

**BLACK CLINICAL PSYCHOLOGY INTERNS AT A  
'WHITE' UNIVERSITY:**

**THEIR EXPERIENCE OF COLOUR DURING  
TRAINING**

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## ABSTRACT

This study examines whether black clinical psychology interns at a "white" university experience issues during training which they perceive to be colour-related, and suggests ways of dealing with these issues as part of training. The results are based on 22 one-hour semi-structured interviews conducted with four male and three female black ('Coloured', 'Asian' and 'Black') interns drawn from a group of 12 who had completed their first year of the Clinical Psychology Master's programme at the Child Guidance Clinic (CGC), University of Cape Town, between 1976 and 1990. At the time of interviewing four respondents were registered psychologists and three were intern psychologists.

Interviews were taped and transcribed verbatim. The data was analysed qualitatively. Emergent themes are: Not feeling good enough, language and articulation, relating to classmates and trainers, working with clients, and talking about black concerns.

There was substantial variation between interns within these themes in terms of the perceived impact of colour-related issues during their training. While provision should be made for the black intern who does experience significant effects from racially-related issues during training to work through these, interns (and trainers) should avoid overlabelling training difficulties as racially based. Other suggestions include the following:

- (a) Preselection information sent to applicants for the course could outline the CGC's informal policy on training interns from all races.
- (b) Reading and seminars held during orientation could include literature and discussion which would facilitate talking about black concerns.
- (c) Black staff could be appointed to the clinical training team.
- (d) Supervisors need to become more aware of the ways in which colour-related issues may affect interns' training, and of ways to facilitate interns' dealing with these issues where necessary. One possible model of the supervisor's role in the development of the intern's professional identity, including black interns, is briefly outlined.

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# CHAPTER ONE

## 1.1 INTRODUCTION

### 1.1.1 Rationale for this Study

#### Personal Experience

The two years of training for a Master's degree in Clinical Psychology proved to be a time of enormous personal and professional growth and consolidation for me. The process of acquiring skills and of assuming my role as a psychologist necessitated a new level of introspection and self-examination. One of the areas on which I found myself focusing was that of my blackness. I became consciously more aware of thoughts and feelings directly related to my being a black person and this awareness was often a 'background' theme in my interaction on the course. I wondered about the source of these thoughts and feelings and their possible influence on my development as a psychologist. Do other black people and, specifically, other black interns, have similar or other experiences in relation to their colour? My efforts to clarify this issue took place mainly on the level of theoretical debate as my lecturers, supervisors and classmates were all white. Literature I was exposed to at the time focused chiefly on white psychologists' experiences of colour issues and relationships with their black clients. I was left with many questions unanswered, and was uncertain about the meaning and significance of these experiences for my new role as a psychologist.

Bienenfeld's (1985) cluster analysis of professional uncertainty amongst clinical psychologists listed six main responses to this uncertainty, one of which was 'researchmindedness'. My study seems a case in point. I decided through research to clarify my uncertainty as to whether being black was a significant factor in the experience of training for black interns.

### Focus of the Study

This study examines seven black<sup>1</sup> intern psychologists<sup>2</sup> perceptions of one particular aspect of their experience of professional training as clinical psychologists at a largely white South African university<sup>3</sup>. Specifically, its emphasis is on ascertaining whether issues arose during training which these interns felt were influenced by their being black, and, where relevant, on documenting the ways in which they experienced those issues. The study is not an attempt to provide a template of black psychologists' experience of training, nor does it suggest that the views - perceptions - it records are those of black psychologists everywhere. Its purpose is to make interns and their trainers aware of the possibility of such issues occurring during professional training and to highlight, where possible, ways of dealing with those issues as part of the training process. The data, furthermore, represent interns' opinions, and may not always correspond with others' views of the course, or with course policy and practice.

This chapter outlines some pertinent issues and provides a context for the material covered by the study. It will sketch relevant historical developments in psychology in South Africa and outline some writers' views of the experience of being a black person and, in particular, of being a black person in South Africa. The aim of this review is to explore the background against which black intern psychologists may enter the field of psychology and how it may impact on their experience of training.

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1 This term is used throughout, except in direct quotations or in the reporting of official figures, to include people classified as 'Asian', 'Black' and 'Coloured' by the now-repealed South African Population Registration Act of 1950 as amended.

2 Respondents include both registered clinical psychologists and individuals still completing their internship. For simplicity and to protect the identities of respondents, all seven are referred to as 'interns' throughout the study.

3 The provision of educational facilities in South Africa is divided along racial lines. At university level, provision for admission of black students to universities set up for white students originally was initially made on the basis of a 'permit system', then later a 'quota system', both of which limited the number of black students admitted to these institutions. At present the students and staff of these universities are still predominantly white.

## 1.2 LITERATURE REVIEW

### 1.2.1 Section A : Clinical Psychology in South Africa

#### The Development of Clinical Psychology in South Africa

The first South African department of psychology came into being in 1914 at the University of Stellenbosch. It was, however, only after the Second World War that clinical psychology took foot locally when British and American psychologists set up practices here. In 1948 the South African Psychological Association (SAPA) was set up with the aim of establishing psychology as a science in South Africa and forming a base from which to lobby for legislation to control the practice of the profession. Meanwhile, a register of clinical psychologists was compiled for graduates with psychology masters degrees, clinical experience and who were members of SAPA. In 1955 the Medical, Dental and Pharmacy Act of 1928 was amended to include psychologists, and in 1964, further amended to provide a separate register for clinical psychologists.

Full statutory recognition of clinical psychologists as professionals was established in the mid-70's (Act No. 56 of 1974), limiting practice to psychologists registered with the South African Medical and Dental Council (SAMDC) (Manganyi & Louw, 1986). The SAMDC established the Professional Board for Psychology to regulate the practice of psychology in South Africa. Registration was possible in clinical, counselling, educational, industrial and research psychology. In selecting a body to represent psychology, the Professional Board for Psychology was faced with a dilemma which arose directly as a consequence of the Apartheid system in South Africa. In 1962, PIRSA (Psychological Institute for the Republic of South Africa) was formed as a parallel body to SAPA. This was exclusively for white members and arose because of dissatisfaction with the possible admission of black psychologists as members of SAPA. The Board decided to select three members from both of these bodies to represent psychology. In 1982, both SAPA and PIRSA were replaced by one body, the Psychological Association of South Africa (PASA). The Institute of Clinical Psychology is affiliated to this body (Parker, 1986). At

present there are 2638 psychologists registered with the SAMDC, of whom 1127 are clinical psychologists.<sup>4</sup>

Manganyi and Louw (1986) state that there is a racial imbalance in professional training in South Africa, given the racial distribution of the population.<sup>5</sup> Findings which support this view were quoted by PASA (1989, p. 34): Visser (1989), based on personal enquiries,<sup>6</sup> estimated that at the time of writing there were "not more than 20 black clinical psychologists, approximately 10 coloured and fewer than 15 Asian psychologists" registered with the SAMDC. A manpower survey conducted by the Central Statistical Service (1990), released the following figures for psychologists: (all categories) actually employed as such in South Africa during 1989: Whites (838) and blacks (80). Manganyi and Louw's (1986) concern about the number of blacks in relation to whites trained as psychologists was also expressed by the psychologists who were respondents to a study conducted by Parker (1986). This study evaluated the present state of training of clinical psychologists in South Africa. It found that respondents felt that "there is a need for training of psychologists from other population groups" (p. 222), and not only from the white group. PASA's recommendations (1989, p. 72) state plainly, and as a priority, the need to train more black psychologists.

#### Training of Clinical Psychologists in South Africa

In the mid-1960's, the first master's level internships were offered locally, with the University of Natal setting the trend for other universities to offer a master's degree in clinical psychology. These university based courses were run in collaboration with State mental hospitals, where interns received their practical training, and this remains the main format for the professional training of clinical psychologists to the present day.

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4 The number of psychologists registered with the SAMDC on 31.12.90. Figures were obtained telephonically from the SAMDC.

5 Mid-year (1989) population estimates: (South African Statistics, 1990)

Asians	941 000
Blacks	21 105 000
Coloureds	3 168 000
Whites	4 790 000

6 The SAMDC does not provide for separate registration by racial group.

Applicants for the master's degree in clinical psychology must have a 3-year bachelor's degree, majoring in psychology and a 1-year honours degree in psychology. The course comprises an 18 month internship with a training institution accredited by the SAMDC, and requires a research dissertation in a clinically related field. The degree is awarded by a university and thereafter the individual may register as a psychologist with the SAMDC.

#### Working toward appropriate Clinical Psychology in South Africa

A report by PASA (1989, p. 36) notes that current psychological services in South Africa are based on approaches which "have their origin in American and European philosophies, theories and social systems". As such, South African clinical psychology has at root, a system of values, beliefs and practices which still primarily focus on an individual or family level of intervention within a psychomedical framework. It has been suggested by some writers that working within such a framework, while adequate when used mainly to intervene at the above levels, is insufficient to meet the need for psychological services within the South African context. Steere (1984, p. 98), writing about ethical considerations in clinical psychology, notes that while guided by universal ethical principles, psychologists exercising these in the practice of their profession will be influenced by difficulties particular to the society in which they live. In examining how the legally enforced system of segregation in South Africa has served to frustrate the basic needs of the majority of South Africans in every sphere of life, she writes (pp. 104-5) that "the cumulative effect of these social impediments to psychological development in South Africa implies that there must be a significant degree of psychological stress within the black population". Dawes (1985) also comments on the possible adverse effects of having one's life strait-jacketed by racially based laws. He notes that the psychological effects of being subject to such laws have been poorly researched and responded to by psychological services in South Africa. Steere (1984) suggests that local psychologists should devise ways of addressing the psychological needs of the indigenous people within their own framework of experience and practice. PASA's document (1989, p. 36) points out that in spite of the fact that the population of South Africa is largely black, black people have not been significantly involved in policy-making in the country, including the mental health field of which psychology is a part. This document states that "it is quite

possible that the white planners of psychological services have not as yet given attention to those aspects which are the real priorities in the different population groups".

A major concern for psychologists studied by Parker (1986) was that training programmes at present mainly equip therapists to work with only a small proportion of South Africans and give scant attention to the predominantly "third world" sector of the population. Training in community and cross-cultural psychology was felt to be inadequate and the emphasis on placement in psychiatric hospitals and clinics excessive. It was felt that greater provision should be made to expose interns to broader psychological concerns, possibly through setting up placements in community centres and clinics where training in dealing with psychiatric problems could be balanced by experience in working with more everyday psychological problems. PASA's report (1989), quoting Vogelmann's statistics (1986) on the unequal allocation of funds and facilities for mental health care, states that the poorest services are those for the black community. This situation creates an inadequate mental health infrastructure within which psychologists can offer services to clients, in particular black clients who have been a neglected client population in South Africa.

Respondents to Manganyi and Louw's study (1986) worked mainly in private practice (24%), university psychology departments (20%), other university departments (18%) and psychiatric hospitals (11%). These settings provide limited opportunity for clinical interventions outside of the academic and psychiatric settings. Any changes considered in the structure and focus of teaching in training courses for psychologists would thus need to be matched by changes in work opportunities for graduates if their skills are to be applied in the broader community.

#### Training clinical psychologists: University of Cape Town (Child Guidance Clinic)

Respondents to the study completed their first year of training at the Child Guidance Clinic, a unit attached to the University of Cape Town. This section ends with a brief note about the clinical training offered at this unit.

The Child Guidance Clinic provides the first year of training for the master's degree in Clinical Psychology. (The second year is completed at Groote Schuur and Valkenberg Hospitals.) The clinic grew from a weekly clinical service offered by the Department of Psychology in 1935 to an established unit by 1956, when the services had expanded to include teaching and training, research, and a clinical service to the broader

community. Attached to a university mainly serving a white population, the staff, students and clientele were drawn from this group until about 1973 when the first project was established to offer a clinic to so-called "coloured" people through SHAWCO (Student Health and Welfare Organization) clinics. Today, black clients form a sizeable proportion of the people seen at the clinic.

UCT was among the first universities in South Africa to admit black interns, with the first black clinical psychology interns becoming eligible for admission to the course in 1975. (UCT Child Guidance Pamphlet, 1974). Twelve black interns underwent training at the clinic between 1975 and 1990. (A thirteenth candidate was dropped from the course before completing the year.) Seven of these participated in this study.

### **1.2.2 Section B : The Clinical Psychology Intern in training**

This section covers two themes. It outlines matters of concern to all interns during training and then examines those which may be pertinent particularly to the black intern's experience.

#### **Transition to professionalism**

Although possibly skilled in other fields before applying for the internship, interns enter their training with limited psychological knowledge and skills. They have to cope with the insecurity of restructuring their professional identities as they move from being dependent students to the 'adult' status of being competent and independent practitioners. The intern has to assimilate new experiences, roles and responsibilities which will eventually form part of his or her new identity as a psychologist, while coping with feelings of incompetence brought about simply by transition to this new identity (Kaslow & Rice, 1985, quoted by Lipovsky, 1988).

Interns work with 'adult' psychological problems which add to their own sense of urgency to reach professional 'adulthood' and become competent practitioners. At the same time this highlights their student status and increases their sense of urgency as they practice unfamiliar roles and skills.

Light's (1980) study of psychiatric registrars outlines several areas of uncertainty faced by these registrars working towards competence during their training. These findings are applicable also to psychology interns in training.

- (1) Professional knowledge - The interns have to work with the uncertainty of whether the gaps in their knowledge stem from their personal lack of knowledge or from unexplored areas in the field of psychology itself.
- (2) Diagnosis, psychological procedure and treatment options - Interns have to familiarise themselves with a great deal of knowledge and skills to make appropriate diagnoses and to differentiate between and make suitable choices from various interventions.
- (3) Uncertainty about client responses - Interns have to integrate their knowledge with their personal styles and their supervisors' input (as yet not internalised) in their practical interventions with clients. They also have to cope with uncertainty around clients' possible responses to their interventions.
- (4) Potential uncertainty resulting from exposure to various theoretical perspectives. An intern accustomed to a particular model of psychology may find it difficult to adjust to the uncertainty of new frameworks brought in by trainers or other students.
- (5) Finally, interns also have to learn the rules which govern the roles and relationships to which they are exposed during training. These range from relationships with those in authority over them, including supervisors, lecturers and consultants, to professional relationships with mental health workers in their own and other disciplines. Interns have to learn the scope and limits of their roles as interns, their responsibilities and lines of command in management of cases assigned to them. They need to show understanding of what they are learning while also maintaining their roles as students, subject to direction and teaching and to the measures of competence set by their trainers.

Given the number of tasks with which interns have to deal, the feelings of incompetence and insecurity which they experience may be seen as a normal and even a necessary part of their passage to professional status. This process goes beyond acquiring a professional role. Rather, it involves the intern in a training process as a person. Friedman and Kaslow (1986) see the development of a professional identity as parallel to the developmental stages of individuation and identity formation in human beings in general. They identify six overlapping stages through which the intern needs to work before emerging as an independent and confident therapist. These stages are: Excitement and Anticipatory Anxiety, Dependency and Identification, Activity and Dependence, Exuberance and Taking Charge, Identity and Independence, and Calm and Collegiality. This identity takes years to develop. It is built on and becomes part of the intern's self concept through the experience of facilitating therapeutic change or healing in clients. Friedman and Kaslow (1986) describe this as learning to believe in the power of the therapeutic process, or developing a 'healer identity'.

For black interns, the above process may be further complicated if they are already having to cope with the anxieties which accompany exposure to the psychological, social and economic circumstances which influence the black person's worldview. Some of these issues which may influence their world view are outlined below.

### The experience of being black

Littlewood and Lipsedge (1989) and Biko (1978) list innumerable examples of how "black" in western culture is associated with badness (black sheep of the family), cultural and intellectual inferiority (The Dark Ages), and what is considered evil and unacceptable (black market, black magic). Biko (1978) and Fanon (1967) note how these associations have come to be generalised in attitudes toward black people. Fanon (1967, p. 18) sees blacks as striving to show white people their equality of thought, word and being. Biko (1978, p. 6) states: "The black man has become a shell, a shadow of man, completely defeated, drowning in his own misery, a slave, an ox bearing the yoke of oppression..." Fanon (1967, p.35) notes how historically, the black person's existence has been seen as devoid of a meaningful past, to be compared with and found wanting of the (white) ideal.

Manganyi (1973) suggests that the negative, rejecting association to which blacks are exposed in relation to their colour may be internalised as a sense of valuelessness, of inferiority, and shame, because of the limitations of not being white (or 'entitled' to the qualities associated with whiteness). Achievements may be experienced as alien to their prevailing self perceptions. They are seen as having been achieved in spite of being black. Fanon (1967) notes that attempting to cope with these self-defeating associations by embracing whiteness as a part of a new self-concept is doomed to failure, for whilst black persons may look and sound white and feel more acceptable, they can never be truly white; the attempt at 'being white' only serves as a reminder of their blackness, which is an internal state of being in relation to self.

Lambley (1980) investigated differences and trends in personality development in South Africa, using nurses working in South African hospitals as respondents. He describes his sample of so-called coloured subjects as high-scorers on factors such as "defensiveness, active hostility, passive aggression, anxiety and suspiciousness" (p. 186) on projective tests such as the TAT and Rorschach and psychometric tests such as the MMPI. He concluded that his findings were an indication of how normal people may be forced to cope with abnormal conditions of living. Under the apartheid system, these so-

called coloured peoples' defensiveness (as measured by the tests) may be seen as a reaction to a pathological environment: they are reality-based responses.

Danziger (1975), writing in South Africa, states that a sense of individual control is meaningless when systemic control limits the options open to one in relation to others (here, whites) in that system. He feels that the pressures of these limitations may lead to individuals redefining their unattainable individual goals. Psychological and economic survival may come to depend on their concern with the 'collective fate' of their community, but with the individual once again taking a back seat.

### Fighting internalised inferiority

Manganyi (1973, p. 20), suggests that blacks "embrace our blackness and redefine it" in terms other than the associations outlined above. These sentiments are echoed by other writers: Biko (1978) sees the black person's freedom as regaining of a sense of self through the process of acceptance of self, including the fact of being black, but redefined positively. Blacks now have to be actively involved in devising ways in which they can experience - and incorporate psychologically - the fullness of their humanity again. For psychologists this task is important, not only in terms of personal development, but also on a professional level. PASA's report (1989, pp. 38-9) points out that blacks have been studied within a "deficiency model". Comparisons with other groups have been made using norms and standards particular to those groups without consideration of whether the descriptions or theories which arise from these studies provide accurate and useful descriptions of black people in the context of their life experiences. The report notes that studying black people from a perspective which is alien to their experience has resulted in blacks being viewed as inferior (to whites). PASA's report (1989) suggests that it is the ongoing responsibility of psychologists, including - but not only - black psychologists, to work towards revising the legacy of black inferiority which such research can engender.

### Economic considerations in being black in South Africa

Hilliard (1988) warns that focusing on the individual effects of racism on blacks is short-sighted as it does not account for the socio-political oppression which breeds these conditions. Littlewood and Lipsedge (1989, p. 66) speak of how the political and economic basis of racism can easily be disguised in psychology by viewing it as a "scientific fact" (the false belief that blacks are physiologically and mentally inferior) or as a "social

disease" (blacks are suffering from the incurable effects of being victims of racism). While we have seen that racism can certainly have an effect on the individual psyche, this should not be seen in isolation from the economic purpose of such a system within society.

In South Africa, oppressive laws have supported an economic structure which has relegated the majority of black people to the position of second-class citizens. Foster (1983), in his review of the work of McCrone (1930-1970), states that initially, dominance was established for the white 'ingroup' in early South Africa by an association of race (white) with religion (Christianity). This association was used to establish white right to control and direct the lives of "a lesser race" (blacks). The supposed racial inferiority of blacks has been used to justify the basically economic end of locating power and control of the country's wealth in the hands of whites. Through apartheid, class divisions have become racial divisions in South Africa where the interests of the predominantly middle-class white group have been fostered at the expense of the predominantly working-class black population (Johnstone, 1976). PASA (1989) referring to Swartz (1985), notes that although not true in every respect a perception has come about as a result of historical processes (outlined above) and the distribution of wealth in South Africa, that whites form the middle and upper social classes, and that blacks generally belong to the lower social class. As a result of this, it is not uncommon for blacks who are more aptly described as middle-class in terms of their wealth and standards of living, to identify themselves as 'working class'. Here the term is used to describe the particular way in which class has been defined along racial lines in South Africa so that all blacks, whether economically secure or not, are subject to apartheid law. This leaves them open to exploitation, and powerless. The use of 'working class' and 'black' interchangeably - as occurs with some interns in this study - may be a linguistic reflection of the black person's experience of powerlessness and lack of control, not only on an overt economic level, but on a personal, social and psychological level.

The black student striving to move into a professional role such as that of the psychologist, makes a transition which in Johnstone's (1976) terms can have other connotations. It could symbolize a transition from what has historically been a black realm to a white one. The "middle-class" black intern whose psychological experience is that of being powerless and exploited, may feel a sense of conflict of identity and values as part of his or her transition to being part of what remains a middle-class field.

Legassick (1974) as quoted by Parker (1986) aptly sums up the context within which the black student works:

the structures of South Africa sustain a situation in which it is whites (though not all whites) who are the accumulators of capital, the wealthy, and the powerful while the majority of blacks (though not all blacks) are the unemployed, the ultra exploited, the poor, and the powerless (pp. 31-2).

### Conclusion

Black interns pursuing their studies at a "white" university come in with associations, experiences and influences which accompany them on their way from studenthood to becoming economically active professionals. These include personal constructs which have come about through their experience of "being black in the world" (Manganyi, 1973). Black students may experience a sense of inner conflict and alienation from the familiar as they are assimilated into the white frame of reference within which professionals (psychologists) work. On the clinical psychology course, they are made vulnerable by the intense level of self-examination necessary for personal and professional growth and by the uncertainty about whether their shaky proficiency in new skills being acquired will ever reach acceptable standards (Friedman & Kaslow, 1986). Interns may find it difficult to distinguish personal difficulties from course related insecurity, seeing the latter as a reflection of perceived inadequacies on a personal level.

The remaining chapters of this study focus on whether black interns experience such difficulty in relation to their colour.

Chapter Two outlines the research design and methodology used for the study. Chapters Three to Seven document results, each focusing on one of five main themes. The final chapter contains a discussion of the results and makes recommendations based on the findings of the study.

## CHAPTER TWO

### RESEARCH DESIGN AND METHODOLOGY

This chapter outlines the objectives of the study and the methodology used to conduct the research.

#### 2.1. RESEARCH OBJECTIVES

##### 2.1.1. Assumptions

This researcher is in agreement with literature which suggests that there are psychological phenomena within black individuals which are specifically brought about by the experience of being black in relation to other people, whether they be black or white (Fanon, 1967; White, 1984). White (1984) states that while there is no black psychology which has a separate set of psychological principles for blacks, there is a psychology of black experience, that is "psychological effects specific to the conditions of black history". This study is not primarily concerned with uncovering and describing the mechanisms which may be at work in the psychology of black interns' experience; its purpose, rather, is to document whether there are ways in which these may become manifest as problem areas for the intern during training.

##### 2.1.2. Objectives

Given the above, the following objectives have been set for this study:

- (a) to ascertain whether there are issues or problems which black clinical psychology interns at a white South African university experience during their training and which they perceive to be related to their being black;
- (b) to identify trends (similarities and differences) in such issues or problems as experienced in the sample under study;
- (c) to document such issues so as to inform future black clinical psychology interns of the possibility of encountering these during training and to suggest means available for dealing with them constructively during their training;
- (d) to heighten trainers' (lecturers and supervisors) awareness of colour-related issues which may influence the black interns' experience of training.

## 2.2. METHODOLOGY

### 2.2.1. Sample

The sample was limited to black interns who had completed their first year of the clinical psychology master's programme at the Child Guidance Clinic, University of Cape Town, between the years 1976 and 1990. As mentioned previously, "black" is used to define all respondents not classified white and thus includes 'Coloured', 'Indian' and 'African' interns. The subject pool for this period number 12, of whom 7 agreed to participate in the study.

#### 2.2.1.1. Non-participants

Five persons did not participate for the following reasons:

- (a) The researcher herself trained during the period under review and felt she would introduce a degree of subjectivity and bias to the study if her own experiences and opinions were included in the analysis of data.
- (b) Another intern expressed doubt about the advisability of participating in such a study. She felt that she might place herself in a position of vulnerability in relation to colleagues who would have access to this information. She was also uncertain about the researcher's ability to write up the data in a manner which accurately reflected her perspectives and protected her identity.
- (c) Three consecutive interviews were scheduled at the office of a third intern who had agreed to participate in the study. On each occasion the intern was out when the interviewer arrived, and on enquiry had twice forgotten the appointments, and on a third occasion had another pressing engagement. Further telephonic attempts to reschedule the interview proved unsuccessful. It was the interviewer's opinion that the intern was in fact not willing to participate and no further attempt was made to secure an interview.
- (d) The fourth and fifth persons are now resident overseas and therefore not available for interviews.

#### 2.2.1.2. Participating subjects

All seven interns expressed a preference for remaining anonymous and the demographic details provided are therefore brief.

- |     |             |         |   |   |
|-----|-------------|---------|---|---|
| (a) | <u>Sex:</u> | Males   | : | 4 |
|     |             | Females | : | 3 |

(b)	<u>Level of experience</u> as clinical psychologists:		
	Registered psychologists	:	4
	Intern psychologists	:	3
(c)	<u>Number of black interns</u> in their year		
	Subject was the only black intern	:	3
	Subject was one of three black interns	:	4
(d)	<u>Language</u>		
	English only	:	0
	English 1st/Afrikaans 2nd:	:	2
	Afrikaans 1st/English 2nd:	:	3
	Other language 1st	:	2

### 2.2.2. The Interviews

The interviewer had met three of the interns prior to her first contact with them for the purpose of this study. These had been brief contacts as students studying the same course and none of the topics covered by this study were ever discussed, even indirectly, on these occasions. All interns were initially contacted telephonically and informed that the researcher wished to conduct a study to establish whether black interns' training experiences at UCT included any issues related to their being black. An initial interview was requested of the interns to outline the study in more detail and answer questions they might have. Two agreed to participate without further questioning and the other five were interviewed for periods lasting from ten to fifteen minutes.

The following matters were covered during these initial interviews with the five, and at the beginning of the first data collection interviews of the two interns who dispensed with the initial interview:

- (a) The main objectives of the study were outlined briefly.
- (b) The protection of the identities of respondents was assured.
- (c) Interns were asked to commit themselves to a minimum of three one-hour interviews, although this might prove excessive.
- (d) Interns were told that all interviews would be taped.

### **2.2.3. Data collection**

#### **(a) Number of sessions**

Twenty-two one-hour sessions were conducted as follows:

<u>Intern Number</u>	<u>Number of sessions</u>
1	4 (offered further sessions, if desired)
2	3
3	4 (5th session offered)
4	4 (5th session offered)
5	2 (3rd session not possible, as intern away on holiday)
6	2 (3rd session was unnecessary)
7	3 (4th session offered)

The number allocated above to each intern will also be used when data is examined in the results section of the study.

#### **(b) Content of sessions**

With the exception of an orientation statement to remind interns of the study's aims, the first session was open-ended, allowing interns to introduce issues from any perspective relevant to their own experience. This was done to help minimize any influence the researcher's own subjective experiences might introduce and to orientate the interviewer to their perspectives.

Subsequent interviews were used to elaborate on issues raised by the interns and, where not directly raised by them, to pose open-ended questions about particular aspects of their training. A list of these questions is included in Appendix A.

### **2.2.4. Analysis of the data**

The taped interviews were transcribed verbatim. The nature of the data collected seemed best suited to a qualitative analysis. Gergen (1988, p. 110) notes that narratives are "social products, fleeting constructions" shaped by the narrator's social norms and goals and the context of the narration, amongst other things. Analysis of such complex and variable data does not allow for prediction of behaviour but verbal accounts are seen to be a most appropriate means of obtaining detailed, personal judgements (p. 111). Although obviously subjective, the use of qualitative measures of analysing the data allows for a meaningful interpretation of the multifaceted experiences related by interns. As Grinnell (1985) states, qualitative methods serve to identify core issues and processes within human experience rather than make predictions about them. Given the above, the

researcher acknowledges that this analysis of the data given by the interns represents one particular construction of that data. Through the use of direct quotations I have attempted to present the main issues uncovered in a manner which preserves the 'flavour' of the original dialogue. In addition, quotations are presented mainly with the number allocated to the intern to allow the reader to follow individual interns' opinions on each issue examined. This number is not listed where the researcher felt that it might identify the intern.

Steps to analysis were as follows:

- (a) Issues raised by each intern were extracted and summarised, with quotations on an individual basis.
- (b) Information on the same issue among interns was grouped as a theme with trends (similarities and differences) tabulated.
- (c) Certain issues or items within a theme have been excluded from the results because they too clearly identified particular individuals. Where an item has been excluded, care has been exercised to do so in a manner which would not change the general orientation or perspective on that issue for any one intern.
- (d) Owing to the limited size of the study, only the most common themes which emerged have been reported.
- (e) Information covered in the results derive mainly from interns' experiences of the first year of training at the UCT Child Guidance Clinic.

### **2.3. PRESENTATION OF THE RESULTS**

Five main themes were discussed at length by most interns during the interviews. The results section will focus only on these themes in the ensuing chapters, as follows.

- (1) Chapter Three: "Not being good enough" as interns: Fears of incompetence and feelings of inferiority.
- (2) Chapter Four: Language and articulation: Feeling comfortable talking to clients and classmates using their own (black) forms of speech.
- (3) Chapter Five: Relating to others involved in the training: Lecturers, supervisors, classmates and therapists.
- (4) Chapter Six : Working with clients: (a) white clients; (b) black clients.
- (5) Chapter Seven: Talking about black concerns: Obstacles to raising colour-related issues and strategies for dealing with them.

The chapter on "not being good enough" has been placed first because feelings of inferiority and incompetence could permeate all areas of training including the use of language and the ability to relate to others. The chapter on language follows because language is a primary tool both in training and in therapy sessions. Chapter Seven focuses on some of the difficulties which interns experience in talking about the issues raised in preceding chapters and the strategies needed for dealing with them.

Chapter Eight contains the following:

- (a) A summary of the results;
- (b) a discussion of the results;
- (c) recommendations which flow from the findings; and
- (d) the limitations of the study.

## CHAPTER THREE

### "NOT BEING GOOD ENOUGH"

A common theme (n=6) was a fear of not being good enough as interns, psychologists and underlying this, as people, especially - but not always - in relation to white people. Intern 1 described this experience as follows:

It's like this feeling you live with until you reach a stage where you feel alright about yourself, but it's quite a serious disability because ... it somehow or other has to do with the legacy of being inferior; I somehow could do better, but I never do ... it's part of my anxiety (about the course). Also deep down it's a feeling of maybe you're not good enough and maybe you're not going to get it together.

#### 3.1. LEARNING TO USE FEEDBACK

One possible effect of being unsure whether they are good enough training material, is that interns may lack confidence in their abilities and be a poor gauge of actual performance. Three interns stated that feedback received on performance, either for case presentations or for observed therapeutic interventions, was clouded for them by uncertainty about the genuineness of the feedback. They were unsure whether positive feedback was given because the task had been done well by anyone's standards or because it had been done well "for a black", particularly if the feedback was given by a white colleague. For some, negative feedback seemed a confirmation of their fears that they were not good enough.

#### 3.2. DEALING WITH UNCERTAINTY

Interns' doubts about their abilities may also affect their attitudes towards their work. Intern 1 stated that objectively he could see that his performance was at least adequate and that he did well at tasks he undertook. At another level, he avoided "putting that extra bit in" to excel, in an attempt to guard against his uncertainty about whether he was good enough or not:

... I'm always scared to lay myself on the line by any kind of high profile or by making too much effort at something

And why do you think you do this?

I don't know. It's just probably if I take on something and it doesn't work ... then it perhaps gets back to the whole thing or 'What? Am I really any good?' I need to succeed if I try something, otherwise I don't take it.

At some level this intern felt he was not supposed to do well and felt shocked if he did.

Intern 5 dealt with this threat to performance differently. As an intern he refrained from "grading himself as different" from his white classmates, to avoid promoting the idea that concessions be given to him because he was black. In retrospect, he feels able to say that he would give more weight to racial issues as an influence on his work than he would have given while still in training, as he now feels able to compete at, and be good enough at, "white middle class psychology". During training, it appears that he felt that not acknowledging colour himself would make it a non-issue for everyone else and in this way make it non-existent. In his own words: "I wanted to compete on that level. I wanted in a sense to be a middle-class white psychologist."

### **3.3. OBSTACLES TO WORKING WITH FEELINGS OF INADEQUACY**

#### **3.3.1. The interns' own beliefs**

The interns' beliefs about their inadequacy acts as a demotivating force and also prevents the interns from being receptive to others' positive feedback as well as their own experience of success. They may come to see such success as one intern stated, as 'one or two lucky breaks'.

#### **3.3.2. Source of the conflict**

A point of concern for the intern is whether the source of this conflict lies in the reality of being black in a prejudiced society or is a disguised personal pathology which has no real basis in issues of colour. Uncertainty about this may make it difficult for the intern to raise it as an issue with classmates or lecturers or supervisors, or in their own therapy.

### **3.3.3. Training at UCT**

The UCT-trained black interns who want to put their doubts about being good enough to the test have the additional consideration of having to do so in an environment which operates in ways which are different to many black students' experience. This could raise the question whether their way of working is as good as the white (traditionally, better) way of working which predominates at UCT.

**Intern 1:** What has come to me over time is that I don't actually feel that I'm good enough. It's like a question of perhaps I should test myself more, but I mean, my contact with psychology has been like 'UCT's up there' and it's always been kind of, I've always felt that I wasn't able to operate on that kind of amazing level of academic performance.

### **3.3.4. Reason for selection : Merit or Tokenism?**

Black students are aware that there is a drive to train more black psychologists at South African universities, including UCT. This raises questions about whether they were selected to help improve the black-white ratio of psychologists or because, of those who applied, they were considered the most suitable candidates, irrespective of colour. This could raise their anxiety levels about whether they would be able to cope adequately with the course requirements.

Four of the seven interns stated that the issue of tokenism was of concern to them, particularly during the early phases of the training programme. Each experienced this doubt in a slightly different way. Intern 1's doubts were activated when a white colleague casually stated that he had obviously been chosen because he was black. Intern 2 felt that it was his lack of confidence and feelings that he was not good enough which led him to wonder whether he was "the token black on the course". Intern 7, struggling during that initial period of adjustment, found herself thinking at times that she was struggling because she had been chosen for her colour rather than on merit. She did not allow these thoughts serious consideration, reminding herself that if she had been chosen for her colour she must also have been chosen because she was good enough. This view was shared by Interns 3 and 4. Interestingly, this latter group consisted mainly of students who had come up from the UCT honours ranks rather than from another university. These interns expressed uncertainty about the reason for their selection and their ability to cope, at Honours level. It may well be that this was less of an issue for them at Master's level, because they had already worked through some of their doubts about this

during Honours. Only Intern 6 stated that it never entered his mind that he might have been selected on the basis of race. On further discussion, however, he stated:

(I) see myself as equal (to whites) and therefore chose to believe that I was chosen on the basis of ability, not colour. That was a conscious choice, a conscious decision. Looking back I can say much about that decision - it's narrowminded, denial. But it's ok, I'm comfortable with that. Because I had to take a stand and that was it.

He felt that believing that he had been chosen for any other reason than his ability to cope would have adversely affected his functioning on the course. In my opinion, this intern's reasoning appears somewhat contradictory. He first stated that he had not considered the issue, then went on to say that he had made a conscious decision about not accepting it lest it promoted an attitude of subservience and gratitude which would have affected his functioning. It seems that his response contains two elements of thinking which tended to emerge with the interns: the impression, based on some experience of success, that they are probably good enough and therefore able to cope as intern psychologists and simultaneously, niggling feelings of uncertainty and fear that they may not be good enough, based on associations of inferiority with blackness. The battle between these opposing forces is superimposed upon the interns' insecurities around mastering the skills which they will need to acquire as psychologists.

### **3.3.5. Difficulty in raising the issue**

Interns who wanted to approach their supervisors about this issue did so with some trepidation. Intern 5 stated:

I didn't know how to raise it with him without making it a racial question. I thought it might be uncomfortable for him to discuss it.

He was relieved to have his supervisor deal with his doubts about why he had been chosen and his ability to cope in a factual manner. It appears that those who did enquire received similar responses. Firstly, no interns would be selected unless they were thought to have the potential needed to cope with course requirements. Secondly, some were told that a black intern might be selected instead of an equally suitable white candidate in an effort to train more black psychologists. Although this may be considered necessary by some for sociological or economic reasons, it is suggested that the black intern, while feeling reassured that he or she is suitable intern material, may still have the experience of being someone whose opportunity to train as a psychologist is not solely determined by innate ability, but in the final analysis - or selection - by skin colour. The intern

described above who made a decision not to think that his colour might have played a role in his selection felt that he would 'probably have gone around cap in hand' if he felt chosen because he was black. On a practical level, however, he felt that as long as the person selected was academically sound, it was acceptable and even desirable to select interns whose training would best meet the needs of the community. With the exception of one intern who was unsure of her feelings about this, the other interns had no particular objections to this procedure.

### **3.4. CONCLUDING COMMENT**

The issue of whether they were "good enough" as black people, interns and psychologists, was an issue for most of the interns interviewed to a greater or lesser degree. Some interns have found it useful to discuss this issue with an empathic, direct and objective supervisor. In respect of working with this issue after the formal training period is over, interns who have already qualified stated that working as psychologists and seeing satisfactory and satisfying results of their efforts with their clients is an important part of coming to accept and regard themselves as competent practitioners.

## CHAPTER FOUR

### LANGUAGE AND ARTICULATION

Racial prejudice and racism are without any doubt reinforced and maintained by language barriers (as well as by group areas, separate schools, separate amenities, etc.!) (Author's insertion) If we want to fight against racial prejudice and racism then we have, among other things, to break down the language barriers (Alexander, 1989, p. 10).

Marjorie McDonald (1970) noted that words have power to convey to their users and hearers both the pain of their past experiences and the manner in which they may be working to overcome the past. Alexander (1989, p. 12) explains that in South Africa, the primary concern when devising language strategies was that these should maintain the economic, political and socio-cultural policies directed at centralising wealth and power in the hands of those in control (whites) and ensuring the disempowerment of indigenous (black) people. As part of this process, first English and later, Afrikaans, came to be regarded as the dominant languages in South Africa, being seen as superior to other indigenous languages. The use of a language in a particular way is a source of power and has the ability to open doors or deny access to the user (Fanon, 1967). The mastery of a powerful language may be seen as essential to a person hoping to gain access to the power of the source group of that language. Five of the seven interns raised language usage as one of the areas with which they experienced difficulty during training. As this topic was raised spontaneously by these five, it is not clear that the other two had no difficulty in this area as they were not asked directly.

#### 4.1. "TALKING WHITE"...

The following comments represent a summary of the main points made by the interns. Three of them discussed the topic at some length and another two briefly raised it in the context of discussion around other issues where language was problematic for them.

... in class

"Talking white" was described by Intern 1 as meaning "speaking better than others". He felt under pressure to "talk white" as he was the only black in the class that year. He felt that he did not have the support of other black interns to break the convention of the language used by his white classmates. Following their conventions of speaking was a means of securing a place in the class and a position of equal power in the discourse under way. The notion that speaking in his usual manner would put him at a disadvantage in terms of influencing discussions in class implies that his manner of speaking was not as good as that of his white classmates. In addition, it implies that he was possibly not as good as his classmates, with his black language usage being an overt signifier of his lesser status. In the words of Fanon (1969): A black person "will be proportionately whiter - that is, he will come closer to being a real human being - in direct ratio to his mastery of the white language".

Interns 1 and 2 noted that although they at times disagreed with others' perspectives on theoretical material or on interventions to implement in a case under discussion, they would find themselves becoming frustrated as they had difficulty articulating their thoughts and criticisms in "a white setting":

**Intern 2:** Arguments were presented which I felt were wrong, but I could not articulate these things ... My discourse could not influence - or my position - where I couldn't articulate, like I can't now, articulate what changes or what I felt was seriously wrong with that approach.

**Intern 1:** I thought I was reasonably articulate as a black. Now, with all these whites who talk in amazing ways ...

Intern 3 stated that her concern about whether she expressed herself clearly had always been an issue for her and occurred with everyone, irrespective of colour. Her first language was not English and she felt even less confident about her ability to articulate her thoughts clearly when she first arrived at the Child Guidance Clinic, where English was the medium of choice. Several years later she was still uncertain as to whether her concern about this was realistic or not.

Intern 1 mentioned that this difficulty was not limited to class discussions and seminars, but arose in social settings with classmates as well. Here the intern would find himself sometimes saying things because he thought they were what he was 'supposed to be saying'. He stated:

.. you learn to use the language but you're not really comfortable with it.

### ... with clients

In the therapeutic situation where the psychologist's and patient's use of language is central. In relation to the issue of colour, the black therapist's use of language may be the only way in which the client may identify this therapist as black. One intern was concerned about her difficulty in communicating with an Afrikaner family in their home language. She expressed her concern to her (white) supervisor, who commented: "They may think you're white and you can't speak Afrikaans properly". What could be meant by this statement? One possibility suggests that the intern's patients may expect her to be able to speak better Afrikaans if they knew she was "coloured".

McCormick (1989) outlines some of the rules which govern language usage (English and Afrikaans) in her subject group, the "coloured" people of District Six. Some of these are mentioned below as a means of understanding the significance of this remark. McCormick (1989, p. 108) notes that being able to speak English has become part of the 'coloured' person's passport to "passing for white".<sup>7</sup> Speaking English may also be a source of feelings of prestige and sophistication, a superior language. Afrikaans, in contrast, may be seen as a language of less prestige. Some may refuse to speak Afrikaans to make a political statement. They see Afrikaans as the language of the oppressor (Afrikaners, here) and wish to distance themselves from it. For others, speaking Afrikaans as a first language may be associated with being inferior. By association, other signifiers of 'inferiority' may be brought to mind, for example, the so-called inferiority of people of colour. In terms of the supervisor's remark, it may be assumed by some that all 'Cape Coloureds' speak Afrikaans. And that speaking Afrikaans is a means of labelling white-looking blacks ('coloureds') as such.

• Being labelled black by the language you speak or the manner in which you speak it evokes all the associations connected with blackness, and these associations then invade the interactional space between the people conversing. • This can happen in the therapeutic situation and can of course be a very useful thing. Relating to clients in their mother tongue could forge a bond, facilitating therapy. At the same time, language can create difficulties, real or imagined. Another so-called 'coloured' intern whose first

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7 Being reclassified under the now repealed Population Registration Act of 1950 from one 'population group' ('coloured') to another ('white'). People may apply for legal reclassification and/or become 'white' by living as a white.

language was Afrikaans, conducted therapy with an English-speaking white client in English. This intern speaks a well modulated 'educated' English and was stressing a point in therapy when he inadvertently used an Afrikaans word in the middle of a sentence. The intern interpreted the glance that this evoked from the client as saying: "Charlatan! You're all the fucking same!". This one slip of the tongue left this intern feeling exposed as a charlatan, defined in the Oxford Dictionary as "an imposter pretending to knowledge and skill". Having been seen as a black "talking white", the intern's role as a psychologist and his competence as a therapist, traditionally very white roles, was shaken for a moment.

#### 4.2. "WRITING WHITE"

Talking white is not the only way that a black person can communicate with conviction or with power. In fact, talking white may be frowned upon by some blacks at a time when black people are being called upon to be comfortable with their blackness, including their manner of speaking.

Only Intern 1 raised the issue of difficulties with expression when writing psychology articles or writing up research. Difficulties in understanding written material were also mentioned by Interns 1 and 4. Although not a general theme, the comments about this illustrate how problems with language may influence the intern psychologists' feelings of competence regarding such aspects of their work as report-writing and professional publications.

Intern 1, who struggled to be comfortable using his own conventions of speaking, now feels he does so quite comfortably. His battle with writing, however, continues and was recently brought to his attention. While writing an article, he found that he was satisfied with the content, but felt that he was not expressing himself in a manner which (white) UCT would find acceptable. The article was duly edited by a white person, who 'returned it with content unchanged, but expressed in more conventional language'. The writer, having worked hard at overcoming his feelings about not being articulate enough, found himself thinking

My God, nog altyd. You're still not doing things the way you're supposed to, you still haven't got the right touch ...

He felt that he still lacked the ability to use that particular convention of writing which got white classmates the "UCT stamp of approval". He felt confident about his ideas and concepts for research and publication, but was discouraged by the exacting language framework within which he had to submit his ideas at UCT:

You know the ideas you've got are fine ... but they're so finicky that you freeze up. They'll find a 'could' instead of a 'would' and make an issue about that.

He suggests that difficulties in writing within the rigorous framework set by psychology today may account in part for the relative infrequency of research published in mainstream psychology publications by local black psychologists. To cope with this he feels "reasonably content" to allow someone else to "package" his work in a manner acceptable to mainstream psychology. He acknowledges that by not attaching importance to mastering these conventions of writing, he may be avoiding facing his uncertainty as to whether he can master it.

That this problem is not experienced by all black psychologists to any significant degree is suggested by another intern's remark that although she lacked confidence in expressing herself in speech, she felt that her most proficient way of expressing her opinions and ideas was in using the written word.

#### **4.3. TALKING OUTSIDE OF "WHITE" LANGUAGE**

Intern 5 stated that he limited his reading to material which covered only those perspectives recommended for the course. He only entered theoretical debates from the point of view or perspectives adopted by others in his class. In retrospect, he feels that this selective reading and debating was done partly because of his desire to "be on the same level" as his classmates. By not reading about or talking about training issues outside of those perspectives favoured by his white classmates, he was able to see himself and feel seen as the same as the other (white) intern psychologists in the class.

It is possible that selective use of language and ideas was used by this intern to communicate to his classmates and convince himself that he was equal to them. This was, perhaps, also used by the intern to keep at bay doubts he might have had about his equal standing. Mastering their manner of expression may be thought to be proof of his ability to hold his own with white psychologists.

In contrast, Intern 2 reacted to working within "a white setting" by saying that he could not merely accept this system without critical appraisal. He felt that black people were forced to examine things critically because their way of life had always been in crisis. Being constructively critical requires a level of articulation which would enable one to hold one's own in debate. He felt that he lacked the ability to put his ideas across rationally, but found that when he disagreed with a line of thought in class he would "just bludgeon forth and talk". He felt that the class reacted to these outbursts with shock and a slight aloofness, which was understandable because of his manner of speaking.

Other methods of communicating their views when feeling unable to cope with language were indirect ways mentioned by Interns 1, 3, 4 and 5, as follows:

- (a) Humour - an intern might remark briefly on an issue under discussion, fundamentally disagreeing with what was being said by phrasing it as a joke. This had the effect of saying "I disagree with you, but I'm not against you, I'm part of the group". An advantage of using humour in this way is that joking falls outside of the realm of serious debate so that one can make a point without having to put together an articulate reply to opposing viewpoints. Two interns mentioned using the above strategy.
- (b) Slanted comments, sarcasm and 'jabs' - Three interns mentioned using these occasionally to convey a point.
- (c) Nonchalance - occasionally an issue or debate would arise on which the intern would have liked to comment, instead, the intern withdrew mentally from the discussion.

The passive aggressive elements of these methods of expression were not lost on these interns. Interns 2 and 3, in becoming more aware of this style of relating as part of their own self exploration, have found themselves working at responding in alternative ways. Intern 3 felt that her passive aggressive responses were part of her own anger towards authority figures, most often represented by people who were white. Intern 2 felt that some of his responses stemmed from a certain cynicism about values associated with whiteness, and which had been part of his upbringing and experience.

#### 4.4. INTERNS' REASONS FOR THEIR LANGUAGE DIFFICULTIES

Intern 3 felt that language was crucial in the relationship between whites and blacks in South Africa "where white is what you have to strive for", including "white standards" of language and ways of speaking. Intern 2's comments appear to concur with

this idea. He speaks about the expectations set around levels of performance on the course, and that these levels are at present set by whites. In terms of standards of language and articulation he states:

Most of their education is geared towards refining their verbal ability, their logical ability, so when you start interacting on their level .... You are forced in that seminar context to deal with issues which have their origins in these different socializing patterns. They still have the edge over you and the edge is that they talk better. The edge is that they will logically out-argue you, but you know intuitively that they're talking shit.

Intern 1 expressed a similar view:

The thing is you're making some kind of contribution and you're giving vent to something. But I think the point is just to say I'm not going to play that game.

(And if you do play the game?)

You lose. (Laughs) You must lose. You haven't got the background ... because they've been brought up in this kind of tradition. You kind of come into it pretty late in the day...

(Tradition?)

Tradition of middle class education, if you like. You've had a little bit, but you haven't had it ... I haven't had it.

At the other end of the spectrum are the intern's own fears about failing, about being shown up as incapable of holding his or her own with white colleagues, either in verbal dialogue, in reading or in writing research. Whether this fear results from personal conflicts or from structural influences mentioned above, or, indeed, from a combination of both, need not be debated here. The point is that from comments made by some interns (n=5), it seems that this fear may be a reality for at least some black psychologists.

#### 4.5. WORKING THROUGH LANGUAGE DIFFICULTIES

Interns reported that they experience themselves as people who do not flounder in seminars, as able to communicate with and build sound therapeutic relationships with their clients, write adequate papers, deliver talks on psychological matters, conduct and write up research, and offer teaching to students of psychology, among other tasks which require eloquence. At the same time these personal perceptions do not nullify the

experience of difficulty with language mentioned above, but possibly testify to the success with which interns manage to overcome the potential impediments to their progress as psychologists. Two of the ways in which interns dealt with this issue are relevant:

- (a) Time: Black students entering university at first year level found that their use of English improved over the years and proportionately also their confidence in their ability to participate constructively in debates. From the above comments, however, we see that students may nevertheless retain some experiences of feeling less articulate than others although this may not be evident to their colleagues. Even first language English black interns have this problem.
- (b) Speaking to and writing with other black psychologists: Watt (1988) considers this a stepping stone for black psychologists uncertain about their writing skills to ensure that their ideas are published. Discussing psychological principles and practices in familiar language and mode of expression can facilitate the intern's integration of psychology as part of the self.

## CHAPTER FIVE

### RELATING TO OTHERS

Five of the seven interns, to a greater or lesser degree, found that colour was an issue for consideration in their relationships with white colleagues and lecturers during their training.<sup>8</sup> Of these five interns, four directly voiced a feeling of remaining distanced from classmates despite participating quite actively in the course on an academic and social level. These interns mentioned several situations which contributed to their feelings.

#### 5.1. RELIGIOUS AND IDEOLOGICAL DIFFERENCES (n=1)

This intern stated:

... In the context of talking about being friends (it's) important to let people know I came in with ideas about where I belong. Some of these ideas have changed, but the bottom line is, I don't see myself as part of that group ... It's an interaction between my religious values and coming from BC.<sup>9</sup>

... for me it matters whether you're black or white. And I pay attention to it, what people say, and judge people on the basis of that. Where you fit in.

She noted that she came into the course with "a helluva lot of stereotypes", some of which were modified during the training experience. Questioned about these stereotypes she spoke about her experiences and feelings about "unfairness and racism", whites having what we don't", her anger about this and desire to "do something about this" and her uncertainty about whether psychology can "make a difference for South Africa ... For me, for my people".<sup>10</sup>

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8 Comments about supervisors were raised, chiefly in relation to discussing colour-related issues in supervision. These comments are discussed in Chapters 3 and 7.

9 Black Consciousness.

10 Other interns expressed similar concerns about the 'relevance' of psychology, as it is practised at present, for the vast majority of people in South Africa (see Section 6 below).

This intern also discovered her own feelings of antipathy towards whites from a particular religious group; she had thought that a classmate belonged to this particular group and felt that she would not be able to relate to this person because of a conflict of beliefs. Later that year she was surprised to discover that this classmate was in fact not a member of this group. She exclaimed:

Talk about stereotypes!

(What was the effect of this discovery?)

I was surprised, but had started getting on better with her before then and it didn't really matter.

For this intern these feelings of not belonging were more clearly linked to coming from a different religious and ideological perspective from others in her class, than to differences in colour:

I think of people in terms of ideology basically. In that case, it hasn't got to do with being black.

## 5.2. COMING FROM A "DIFFERENT WORLD" (n=3)

.... We were talking about sort of how I felt with regard to other people on the course ... It's interesting, because at the beginning when I started the course, I always had to live in two worlds, the one world my community, my family where I speak in a particular way, have a completely different role.

He identified the other world as the "white world of psychology". He saw this world as a "particularly alien world" to which he had adapted, but of which he did not feel a part. A second intern's comments on this issue also suggested a need to acclimatise to a different (white) way of relating and being:

**Intern 3:** ... I had developed more confidence (by Master's level), felt more at home in a white environment. I had already established myself in a white environment so it wasn't that difficult.....

Two interns identified issues which left them with feelings of being different from whites in the class:

**Intern 1:** (I felt) a sense of inferiority, of being a have-not in a class of haves. What my classmates had was a whole internalisation of social graces, particular kinds of education and a feeling of selfworth which enabled them to feel good, better about themselves in relation to others like myself...

**Intern 2:** ... personally one of these differences became quite manifest, the difference between white and black. It's not something that I'm suggesting was a major problem but we were aware that, well, we came from different backgrounds ... It came up in seminars with people, around different styles, personality styles. For example, people with the advantage in education, so-called white people, generally had a lot more confidence....

It is clear that not all interns felt this difference in the same way or to the same extent:

**Intern 3:** In the clinic I didn't feel that I was treated as a black person. And I couldn't accuse anyone there, because although our ideas differed about political issues and issues relating to the dynamics in the country and agreed on some issues, that didn't have anything to do with the way - that didn't set us apart as black and white ... at least that was the general theme of the place. I could isolate one or two incidents in the year where I could say the black/white issue came up, but for the rest of the year I really couldn't.

### 5.3. UNCERTAINTY ABOUT WHITES' MOTIVES

**Intern 3:** (Speaking in particular about her psychology honours experience) I think there was an interpersonal distance.... because I still had a cynical attitude toward whites and if they - I was more comfortable when they were not close to me, and if they wanted to become close to me, I was suspicious of what it is they wanted from me because I believe that whites only got - get - interested in you if they want something....

This intern found that these perceptions had been modified by the time she entered the master's course:

In the MA course - remember I didn't think the world of white people - before Cape Town (UCT) I had little contact with white people. Although physically in a white world, standing next to the other, we lived in completely separate worlds, separate up here (points to head).

(Was this "living in separate worlds" the same or different on the course?)

Different to some degree because on the course you spend all your time exchanging ideas. You begin to understand the other person's world and they begin to understand yours so you don't live separately... My relationships with whites on the course were different from my relationships with (other) whites. I also got to know them on a personal level ... as people, and not as whites.

(What differences does this make?)

It makes them human beings and not whites. You begin to relate to them as human beings.

Comments from Intern 5 also suggested a certain wariness about the motives of classmates who were friendly. He felt "in a double bind" when invited out for supper by his classmates. He felt unsure how much of their friendliness was directed at trying to put him at ease within a class where most of the other interns had known each other at least superficially before the course and how much might have been an attempt to put the only black intern on the course at ease.

Others also mentioned a sense of discomfort in relating to classmates on a social level, but for different reasons.

Intern 1 described himself as feeling as if he often played a role when in "an intimidating white zooty situation":

... You feel as if you're in company you feel uncomfortable in, you're playing a role, you haven't the social graces, you're saying the correct things, but because it's what you're supposed to be rather than what you feel comfortable in saying ... it also happens when you get involved in social occasions with classmates, you don't feel comfortable, there's always that slight distance, that sort of monitoring ... and this is what pursued me all the time.

... (I) forced myself to go to places with mostly whites, I wouldn't relax, would feel out ... I feel uncomfortable, but I don't - I just say this is the thing to do so I do it ... with a few white friends I can get beyond that, but there's still a level of honesty that I haven't reached yet, where I can say I feel awkward...

Another intern noted that her religion precluded involvement in social occasions which took place in certain settings or involved certain forms of recreation which others in her class enjoyed. This contributed to her feelings of isolation from the class.

Intern 1 noted that it was easier to relate to white people when he had a clear indication of what their attitude toward him as a person entailed, whether on a social or professional level:

I went to work at (mentions a placement A) knowing it was a white racist place, and they accepted me. No subtle racism as in (mentions other placements). They respected me as a person and psychologist. It was amazing that ... in social life we didn't mix, but in work situation there was no problem.

... with the Englishman you never know. With Afrikaners at (mentions A) you knew where you stood. You wouldn't visit socially, go out with their daughters (laughs) ...

#### 5.4. FEELING PATRONISED

Interns commented on their feelings of being patronised by their classmates and lecturers, but had equally strong feelings of uncertainty about the extent to which these perceptions and feelings were reality-based (n=5). Some interns were aware that they came into the course with preconceptions of their own in relation to white people, including people on the course, and that these could play a part in their experiences of training.

#### 5.5. SENSITIVITY TO PARTICULAR INCIDENTS

Intern 1 noted that during his training he felt that he related to his white classmates reasonably well, but that certain incidents aroused anger, hurt and disappointment which led to his withdrawing into himself.

... when it came to certain incidents, I can't think of examples now, I would think 'these people are just whites who don't give a damn about blacks'. I mean, it sounds terrible, but it's like 'hulle kyk na hulle eie' when it gets to the crunch ...

(Types of things that raised this?)

Subtle things. I sometimes heard that people had gone off and done something, and you weren't included. It wasn't like doing important things ... you couldn't put your finger on it ...

(Did this happen often?)

Not very often, but when it did I always used to feel, ag, basically I'm not part of their group, their social situation.

(Were there any indications that there were grounds for what you were feeling?)

Had ground, but people very often do these things unconsciously without thinking ... they wouldn't realise the effect it had on me.

It appears that some interns could be left wondering whether their classmates' actions were influenced by their colour in any way, whether they were included or excluded from activities.

Although Intern 6 was one of the two interns who indicated that colour was not a significant issue in his interpersonal relationships with classmates, the following comments from this intern are included as it is felt that they demonstrate how an intern's

sensitivity and uncertainty about the sufficiency of his skills and knowledge in relation to other classmates can become tied to feelings of being patronised. Parts of this extract have been underlined to illustrate the ambivalence experienced by interns in terms of the 'reality' of their perceptions about being patronised:

Whatever restraint and feelings there were came straight from me. If anything, they bent over backwards. Which tends to be a bit much sometimes. They were always, not paternalistic, but tending toward that, trying to accommodate you...

(How?)

Asking you are you OK. I was partly to blame. There were lots of things I didn't know. I had to ask, but my perception was they were bending over backward to accommodate you.

(Why were they doing this?)

Probably because I was giving the message that I felt disadvantaged. I thought a lot of it came from them.

(Probably because?)

In hindsight I can now see it was unnecessary. At the time it was very real. Now that feeling is unnecessary because I came in with a lot of knowledge. Then I thought I didn't have that knowledge.

## 5.6. PRECONCEPTIONS ABOUT WHITE PSYCHOLOGISTS...

Intern 4 initially came into the course with ideas about the type of psychologists her white classmates would become and this influenced her attitude towards them. She felt that

... here were these therapists going to go out to do wonderful work in a middle class community, that they fitted that stereotype of the South African psychologist.

... that they weren't doing anything worthwhile and I wasn't going to get involved with them.

It appears to have been important for this intern to distance herself from interns who represented a mode of practising psychology with which she did not want to be identified. Intern 1 felt that some of his experiences with white psychologists had caused him to think that

there are many white psychologists who think they are doing wonders and they're actually not ... It's part of a white liberal kind of approach that people have ... It's almost a question of ... that there isn't that little bit of humility about "perhaps

what I'm doing with these people<sup>11</sup> are not so great". But it's part of, to me, the whole thing about being white.

Asked if he would speak to white colleagues about his feelings and thoughts he noted that he would not unless asked for his opinion.

... there are very few people I can actually be -ehm - there are very few white people I can actually be straight with.

(And the ones that you can be straight with?)

Oh, they're my - they're very good friends. They are, they're close to me.

(And the colour issue, how do they see that?)

They, by and large, I would say, are nonracist, and they'd be prepared to admit their racist parts ... with these people I can actually be close to them because of the kind of honesty they have.

Interns 5 and 3 also mentioned the importance of this "honesty" regarding racial issues in their ability to accept or be close to white colleagues and fellow students.

**Intern 5:** I would prefer a racism that is tangible. I can get angry with that person, I can hate that person, I can kick that person. I'd probably accept that person because honesty for me is the important thing.

**Intern 3:** (discussing a person she met in another faculty). Now she was a person I could describe as a friend ... I could be more open with her. I sensed she accepted me for what I am. That she saw a person before she saw a black.

### ... and (white) psychology

The above ideas may be an expression of interns' feelings and perceptions not only about white psychologists in practice, but at another level, may also be part of their uncertainty about the usefulness of the profession of psychology as practised in South Africa at present. Black interns have entered a profession where the gatekeepers are still largely white (cf. Chapter 1) and their concern about the appropriateness of the services provided by the profession of which they will soon be a part, may be directed at those gatekeepers through ideas like those quoted above. Directing their comments at white psychologists may be one way of saying 'I don't want to be seen to be that kind of psychologist', an expression of their fear of being incorporated into and seen as part of a "white" system.

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11 Black People

Intern 5 stated that when he first entered the course he was more interested in community level intervention ('in terms of gross effectiveness') than in individual clinical psychology. Speaking about individual therapy he noted the following:

Initially I used to be uncomfortable with this middle class kind of status. No, it was 'I'm not supposed to be doing this. It's much too bourgeois, much too elitist' kind of thing and now it's like, I'm not sure if I still would do it, but I feel comfortable with it. Initially I would deny that therapy was any use ... that it's middle class and can only help a few ... now I believe it's a valid experience, over and above issues of whether it's good enough for all people.

Intern 4 expressed her difficulties with psychology as follows:

I've lots of difficulties with psychology ... It's difficult though, because working practically dispels some of my beliefs ... it becomes a completely different ballgame when sitting with a specific family and its problems. (How?) In theory I can look at a thing as a black and that's it, that's psychology, rip it apart. Working practically that flies out of the window ... what's changed for me, the shift is I'm more cautious about looking at things as cut and dried, it's too complicated to look at it as good/bad, black/white...

Intern 2 stated that his educational experiences as a black had taught him to look at any educational endeavour he undertook from a critical perspective. Although his basic perspective on the practice of psychology remained the same, this intern felt that through the experience of therapy his approach shifted from a radical framework politically to a more temperate balanced position, incorporating the South African context as well as some form of psychology.

Intern 1 stated that his difficulty in adapting to the world of psychology. was that it seemed situated in a world governed predominantly by white norms and ways of being:

At one stage for me there was a problem ... ehm ... I wasn't quite sure ... ehm ... whether I still wanted to be what I am, what I always was, it was a problem, but I soon got away from that.

(What was it at that time?)

That I never was sure to what extent it would be possible for me to live in both worlds ... it looked at one stage as if I'd have to leave my kind of, community, family way and move into a different role which I know other people around me have done ... which would be completely taking on that role of the, kind of, white psychologist.

(Later)

there was no way I'd move into an alien white world, there was no way that could happen, my roots were too firm in the other side, but I found it difficult to adapt to the other side (white side).

Another intern claimed that he had shed past affiliations:

I don't see myself ... I see myself as belonging to the community of human beings ... I have no affiliations to religious, so-called race or even national ... ehm ... types. I see myself as an international human ...

(Meaning?)

I live in (mentions a white residential area) and I mix with people who have been socialized differently to the way I've been socialized. Little things that might have irritated me in my late adolescence, I ... you know, doesn't bother me at all ... So I've sort of transcended the limitations of my cultural, sort of, religious affiliations.

Although not necessarily so in this intern's case, black interns may (as suggested by Intern 1) choose to adapt to a 'white world' by shedding the old.

### Concluding comment

A comment made by Intern 1 appears to summarise the dilemma faced by some black interns in their attempts to assimilate norms, standards and - on an interpersonal level - ways of relating which are part of what is still a white-dominated field, while still maintaining a sense of themselves and their "roots":

When selecting (black interns) you have to select people who can hold their own in established psychology and yet who have that difference which comes from being oppressed and which makes it at the same time difficult for these psychologists in training to fit themselves into the psychology mould.

## CHAPTER SIX

### WORKING WITH CLIENTS

This chapter outlines interns' experiences with white clients and black clients.

#### 6.1. WORKING WITH WHITE CLIENTS

Four interns reported that the extent to which clients were openly racist, influenced the manner in which they related to them.

Interns 1 and 5 noted that they found it easier to work with open racism than with paternalism as the latter was often so subtle it left them unsure how to respond. Intern 2 also commented on the intangibility of the presence of racial factors in the therapeutic situation. Speaking about the way in which white clients received him as a therapist, he said:

They were surprised. There's nothing tangible to suggest that. They didn't say 'Look, we're surprised to see that we're getting a coloured therapist'.

What made you think that then?

It's a feeling, as I say, there's nothing tangible. It's just a feeling, the way they look at you. It could be your projection as well, but the feeling was there.

Interns' responses to working with white patients varied from avoidance of working with whites to actively seeking out white clients.

**Intern 6:** I preferred to work on the coloured side as I was going to afterward so it wasn't an issue for me. (How did that preference come about?) Choice, personal choice. (Can you elaborate?) I'm coloured and there's no way I was going to work with white South Africans.

Intern 7 asked her supervisor to allocate a white family for her to work with as 'we were fed up with working with muslim families' - she explained that particular types of family dynamics were emerging with these families and she wanted exposure to white families 'for a variety of work and types of dynamics'. She added: 'Also, being black you don't just want to work with black people if you have the choice - you want to work with all kinds of families'.

Although not openly stated by this intern, it was felt that it was probably important for her to feel that she was seen to be as competent as her classmates to deal with any family. This message was more clearly articulated by intern 3:

In respect of whites my feeling was it's fine, it's something I want to do. (Because?) Because I believe all people are equal and that I am good enough to see anybody. I'm not in this world for the purpose of propagating separate development. I would have taken exception if not given white clients.

In evaluating the effect of race in their work with white patients, Interns 6 and 7 stated that the colour of their clients was not a consideration at all.

**Intern 6:** If it was (an issue) I wasn't aware of it. My attitude was, if it is a problem for anybody, it's their problem not mine.

**Intern 7:** Having a white person in therapy to me is not a big issue. (How do you know that?) In that the black/white issue as such, I've never felt anything in therapy in relation to that ... this person doesn't have any issues except age, educational level, not black/white ... I don't even know if he knows I'm black.

Intern 7 noted that over and above the usual anxiety she felt when starting work with new clients, she felt additional anxiety when she knew it was a white family, but felt this was due to social class differences she expected rather than because of colour. That she did not expect such differences to occur when seeing a black family suggests that the colour dynamic is more complex than simply skin colour. This intern may have been responding (with anxiety) to what she associated with 'being white', for example, expecting the family to be from a professional class.

Interns 4 and 5 stated that where the colour issue arose in their work with clients, it was not an important factor which required consideration during their training.

Intern 4 felt that the ease with which she related to white patients was due to the nature of the training given at UCT:

With the black therapist working with the white client I think it's easier (than whites working with blacks) because we are trained in a European ... psychology is a kinda European worldview. Black therapists are trained to understand white clients, but white clients are not necessarily trained to understand black clients ... the theory is all based on white clients.

Intern 5 felt that social class, not race per se, was the crucial factor in his ability to work comfortably at the clinic. The CGC clients he saw were predominantly middle class people, and irrespective of colour, the training he was receiving was appropriate for working with such people.

Other comments illustrate ways in which colour did impact on their work. Intern 4 expressed doubt about whether her white clients knew that she was black and wondered what they might have felt about it had they known.

I wondered if these people knew I'm black and what would happen if they did know ... I was thinking 'How will I handle it, what will I do?'

Her exposure to theoretical material had taught her that in a white/black therapeutic situation, colour must be an issue. Her fears, however, had not been realised by her white clients treating her any differently from other clients.

Intern 5 reasoned that, since he was a psychologist offering help to people, they would respond to him in terms of their need for care and not in terms of his colour. In retrospect he felt that his dismissal of colour was also a way of protecting himself from having to deal with additional feelings of insecurity about his competence as a black therapist at a time when his anxiety about his potential to succeed in the course was already quite high.

Interns 1, 2 and 3 felt that colour was an important consideration in their work with white clients. Intern 1 noted that his fears about the white client's or family's reaction to having a black therapist were acutely felt even (and especially) before he had met them. He felt that when a white family saw his "black face come round the corner" they would think "Oh my God, what's this?" Wondering what they thought about him would leave him feeling disadvantaged in his interaction with them.

Intern 2 gauged his clients' feelings about working with a black therapist through the comments they made. He felt that comments from white clients, such as "I notice that the schools are not boycotting" or "Isn't education in crisis!" indicated a level of social awareness and concern which reassured him that

these people aren't rocks<sup>12</sup>, you know, they're not, they've got no prejudices along those lines. Even though they might have a prejudice, but they gave ... a kind of opening gambit. Saying basically, just don't get anxious, you know, we're cool

(Cool about?)

The political dynamics.

His perception of his acceptance by the family - through their comments - was not necessarily based on the family's actual feelings. That the family appeared to lack prejudice against a therapist of colour was sufficient for this intern:

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12 Rocks - Afrikaners, probably also racist white people

... they're accepting me as an equal. Even though that might have been illusionary, but just by throwing these comments around, it facilitated (the therapy).

Within South African society, black people are usually in less powerful positions or roles than white persons (cf. Chapter 1). Interns 2 and 3 noted that such positions were reversed in the therapeutic relationship between a white client and a black therapist. In terms of roles, the position of therapist is a powerful one and that of the clients a vulnerable, relatively powerless one. Intern 3 felt that by virtue of this reversal of roles a peculiar situation was created, "something completely out of step with South African society structure":

... the white person is still ... whiteness is still superior to blackness. Inside (the therapy room) these roles change. Once you step outside again, out of the room, you go back into a world where whiteness is, means, being powerful and blackness means being powerless.

Intern 2 stated that any position of power he enjoyed began and ended in his role as a psychologist:

... the power dynamics are slightly tilted in my favour.

(Why?)

Because I was the professional even though it was as an intern. I had knowledge to give them and that was at least a bit of security for me ... I had skill, ability, I had insight and knowledge ...

(And if you were to remove these skills and professionalism?)

Well, this is precisely, at an attitudinal level, what I felt was problematic for me, the knowledge that seconds removed from this, if I were not in that position they wouldn't really bother to listen to me ... now as a professional black I had to be listened to, but I probably have a more onerous task ... because of my class position and the colour position.

Intern 3 noted that the black intern may be afraid to 'lose' a white client because this might be construed - by others and by the intern - as failure, not only as an intern, but also as a black intern because he or she was not a good enough therapist for a white client. This could result in a drive within the intern to make a 'success' of the therapy to prove that 'being black doesn't mean lack of ability'.

**Intern 2:** Once they saw I could handle a white client I was just given white clients more regularly. There was no, like, 'Handle with kid gloves', 'Can you handle this?' "How do you feel?" Once it happened, well, they saw the whole thing through the one-way mirror. I guess they got confident in me, that I could handle it.

### **6.1.1. Dealing with colour issues in therapy with white clients**

Intern 5 found it important and possible to separate his emotional response to racist associations from the therapeutic task he needed to perform when working with his white clients:

At school and varsity you can chant slogans, say "the Boere" are pigs and you see violent images of them bashing children on the streets ... but confronted with a policeman in therapy, he no longer is an agent of the State protecting the status quo, but a person with a family, feelings, ups and downs. You relate to him on a personal level

(And the general things about him?)

They were suspended.

Personal therapy (n=2) and open and honest feedback from supervisors (n=3) can help black interns recognise and deal with their own unresolved issues in relation to cross-colour therapy. They can also help interns to distinguish whether an apparently racial issue is solely a therapist-related problem or an actual problem for the client.

### **6.1.2. Working with differences in norms, values and experiences.**

All the interns interviewed identified themselves as coming from lower-middle class (n=2) or working class (n=5) backgrounds.

Of those who said they had "working class" backgrounds, four interns intimated that they initially found it difficult to relate to the way that their predominantly middle class white clients presented their problems for therapy. Having lived in an environment where the most pressing problems facing families often centred around "bread and butter" issues, Interns 4 and 5 found problems such as poor self-image, shyness and other 'existential problems' difficult to classify as presenting problems.

Interns 1 and 5 came from a background where people were not given to talking about their personal problems and feelings and tended to endure or not focus on their socio-economic and interpersonal difficulties.. Both felt that their background initially made it difficult for them to fathom the needs of some of their clients.

**Intern 5:** ... talking about feelings, going to a therapist, talking about that kind of problem is totally strange and I got a hang on it, or I managed because theoretically I was OK and knew what was

happening. I wasn't do<sup>13</sup>, but what I struggled with was getting into peoples' feelings, into that way of talking, thinking.

## 6.2. WORKING WITH BLACK CLIENTS

Intern 7 found that she experienced difficulty working with black families from religious and cultural backgrounds different from her own.

(There were) more (problems) with Muslim clients than with whites. I had difficulties asking questions outright. So knowing about the culture inhibits one, like don't ask questions about sex. It was more in working with black people that I felt inhibited as I knew about the culture.

Intern 2 echoed her difficulties about working with other black people from a different culture.

With an Indian family there was some estrangement. Because of conservatism on their part ... making me feel as if I don't really understand the Indian culture. I felt excluded, I felt as if I wasn't let in.

Both these interns also had difficulty working with black people when there was no common language within which to conduct therapy.

**Intern 7:** Myself, I feel I don't have the language to work with Black-African people. Even if there were black people coming here, I'd feel uncomfortable about skills I've learnt here. (Why?) I'm not sure it would be appropriate. Just because language is so important in the work we do here, and knowledge of cultural background. So I'm saying we need to see more black people, but I'm not sure if we're able to do that and that makes me feel a little bit inadequate. The skills are so highly specialized and Eurocentric.

**Intern 2:** With an African family I think it was a language problem, where a lot of issues never surfaced. But I felt completely helpless in getting to, getting a sense of what this person was feeling, experiencing.

Some interns felt most comfortable working with clients with whom they shared a common background. Intern 1 stated that working with people from a similar "working class background" - whether black or white - was more comfortable for him. He added that he felt a particular sense of affinity with people who had been oppressed, acknowledging that racial oppression within South Africa had played a very real part in his own life. Intern 2's sense of comfort appeared to stem more from a feeling of sharing

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13 Stupid

a common "cultural" background than from a sense of identifying with others who have been oppressed:

With the coloured families there was a greater sense of acceptance with them than with any other family ... because of commonality of so-called culture ... It's easier because I could understand the language, religion.

This remark seems at odds with his earlier comment (Chapter 5) that he has "transcended the limitations of his cultural ... affiliations".

Intern 6 worked mainly with blacks, particularly during the latter half of training. Unlike some of the other interns, he saw no point in objecting to this allocation. He felt that applying himself to his training to become a competent clinician "was and still is the most important thing".

If I wanted to make a statement that I'm as good as anybody else, even if I wanted to achieve that and make that kind of statement I probably could have insisted on having so-called white patients, but for me, I wouldn't have attempted to make that kind of statement. It wouldn't have achieved anything and I didn't want to achieve anything like that.

... (Were there any doubts that you weren't as good as?)

No, no, not at all. I certainly didn't pick that up. If anything, I was accepted for my ability and knowledge.

Racial differences other than just the black/white difference may also come into play in therapy. Intern 5, in speaking about dealing with racism in therapy, noted that in his experience racist views occur not only between black and white people.

(Are you saying its not only a white on (black) thing?)

No, I think racism is more subtle. We do it to ourselves (black on black) ... all sorts of ways. The easiest and most, most blatant is white on black. But that's not the only one.

It cannot be assumed that a black intern will automatically be more empathic, understanding and effective than a white intern in working with a black family when that family or client has a different religious, cultural or social class background. These differences may block effective work with clients and result in the intern placing the responsibility for the therapy being ineffective with the client:

As a professional I was accepted, but as a person they probably doubted the degree by which I could understand their peculiar culture. Which I did not accept. I persisted in getting them to understand the imposition of their culture.

With another family:

The parents, the African family, the African parents, they were too keen to please me, hanging onto my every word ... it was too nice ... it was almost as if I was the liberal and they had to satisfy me by agreeing to whatever I said to them. There

was no way that I could break through and it could be because of the language thing. More particularly they were working class and they were just ... aping everything I was saying. They compromised themselves.

The particular life experiences and personal prejudices of interns, whether black or white, come to bear in the therapeutic situation and influence their perceptions of their clients. Becoming aware of what these influences are and how they may complicate their work with particular client types is an ongoing process. It seems clear that the possibility of such therapeutic blocks is not to be assumed to be absent or irrelevant when black interns work with black families, simply because they - the interns and the clients - have been categorised as 'black'.

## CHAPTER SEVEN

### TALKING ABOUT BLACK CONCERNS

#### 7.1. OBSTACLES TO RAISING ISSUES RELATED TO COLOUR

Some of the barriers experienced by black interns in discussing issues related to their being black are outlined below.

UCT prides itself on being a university where every student has access to the same educational resources and treatment. Black students are to be treated the same as any other students. On another, more subtle level, however, the basically sound idea that "to notice that people are black and to discriminate against them because of blackness is unacceptable" (McDonald, 1970, p. 24) has for many come to mean that "to notice that someone is black is unacceptable". Black students at UCT may feel that they are seen as colourless or are given honorary white status in their roles as UCT students whilst outside of UCT, they continue to live oppressed lives. In the words of one intern:

Colour is ignored (at UCT) even though it is a fact of life.

Another intern, speaking about the practice of informing white clients at the clinic that they might be allocated to a black intern and clearing with them whether they had any objection to this,<sup>14</sup> stated:

... (I'm) not sure if it was going on an entire year.

(Was it occurring?)

Definitely.

(How did you know?)

Not sure. Don't know if someone came to me and said 'Do you mind?' or 'We have to ask'. Don't know. It was such a hush-hush thing.

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14 The Director of the CGC (1977-1989) was consulted on this matter. According to him, it has always been the policy of the clinic to assign clients to interns on a completely non-racial basis. It was assumed that clients would accept this. He suggested that this intern's experience might have occurred with an individual supervisor, but not as a matter of policy. When drawing up the memorandum outlining supervisor's duties, it was taken for granted that race would not be an issue, so this was not specifically mentioned.

(Why?)

I think people were cautious. UCT was seen as being very progressive and I think they weren't going to make an issue out of this kind of thing when they were supposed to be progressive. Colour wasn't an issue. And yet colour was an issue.

One of the effects of ignoring colour in this way is that black students may feel that there is no space to acknowledge the experiences they have had as black people and which they bring to UCT when they become students there:

Intern 1: I will say it's like a Catch 22 situation in that to gain something, you often have to lose something. I haven't seen someone whose been able to marry it all together.

(Marry what?)

Marry the oppressed side with the kind of, articulate side. Very often you go to the other side. You kind of need to leave the other oppressed part behind ... (LATER) ... It seems just quite easy. It seems almost like they'd live in a grey area. If you live in a grey area, you don't become grey, you become white. And this is the thing when you go to a so-called multiracial school. There you become white.

This may pose a dilemma for black interns as well. They may reason that having been accepted as one of the class, having the same offices as other (white) students, having access to all types of clients and having the same rights and privileges as their white classmates, they should also only experience difficulties in relation to the course that white students experience. Reasoning in this way may make students reluctant to raise issues which are related to colour as it ignores the fact that while the external definable problems of being discriminated against may have been removed in an equal training programme, the internal experience of having been discriminated against remains with the intern who enters the programme.

Intern 1 noted that training in "the colourless zone" which is UCT can make it difficult to raise these issues not only with classmates and supervisors, but also with clients. Speaking about this in relation to white families he saw, he stated:

It loomed somewhere, but no one said anything. I sometimes felt like saying: 'What do you feel about it?' ... but at UCT you get the message: There's no apartheid in this zone, so no one talks about it. If you do, you're introducing it.

Various reasons were given by interns for their avoidance of this issue:

**7.1.1.** Fear of being seen to be making excuses for poor performance, or using their blackness to secure privileges (n=3).

**7.1.2.** Fear of being seen to be using blackness as a defence against other issues (n=5). This fear appears to be the intern's own uncertainty about the degree to which they are dealing with an issue which is racially flavoured, that is, they have difficulty distinguishing between issues and their own personal dynamics and pathology.

**7.1.3.** Fear of being seen as pathologically preoccupied with issues of colour and discrimination (n=2). Answering a question about whether he thought his tendency to adopt an oppositional stance was particular to him as a black intern, Intern 2 found it necessary to contextualise his answer in the effects of apartheid. Asked why he could not just speak of his own experience, he stated:

I suppose in a sense it may sound unintelligible if I just tell you ... I always speak to people about it in some kind of coherent framework. I don't just throw it out.

(Why not?)

It's just appropriate requirements of talking. Communication. One can't just say: 'Hey, I'm fucking angry because of apartheid. I've been humiliated and my dignity's been trampled throughout my developing years' ... I mean, people will think: 'OK, fine, so you've got a chip on your shoulder...'

**7.1.4.** Uncertainty about whether these issues are best shared or dealt with personally (n=2).

**Intern 1:** You felt like this, but didn't want to make an issue of it as you felt you'd be a nuisance to people, trouble them; you're always getting the subtle message that it's your problem.

**Intern 3:** ... It's your problem, you deal with it on your own.

**7.1.5.** Feeling that talking about experiences as a black is not "deep" enough (n=1).

**Intern 7:** (Initially) I wasn't going to talk about my growing up as a black in therapy as that's superficial. I'm here to talk about what's going on inside.

As the year progressed she came to feel more comfortable:

Now there's a space for this (talking about black issues), provided there's a space for deeper intrapsychic things.

**7.1.6.** Reluctance to be seen as the authority on - responsible for raising - black issues (n=2). Two interns commented on finding themselves clarifying aspects of issues discussed in class which might have particular implications for black clients/people. While both

stated that this role did not require any special effort from them, they had no desire to be typecast into the role of being spokespersons for blacks:

**Intern 7:** ... feeling I don't want to come across as being the watchdog for the sake of being black. Others can also raise that. It's not my privilege ... because being black doesn't give one exclusivity to experience of blacks ...

**Intern 4:** I didn't want to be caught up in that role, I didn't want to be the person who always does that (why?). My expectation is that everyone else will do it too ... I think: 'What the hell, you're not going to look at this, so fine!'

**7.1.7.** The intern's own perceptions and fears also play a role in the extent to which he or she may feel comfortable or secure enough to talk about issues relating to black experiences.

**Intern 6:** I felt they wouldn't understand, that I'd be ostracized and it was important for me to get my degree so I wasn't prepared to risk that ... ostracizing. I realized later that this was a fantasy of mine, as I took risks to start sharing experiences and there was understanding, albeit intellectual.

Two other interns also mentioned this increase in confidence to speak about issues related to their being black as they started to risk talking about these issues to others and were met with understanding or acceptance from others at the clinic.

**Intern 5:** I don't know what I expected, but it wasn't so bad raising it with my supervisor, he seemed to actually acknowledge it. So let's go one step further with the class.

## **7.2. STRATEGIES FOR DEALING WITH ISSUES RELATED TO COLOUR**

### **7.2.1. Slanted communication**

To avoid being seen as raising these issues for any of the reasons outlined above, interns may sometimes use indirect means of expressing their feelings. These have already been mentioned in Chapter 4.

### **7.2.2. Avoidance**

Another way of dealing with colour-related issues in training is to work on the premise that there are no issues of this nature to talk about. Not noticing these issues

also serves to protect one from potential difficulties in relation to colour. The following comment from one intern suggests such protective avoidance:

(Speaking about whether the issue of colour had come up during his training)

(... and in relation to patients?)

Not at all. With some of the families I formed a very, very close relationship, never had an issue. If it was I was oblivious to it.

(... So for you the issue of colour wasn't all that much of an issue.)

Probably because I'm not a very militant person. And I'm a very private person, I've got very strong religious values and wasn't very active politically. So for me at that time it wasn't a major issue.

### 7.2.3. Supervision and Personal Therapy

Interns may channel their questions about colour-related issues through supervision and personal therapy as well. These direct avenues may, however, prove too threatening for interns during their training, particularly if their supervisor or therapist is white:

**Intern 3:** (About her supervisor at the clinic) ... your helpless feelings you take to supervision or to your friends. In fact supervision can also be quite problematic in a way because you don't want to say... my supervisor was a white, she's someone that I admire very much, she gave me very good support ... but now that I think about it, she was also a white person. And remember, she didn't make me feel that at all. I must be quite honest about it. I'm not saying she didn't have her prejudices. I don't know what she felt ... but the problem was that she was white so I couldn't talk to her as I might have talked to her if she was black. (Because?) It's difficult to say to a white person "I feel helpless" because I have pride too. You don't want to say to someone who makes you feel helpless "you make me feel helpless, threatened" and of course she wasn't my therapist.

The same intern about her personal therapy:

... because you've always been suspicious with whites and you don't know when they're going to hit you. And now I don't mean physically, but psychologically as well. You don't trust that when you're in therapy with them ... Until you've worked through that particular issue, you know ...

(later)

... only realised later that it was - when I was in therapy with my black therapist (laughs) - it would have been very difficult to have to tell a white therapist that the bottom line of the problem is that I feel threatened by whiteness.

Other interns also discussed the issue of colour in relation to their choice of personal therapist, and their experience of talking about colour in therapy:

**Intern 5:** When I thought of starting therapy I phoned around for a black therapist. There were none available so I eventually took a white. I was glad in retrospect ...

He explained that with a black therapist he might have assumed his therapist understood some of his experiences and he might have glossed over them. With his white therapist he made no such assumptions.

Intern 2 noted that his primary consideration in choosing a therapist was the therapist's theoretical orientation. The issue of colour only arose once therapy had started with his (white) therapist. He stated that during the assessment he had spoken about being black "and all the rest of it". The therapist put it to him that he should start therapy with someone else as he (the therapist) "did not have the background". The intern chose to stay with this therapist, however, once it was established that he was not "looking at politics, but issues which affected (his) psychological being".

#### **7.2.4. Indirect strategies**

One of the indirect ways of dealing with colour is to research colour-related issues. While not dealing with the interns' difficulties directly, writing - as opposed to talking - about colour can be a constructive means of addressing this issue. This research project may be seen as a case in point, as the decision to conduct this research was an offshoot of the researcher's own questions and experiences in relation to colour during training. Another intern in this sample expressed a similar channelling of her feelings and experiences in relation to colour:

Intern 7:(Talking about her experience of crying during her selection interviews after a question about her Honours thesis which dealt with a colour-related issue):

What happened was, something flipped out. (What was that?) I think it was painful feelings related to having felt very isolated at university, very, very angry and very envious.

(Angry and envious?)

Angry toward ... white society and envious of what they have and I don't have...

(You wanted to present your coping self, but something flipped out, painful feelings related to being black)

Ummm.

(Are you saying that usually your way of relating helps you not to have to look at that?)

Ummm. Absolutely. I mean ... um ... definitely.

(What do you do, not to have to look at that?)

Just repress and intellectualise. I even wrote an intellectual thesis about the experience. But never experienced it, allowed myself to feel it. Instead, I wrote a thesis about it.

Where these issues arise, it seems important that interns have or create some means of addressing the issues as part of their personal and professional development. At least 4 of the 7 interns who participated in this study stated that the opportunity to talk about their experiences during interviews was of benefit to them. Further sessions over and above the three requested, were offered by 4 interns as well, indicating it is felt, the relevance of these issues for these interns.

## CHAPTER EIGHT

### SUMMARY OF RESULTS, DISCUSSION AND RECOMMENDATIONS

In this chapter the results are summarised and discussed, and on the basis of this, brief recommendations are made. The chapter closes with an examination of the limitations of the study and suggestions for further study in this area.

#### 8.1. SUMMARY OF RESULTS

The results have been summarised in the form of three tables.

Table 1 summarizes interns' perceptions of the impact of colour on language usage (Chapter Four). This theme has been summarized separately to illustrate interns' views on the impact of colour in three areas of language, namely (a) written and (b) spoken language, and (c) their reading of psychological literature.

The interns' highest ratings out of four categories (see key below Table 1), are listed at the end of Table 1 for these three language areas. The highest ratings are used as interns' overall scores for Language in Table 2.

**TABLE 1** Colour as a factor in language usage

Language Area	Intern Number						
	1	2	3	4	5	6	7
Written Language	4	1	2	1	1	1	1
Spoken Language	4	4	4	2	1	1	1
Reading Literature	4	4	1	4	3	1	1
Highest rating for any category	4	4	4	4	3	1	1

**Key to Table 1:**

- Category 4: Colour was an important issue in this area (theme) of training. Its importance varied qualitatively.
- Category 3: Colour arose as an issue, but was considered unimportant in this area of training.
- Category 2: Colour did not arise as an issue in this area of training.
- Category 1: This theme was not discussed.

In Table 1, four of the five interns who spoke about language experienced colour-related issues in at least one of the three areas of language usage in an important way (Category 4). The fifth intern considered colour-related issues as negligible in the use of language in training.

Table 2 summarizes each intern's perceptions of the impact of colour in the five themes discussed in the preceding chapters.

TABLE 2 Colour as a factor in the five areas of clinical training (themes)

Theme	Intern Number						
	1	2	3	4	5	6	7
Not being good enough	4	4	3	3	4	2	3
Language	4	4	4	4	3	1	1
Working with Clients	4	4	4	3	3	2	2
Relating to Others	4	4	4	4	4	2	2
Talking about Colour	4	4	3	4	4	4	1

Table 3 reduces Table 2 to indicate how many themes fell into each of the four categories.

TABLE 3 Number of themes per category

Category	Intern Number						
	1	2	3	4	5	6	7
4	5	5	3	3	3	1	
3			2	2	2		1
2						3	2
1						1	2

An examination of Table 3 reveals the following:

- (a) Two interns experienced all five themes as having been affected by colour-related issues in some important way.
- (b) Three interns experienced colour-related issues affecting three of the five themes in an important way, although the themes in question differed from one intern to another. Colour was also an issue in the remaining two themes, but for these three interns, was felt to be unimportant in their training.

The remaining two interns differed as follows:

- (c) **Intern 6:** This intern had difficulty with only one of the five areas under discussion (talking about colour) and only during the initial months of training. Language did not come up during discussion with this intern and the remaining three issues (Not Being Good Enough, Clients and Relating to Others) were not felt to be problematic.
- (d) **Intern 7:** Only three of the five issues came up during interviews with this intern, viz. Not Being Good Enough, Working with Clients, and Relating to Others. Of these, none were experienced as being important during training.

Some implications of these results are discussed below.

## 8.2 DISCUSSION

### 8.2.1 The professional impact of being black.

While certain interns shared some common difficulties relating to colour during their professional training as psychologists, the ways in which these difficulties were understood, the intensity to which they were experienced and the manner with which they were dealt by individual interns differed according to their personal experiences, their customary ways of relating to others, and of dealing with problems in general. Problems related to colour also arose during the interviews which were specific to individual interns.

Given the complexity of this subject, it would be impractical to suggest a simplistic approach toward assisting individual black interns to work with racially based stresses in training. While provision should be made for the black intern who is experiencing colour related problems to work with these within the confines of a supportive training environment, black interns (and their trainers) also need to be aware of and avoid overlabelling problems as racially-based. This in itself is difficult to achieve. At least one

intern (Intern 5) quoted examples of how he deliberately ignored colour related issues as a means of maintaining a view of himself as being on par with fellow (white) interns. A second intern (Intern 1) saw how he initially attempted to avoid rejection as a black therapist by 'talking white' and thus making himself 'whiter' and more acceptable to his white clients. Both these interns were able to identify these possible motives for their behaviour only in retrospect. It may be difficult for interns already made vulnerable by the stresses of internship to look at such difficulties as well. For others, these issues may well be significant on a personal and professional level, and yet may not have been worked through in a way that makes it possible for them to discuss them with insight. Interns who were still undergoing training and in the early phases of personal therapy were able to identify areas related to the colour issue which bothered them, but, unlike interns who had been practising as psychologists and had been longer in personal therapy, were often hard pressed to elaborate on what specifically affected them and how they were affected. The interns' insight into the effects of these issues on their personal and professional lives would influence their ability to work with trainers on colour issues. Individual trainers may also have certain preconceptions and expectations about the intern as a black person. Three interns raised the subject of discussing racial problems with their individual supervisors. Of these three interns, two had difficulty raising issues with a supervisor, and felt that the difficulty might well have been due to the supervisor's own attitudes toward black issues, as this had not been their experience with all their supervisors.

### **8.2.2. A model of the development of an intern's professional identity**

Friedman and Kaslow's (1986) paper, briefly mentioned in the literature review, provides a model of the developmental nature of the trainees' professional identity.

This model sees the development of the professional identity as similar to the developmental stages of individuation and identity in humans as described by Erikson (1950) and Mahler (1975) and her co-workers (Friedman & Kaslow, 1986, p. 48). This professional identity, outlined in six phases, is seen as being built on and becoming part of the interns' self concept through an ongoing experience of facilitating therapeutic change or healing in clients through the therapeutic process. While Friedman and Kaslow's (1986) paper specifically focuses on the experiences of psychotherapists in training, it is felt that the principles outlined apply to the training of clinical psychologists

as well. The model is felt to be of particular value here, as it provides a useful way of understanding the anxieties and insecurities interns may experience as a normal function of the training process, and suggests ways in which supervisors may work with these anxieties to promote the interns' development.

For the purpose of this study, Table 4 below has been devised to show a summary and the main issues discussed in the above paper in conjunction with some results of this study, as follows:

- Column 1: The six stages identified by Friedman and Kaslow (1986).
- Column 2: The duration and primary focus of training at each stage, and interns' responses to this focus of training.
- Column 3: The type of anxiety and uncertainty which might be expected of interns at each stage.
- Column 4: This column is an addition to Friedman and Kaslow's (1986) model. It suggests some of the ways in which the uncertainties and anxieties identified in Column 3 may manifest in black interns around the issue of colour. These suggestions are drawn from the results of this study. Comments from the experiences of two interns, here referred to as Intern A and Intern B, have been included to illustrate the points made.
- Column 5: Friedman and Kaslow's (1986) views on the role of the supervisor are outlined here. Additional comments relevant to the black interns' situation have been added where necessary.

The process outlined in Table 4 spans several years, going well beyond the experience of interns in the first- or second-year of training. This serves as a reminder that while the official training period before registration is but 18 months, development as a psychologist goes far beyond this time limit. Interns would probably differ in the duration of time needed to negotiate those stages to professional maturity which may apply during their training. Friedman and Kaslow (1986) state that by the time psychologists have established a professional identity which allows them to work confidently and independently, vulnerabilities prominent during their training have receded into the background in most cases. Vulnerable areas avoided or left unexplored may remain as unnecessarily prominent issues affecting the psychologists' work with clients. Such difficulties which black (or white) interns may experience in relation to colour could be one such issue with which interns and their supervisors may need to work as part of the developmental process.

TABLE 4: The development of a professional identity in the psychology intern<sup>1</sup>

1. STAGE	2. STAGE CHARACTERISTICS	3. INTERNS' EXPERIENCE DURING THIS STAGE	4. BLACK INTERNS' EXPERIENCE (Where colour is a significant issue)	5. SUPERVISOR'S TASK
<p>1. Excitement and Anticipatory Anxiety</p>	<p>+ duration: several hours to several months.                      + Begins with notification of acceptance and ends with allocation of the first concrete assignment as a therapist.                      + Marked diffuse anxiety brought about by the enormity of finally starting professional training as a psychologist, and maintained by the unstructured waiting of orientation where the intern has no concrete task on which to attach anxiety.</p>	<p>Interns may be especially vulnerable during this stage and susceptible to ascribing these anxieties to other issues with which they have come into the training course.</p>	<p>Intern may attach this free-floating anxiety to concerns about the role which their colour may play in their experience of training.                      (Int. A: I dreaded going to the Clinic. Oh, my God, now I'm going to see those white families...)                      Colour related issues may be avoided because of previous associations.                      (Int. B: I thought if I used race it could become an excuse for poor performance ... I suppose reacting quite often to friends and other people who used blackness as an excuse and don't reflect more on what's happening ...)</p>	<p>Providing the security from which to explore this new therapeutic world. Accurate responsiveness to the intern's anxieties and vulnerabilities. The qualities which interns in this sample found helpful in supervisors with whom they raised issues about colour are outlined in this chapter.</p>
<p>2. Dependency and Identification</p>	<p>Duration: months                      + Begins with intern's first assignments and their growing awareness of the effect that they are having on patients.                      + (Norma) at this stage for the interns to experience patients' reactions to them on a personal rather than a (as yet unformed) professional level.                      It is the patient who sees the intern as a therapist at this point and in responding to the intern as such (with resistance, aggression, idealisation, etc.) helps the intern to start identifying him- or herself, and respond, as a therapist.</p>	<p>The demands of this new role taxes the interns' meagre reserves of confidence and skills in ways which leave the interns confused and heavily reliant on supervision. The interns are uncertain about how to work and what they are supposed to do. They are plagued by fears about their ability to become competent, doubts which are appropriate to their underdeveloped levels of professional identities. Interns may ask themselves "Do I have what it takes to perform this work successfully?" Experiences related to their professional work are as yet difficult to separate from personal experience.</p>	<p>Interns may wonder if their lack of competence is related to being black.                      (Int. B: I mean, I never doubted I wasn't confident, sometimes, and that was the feedback I was getting so I never questioned that, but part of that made me think that maybe why I seem to be struggling so much is that they accepted me as a token and maybe I'm not good enough as a black psychologist.)                      Interns' perceptions of patient responses may also be influenced by their fears about this.                      (Int. A: Beside the fact that you feel incompetent as an intern ... you're black, now you wonder what they're (a white family) feeling. It put me at a disadvantage...)</p>	<p>Supervisors guide interns to organise and anticipate their initially chaotic and emotionally draining experiences.                      Particular care needs to be exercised in screening out complex management cases at this stage as it could overwhelm interns and hinder their growth. It is not implied here that white patients should initially be screened out of the black interns' caseload because of the possibility that the intern might have particular difficulties around the issue of colour. Rather, issues which do arise in this regard provide the setting within which the supervisor would 'guide to organise and anticipate' difficulties which may occur.</p>

\* Adapted from Friedman and Kaslow (1986).

TABLE 4 continued

1. STAGE	2. STAGE CHARACTERISTICS	3. INTERN'S EXPERIENCE DURING THIS STAGE	4. BLACK INTERN'S EXPERIENCE (Where colour is a significant issue)	5. SUPERVISOR'S TASK
<p>i. Activity and Continued Dependence</p>	<p>duration: months to years.            + Begins with the intern's realisation that patients have faith in their 'healer' status.            + Interns become less dependent on didactic input from the supervisor; more actively involved in the therapeutic and supervision process.            + Interns assume a greater sense of professional responsibility for their therapeutic interventions.</p>	<p>This greater sense of responsibility is again accompanied by bouts of anxiety about the suitability of interventions and concern about whether they are overestimating their abilities.</p>	<p>As a consequence of the interns' beginning experience of competence there would be a reduction in the beliefs about blackness causing difficulties around competence, but some doubts may surface on occasion.            (Int. A: What's come to me over the years is that I don't actually feel good enough... ultimately you do get to the point ... I do perhaps feel confident enough at this stage to proceed. But what I'm saying, for the black person it seems to take a helluva lot longer ... (It has) for me ... because of my experiences.)</p>	<p>An acceptance and understanding of the interns' vacillation between passive and active levels of work promotes the development of their confidence and self-esteem.</p>
<p>ii. Exuberance and Taking Charge</p>	<p>duration: years            + Begins with the interns' realisation that they are really therapists.            + Interns feel more in command, professionally because of a greater understanding of their job, the treatment process and the likelihood of their facilitating change in a given patient.            + The above occurs because of a 'gelling' of experience in response to the amount of patient contact, their own experience of personal therapy, and from a greater knowledge-base from literature, class and supervision discussions.            + Interns begin to identify with a particular theoretical orientation.            + Supervision is less patient-focused.            + Interns feel more secure in exploring countertransference issues.</p>	<p>Interns start to consolidate their professional identities as new psychologists.</p>	<p>Interns experience greater comfort in exploring the possibility that colour may be an issue for consideration in training and have greater insight into how colour may have played a role in their therapeutic work.            (Int. B: And it was only when I felt that I was getting there, it felt much more comfortable ... If I think in retrospect, I can now consider the race issues ... give it much more weight than I did then. The reason for that is I feel I'm good enough at that white, middle class (profession).)</p>	<p>The supervisor's previously supportive style is still appreciated, but has become insufficient. The intern now needs the supervisor's knowledge, from literature and direct practice, in a consultative rather than directive manner. The supervisor hands over the direction of the sessions to the intern.            *This more mature therapist, in dealing with colour related issues would benefit from consultation with supervisors well versed in the dynamics of the black therapist-white client situation (see Ch.5), as well as in the black therapist-black client situation, especially with regard to the therapeutic issues such as those described under "working with black clients". This assistance may be provided through the supervisors' reading in this (as yet unexplored) area, through the supervisors experience of working with other black interns with similar</p>

TABLE 4 continued

1. STAGE	2. STAGE CHARACTERISTICS	3. INTERNS' EXPERIENCE DURING THIS STAGE	4. BLACK INTERNS' EXPERIENCE (Where colour is a significant issue)	5. SUPERVISORS' TASK
5. Identity and Independence	<p>duration : lasts for several years.</p> <ul style="list-style-type: none"> <li>+ Begins with the psychologist's ability to see him- or herself coping without the supervisor's full support.</li> <li>+ Interns move to a peer level supervision group. (Junior staff level psychologists)</li> </ul>	<p>Firmly internalised clinical frame of reference on which the therapist draws fairly confidently in making treatment decisions.</p>	<p>A sense of competence and confidence allows the black therapist to view remaining issues about colour in perspective, rather than in a manner which incapacitates the individual as a psychologist.</p> <p>(Int. A: In my field I'm a reasonably good therapist, a which is fine, I don't aspire to be the best. I think I'm OK. I don't need that reassurance any more. I don't feel people can lay a trip on me anymore, that I'm OK for a black.)</p>	<p>problems or through the (black) supervisors' own/ direct experience.</p> <p>The intern may be seen to initiate power struggles with the supervisor. This is an entirely normal process as part of the intern's bid to become independent as a clinician. Peer group supervision becomes the norm during this stage of the intern's development.</p> <p>The black intern may benefit from including other black psychologists in his or her peer group on a professional level, with the view to drawing on common experiences of colour in the therapeutic situation, and maintaining perspective on this issue by evaluating his or her own understanding of issues - perceived to be colour related - against that of other black peers. This effort to include black peers is particularly relevant to some UCT-trained interns who may have limited exposure to black peers professionally.</p>
6. Calm and Collegiality	<ul style="list-style-type: none"> <li>+ Firmly established professional identity.</li> <li>+ Risk taking has become an integral part of the therapist's style.</li> <li>+ Self doubts about competency issues are less intense and the accompanying anxieties muted.</li> <li>+ Greater sense of autonomy with reduction of intensive monitoring and evaluation by supervisors.</li> <li>+ Peers considered a valuable resource.</li> <li>+ Countertransference becomes a prominent focus for self-examination.</li> </ul>	<p>Vulnerabilities prominent during training and which hindered the learning process have receded into the background in most cases.</p>	<p>Reference has already been made to the fact that interns in the sample who were still undergoing training at the time of the interviews had greater difficulty than more mature (practising) members of the sample in elaborating on exactly what the issues were which bothered them in relation to colour and how this affected them/their work.</p>	

### **8.2.3 Dealing with colour issues.**

#### **Selection of interns.**

Even before interns are selected for the training course, experiences of colour may come to bear on their training process. Applicants for the training course may be unsure whether they are "good enough" to be selected for training. Such fears are a usual accompaniment to any selection process, but may be complicated by colour. This may be exacerbated by fears that the call to train more black psychologists may lead to a situation where interns are selected because they are black rather than because they are felt to have the potential to become competent psychologists.

The following information was given by the Director of the Child Guidance Clinic (1977-1989), and the present Director (1990-1991), when they were consulted about this issue:

- 1977-1989:** No formal policy was drawn up, but on an informal level, it was "policy" not to select candidates, irrespective of colour, who were felt to lack the intellectual ability and emotional stability to complete the course satisfactorily. However, where two applicants were felt to be equally suitable for selection, one black and the other white, the selection committee tended to vote in favour of the black applicant.
- 1990-1991:** The selection committee still uses an informal policy to select equally suitable black over white applicants for the course. However, the committee's primary consideration in selecting interns remains the applicant's potential ability to become a competent psychologist. Evaluation of applicants' competence is based on their academic record, relevant experience, referees reports and clinical judgement of their suitability by members of the selection committee.

Given the above, it appears that black interns' concern that they may have been selected solely to improve the ratio of black to white psychologists is, at least for this university, unfounded. At the same time, the practice of positive discrimination to increase the number of black psychologists have implications for the number of white interns admitted to the course in the future. Although motivated by need (PASA, 1989), such a practice may now result in white applicants feeling disadvantaged by their colour when applying for this course.

That such feelings are not experienced by all black interns before they start their training seems clear. For those who do, it would be helpful if steps were taken to alleviate any unnecessary stress they might experience during selection. The recommendations made in this regard are based on the interns' perceptions of their

training. Other than two brief interviews with two directors of the CGC to clarify certain issues of policy, this study did not examine the course itself. Given that aspects of the course probably changes over time, it is acknowledged that there are probably other pertinent matters not covered by this study which would need consideration in implementing the recommendations made below.

### **8.3. RECOMMENDATIONS.**

#### **8.3.1. Preselection information.**

Applicants receive a comprehensive handbook outlining various aspects of the course. We have seen that black applicants may entertain ideas that they may be selected for their colour and not their ability. It may be useful to devise a pamphlet which provides a brief and accurate account of the Clinic's response to developments in South Africa and to include this information in future handbooks. It could include, amongst other relevant issues, the Clinic's "policy" on training interns from all official population groups.

#### **8.3.2. Orientation - Information and Discussion**

An important part of the UCT interns' training is personal development (CGC General Information Handbook, 1991, p. 11). Ample opportunity is built into the course for this purpose, including a weekly group therapy session for interns, individual clinical supervision with clinically trained supervisors, and a strong recommendation that interns undergo psychotherapy during their training. At the same time we have seen that some interns may initially have difficulty raising racially related issues within these structures. It would be useful if topics such as these could be raised within the context of students' orientation to the course and so provide interns with a forum to discuss such issues.

At present the initial six week orientation period focuses primarily on the following:

1. Academic knowledge - through introductory study and basic instruction in the core courses to be covered during training.
2. Practical clinical skills - through practice in history-taking, clinical skills, case formulation, basic diagnostic procedures and record-keeping (General Handbook, 1991, p. 11).

A brief slot could also be set aside to focus on the third element of training, namely personal development, where students could be orientated to some of the issues which interns in past years have experienced and which might be relevant to new students. Some such issues are those covered by this study. Clearly there must also be other common problems in interns' personal development which trainers have encountered in their observations of interns with whom they have worked. One issue, common to interns, is the high degree of anxiety and feelings of inadequacy which form - to a degree - a normal part of the interns training experience (Friedman & Kaslow, 1986).

Allowing that a vast amount of material must be covered during the short orientation period, this study does not suggest that intensive sessions should be arranged to introduce racially-related issues, but simply that as in other areas of orientation, relevant literature, such as material referred to in this study, be made available to students. Seminars or workshops could be arranged to allow students to discuss their impressions and experience of such literature. The purpose, in relation to colour specifically, would be to facilitate "talking about black concerns" for those interns who may need to do so (cf. Chapter 7).

Comments from interns suggest that opportunity to discuss these issues as they relate directly to their professional roles as psychologists is important. Interns noted spontaneously that the opportunity given them by this study to focus on this issue was valuable (Chapter 7).

### **8.3.3. Development of the self during training**

#### **(a) Personal therapy**

Six interns underwent personal therapy. Five found their personal therapy invaluable for dealing with some of the racial issues they were experiencing on the course. Personal therapy is separate enough from the course to allow examination of racial (and other) conflicts which the intern finds difficult to discuss with class-mates, lecturers and supervisors. As these may have a direct influence on how the intern functions on the course and is able to resolve problems of professional significance for him or her, personal therapy should be viewed as a necessity rather than an option during training.

(b) Black staff

At least two interns in this sample spoke about the sense of freedom they experienced when attending gatherings where, uncommonly for the UCT-trained intern, the majority of psychologists and professionals were black. One noted that in contrast to "white events", the sense of being evaluated on the basis of colour was removed at these "black events".

The inclusion of black staff on the team of trainers involved in the clinical programme at UCT could help provide an environment in which black interns would feel less inhibited about raising issues of colour. Watts (1987) and Hilliard (1988) see access to supervision, tuition and counselling from black staff on the clinical team as one of several prerequisites for the optimum development of the black intern's professional identity. Opportunity to spend time with black trainers where colour and its subtle signifiers are neutralized, allows black interns to interact with other psychologists without the added complication of the colour dynamic. Speaking to black psychologists/trainers and discovering that they may also be working through similar issues brings a sense of reality to their own experiences.

The above comments do not suggest that only black psychologists are suitable to train black interns. Rather it is suggested that black psychologists be included in a clinical training team where all members, irrespective of colour, would have to meet the usual criteria considered necessary for trainers.

(c) Supervision

The following qualities in their supervisors enabled interns to raise issues of colour without discomfort:

1. An ability to discuss racial issues in a matter of fact manner. Interns responded positively to supervisors who felt comfortable discussing issues of colour which were relevant to their development as clinicians. Interns also found it helpful to see their supervisors view these issues as valid training experiences. This would be important to interns who are unsure of the validity of their concerns about being black interns.
2. An ability to assist interns to place their concerns about race into perspective. Firstly, interns may need help to differentiate between feelings and experiences which are racially related and which may influence their work as psychologists, and those which spring from other issues facing interns. Where racial factors are present, it is necessary to identify which have their source in the client and which in the intern's own conflicts, and to know how to work with these situations

appropriately. Four interns stated that overt racism in the therapeutic situation was easier to work with, but in practice they more often had to work with the uncertainty of not knowing whether race was a primary issue or not. Supervision could help clarify this.

Secondly, interns may need help to avoid unnecessary concern that the difficulties they themselves are having and which normally arise as part of the training process, might result from their supposed inferiority (blackness).

It would be necessary for supervisors to be aware of some of the ways in which these thoughts and feelings arise and come together in their students, if they are to be helpful facilitators. Various models have been proposed within which supervisors may work with trainees (Hess, 1986). While it is not within the scope of this study to explore these, one such model was discussed earlier as a possible framework within which supervisors may work with interns.

#### **8.4. LIMITATIONS OF THE STUDY**

##### **8.4.1. Size of the sample**

The views expressed by interns in this study represent those of only 7 of the 12 (58%) black interns who trained at the UCT Child Guidance Clinic. The researcher found these views concurred with many of her own colour-related experiences of training at the Clinic, but it cannot be assumed that the other four non-participants would share these views in any way.

The interns who did not participate in the study (42%) represent a sizeable portion of black interns who have passed through the UCT training programme. Clearly then, it cannot be assumed that the findings can be generalized to the experiences of all black interns at the CGC, nor to those of the broader population of black interns or psychologists.

##### **8.4.2. Focus on the Clinic**

The results derive mainly from interns' experience of their first year of training at the CGC. This period was the focus of the study because there were participants who, when interviewed, had not yet started their second year of training. Interns' experiences at the CGC were gained within a fairly uniform training programme, whereas they were

placed in a variety of settings in their second year. It was felt that this study was too limited to allow thorough examination of interns' experiences in so many settings. In addition, comments made about their experiences in their second year tended to identify them. A further comprehensive study might focus on both years of training.

#### **8.4.3. Simplicity of the Data reported**

The detail in which any one issue could be explored in this study was limited. The results are not an exhaustive account of the views of those interns who did participate in the study. It is felt that the material reported should be seen as only the "bare bones" of the complex issues facing individual interns.

#### **8.4.4. Perspective of the Study**

The study has focused on interns' subjective experiences of colour as a factor in their training. These perceptions represent the interns' own constructions of their experiences, in situations which might well have been experienced differently by others with whom they related at that time. Nevertheless, as a reflection of their own understanding of these experiences, it is felt that these accounts or perceptions have a validity of their own. At the same time, lecturers, supervisors and others involved in this training course may have other perceptions of the influence of race on the training of interns.

### **8.5. SUGGESTIONS FOR FURTHER STUDY IN THIS AREA**

An examination of the limitations of the study suggest the following avenues for further investigation.

#### **8.5.1. Experiences of other interns**

This study focuses on the experiences of some black interns at one "white" university. A more comprehensive study could also examine the perceptions of white interns studying alongside black classmates. It might focus on both "white" and predominantly "black" universities which have non-racial selection policies. It would also be of interest to research the experiences of black clinical psychology interns studying at

"black" universities, and to contrast these findings and the findings of research into other "white" universities with those of this study.

### **8.5.2. Others' perspectives**

A few of the qualities interns found helpful in their supervisors when raising colour-related issues in supervision were outlined earlier. It might be useful to investigate this issue from the perspective of supervisors and other trainers at the clinic, to establish whether their experiences with black and white interns raised difficulties particular to each group, and if so, to identify and suggest ways of dealing with them. Such a study would also provide an opportunity to establish whether the guidelines proposed in the adapted version of Friedman and Kaslow's (1986) model could be of practical value in supervising psychology interns.

## **8.6. CONCLUDING COMMENT**

This study is by no means a comprehensive account of the colour-related experiences of black intern psychologists. It is felt, however, that the common themes identified illustrate that, for some black interns undergoing clinical training of this nature, the issue of colour may be an important consideration and would need to be addressed by both interns and supervisors in the pursuit of competence and confidence as professional clinical psychologists.

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## APPENDIX A

### RESEARCHER'S QUESTIONS

Comments and questions posed by the researcher stemmed mainly from issues raised spontaneously by the interns during interviews. Occasionally, with certain interns, an issue was introduced by the researcher. These questions, taken from the transcripts of the interviews, are listed below. The interns to whom these were directed are indicated in brackets after each question. In the main, where these questions were not asked directly, the issues to which they pertain were introduced by the interns.

- \* When you came into the course, were your perceptions of the role of the psychologist the same as or different from what you found? (Interns 2 and 5).
- \* With regard to the counselling styles and techniques taught at the clinic ...  
... Did you think them geared to a particular section of the community? (Interns 2, 4 and 5)
- ... What were your feelings about the nature of the skills you were acquiring? (Intern 3)
- ... Did you have any preference for particular techniques or ways of working? (Intern 7)
- \* How do people in your community relate to you now that you are a psychologist? Do they see you in the same way or differently to before you become a psychologist? (Intern 1, 2, 5 and 6).
- \* Did you think that colour played any role in your being selected for the course? (Intern 6 and 7)
- \* Did the issue of colour come up for you in choosing a personal therapist? (Intern 2 and 5)
- \* Did the colour of your therapist affect you in any way? (Intern 7)
- \* Did the issue of colour come up in your personal therapy? (Intern 6)
- \* In relation to your class, lecturer or supervisors, did the issue of colour come up? (Intern 2, 4 and 7)
- \* Did any issues of colour arise during your work with clients? (Interns 3, 6 and 7)