well be addressed by the ensuing recommendations. The above arguments should not rule

out individual universities making firm proposals to implement such a programme in the future. These should be seriously considered by the appropriate structures.

- **Technikons**

This is a very important issue to be explored. Presently, at least one Technikon has approached the Professional Board to create the category of a "semi-psychologist". Whilst it may be possible to prevent these initiatives in the short-term, it is highly doubtful that Technikons could be prevented from developing course curricula in these areas. In addition, these courses in and of themselves could provide valuable services, if posts could be provided.

If this does become a reality, it would be vital for the profession to involve itself in this process at the very beginning. Otherwise, the risk of Technikons being seen as offering "real" services, while universities perpetuate their ivory tower theories could be most damaging. One possibility is for the profession's structures to involve themselves as consultants to this process with regard to curriculum development and ongoing supervision to students.

It may not be productive to refer to potential graduates as psychologists of any kind. Rather, if any category is created, it should be along the lines of mental health worker. Training could incorporate primary and intermediate health care, assessment skills and developing referral networks.

- **Undergraduate Training**

It has become apparent that the undergraduate degree in psychology is not only the principal mode of introduction to the psychological sciences but has a crucial role in determining the general well-being of the discipline. (British Psychological Society, 1988, p 3)

Owing to the bottleneck confronting students as they progress within the psychological discipline, many undergraduate courses (and even Honours courses) are offered to students who may never become psychologists. These students, however, are likely to find employment in a number of varied settings. Their limited exposure to psychology often lays a firm foundation for the attitudes they hold about the benefits and potential contributions of psychological theory and practice to the work they are involved in, particularly in areas of education, commerce, and other social sciences.

Furthermore, many students encounter psychology during their training for the medical or paramedical profession. Their attitudes and perceptions are relatively crucial given to whether psychologists form part of their referral network and whether psychological ideas receive any currency all round. Presently there is every indication that psychology is poorly perceived among medical practitioners, psychiatrists, other medical personnel and paramedical professionals.

Thus, there is a need to revise undergraduate training in terms of its intensity, with every effort being made to introduce skills training. Furthermore, input regarding

community psychology, cultural issues and political contexts should be introduced earlier in the training.

- **Quota system for postgraduate studies**

The introduction of a quota system should be introduced to facilitate a substantial increase in the number of black students studying at a post-graduate level. The suggested ratio is 60/40 in favour of black students. Effective affirmative action means supporting and fostering black student development. Within university departments the ongoing development of Academic Support Programmes should be encouraged to enable students who come from disadvantaged backgrounds to excel. The emphasis should be on developing mentoring relationships over mentoring programmes.

- **Internships**

Intern psychologists can be a valuable resource in providing sustained mental health care in areas which are grossly under-served. If more posts could be created for interns, a two year internship would be strongly recommended, divided into two components: one year community development work and one year direct clinical, educational, counselling exposure. This would ensure extended service in various communities and equip trainees with a wider range of skills. Although this recommendation does not fit industrial psychology students, it is important that appropriate internship arrangements be made for them.

The issue of intern psychologists who have completed their practical training, but are yet to complete their research requirements has been addressed in a previous document submitted by the present authors to the Professional Board, during the process of the present project (see [Appendix B](#)).

- **Providing training alternatives for a broad spectrum of people**

This can be an extension of the already operating system involving the training of psycho-technicians and psychometrists, by offering ongoing training in the form of modular diplomas. This is in line with the Reconstruction and Development Programme's model of continuing adult education and continuing education priorities.

A wide spectrum of potential trainees could be targeted including Honours graduates, community workers, educationalists and medical staff. These would be accredited by the Professional Board on the advice of the Education and Credentialing Committee of PsySSA, with the assistance of University Forums.

The courses could be constructed by various interest groups who would be required to lodge the curriculum with the appropriate committees on training for accreditation and where required, the possible creation of a separate registration category.

5. The Way Forward

The way forward requires the involvement of as many psychologists as possible. Toward this end it would be important to circulate this document to all registered psychologists, all intern-psychologists and first year Masters students. It would need to be accompanied by a brief questionnaire that must be very focused. It would fulfil three functions. First, inform people of this project and the history leading up to it,

including the crisis in which the profession finds itself. Second, gather vital information that would begin acting on certain recommendations, such as the skills audit. Third, request individuals to donate an affordable sum into a Development Trust that can be used to implement real change by the profession. The following information should be gathered:

- Demographic information (linked to skills audit and compendium).
- How each individual can become involved in the plan.
- What specific contributions each individual feels they can make.
- Suggestions and comments.

Furthermore, all committees of the Professional Board and PsySSA should begin to plan specific projects that will develop the proposed action strategies further. Most important is the National Awareness Campaign. If more information is needed in any one area then a process to acquire such information must be set in motion. This may be best modelled on the workings of a commission that is set up to gather information and make very structured recommendations. These must be very focused, of short duration and must not encourage talk for its own sake nor political posturing. Particular areas could be examined in a more substantive manner and be headed by persons with the appropriate experience and expertise. In addition, it is vital that the commission members are representative of the broad population. It is crucial that any endeavours to gather information do not spiral into a process of re-inventing the wheel. They should have very firm goals and objectives and work to a tightly planned *modus operandi* geared toward implementation.

Appendix A: List of Persons Consulted

Name	Position	Region/Service
K. Allelbaum	Clinical Psychologist, Department of Sociology	University of South Africa
U. Bawa	Lecturer	University of the Western Cape
R. Berman	Clinical Psychologist	Private Practice
Prof D. Beyers	Department of Psychology	University of Pretoria
T.M. Bokker	Department of Psychology	Vista University, Mamelodi

S. Blyth	Clinical Psychologist	Tara Hospital
Ms Botes	Clinical Psychologist	Psychiatric Community Services, Durban
A. Butchart	Deputy Director, Health Psychology Unit	University of South Africa
T. Dowdall	Senior Lecturer, Department of Clinical Psychology	University of Cape Town
Dr N. Duncan	Senior Lecturer	University of the Western Cape
Prof W. du Plessis	Institute for Psychotherapy and Counselling	Potchefstroom University
G. Eagle	Department of Psychology	University of the Witwatersrand
Prof G. Fouche	Professor Emeritus	
Prof P. Franks	Department of Psychology	University of the North
M. Freeman	Deputy Director	Centre for Health Policy, Johannesburg
K. Gibson	Lecturer in Community Psychology	Child Guidance Clinic, University of Cape Town
Dr P. Grobbelaar	Clinical Psychologist	Warburton Manor, Johannesburg

J. Grove	City Health Department, Clinical Psychologist	Psychiatric Community Services, Germiston
B. Hall	Counselling Psychologist	Private Practice
Prof P.M. Heyns	Head of Department, Department of Psychology	University of the Orange Free State
P. Levy	Clinical Psychology	Private Practice
Dr M. Lombard	Clinical Psychologist	Psychiatric Community Services, Port Elizabeth
C. Malcolm	Principal Psychologist	Valkenberg Hospital
A. Masetla	Clinical Psychologist, Mental Health Directorate	Department of Health
H. Mastrantonis	Department of Industrial Psychology	University of the Witwatersrand
A. Mckay	Clinical Psychologist	Co-ordinator KwaZulu-Natal Programme for Survivors of Violence
J. McMillan	Clinical Psychologist, Director	Johannesburg Child and Family Counselling Centre
G. Meyer	Senior Lecturer, Department of Psychology	University of the North, Qwa Qwa
C. Michelson	Department of Psychology, Clinical Psychology	University of the Witwatersrand

Dr A.K. Msimeki	Director of Student Counselling Centre	University of the North
Cpt S. Motala	Clinical Psychologist	SANDF
W.N. Mtoba	Department of Manpower	East London
J.F.L. Mureriwa	Senior Clinical Psychologist	Medunsa
Dr.E.P. Ndaba	Chief Provincial Representative of the Independent Development Trust, Educational Psychologist	
Dr V. Nell	Head of Health Psychology Unit, Psychology Department	University of South Africa
M. O'Brien	Clinical Psychologist	Cape Town
Prof Piek	Professor Emeritus, Department of Psychology	University of Pretoria
I. Petersen	Department of Psychology	University of Durban-Westville
Prof Plig	Acting Head of Department, Department of Psychology	University of South Africa
B. Pokroy	Clinical Psychologist	Child and family Unit, Transvaal Memorial
Dr C. Pretorius	Department of Psychology	University of the North West

L. Price	Department of Industrial Psychology, Industrial Psychologist	University of Natal-Durban
R. Prinsloo	Chairperson, Department of Psychology, President of PsySSA	University of the Western Cape
Prof M. Seedat	Director Community Services	Centre for Peace Action
Prof M. Skuy	Head of Division of Specialised Education	University of the Witwatersrand
Dr C. Smith	Senior Psychologist	Child and family Unit, Transvaal Memorial Institute
Dr J.W.Smith	Professor of Psychiatry	Sterkfontein Hospital
Prof R. Snyders	Professor of Clinical and Counselling Psychology	University of South Africa
Prof Strumpfer	Professor Emiritus, Industrial Psychologist	University of Cape Town
Prof L. Swartz	Associate Professor	Child Guidance Clinic, University of Cape Town
L. Tabane	Clinical Psychologist	Private Practice
M. Terre Blanche	Department of Psychology	University of the Witwatersrand
P. van Rensburg	Educational Psychologist	Private Practice

Dr J. van Staden	Adjunct Director	Department of Manpower, Pretoria
Prof G. Staker	Department of Psychology	University of the Witwatersrand
Prof T.W.B. van der Westhuysen	Professor of Counselling Psychology	Stellenbosch
Dr M. Vorster	Senior Psychiatrist	Sterkfontein Hospital
V. Weber	Head of 702 Crisis Centre, Clinical Psychologist	702 Crisis Centre
Dr D. Weil	Clinical Psychologist	Private Practice, Media Liaison
Prof M.P. Wissing	Department of Psychology	Potchefstroom University
Dr R. Zwi	Head of Department, Task Team on Mental Health (PWV)	Psychiatric Community Services, Johannesburg

Appendix B: Submission to Professional Board, 28 October 1994

Intern Psychologists

1.1 Overview

The Education Committee meeting of the Professional Board held 8 August 1994 refers. It was unanimously agreed at this meeting that the research undertaken to examine the role of psychology within post-election South Africa would be most meaningful if policy directives were forwarded on an ongoing basis. This would increase the probability of them being implemented.

The present directive examines the status of intern psychologists (clinical, counselling, and educational), particularly those interns who have successfully

completed their one year training at an approved training centre, yet have still to complete the research component of their degree. At present such persons are prohibited from providing any psychological services as defined by the Act. The previous system which allowed for such practice, provided ongoing supervision was sought, has been changed. Nonetheless, individuals may apply to have their internship extended, however, extension is granted under exceptional circumstances, and requires that the individual remain linked to a specified training centre (which often does not have the infrastructure to cope with extra intern-psychologists). At times the extension of an internship is viewed negatively, being associated with a lack on the part of the individual to develop sufficient proficiency within the training period.

The underlying rationale behind the present guidelines is to ensure the prompt completion of the research component, thereby expediting the individual's registration as a fully-fledged psychologist. On a broader level this ruling is underpinned by the Professional Board's defined role as protector, which ensures that professional codes and standards are adhered to, in the interests of the profession and the public at large. The workings of the present system, whilst ethically sound, are far from ideal, if not directly opposed to the objective of ensuring a firmer foothold for psychology within the broader provision of social services in South Africa. The present socio-political climate, with all its uncertainty, requires that the Board adopt, at least during this transitory period, several facilitatory roles. This would require the balancing of their present portfolio of public protector together with that of profession promoter. Rather than undermine each other, it is envisaged that a broader perspective may enhance these objectives. Regarding the present recommendation, intern-psychologists, who otherwise find themselves in a twilight zone having to wait some time before formally qualifying and registering,¹¹ could be utilised in the service of the profession's long-term goals.¹²

Before discussing the actual recommendation it would be important to outline some of the consequences of the present ruling regarding intern-psychologists.

1.2 Consequences

Some of the difficulties arise from the inherent tensions contained within the discipline as an applied science. Within the scientist-practitioner model trainees are expected to develop proficiency in both the application of skills (particular to each registration category) and the development of research acumen. Whilst at this juncture the development of both skills is essential, it is counter-productive to expect these skills to develop optimally, in what may be considered an uneconomical training environment. For example, should students attempt to complete their theses during their coursework or internship training, they of necessity distract themselves from the content of these vital years. Should they choose to wait until their internship has been completed to begin their research work, they find themselves in a vacuum unable to follow up on the training they have received.

Clearly the delay does not enhance the skills they have been taught in their Masters training, but would in all likelihood diminish these skills, which lie dormant and under-utilised. Many trainees are adversely affected by the present ruling, frequently feeling demoralised and disillusioned, particularly in light of the prevalence of lay counsellors affiliated to certain voluntary organisations who provide similar services without the restrictions of professional affiliation. It is clear that the hiatus created does little to advance the skills of intern-psychologists who often find themselves completing

research which is unrelated to their applied skills. The revision would thus fall within a policy/climate of ongoing training and skills development, and would enhance, rather than detract from, the quality of service provision.

The profession can ill-afford such a situation especially in light of the under-utilisation of psychologists within the majority of communities within our country. Furthermore, the sharp break between the internship year and the period in which the research is completed, may result in the abrupt termination of psychotherapy which provides patients with a negative therapeutic experience, ultimately doing a disservice to the image of the profession.

1.3 Recommendation

Upon completion of the specified internship training individuals will automatically be eligible to register as intern-psychologists (subject to the already existing conditions specified by the Act, i.e. timeous payment of registration fees, notification of change of address, etc.). Such registration will enable them to provide psychological services to the public bearing in mind the following guidelines:

- During this period individuals are bound to receive regular supervision from a senior psychologist. The Board may stipulate the number of supervision hours to patient ratio, namely 1 supervision hour for every 5 therapy hours, and the number of supervision hours to psychological assessment conducted.
- Intern-psychologists are required to communicate their registration status to their prospective clients prior to engaging in any form of service provision, as well as to receive written consent from their clients that what transpires between them will be discussed with a supervisor (constrained by the professional code of conduct).
- It should be stipulated that each individual has eighteen months from completion of their internship to conclude the research component required by their respective university. Should the individual fail to meet these requirements they will be required to reapply for Masters training. The Board shall consider applications for time-limited extensions under exceptional circumstances.

Notes:

¹ This is frequently reflected by the difficulty experienced in the profession mobilising and organising itself, disinterest and lack of enthusiasm for activities in branches (Raubenheimer, 1981), and problems in dealing with matters of broad national policy (Mauer, 1987).

² Undertaken by Dr J W Herbst-Pretorius

³ Although at the level of description these examples predominantly highlight the areas of health and clinical psychology, they can and must be broadened to include all aspects of the profession. For example, exposure to ongoing violence may very well traumatise the individual, but will affect family life, work performance, schooling, etc., thus potentially becoming a concern of different parts of the discipline.

⁴ According to Dr A Levin, Director of Mental Health Services, Department of Health (House of Assembly), this represented 10% of the total health budget (cited in Freeman, 1992).

⁵ A good example is the Natalspruit Hospital on the East Rand in Johannesburg which serves a large population of the East Rand, particularly the Katlehong, Thokoza and Vosloorus areas. Despite excessive levels of violence and mental health problems (Psychiatric Community Services, 1994) no full-time psychologist is employed in the hospital or community. Psychological services are limited to several days per week and are supplied by primarily intern psychologists based at Psychiatric Community Services in Johannesburg. Limited resources make mental health prevention and broad programmes a virtual impossibility.

⁶ Debates concerning the formation of a National Health Service and particularly National Health Insurance are beyond the present scope (cf. Broomberg & Price (1989); De Beer et al (1988); De Beer & Broomberg (1990); Freeman (1989); and Freeman (1992).

⁷ However, these amounts would need to be substantiated and accounted for, if the psychological profession wished to independently assess the viability of developing certain independent functions.

⁸ While running the risk of drawing on a tiresome cliché, the short-term model should be based on a similar concept to that of the Government of National Unity, which has endeavoured to set up an inclusive negotiation process allowing all stakeholders a say in the construction of a new South Africa. In time this arrangement will undergo dramatic change, once we as a society have reached a certain milestone. So too should be the case with the psychology profession. It is imperative that as many people as possible are involved in the re-shaping of the profession. Once this has been achieved, we will be in a better position to rely on the smooth workings of certain, streamlined committees that have specific objectives.

⁹ The World Health Organisation constitutes the concept of health with both physical and emotional components. Furthermore, the concept of health is not merely the absence of disease but is epitomised by a holistic sense of well-being. Nonetheless, mental health, for a variety of reasons, has in South Africa been sorely underplayed. These include, inter alia, a historical focus on political liberation which at the time was in sharp contradistinction to emotional and psychological emancipation, to the frequent collapsing of emotional contentedness and financial resourcefulness into one construct (arising from the severe deprivation and policy of non-development embodied by apartheid governance), to the overvaluing of the medical approach and medical cure.

¹⁰ Psychologists frequently underpromote themselves, if promote themselves at all. The profession needs to be careful of promoting mental health without strongly associating psychology and the services psychologists can provide.

¹¹ This time lag is compounded by the lengthy delays that frequently occur once a thesis has been submitted for final marking.

¹² These pertain to the continued refinement of a relevant psychology that is more able to meet the mental health needs of the South African populace.

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