# Community - Clinical Psychological Consultation with Teachers in an "African" Lower Primary School: Discourses and Future Directions.

by

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September 1989.

Supervisors: S. Swartz and L. Swartz.

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A dissertation presented to the Faculty of Social Science and Humanities and the Department of Psychology, University of Cape Town. In partial fulfillment of the requirements for the Master of Arts degree in Clinical Psychology.

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Thanks to my supervisors, Sally and Leslie Swartz, for their guidance and support and to my colleague, Nomfundo Walaza, for her teamwork. I also wish to acknowledge Terry Dowdall, Director of the Child Guidance Clinic, and Mr. Mamma and Mr. Jonas of the Department of Education and Training for their association with this study.

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Abstract.

Following the action research tradition, a series of four workshops was conducted with 14 —▷ 20 teachers at Songeze Lower Primary School in Guguletu. The workshops were in response to a preceding 'fact-finding' study as to the teachers' perceptions and attributions regarding common emotional and behavioural problems of pupils at their school. This pilot study arose from debate about the relevance of psychological practice in the South African context and in an attempt to identify feasible means of extending the services of the University of Cape Town's Child Guidance Clinic to "oppressed communities" in the Cape Peninsular. It was hypothesized that workshops would be a resource-efficient means of triadic, community - clinical consultation. This workshop series was negotiated with the teachers and comprised: 'Problem Identification and Assessment', 'Discipline', 'Listening Skills' and 'Referral Resources and Group Consultation'. During each workshop, didactic input was supported with hand-outs while large group discussion and problem solving was also stimulated. The last three workshops were quantitatively evaluated by the teachers and in a fifth meeting their qualitative feedback was elicited. An important variable in the above study involved its having been conducted by two researchers, one being "black" and the author being "white". Issues of language barriers, credibility, trust and differing perceptions and expectations between researchers and the participant teachers complicated the workshop process. The teachers' differential responses to the researchers, based on

their 'colour', resulted in each experiencing and interpreting their role and relevance differently. It was found that the teachers' most pressing needs concern basic teaching skills and that clinical psychologists have a relatively minor contribution to make via simple, directive input along behaviour modification principles. Workshops were not found to be an optimal mode of intervention. It is suggested that inter-disciplinary team consultation, with clinical psychology interns playing a role in psychological and psychometric assessment and providing workshops on topics such as Discipline may be a more appropriate means of extending the Child Guidance Clinic's services to schools in the Guguletu community. A strong recommendation is made that the study of an "African" language be included in the Clinical Psychology training program. A further suggestion of exploring the need for, and feasibility of, interns conducting teacher support groups is also forwarded.

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# Chapter 1.

## Introductory Background.

This study deals with issues and debate concerning the availability of psychological services to currently under-served communities in South Africa. The specific focus is the question of how to modify and extend the services of the University of Cape Town's Child Guidance Clinic to a sector of an oppressed "black" community in the Cape Peninsula.

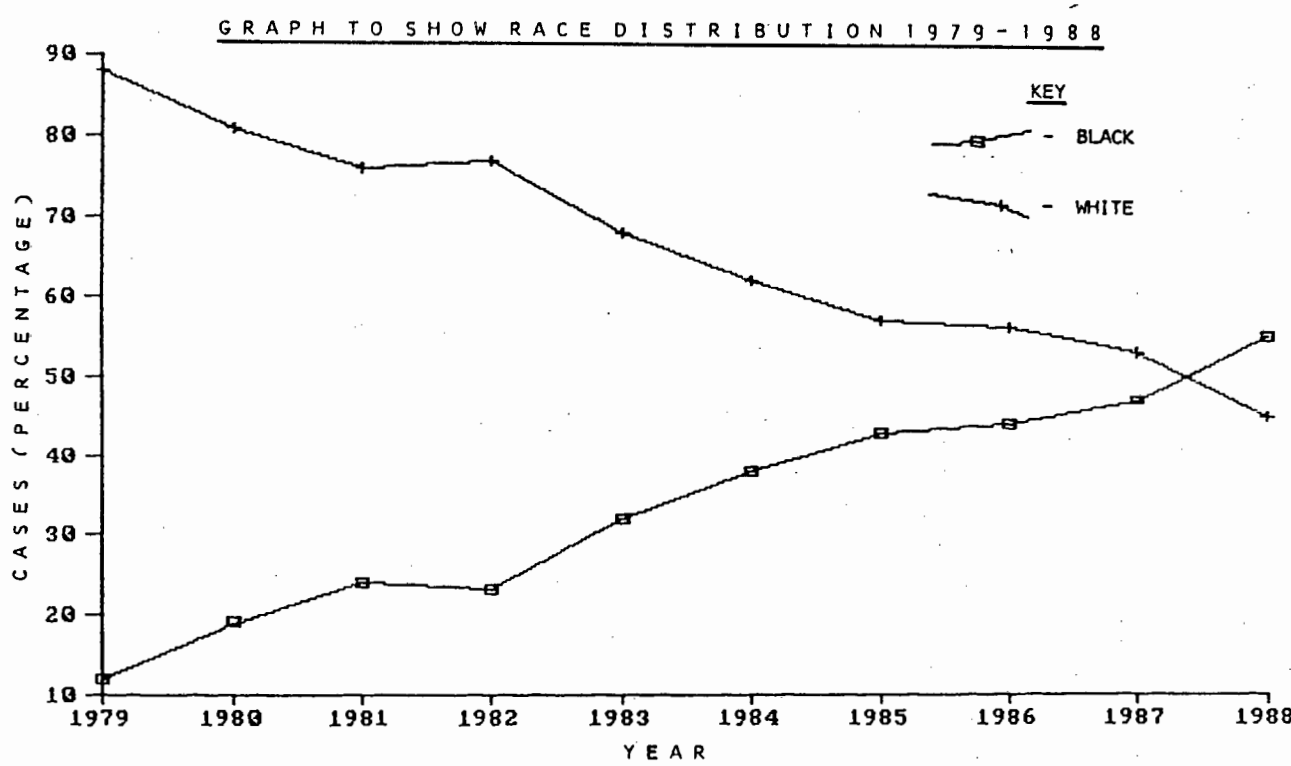
For the purposes of this study, an oppressed "black" community may be conceptualised as unenfranchised groups of "African" people who, due to the segregation of the current "Group Areas Act", live on the outskirts of the greater Cape Town metropolitan area and who, to varying degrees, share common social, economic and political stresses. These include: overcrowding; migrant labour; unemployment; poverty; housing problems; lack of social and health facilities; political unrest and inferior educational opportunities as manifest in under-equipped, under-staffed and insufficiently financed schools.

The services of both clinical and educational psychologists are made widely available to "white" school children for the assessment of, and intervention in, emotional and specific learning difficulties. A number of school clinics serving different areas have been established for this purpose. To a lesser extent, similar services are available to "coloured" scholars via a limited number of school clinics serving large geographical areas. No such psychological services and school clinics are available to "black" school children. The only local child psychiatric services for the "black" community at present are the Guguletu and Khayelitsha Day Hospitals where assessment of behavioural and learning problems are undertaken. There are, however, very few referral outlets for children in need of help with only a few Xhosa-speaking remedial or special class teachers. The services of psychologists, occupational and speech therapists

and physiotherapists are grossly under-represented in these communities. The situation is further exacerbated by large class sizes with wide age and intellectual ranges. Inadequate teacher training leads to sketchy understanding of remedial and psychological concepts by teachers.

Prompted by concern regarding the unavailability of psychological services to the "black community", the staff of the UCT Child Guidance Clinic decided to investigate whether the Clinic's services could feasibly be extended to these communities. Annual statistics of the "race" distribution of clients seen at the UCT Child Guidance Clinic over the period 1979-1988 reflect a steady increase in "black" clients and decrease in "white" clientele (see Figure 1).

Figure 1.




Note. From Child Guidance Clinic Annual Report by T. Dowdall, 1988, University of Cape Town.

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These figures are, however, misleading as "Coloured", "Indian" and "African" clients have all been included as "black" [1]. African clients represent a very small minority of this group. Various reasons such as distance of the Clinic from the African 'townships'; language difficulties and lack of popularisation of this facility contribute in accounting for the very small numbers of African clients seen at the Child Guidance Clinic. Due to the lack of exposure to the problems and needs of children from black communities in the area, it was decided to undertake a pilot fact-finding study as to common problems, with subsequent trial workshop intervention. This was undertaken in an attempt to plan feasible ways in which the Clinic's services could be meaningfully extended to these communities on a long-term basis.

This study arose from the expressed interest of teachers attending a workshop on discipline given by staff of the Child Guidance Clinic and held at the Good Hope College of Education in Khayelitsha. Based on the teachers' positive responses, it was thought that workshops might be a resource-efficient way of extending the Clinic's services. This research area was suggested to the 1988 Masters Interns as a possible dissertation topic for a few people to undertake jointly. A colleague and I were both interested in this suggestion and after consultation and discussion, we decided to undertake this two-part study.

Research Questions:

The present study forms the second phase of our 'two-part' project, this phase arising from the following research

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Footnote

1: The terms Black, Coloured, Indian and White are used in accordance with official racial classification as defined in the Population Registration Act. Use of these labels in this dissertation does not imply my acceptance of official South African policy regarding racial classification and division.

questions:

1. Do clinical psychologists have a meaningful contribution to make in an African primary school in affirming and augmenting teachers' intervention strategies regarding their pupils' emotional and behavioural difficulties?
2. Are workshops a feasible means of triadic consultation in addressing the above difficulties?
3. If so, what would a useful workshop series comprise and how could such workshops be optimally presented?
4. How can the findings of this study assist in informing long-term clinical practice and credibility of the University of Cape Town's Child Guidance Clinic as a consultative resource for "the oppressed communities" of the Cape Peninsula?

Preceding study:

The workshops were planned in response to common problems expressed by teachers during the preceding information-gathering phase, wherein the following issues were explored in a group setting with the teachers at Songeze Lower Primary School in Guguletu:

1. What are the common behavioural problems of African primary school children?
2. How do these problems manifest in the classroom situation?
3. How do teachers perceive, understand and manage the above difficulties?

In order to convey a sense of the processes involved in the ensuing research, I shall briefly outline the circumstances and many meetings and negotiations which were necessary in actually conducting this study.

Initially we visited Professor Brian Robertson, Head of the University of Cape Town's Department of Psychiatry, in order to explore the feasibility of our study with him and to gather information about his experience at a Guguletu Clinic run by a

team of his staff. Arising from this meeting, it was suggested that we speak to Dr. M. Mboya of the U.C.T. Department of Education who is a committee member of the Intsika Yesizwe Foundation which aims at providing educational opportunities for primary and secondary school children in the Western Cape. Dr. Mboya told us of the great need for remedial help with specific learning difficulties and warned us of the difficulties of "community" consultation.

A few informal meetings were also held with two lecturers from the Good Hope College of Education in order to discuss our proposed study and elicit their comments and suggestions arising from their experience and contact with teachers and pupils in the schools where they supervise student teachers.

At this stage we felt confused and uncertain as to a relevant focus for our study as each person we consulted had their own needs and related suggestions. We therefore decided to meet with the teachers at Songeze School in the hope of gaining clarity as to their problems and needs. This school was selected as many of the interested teachers from the aforementioned workshop conducted by Clinic staff were from that school.

An informal meeting was arranged at Songeze with the teachers as a group. By way of introduction, we explained about our skills and background and our interest in learning about, and assisting, the teachers with their pupils' common emotional and behavioural problems as manifest in the classroom. We then asked the teachers what problems they experience in this regard. Their response was open and enthusiastic, with cited problems ranging from difficulties with discipline and 'hyperactivity' to learning difficulties and mental retardation. We were somewhat surprised and embarrassed when about five children were summoned and presented to us to assess for possible mental retardation on the grounds of them having either 'too large' or 'too small' heads and their being 'slow' in class!

This initial contact with the teachers was extremely valuable

in informing us as to the types of problems they experience and how they understand and intervene with them. Unfortunately, this one contact was, however, insufficient in correcting our later unrealistic expectations of these teachers. Implicit in our expectations was that the teachers would be enthusiastic and would actively participate in the anticipated workshops, resulting in a constructive mutual exchange of knowledge. I also erroneously expected an inappropriate level of psychological insight and interest.

Generally, the tone of the meeting was positive, co-operative and helpful in establishing initial contact with the participant teachers. At this stage, however, we had still not clearly formulated an outline of our proposed study, but were encouraged by the teachers' expressed interest in attending a series of workshops to address their pupils' emotional and behavioural problems.

It is interesting that the teachers' initial interest was not sustained, and in the workshops they were generally reluctant to actively participate. Perhaps they were disappointed at this first meeting that we did not then respond to their questions about pupils' suspected mental retardation, nor provide ready answers to their problems. Other factors, such as the time delay between this initial meeting and commencement of the workshops plus the escalating unrest in the schools during this latter period may have also partly accounted for the teachers' diminished enthusiasm.

A meeting with Mr. Scholtz, Rector of the Good Hope College of Education was then arranged. The aim was to negotiate possible mutual involvement of the College and the Child Guidance Clinic in this pilot study and in more long-term involvement in providing a service within primary schools in the Guguletu and Khayelitsha communities. This meeting was also attended by Ms. Beth Silbert, one of the College lecturers with whom we had previously met, and by our research supervisor, Sally Swartz. The rector was presented with a brief written outline of the proposed study and there was much discussion to clarify short-term details of the pilot

study and long-term aims for ongoing community involvement of both the Child Guidance Clinic and the College. Once satisfied that these proposals would fulfil the College's need to extend its community services, Mr. Scholtz undertook to negotiate with the relevant authorities in the Department of Education and Training for permission for the study. Permission was deemed necessary in order to protect the teachers as employees of the Department of Education and Training and to gain official access to the school. This set in motion a lengthy process of telephonic negotiation and the awaiting of official application forms from Pretoria which eventually arrived after about six weeks delay and were completed and returned.

The next stage was to attempt to consolidate the informal information we had gained thus far by undertaking a brief literature review and compiling a formal research proposal.

About two months after submitting application for permission for the study, another meeting was called by the Rector of the College, with the Director of the Child Guidance Clinic, the research co-supervisor, Leslie Swartz, and the two researchers in attendance. The long-term aims of the study were further negotiated and we were informed that official permission was imminent. Some weeks later, a formal meeting was held at the Department of Education and Training offices. This meeting was attended by the College Rector and a senior lecturer, two employees of the Department's Psychological Services, the Department's Regional Director, the Director of the Child Guidance Clinic, the research Supervisor and the two researchers.

At the above meeting, official permission for the study was granted, subject to the proviso that the researchers would not use the project for "political purposes". The exact nature and definition of "political purposes" was, however, never clarified nor stated. Furthermore, a "Research Monitoring Committee" was established, comprising two employees from the 'Psychological Services' of the Department of Education and Training, a senior lecturer of the 'Good Hope College of

Education', the project Supervisor(s), the Director of the 'Child Guidance Clinic' and the two researchers. This committee met twice for feedback and discussion during the course of the project.

Approximately eight months after initially deciding to undertake research in this area, we were finally able to institute proceedings.

The initial information-gathering phase of our two-part study involved two meetings which were held with the teachers as a group. Firstly, each teacher was asked to relate the most difficult situation involving emotional and/or behavioural problems they had encountered in the classroom situation. During the second meeting, the teachers were asked their categorisation and understanding of the cause(s) of the problems they had cited. They were also asked to prioritise the five most common problems which they would like addressed in a workshop series. (The findings of these two meetings are detailed in Appendix A).

These results were then analysed and feedback given to the teachers. A series of four workshops, plus one evaluation meeting were negotiated. Details of each workshop will be discussed in subsequent sections. Suffice it to say that the process was extended over a period of 3½ months and was more protracted than envisaged due to disruptions and delays caused by school holidays, exams, school activies and unrest and 'stay aways' affecting all schools in Guguletu related to the forthcoming national general election. Indeed, the final evaluation meeting was postponed and rescheduled at least five times and when we finally got together and were about to start the meeting, we were disrupted by an incident of teargassing in the street outside, resulting in panic among the children who were leaving the school premises, having just been released from school. When this upset had settled and we eventually began the meeting, the atmosphere was tense and depressed with the teachers understandably distracted and the circumstances far from optimal. These incidents provided valuable insights into the current situation in primary schools in the area and

highlighted the stark contrast between theory and action-research in 'the real world'.

Finally, the task of writing this dissertation was embarked upon with much anxiety and trepidation. The process of writing, editing and re-arranging thus entailed has, in itself, helped to clarify and consolidate my experiences and perceptions of the research process and has been an important personal learning experience and a cathartic one too! This dissertation represents an attempt to understand, from different perspectives, my personal experience of the research and thereby to make some recommendations to others doing similar work, from a similar position.

# Chapter 2.

## Methodology.

The present pilot study was deemed necessary in order to avoid the common error of planning long-term intervention programs on the basis of inadequate information. To obviate the problem of superficial data collection, the study was conducted at only one school, Songeze Lower Primary School, in Guguletu. Because of the lack of psychological services available to the Guguletu community, and the key position of teachers as mediators in the children's environment, it was hypothesised that consultation with teachers via workshops would possibly be more 'resource-effective' than direct individual intervention with the children. The advantages and disadvantages of this form of community consultation have been clearly outlined by Allen, Chinsky, Larcen, Lochman and Selinger (1976). Advantages of workshops accrue from the facilitation of teachers to develop their own self-sufficient group with mutual consultation and implementation of behaviour change techniques, thereby reinforcing each other's efforts. Possible disadvantages of workshop consultation could include: the lack of individual attention and a lack of focus on specific problems, together with less opportunity for participants to clarify misunderstandings than in individual consultation.

### Research design:

The present study was of a qualitative nature and followed the broad principles of action research, an attempt having been made to integrate 'fact-finding' and an active response to problems elicited. This was designed to avoid the tendency of empirical research to merely "take" from, or "use" research participants. This action research was aimed at being socially useful on a practical level but also theoretically meaningful, with joint collaboration between researchers and teachers. The findings of Lazarus' (1985) study demonstrated that many psychologists in South Africa see such action research as of major importance concerning our role and

responsibility within the South African context.

Biographical details:

Both phases of this overall study were jointly conducted by two second-year clinical psychology interns from the University of Cape Town: Nomfundo Walaza and myself. Each intern took primary responsibility for 'phase one' and 'two' respectively and was assisted in practical and theoretical aspects of planning and conducting that phase by her colleague. The final analysis, interpretation and reporting of 'phase one' (information gathering) was undertaken by Ms. Walaza and that of 'phase two' (workshop consultation) by myself.

Methodology:

Participant selection:

While voluntary participation of interested teachers at Songeze School had been envisaged, in practice, attendance of all staff was expected by the Principal. Numbers at each workshop nevertheless fluctuated between 14 and 20 participant teachers. The participants varied widely in age, training and length of teaching experience and were residents of the Guguletu and Khayelitsha communities.

Procedure:

The workshop series comprised five meetings, each of approximately 1½ hours, usually held on Mondays between 1.30 pm and 3.00 pm. The first four workshops were conducted over a 6 week period between May and June 1989. The final meeting, the purpose of which being to elicit evaluation and feedback on the workshop process from the teachers, was held 2½ months later. This delay was partly to allow time for the teachers to utilize and assess the value of material dealt with in the workshops. It was hoped that this final meeting would also provide an opportunity to discuss and clarify any difficulties concerning the practical application of this information.

Evaluation forms were completed by the teachers after three of the workshops. An aim of this ongoing evaluation was to inform us as to necessary modifications to the above workshop intervention.

Each workshop took the form of initial, fairly didactic, input supported by hand-outs and followed by large group participation in the form of questioning and the posing of specific examples of difficulties by individual teachers. The researchers responded by encouraging "brain-storming" as to possible explanations and/or solutions; failing this the researchers would attempt to facilitate problem solving by themselves applying the material presented to each practical scenario posed. Two attempts were made to stimulate participation of all by means of small group discussion, but these proved unsuccessful. Large group discussion seemed less threatening for those teachers who were reticent and reluctant to participate actively.

The first meeting focussed initially on providing feedback to the teachers as to the most common problems they had presented as workshop priorities in the preceding phase. After again explaining what skills we as psychologists could offer, and suggesting a list of possible workshop topics, the teachers were asked what they wanted from the workshop series. They expressed a wish for 4 workshops and seemed to find all the topics interesting but were generally non-commital and unable to reach consensus as to content of the proposed series. Following initiative from our side and further negotiation, it was decided that the workshops would comprise:

1. Problem Identification and Assessment.
2. Discipline.
3. Listening Skills.
4. Referral Resources and Group Consultation.

(See Appendix B for hand-outs which formed the core input of each workshop).

The remainder of the first meeting consisted of conducting the workshop on 'Problem Identification and Assessment'.

In view of the many scholastically related problems and the expressed need for remedial input which is outside of the researchers' field of training, a workshop (to be held later in the year) was offered as their contribution by staff of the Good Hope College of Education; the teachers were enthusiastically receptive to this offer. (This workshop was under negotiation at the time of completion of the present series.)

The general aim of the four workshops was to encourage the teachers' sharing of their successful intervention strategies and coping mechanisms, with the purpose of assisting them identify emotional and related behaviour problems and to confirm their ways of dealing with these, while also providing additional strategies. Another aim was to assist them in identifying serious problems which require referral. The workshops did not deal with the area of specific teaching skills, nor the scholastic aspects of learning difficulties. Learning difficulties were only dealt with in terms of associated emotional/behavioural problems.

Limitations of this study:

1. The limited sample size of teachers within only one school renders the reliable generalization of findings questionable.
2. The workshops were only assessed on the basis of researchers' and teachers' subjective evaluation and feedback. These responses could be biased by social desirability and an experimenter expectancy effect (Cozby, 1981, p. 171). This, in addition to the absence of objective 'pre' and 'post'-intervention measures of teacher effectiveness and children's behaviour, made it impossible to empirically quantify or validate the research findings.

3. Related to the above, workshop intervention was based purely on the teachers' perceptions of their pupils' emotional and behavioural problems. These perceptions and attributions were not verified through clinical assessment with a sample of the children concerned. Neither was any form of observation in the classrooms undertaken. Nevertheless, intervention based on community care-givers' perceptions may be viewed as appropriate within an action research orientation. It is argued that the teachers' perceptions and attributions inform their practice (Seedat, 1987).

4. The fact that both researchers were inexperienced in community consultation and in conducting workshops probably further compromised reliability in generalizing the findings of this study. More experienced researchers might well have attained different results.

5. The present qualitative report arises from a subjective account of my own personal experiences and understanding of the workshop process as influenced by my colour, class and life experiences. Empirical validity and reliability cannot therefore be asserted.

## Chapter 3.

## Perceptions as a White Researcher.

The following is an account of some of my experiences and perceptions while involved in this project. It is subjective and the product of much introspection and many painful attempts to make connections on a feeling and cognitive level. Clearly, others' opinions, interpretations and experiences within similar situations would vary. Indeed, the co-researcher on this project, a black colleague, has differing perceptions and, when discussing the workshop experience, we were sometimes amazed at how differently we each describe and interpret the same overt scenarios.

In general, my over-riding feelings while involved in the workshops were those of despondency, frustration and disillusionment. These prompted self-questioning as to why I decided to embark on research seeking relevance as an aspiring white clinical psychologist in South Africa in the first place. I also wondered why I had felt affected by frustration and disillusionment when my ideals of empowering the participant teachers in the project seemed to backfire, leaving me feeling impotent and disempowered instead. Am I guilty of "Blaming the victim(s)" of oppression as posited by Ryan (1971), in not always being prepared to solely "blame" socio-economic and political factors for some teachers' passivity and lack of interest/motivation? It seemed to me that the move away from individualism towards collective, social attributions represented a subtle patronisation. Could this be linked to guilt and a need to dissociate from the prevailing apartheid ideology?

I have often questioned whether, as an aspiring white, middle-class clinical psychologist, I could play any meaningful role in making psychology more practicable and broadly available in a way which facilitates structural changes on a macro and/or micro level within South Africa's social system? Can clinical psychologists contribute to the resolution of South

Africa's problems of prejudice, stereotyping and inequality on all levels, or do we only offer "band aid" services and uphold the status quo? Can we play a part in the restructuring of South African society or are we 'part of the problem' in "the struggle"?

In the process of trying to find my own answers to the above, I have come to realise just how deeply ingrained the black-white prejudices and stereotypes arising from the process of socialization are in this country. While I became more aware of my own prejudices, I also experienced the alienation and sense of being prejudiced against linked to my being the only white person in the school during our study. This was apparent in my experience of the teachers as sceptical about my credibility. I felt their periodic attempts to elaborate the home and social circumstances of some of their pupils was their way of making explicit the disparity between my privileged circumstances and their deprived ones. Their elaboration may also have been an attempt by the teachers to include me, with the underlying assumption that my colleague, being black, knew these home and social circumstances. Whatever the motivation, I was aware of feeling patronised.

Clearly the intra and inter-personal dynamics during each workshop were highly complex with mutual projections, transference and stereotyping. The teachers' differential way of responding to my colleague and me probably heightened my sensitivity and feelings of being disempowered. Most of the time, the teachers would address themselves in Xhosa directly to my colleague who, where possible, would give me a brief translation; we would consult in this way when responding to a question posed to us. While we tried to share the load of presenting material during the workshops, the largest portion inevitably fell to my colleague as the teachers were, understandably, more responsive to input in their mother tongue. Although all the teachers could speak English, their level of fluency varied and I can understand their lack of confidence and reluctance to speak English.

I cannot, however, accept this explanation as the only basis to our communication difficulties. Even the Principal, Vice-Principal, Remedial Advisor and some fluent teachers seldom spoke English, despite my requests and explanations that I was often unable to respond, nor contribute, as I did not understand what was being said.

I accept my own short-comings in never having learnt an African language and suspect that some of the teachers might well have resented this deficit. Perhaps some felt justified in not compromising themselves by speaking English as their second language. Furthermore, the possible implications of lack of interest in communication and contact between blacks and whites inherent in many white South Africans' inability to speak an African language cannot be denied.

I suspect that their choosing to speak Xhosa may also have had to do with my limited credibility and an element of distrust of me as not being part of the Guguletu community, and not having a shared experience of being black in South Africa. My experience of the above language barrier had the effect of increasing my feelings of impotence and isolation and of reinforcing my growing impression that, as a white, middle-class, English speaking clinical psychologist, there was little I had to offer these teachers.

The intensity of my frustration and despondency probably led to my being hyper-sensitive and over-reacting to experiences of isolation and alienation associated with these language difficulties and with not feeling accepted by the teachers. My resultant tendency was toward negativism and nihilistic despair as to professional relevance in consultation in an oppressed community.

Perhaps these experiences were my first exposure to possibly similar feelings of alienation, rejection and devaluation which Fanon (1970) and Bulhan (1985) describe as the common black experience of being in the world of white domination.

This time the "roles" and "colours" were reversed. It seems inevitable that within this oppressed community, I became the oppressed and my colleague and the teachers unconsciously became the oppressors.

Arising from these experiences, I again came to realise the importance of self-knowledge in identifying and owning my own over-reactions, sensitivity, projections and prejudices. While these experiences and reactions were not always pleasant to acknowledge, it was comforting to know that others attempting similar "community" oriented work have also faced suspicion, rejection and frustrations (Dawes, 1986, p. 35). Clearly, patience, perseverance and efforts to understand these complex dynamics are necessary for clinical psychologists in all areas of our work, including consultation within an oppressed community.

To return to the questions I have been posing myself: I believe that my decision to explore the issue of relevance regarding psychological consultation in an oppressed community setting was partly motivated by my guilt as a white person in this country and by an unacknowledged need to expiate this. My motivation was also partly out of a personal need to be needed and to assume a "helper" role.

I suspect that a denial of my personal need for power may have partially accounted for my aspiring to principles of mutual sharing and empowerment and my subsequent feelings of irritation and frustration when I found myself disempowered and rejected.

On a more overt level, I wanted to learn about the experiences and needs of black teachers and pupils and some of their experiences of education in South Africa. I felt it necessary to become more conscientised and less insular in my own experience of education in this country.

Regarding pragmatic needs, I wanted to learn something of the

technicalities of conducting workshops and community - clinical consultation. Furthermore, not having had experience of community - clinical psychological consultation, I needed some form of first-hand exposure in order to participate in progressive debate as to the relevance of psychological practice in South Africa. (I shall further discuss some of my own conclusions in this regard in chapter 5 which pertains to the community psychology discourse.)

Arising from my experiences during the workshop series, I came to realise the importance of a systemic understanding of the structure and discourses operative in the particular group with which one consults. This is necessary in order to avoid exacerbating existing communication difficulties and being caught up in the internal politics of the participant group. As a researcher, it was also important, in the interests of clarity and of avoiding negativism, to identify and interpret deeper levels of communication among the participant teachers and ourselves.

While the teachers' distrust, non-acceptance and scepticism as to my credibility is understandable given existing black - white discourses, the situation regarding my colleague was more complex and subtle. As a black person, she was accepted and identified as a member of "the oppressed". As a professional she is, however, also implicitly different from the majority of oppressed black South Africans, thus occupying an ambiguous position.

I can only speculate that my colleague's colour and her professional status may have partly increased her trustworthiness and credibility in the eyes of the teachers. Nevertheless, despite commonalities in their experiences of being black in South Africa, my colleague's association with middle-class whites and the world of academia could also have aroused covert ambivalence in the teachers as to her acceptance and credibility. I suspect that her position might well have highlighted the teachers' more repressive and deprived circumstances which could have resulted in feelings of bitterness

and resentment. I do not, however, have concrete evidence of the teachers' possible covert ambivalence towards my colleague and can only speculate in this regard.

Perhaps my presence as a white, strengthened the bond between my colleague and the teachers based on colour, thereby de-emphasizing their differences. It remains unclear to me how the teachers perceived my colleague beyond their overt acceptance of her.

I have chosen to try to make sense of my perceptions and experiences by identifying and discussing some key discourses operative throughout this study. The discourses surrounding oppression seemed an overriding theme, others appear subsumed within them. Some discourses were part of the research and the research data; others were used later to understand what the process had been about. The manifestations of these discourse positions will be explored in an attempt to better understand many covert dynamics of the research process.

Within the context of this study, discourse is conceptualized as associated with the production of knowledge and meaning. It is "centrally concerned with content" (Henriques, Hollway, Urwin, Venn, Walkerdine, 1984, p. 105) in speech and interaction and "the intimate relation of structure and content, signifier and signified" (ibid). Discourse has to do with ideology and socialization and "finds its meaning by reference to an ideological position" (Macdonell, 1986, p. 110).

Williamson (1978) states that: "In ideology assumptions are made about us which we do not question because we see them as already true" (p. 41). The implication is that consciousness is an ideological and social construct, the function of ideology being to "constantly re-interpret while only claiming to represent reality" (ibid, p. 74). Lacan (cited in Henriques, et al, p. 12), in supporting the dualism between individual and society, states that "the individual is not a fixed or given entity, but rather a particular product of historically specific practices of social regulation".

Williamson (1978) argues that the nature of internalized reality is specific to that constructed and perpetuated within one's membership group: "Ideology is the meaning made necessary by the conditions of society while helping to perpetuate those conditions" (p. 13).

Complexity in attempting to understand discourses is partly related to the fact that many contradictory, co-existing discourses may be simultaneously interactive within each individual and/or group. Macdonell (1986), in discussing this issue, cautions that: "Without a set of universal truths or a privileged access to reality, nothing can be proved beyond dispute" (p. 66).

Within the present study, the production of knowledge or meaning has been a fundamental dynamic. As researchers, we were taking the teachers' experience of children's problems and offering them a knowledge or meaning package taken mainly from child psychiatry of western, middle-class origin. Implicit in this attitude was the assumption that we were the "experts" and that the teachers knew little. Associated with this assumption was an implicit disregard for the fact that the teachers produce their own system of knowledge and meaning. To some extent, the course of workshops demonstrates conflict between our system of knowledge and that of the teachers. Lack of understanding and poor communication arose as a result of the different discourses in which both researchers and teachers were positioned.

## Chapter 4.

### Different Discourses and Incongruent Expectations.

This chapter explores questions about the differing discourses evident among participants in the present study. Throughout, contradictory discourses seem to account for the lack of congruity in various perceptions and expectation of those involved. Complicating factors in the discourse systems of the study were the discourses and expectations of the University of Cape Town's Child Guidance Clinic and those of the Good Hope College of Education.

The Clinic had much invested in this pilot study in the hope of its being able to identify future directions regarding the extension of the Clinic's services and to facilitate growth of its credibility in oppressed communities. Possible underlying assumptions had to do with the value of the Child Guidance Clinic as a referral source and the possibility of being accepted into, and understanding, the discourse world of "the oppressed". The Child Guidance Clinic espouses the tenets of progressive psychology in opposing elitism and supporting principles of empowerment. It is, however, restricted by a background of training and practice based on western knowledge, individualistic therapies and middle-class assumptions. Lack of exposure to the needs and problems of oppressed black communities makes it difficult to know how best to extend its services to these communities. Further, pressure to undertake action research and extend the Clinic's community involvement was associated with the promise of foreign funding in the event of undertaking relevant long-term community consultation. Clearly, the Child Guidance Clinic had a lot invested in the outcome of this pilot study.

The Good Hope College of Education appears to be in a double-bind position of being caught within an oppressive hierachy, as dictated by its affiliation with the Department of Education and Training, while at the same time being in contact with the

struggles of the black community of Khayelitsha and Guguletu. A major site of this struggle has been in education. Caught within this contradictory discourse of oppression and of the oppressed, the College's interest in this study may have partly related to a need to be seen to be doing "community work". Arising from prior workshop contact with the Clinic, this project provided an obvious, easy opportunity for such involvement.

A secondary, long-term aim of both institutions was to use the present findings in restructuring training courses for their students to enhance their awareness of, and appropriate intervention in, common emotional problems of African primary school children.

Therefore, apart from discourse clashes that might arise within the workshops, they were set up and monitored by bodies within which discourses were extremely contradictory. As a result, the researchers experienced themselves as under pressure of different forms from the participant teachers, the Child Guidance Clinic and Good Hope College of Education to provide answers and direction. The implicit message seemed to be that such answers should conform to each party's underlying assumptions and expectations. This raised goal dilemmas concerning the integration and satisfaction of the needs and expectations of all concerned. Rapoport (1970) acknowledges and further discusses this issue of goal dilemmas in action research. He suggests that both researchers' and participants' needs and expectations can be satisfied via integration and careful planning of research methodologies and the action programme. In practice, however, this is not easy as needs and expectations may not be explicit, nor openly acknowledged.

Simplistically, it would appear that, on a macro level, two differing discourses existed between the participant teachers and the researchers - the discourse world of the black teacher and that of the concerned clinician. This was rendered more complex by each clinician having totally different experiences of socialization as black and white South Africans. Our

segregated group membership, with their differing ideological constructions of reality, partly account for the different discourses of each clinician. This difference was apparent in our dissimilar perceptions and interpretations of events during the workshop process. As Dawes (1986) explains, the context and background to being black or white in South Africa results in "major gaps in the world view of these two groups" (p. 32).

Dawes (1986) elaborates that most mental health and social service professionals, being white, middle-class and "part of the ruling elite - - are in a specific sense outsiders. Our knowledge is not the subjective knowledge of struggle experienced by the oppressed" (p. 36).

Examples of our dissimilar perceptions and interpretations were evident in my tending to regard it the responsibility and free choice of each individual teacher to respond and participate in the workshops. In our discussions, my colleague would defend the teachers against my attributions and excuse their non-participation on the grounds of the deprived conditions in black schools. Clearly, in these discussions I assumed the discourse of the oppressor and my colleague that of defending the oppressed.

Another difference between us was my colleague's emphasis on the need to "save face" on various occasions, while I was less diplomatic and protective in my approach. This was apparent in the scenario described in chapter 7 where the Remedial Advisor was indignant and offended by the teachers' request for a workshop on remedial teaching skills which had been offered by the Good Hope College of Education. My colleague's attitude was to appease the Remedial Advisor by suggesting that she negotiate the scheduling and content of this workshop with the College staff. My view was that the teachers' needs and dissatisfaction should be heard and that they should be permitted a say as to the content and timing of the remedial skills input. My colleague, however, stressed the importance of helping the Remedial Advisor to "save face" and of our

refraining from arrogantly intruding as outsiders and upsetting the school's system. Her protectiveness towards the Remedial Advisor may have partly had to do with my colleague's friendship with her, but the issue of "saving face" was not isolated to this incident and would therefore seem to have wider implications and origins.

While the latter argument of not intruding and imposing change in the school's hierachy may be valid, the concern about "saving face" seems more important in black than in white communities. I suspect that this may be related to an attempt to compensate for common experiences of rejection, devaluation and low self esteem arising from being black in a white dominated country which runs on principles of superiority, inferiority and difference.

The oppressed community discourse is a powerful one in evoking guilt and helplessness in those not obviously oppressed. Clearly, my own discourse contains all the contradictions of concern versus inevitably being associated with the oppressor while needing to identify or join with the oppressed. Perhaps my unrealistic assumption that I could enter the teachers' discourse world and that the discourses of my colleague and I, by way of our training, would be similar partly accounts for my later sense of alienation, despondency and negativism as to the relevance of a white clinician in psychological consultation within an oppressed community. In contra-distinction, my colleague took a less nihilistic view of the value of our present research and intervention. This was to be expected considering her very different experience of her role during the workshop process whereby the teachers clearly affirmed her relevance and value via their responses and interactions. Her ability to join with the teachers made her experience less negative. The preceding discussion of the language barrier experienced by myself and not by my colleague provides a clear example of how our simultaneous experiences of the same situation differed. My experience was of alienation, impotence and redundancy, while that of my colleague was of inclusion, power and of having something to

contribute.

I do not presume to understand the complexity and intricacies of the differing discourses between my colleague and me. I therefore only speak for myself in stating that my expectations of the teachers was based on unrealistic assumptions of pschological knowledge and awareness. I identify with Swartz and Swartz (1986) in their reported fantasy of participant teachers in another workshop series "as well-organised, politically sophisticated and sceptical of the ascribed power of experts" (p. 65). Shared class and group membership probably accounts for similarities in our constructions.

In our study, initial commonality in the expectations of my colleague and I involved our shared hope and expectation that the teachers would be enthusiastic about the workshops and would actively apply suggested interventions in their classrooms. As the series progressed, we were both accordingly disappointed. My colleague tended to explain her perception of the teachers' apparent passivity and lack of interest in terms of the system of black education entailing overcrowded classrooms, poor teacher training and some teachers' related lack of dedication. She stated that she "knows what it's like in black primary schools" and did not share my expectations that the teachers would be well organised, psychologically aware and keen to actively participate during the workshops. This clearly contradicts her expressed disappointment and frustration at the teachers' apparent passivity and lack of interest despite the time and effort we put into planning, preparing and conducting the workshops. Her contradictory expectations of teacher participation seem to reflect my colleague's difficult position of straddling both the black and white worlds; while objectively knowing the situation of teachers in black education, she subjectively hoped that they would actively participate in the workshops.

Exploration as to how the participant teachers viewed the researchers and what system of meanings they used in this

construction suggests their perception of us as 'experts' and 'deliverers'. This was borne out by the type of questions posed and by teachers' expectations of ready solutions, together with their subsequent covert disillusionment. An example highlighting this was a question posed by a teacher during the "Referral Sources" workshop - that of what to do when parents could not afford transport costs to get their child to hospital in the event of that referral being made. Apart from offering some suggestions, our area of training and practice rendered us unable to respond satisfactorily. Similar questions with the theme of: "What to do when parents are disinterested in their child's performance and refuse to come and see the teacher?" were equally difficult and were posed without background information and with the clear expectation of a ready solution from us.

The basic, practical nature of many such problems, often related to socio-economic deprivation, made me realise that the difference in discourse between myself and the teachers feasibly extends even to the level of our conceptions of what constitutes a significant problem. Teachers often talked of problems with children coming to school dirty and without food. With such basic needs unsatisfied, it is hardly surprising that when answering the 'Rutter Scale Questionnaire' in the initial, fact-finding phase of the study, no teachers reported problems with such things as nail biting, anxious and irritable children or those who are resentful or aggressive when corrected.

It would appear from the teachers' classification and explanation of causes for pupils' behavioural problems, that psychological discourse (regarding emotions, feelings and psychological aetiological explanations) was, for the majority, not within their construction of meaning. Their observed positive response to the "Discipline" workshop, plus a tendency to attribute underlying scholastic or learning difficulties to pupils' behavioural problems, revealed their position within what is observable and directly accessible to intervention.

Another instance of the difference in discourses between researchers and teachers was very apparent during the workshop on "Listening Skills" wherein most teachers were sceptical about the value and applicability of "I" and "You" messages (see "Listening Skills" hand-out in Appendix B). Their responses were that they had tried such approaches in communicating with children and had been unsuccessful. They seemed to expect more authoritarian options and solutions and were clearly dissatisfied. The Principal expressed her view that children misbehave partly to displease or irritate the teacher; thus, by the teacher expressing his/her feelings and reactions, the child knows that he/she has achieved their objective. In short, the argument presented was that "I" messages encourage misbehaviour.

It is important to note that, during this particular workshop, the Principal dominated discussion, with individual teachers contributing very little as to their views. It would, therefore, be invalid to assume that the above opinions of the Principal were generalizable to most of the teachers. Most teachers were not, however, open to our encouraging their perseverance with the suggested listening skills; nor did they appear very receptive to the idea of focusing on "I" messages pertaining to their positive feelings, thereby reinforcing children's positive behaviour.

Central within the school was the teacher - child discourse with its implicit foundations in discourses of oppression and power extending through all levels of the school system. Firstly, teachers may be placed, by the Department, in any school irrespective of their choice. Within the school system, the Principal is dictated to by the Department of Education and Training; this power hierachy extends through the ranks and ultimately to the children. Given this hierachy and structure, it is not surprising that the less authoritarian style of communication involved in using the suggested listening skills, seemed irrelevant to the teachers' experience and perception of their classroom situation.

## Chapter 5.

## The Community Psychology Discourse.

Discourses operate in opposition to another polarity; in this context the community psychology discourse operates in opposition to that of traditional psychology. Both discourses connect with discourses surrounding oppression in different ways. Community psychology within this country represents an attempt to dissociate psychological practice from apartheid ideology and to identify with the oppressed. Within this discourse, traditional psychology is rejected as upholding the status quo and is seen as identified with the oppressors.

Debate about the relevance of psychological services has stimulated interest in alternative consultative models to the traditional therapeutic dyad. It has been argued that the tendency in traditional psychology is to impose "expert" professional theories and solutions upon clients in both individual and group or community settings. This approach has been criticised as eliticist, hierachical and as based on an unequal power dynamic between consultant and consultee. Implicit within the traditional therapeutic dyad is the risk of ignoring, or being ignorant of, the individual's or communities' objective conditions, perceptions and causal attributions.

A complex interactional effect exists among social, economic and political factors and their bearing on psychological processes and behaviour. Seedat (1987) emphasizes the necessity of considering both individual and community processes in psychological practice, thus preventing a one-sided approach to dialectical individual - social problems. An individual-oriented approach has been associated with much of traditional psychological practice which stresses intra-psychic processes and tends to localize causality within the individual, with little consideration of his/her social context.

While an understanding and conceptualisation of social, economic

and political factors is necessary in understanding individual and collective psychological processes, dangers of reductionism exist at both the individual and social poles of the spectrum of influence. Thus, both community and traditional psychology have been criticised as potentially reductionistic.

Progressive psychological practice has, as a goal, the convergence between psychological theory and community perceptions and explanatory models; such convergence being essential for effective intervention. Seedat and Rapoport (cited in Seedat, p. 5), emphasize the need to move away from imposing a service/cure/solution, towards affirming and empowering community members regarding their perceptions of needs and problems, their causal explanations and coping strategies.

Mann concurs with the opinions of Seedat and Rapoport in emphasizing that psychologists must be committed to "learn by doing"! Inappropriate generalizations of needs and interventions must be avoided by respecting the uniqueness of each community setting and by avoiding the imposition of services. This can be achieved by adopting the principle of responding to expressed needs of the community and using an approach of mutual sharing of knowledge, together with negotiation (Mann, p. 330).

True community psychology relates to a community as a social system, considering social, psychological and environmental factors impacting on individual and group behaviour. It conceptualizes the effect of this behaviour on community systems and ongoing community life. Mann (1978), in discussing the implications of a psychology of "the community", cautions that providing services in a community does not necessarily define those services as community activities. It is rather the underlying attitude, critical awareness and motivation for community involvement which qualitatively defines community activity. For example, the imposition of services without consulting community members as to their needs and wishes may

be based on authoritarian premises and not be in keeping with progressive principles of empowerment and mutual exchange. Mann would argue that such services do not constitute community activies.

Lazarus (1985) describes community psychology as a multi-disciplinary approach involving integration of psychological, social, economic and political traditions. She conceptualizes psychologists' community involvement as along a continuum between a community - clinical, mental health emphasis and a community - environmental emphasis. These 'community' consultative models include:

1. The mental health consultative model (Mann, 1978 and Seedat, 1987).

This aims at maximising limited 'person-power' by sharing professional knowledge and skills with natural care-givers (e.g., nurses, teachers, parents etc.) in the community. This entails a move away from the 'curative' therapeutic dyad of the traditional medical model of mental health and towards a consultative triad (Tharp and Wetzel, 1969) with mediators interposed between consultant and the target population. This community - clinical mental health approach to community psychology encompasses the provision of clinics, community centres and the prevention of mental illness by increasing individual and group coping skills and by training non-professionals in order to alleviate 'person-power' shortages (Lazarus, 1985).

This model of community consultation, based on the 'liberal humanist' tradition, is criticised as lacking an adequate conception of "the community" and as not fundamentally questioning or changing social structures, but instead assisting people in adjusting to an unjust status quo. As such it could be seen as reinforcing prevailing state health policies. The mental health model is also criticised as not adequately providing for the mutual generation of knowledge between professionals and community members. Furthermore, the lack of an adequate conception of community processes is said to

result in an inadequate training base for mental health professionals involved in community consultation.

Given these limitations, Mann (1978) acknowledges that "the mental health model has important contributions to make for the individual development of members of the community itself" (p. 112). Opponents, however, emphasize the need and long-term importance of change in socio-econo-political macro-structures. A counter argument used in justifying a more individualistic mental health type of community consultation is that by facilitating communities' use of their individual and group resources and potential, it indirectly enhances their power in challenging effectively both macro and micro social structures of apartheid.

In a recent study of unenfranchised youths' perceptions, causal attributions and intervention strategies regarding specific social problems, Seedat (1987), found that the majority of youths perceived the social - individual dialectic in these problems. Interestingly, the majority also conceptualized intervention in terms of a medical consultative model rather than a social action approach. Such findings, and the foregoing discussion, suggest possible community acceptance and positive evaluation of a mental health consultative approach if based on principles of: consultation arising from an expressed need; investigation into community perceptions, attributions and coping strategies; and mutual sharing of knowledge and negotiation.

2. <u>The social action model of community psychology</u> (Mann, 1978 and Seedat, 1987).

This progressive model of community consultation is based on recognition of deep-rooted, inter-related social, economic and political problems in the social structure. It acknowledges that existing services are unresponsive and inadequate in addressing social problems. The aim of the social action model involves problem solving through the active organisation and involvement of residents of the

community in question. Emphasis is placed upon egalitarian involvement of community members and professionals.

In the social action approach to community consultation, participation and the redistribution of power - with power sharing from 'the bottom up', is valued. It is argued that a sense of socio-political dependency and powerlessness has been enhanced by the traditional attitude of service providers in assuming that consumers are dependent on their services, the planning and implementation of which was often undertaken without consultation of community members as to their needs and wishes.

The social action model of community psychology therefore aims at social change at a community, rather than individual level. A community is conceptualised as an eco-system with intervention affecting the whole system. Interventions involve the utilization of resources in the community for social change, e.g., public education; consultation with key community figures; urban policy planning and action research (Lazarus, 1985). A central tenet is that the psychology of self-actualization is unrealistic in the face of tangible socio-economic and political restrictions. Emphasis is on self-determination aiming to reverse the sense of powerlessness in the face of tangible social problems (Mann, 1978).

This approach to community involvement is criticised for its focus on conflict between the structural organization and the needs of the poor; communities are conceptualized primarily in economic and political terms. Pettigrew (cited in Mann, 1978, p. 178) argued that the aim of community empowerment involves cohesion within the non-dominant group to challenge the power base of the dominant group and that this strategy, while gaining a measure of autonomy, further enhances separatism. He advocated the integration of the oppressed into the larger social system as being necessary to achieve more effective control.

It is clear from the literature on community psychology and

professional relevance that psychologists in this country disagree about what constitutes relevant practice and also about what their professional role and responsibility is within the South African context (Lazarus, 1985). Even those psychologists engaged in community-based research and intervention seem to differ in their views as to relevant consultative approaches and the optimal extension of psychological services to oppressed communities. Despite controversy, Lazarus' findings clearly indicate that many psychologists in this country support the need for, and relevance of, action research in informing future directions in community psychological consultation.

Action research may be seen as an appropriate means, within a community psychology approach, of 'learning by doing' and of avoiding inappropriate generalizations about needs and interventions. Conducted within a community setting, such research aims at being socially useful to that community and theoretically meaningful to the psychology profession by identyfing needs and possible ways of intervening effectively.

Lazarus (1983) expressed the view that "action research is an appropriate approach in the South African political situation and is congruent with the mental health aims of self-determination, independence, etc." (p. 76). Lazarus (1983) and Sanford (1970) describe action research based on Lewin's model consisting of: "... analysis, fact-finding, conceptualization, planning, execution, more fact-finding/ evaluation" (Sanford, p. 4); this process is repeated in a circular spiral. Lewin's model of action research integrates fact-finding and action. It has been criticised as an attempt to 'serve two masters'; proponents of empiricism express the view that empirical research and problem-oriented action should be kept separate.

Sanford (1970) proposes a model of action research similar to that of Lewin, but with more emphasis on increased awareness and growth arising from the research, rather than on solving particular problems or instituting specific behaviour change.

Sanford's model comprises:

1. Analysis: i.e., formulation of general, open-ended research questions.
2. Fact finding: trying to understand the research subject/client "in his total setting" (Sanford, p. 14) regarding "needs, dispositions, values, conflicts, etc." (ibid).
3. Planning: based on the principle of equal participation of researchers and participants in planning, evaluating and re-structuring, where necessary, programs to address their needs.

Strümpfer (1981) reiterates the above principles of participants in such qualitative research functioning as co-inquirers with researchers. Research of this kind not only collects data but gives feedback to participants and applies findings practically. Failure to provide feedback and problem-oriented intervention in the past partly accounts for some community members' subsequent distrust and resistance to research participation. Strümpfer states that psychologists in this country have a relevant role in acquiring and communicating knowledge about the interactions, needs, attitudes and feelings of all South Africa's people. Dissemination of such research findings is of inherent social value in conscientising South African society.

The preceding literature review of community psychology discourses was undertaken prior to commencing the workshops and significantly shaped our aims and expectations of empowering the teachers and facilitating mutual exchange of knowledge. In keeping with Lazarus' (1985) findings that action research is thought to be appropriate and relevant in the South African context, we aspired to follow that model. Hence our two-part study of initial information gathering and subsequent response to expressed problems in the form of workshops. Apart from wanting to be relevant, probably both researchers had a lot invested, in terms of our self-image, in being associated with progressive psychology and dissociating from the elitism and authoritarianism for which

traditional psychological practice is criticised. There was also a sense of belonging and acceptance entailed in espousing the principles of action research and thereby entering the powerful community psychology discourse.

Although our study was designed according to action research principles, we rapidly found ourselves 'set up' in a far more didactic, mental health type mode of consultation. This arose from the teachers' unwillingness to assume initiative and their lack of active participation. Despite Seedat's (1987) findings that unenfranchised youths conceptualized community intervention in terms of a medical consultative model, I somehow did not expect the participant teachers in our study to share this conceptualization. The net result was that I embarked on the project with ideals of deprofessionalisation, empowerment and mutual initiative and sharing of knowledge and experience. These ideals had been substantially fired by the preceding literature and theories of relevant community clinical psychological practice. My subsequent disillusionment as to these laudable principles and their general applicability arose from the teachers' inconvenient unwillingness to respond according to my needs and expectations. They seemed to want us to be "the experts", to provide answers and not to expect initiatives and solutions from them.

Although some sources (e.g., Dawes, 1986) had hinted at the frustrations of community consultations and the schism between theory and practice, the more emotive debates pertaining to relevance and change somehow helped me to dismiss the stark realities of such warnings. Such dismissal was, however, short-lived as I was soon faced with 'the real world' of black - white prejudice and the difficulty of entering the discourse world of the oppressed.

In retrospect, Dawes' (1986) paper has been helpful in understanding the incongruent discourses and expectations of myself and the teachers in terms of our different roles and experiences within the discourse of oppression.

What the community psychology literature fails to explain was why the research participants were so 'unco-operative' in not conforming to the principles of empowerment and mutual exchange. I believe this had to do with their socialization within the authoritarian hierachy and structure of the school system and their possible lack of conscientisation as to power-sharing and their rights and abilities.

In my opinion, theoretical debate as to social action principles fails to make explicit or explore underlying motives and assumptions inherent in the social action model of community psychology which we attempted to follow. A fundamental assumption seems to be the (in my experience) erroneous belief that white, middle-class psychologists can enter the discourse world of the oppressed in this country. A related premise is that we can dissociate ourselves from the existing status quo and, by positing egalitarian principles, associate with, and be accepted by, those more obviously oppressed. I have come to regard such views as idealistic and naive; indeed I also believe it possible to be subtly patronising while propounding ideals of deprofessionalisation and empowerment. Furthermore, the dangers of authoritarianism and domination would also seem to apply within the community psychology discourse which can be vociferous in its criticism of alternative approaches and in its tendency to assume the right and ability to define relevance. This can indeed be a powerful position to adopt, albeit while positing egalitarianism.

The pressure within the profession today to be relevant, together with the stress of seeking congruent affiliation within the broad spectrum of psychological practice, should not be underestimated. Evidence of the pervasive discourse of oppression and power permeates this debate. Subtle focus on differences and superiority/inferiority within psychological theory and practice arguably bears comparison with existing apartheid ideology with its attendant authoritarianism and domination.

This tension does not only exist between the opposing discourses of community and traditional psychology, but also within each discourse. While a proponent of progressive psychology, Dawes (1986) comments on the pressures professionals face to subject themselves to "the dictatorship of progressive organisations" (p. 35). He emphasizes the principles of questioning and critical awareness in adopting any form of practice:

> Opinions will differ on this matter, but my own view is that such dictatorship will undermine what is perhaps the most important quality of truly professional and academic activity - - namely the right to question and the right to recommend what in their professional view, is the wisest course of action (Dawes, 1986, p. 35).

I believe that it is the responsibility of each professional, and of the profession as a community, to question and discover his/her and our "wisest course of action" in striving to be relevant in our practice. Our decisions will of necessity be based on personal experiences and perceptions.

## Chapter 6.

## Power Issues.

Within this chapter, I wish to consider the many power dynamics operative from the inception of this project and the discourses surrounding them. These reflect the effects of socialization within the authoritarian ideology and social hierachy prevailing in South African society. A functional outcome of such socialization is passivity, subjugation and its perpetuation. Prior to beginning the workshops, we were already 'set up' in this position by the fact that Departmental permission for this study was with the proviso that we not use the workshops for political purposes. Thus we were implicitly complying with the discourse of oppression in undertaking not to challenge the existing structure and status quo. Dawes (1986) notes that professional practice of psychologists in South Africa is regulated by state organized bodies. He states that: "Professionals are thus in the final analysis responsible to those in power. They are responsible to those they serve only in so far as such service does not conflict with ultimately state-sanctioned rules of service" (p. 33).

From our observations during the workshops, it would appear that implicit power principles of superiority and inferiority were acted out within the hierachy of the participant school as a microcosm of the larger social structure. Implicit authoritarianism was evident in the teachers' attendance at the workshops being fairly firmly enforced by the Principal through her summoning them individually and expecting each teacher to inform her of the reasons for their absence in the event of non-attendance.

The social hierachy and power dynamic within this microcosm was further apparent on occasions when the Principal and Remedial Advisor attended a workshop, resulting in the teachers being perceptibly more passive and inhibited in their

participation - possibly feeling restricted and evaluated.

A further complex dynamic within the school's hierachy was that of the P I D A (Panel for Identification, Diagnosis and Assessment) system introduced by the Department of Education and Training. This comprises a representative group of teachers within the school, plus outside 'experts' (including the Remedial Advisor) to whom teachers are expected to refer pupils with various problems for assessment and subsequent referral, where necessary.

It became apparent during the workshop on referral sources, that our intervention was creating a double-bind situation for the teachers and interfering with the power dynamics implicit in the "P I D A" system. During this workshop, by encouraging the teachers to assume responsibility for arranging the requested workshop on remedial skills (as had been offered by staff of the Good Hope College of Education) and by providing the teachers with information on the identification and referral of pupils with behaviour problems, we were giving them the message that they have power to refer and to organize remedial input. Paradoxically, the Remedial Advisor, by her comments and reactions (as described in the preceding chapter), was giving the teachers a clear message that they do not have this right, nor power, but that referrals via "P I D A" and remedial instruction was her sphere. The resultant tension surrounding these issues was probably exacerbated by our lack of prior negotiation with the Remedial Advisor who conceivably felt threatened and defensive about our intrusion and attempts at empowering the participant teachers.

The power of the teacher-child discourse was pervasive, with different people assuming either role. In enforcing attendance of the workshops, the Principal assumed the teacher role while the teachers surrendered responsibility and choice as to their attendance and enacted the child role. Similarly, in the above reactions of the Remedial Advisor, she was probably threatened

by the idea of teachers assuming the initiative in organizing additional remedial input and in themselves referring children with problems. The Remedial Advisor clearly had a lot invested in maintaining her power in the existing school hierachy.

The complexities and subtlety of the teacher-child discourse also permeated the researchers' and teachers' interactions during the workshops. This seemed to relate to the teachers expecting us to be the 'experts'; they were disappointed when we did not act the part. The end result was that they assumed the role of 'naughty children' and we became the authoritarian teachers. An example of this occurred when we initially attempted to stimulate their participation by arranging small group discussion. The result was that most of the teachers started social chats with each other, while some did crosswords and read comics, very few making any attempt to discuss the question we had posed to each group. My colleague and I were amazed at this response and felt angry and resentful towards the teachers; we rapidly dropped the idea of small group work and resorted to large group discussion, in which we would have a greater measure of control (in an authoritarian way).

On many other occasions, the teachers would start talking among themselves and my colleague would either call them to attention, or remain silent until they attended. Towards the end of one workshop, a teacher left the room and returned a while later to say her transport had arrived and she had to leave. My colleague responded by saying that we had contracted to continue until 3.00 pm and that it was not yet time to stop, telling the teacher to take her seat, whereupon the teacher in question looked very angry and sat staring out the window until the workshop was complete. This scenario, together with my colleague's expressed irritation at the teachers' frequent disruptions by talking or periodically leaving the room and her feelings that we were not adequately restricting or controlling this, is evidence of our assumption of the authoritarian teacher role. By adopting this position of power, we were clearly contradicting our more conscious discourse of identifying with,

and wanting to empower, the teachers. Perhaps the teachers acted out the 'naughty child' role as we were initially unwilling to fulfil their expectations of us as 'experts' and give them didactic input - we were probably perceived as being 'bad' teachers.

Within progressive psychology, rejection of the professional, expert role with its implications of elitism and power may arguably be an attempt on the part of socially aware psychologists to dissociate themselves from state control. Associated with this move toward deprofessionalisation is the principle of sharing our skills with non-professionals, thereby empowering community members via facilitating the recognition and development of their existing skills and coping abilities. There would also be a mutual exchange of knowledge. While these social action principles of empowering and participant initiative may be theoretically tenable, and may even assist in defending against professionals' unacknowledged or suppressed power needs, on a practical level, incongruities seem to exist between the expectations of consultants and consultees regarding the psychologist's role.

Prior to conducting the present workshop series, while attempting to negotiate and plan the type of workshops the teachers would like (based on problems they had already presented), it became clear that the teachers were unwilling to commit themselves to what they wanted and seemed reluctant to become actively involved in planning. It was uncertain whether this related to their lack of clarity as to our skills as psychologists, and perhaps to lack of interest or feelings of inadequacy and wanting us to provide direction. Despite our suggesting possible options, the teachers remained non-committal. Perhaps both researchers and teachers were faced with the dilemma of expecting initiative from the other. This incongruence was related to differing goals and needs. As researchers, our needs were to de-emphasize our professional role and to empower the teachers by placing initiative with them to express their needs and wishes. Meanwhile the teachers seemed to need the security of receiving assistance from us as

perceived 'experts' or helpers.

This was also evident on subsequent occasions during the study, when teachers obviously expected definite solutions from us for their classroom difficulties. For example, during the first workshop, that of assessment and identification of emotionally related problems, some teachers repeatedly asked, with a sense of urgency and desperation, how to deal with the problem presented. They seemed unwilling to accept, or perhaps unable to perceive, the importance of assessment prior to intervention. Their urgency created the impression of their underlying feelings of impotence and helplessness in finding their own solutions to pupils' behavioural problems, expecting the researchers to have, and to deliver, infallible answers.

Rapoport (1970), in discussing the dilemma of initiatives in action research cautions that a degree of initiative in clarifying goals and needs is necessary on the part of the researcher if he/she is to be active and not merely reactive in the research setting. Establishing a balance is, however, not an easy task. By the time the present workshops had been planned, we were still uncertain of whether the proposed series was in accordance with the teachers' needs and expectations or whether they felt imposed upon by our initiative and suggestions.

Yet another interaction manifesting the expectation of our providing ready-made solutions occurred during the penultimate workshop when we attempted to negotiate the content and scheduling of the final session. Again the teachers were quiet and non-committal. The Remedial Advisor then intervened to suggest that we wait about a month, during which time the teachers write down difficulties they experienced in their classrooms and let us have these in advance in order for us to work out answers for them beforehand. My colleague promptly responded by rejecting this suggestion, explaining that the aim of the workshops was to share problem solving as a group.

Had my colleague not vetoed this suggestion and the decision been left to me, I imagine I would have been somewhat more hesitant or apologetic in refuting the Remedial Advisor's suggestion. If she had applied any pressure in attempting to persuade us to accede to her wishes, I would have easily given in. My reaction would have been largely due to underlying guilt feelings associated with being white and not wanting to replicate the power and authoritarianism associated with my position. In compensation I would have adopted a submissive, albeit somewhat patronising position of acquiescence. It is interesting that my colleague was not constrained by these considerations and clearly felt justified in refusing to provide the teachers with 'ready-made' answers. Although the teachers did not overtly object to this, and I could not gauge their covert reactions, I imagine they may have been angry or resentful towards my colleague's power and authoritarian position. It would probably be invalid to assume that because she is black, my colleague was accepted irrespective of her reactions.

By regarding the researchers as experts and expecting advice, the teachers were investing us with considerable power which was both seductive and threatening in placing pressure on us to conform to their expectations and provide appropriate solutions. This was clearly counter to our aims of empowerment by means of affirming and augmenting the teachers' problem-solving abilities.

Swartz and Swartz (1986), following their facilitation in a series of workshops on the effects of civil disturbance on children and another series concerning behavioural problems in pre-school children, report similar findings to the above. They suggest that the participant teachers found containment and security in seeking reassurance or advice from them as psychologists and perceived healers and experts. Swartz and Swartz argue that this attribution of expert status had the dual function of security in confirming their own power as psychologists and of 'containing' the teachers anxieties.

Arising from their experiences, Swartz and Swartz (1986) conclude that despite the progressive move toward deprofessionalization and democratisation in South African psychological practice,

> ... we cannot simply by taking a rational decision slough off our expert role in a social hierachy. To be embarrassed about being an "expert" is to take personal responsibility for an ideological description which is not our individual creation. Obviously we need to be aware of how we are perpetuating our "expertness". If we want to change our role, however, we have to recognise its salience both for us and for many of the people who consult with us. Particularly when dealing with people who do not share a very particular kind of political consciousness we are likely to remain "experts" for some time. We need to recognise our part in this and to realise that it cannot be simply decided away (p. 66).

## Chapter 7.

### The Psychodynamic Discourse : Splitting and Projections.

Possibly arising from my feelings of alienation and redundancy, I found myself trying to make sense of my perceptions and experiences during the workshop process by means of the language of psychodynamic theory. Through this powerful psychodynamic discourse, I was able to regain a sense of power and superiority in indulging in a discourse which was not available to the teachers. Through adopting a psychodynamic interpretation of what I was perceiving, I was able, to some extent, to assume a more neutral and detached position, probably defending against, and compensating for, my feelings of alienation and powerlessness and of not understanding the teachers' language.

This chapter's title, associated with more traditional, psychodynamic psychological practice, may seem incongruous in a work on community-clinical psychology. I include it in an attempt to elucidate another way of understanding underlying interactional dynamics.

These dynamics demonstrate how community psychological consultation seems fraught with the danger of researchers being unwittingly drawn into the internal politics and power struggles of the organization or establishment concerned. The researcher consequently feels 'split' between different sub-groups and thereby compromised in his/her aim of professional objectivity and lack of bias. A related experience may be that of possibly feeling used by sub-groups to covertly oppose or resist each other.

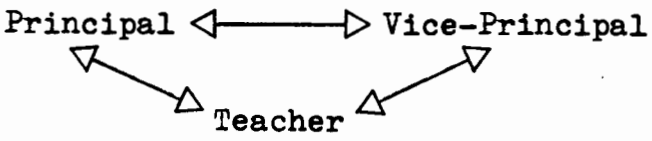
Laplanche and Pontalis (1980, p. 430) describe "splitting" as a primitive defence against anxiety involving splitting an object into 'good' and 'bad' parts which are then introjected or projected. Introjection involves the internalization and identification with the 'good' or 'bad' part object.

Projection, meanwhile, is the externalization of unacknowledged qualities and/or feelings and the relocation of these in another person or object (ibid, p. 349). A further mechanism, that of "transference", may be broadly defined as an unconscious process whereby feelings associated with someone in a person's past are inappropriately transferred and associated with somebody in the present (Malan, 1979, p. 65).

On a personal level, as the only white participant in these workshops, I frequently sensed that I was the recipient of projections and transferential feelings of some teachers related to their past experiences of black-white interaction. Examples include their periodically assuming my ignorance of their socio-economic conditions and their implicit distrust or wariness of me as partly evidenced by their choice of speaking Xhosa and by some teachers' tendency to consult or confide in my colleague before or after each workshop.

Clearly my own feelings of rivalry, indignation and alienation contribute to my sensitivity to these interactions. Nevertheless, I believe there to be some validity in my perception of my colleague and I as having been "split" into 'good' and 'bad'. This split was partly on the grounds of the teachers' transferential feelings and projections associated with our respective blackness and whiteness and the encumbent stereotypic connotations within South African society.

I wish to describe three separate scenarios during the workshop process wherein I believe the above mechanisms of splitting and projection to have been operative. I must, however, emphasize that the interactions to be described were highly complex in their metacommunication and I do not presume to fully understand their complexity. While the defences of splitting and projection were operative, the interactions clearly also had to do with poor communication, power, rivalry and the different discourses each participant brought to the situation.

Scenario 1: The 

Split.

This complex dynamic and some of its ramifications became apparent via an organizational problem on the day scheduled for the second workshop - that to address the topic of discipline.

Due to the Principal's absence, arrangements had been made the previous week with the Vice-Principal regarding time and practical details of this workshop. Accordingly, we arrived at the arranged time and, as had become customary, were invited by the Principal into her office. This usually involved a brief, friendly conversation while the classroom serving as venue for the workshop was prepared. Thereafter, we usually started our preparations while the Principal assumed the task of calling the teachers from their respective classrooms. On this particular occasion, however, the Principal began to tell us, at length, about her opinions of good teaching, of 'the dedicated teacher' and her view that teachers are unwilling to introspect or to acknowledge responsibility for their short-comings which contribute to pupils' misbehaviour and poor scholastic performance.

Subtly, the Principal seemed to be asking us to consider these factors in conducting subsequent workshops and to impress upon the teachers their need to be flexible and to modify their teaching approach; also to assess and acknowledge ways in which they may be instrumental in classoom difficulties instead of always tending to blame their pupils. During this discussion, both my colleague and I were wondering what was causing the delay in our commencing the workshop. However, we deemed it impolite to interrupt and enquire. After 50 minutes, the Principal was surprised to find that the workshop's commencement was already half-an-hour overdue and asked why we had not stopped her.
In due course, we were shown to the venue, but after 25 minutes only six teachers had arrived - one of them the Vice-Principal with whom arrangements for that meeting had been finalised.
The Vice-Principal was clearly extremely angry and spoke heatedly

to my colleague in Xhosa in the presence of the few assembled teachers, saying that they were like children in not taking responsibility for attending. The Vice-Principal was adamant that the teachers had not attended because she, and not the Principal, had given permission for and organized this meeting. She also remarked that the teachers probably wanted to show her in some way that they don't have to, and will not, listen to her. The Vice-Principal then departed and the remaining teachers gathered around my colleague telling her, in Xhosa, that they had seen us arrive and had been waiting to be called.

Unfortunately, detailed analysis of this series of interactions is not within the scope of this study. Suffice it to say that for both the Principal and Vice-Principal, the teachers seem to have been identified as 'bad'. This split being rationalized via varying negative attributions (e.g., their alleged lack of willingness to acknowledge personal deficits in their teaching techniques; or their alleged irresponsibility). The tendency to blame each other (as evident in the Principal blaming us for not interrupting her; the Vice-Principal blaming the teachers and they in turn blaming the Principal and Vice-Principal for not calling them) suggests further splitting with projection of the 'bad' other and possible identification with being innocent or 'good'. The power dynamic and rivalry between the Principal and Vice-Principal with the teachers at the bottom of this hierachy was also apparent.

As outsiders in this system, we were left wondering whether the scheduled workshops had been used in a passive aggressive way to demonstrate resistance to the Vice-Principal as she had alleged. Alternatively, was the teachers' absence directly indicative of lack of interest or resistance to attending the workshops? We were never able to satisfactorily answer this question. It was, however, interesting that when the rescheduled workshop took place, the teachers' attendance and participation was notably better than on any preceding or subsequent occasion. This resulted in our suspicion that the teachers had been reprimanded for their absence and possibly

admonished to attend and participate. Hopefully, their active participation also related to the teachers' experiencing this particular workshop on discipline as useful. (This was borne out directly after the workshop by their verbal and written feedback positively evaluating the meeting.)

Scenario 2: The Remedial Advisor◁—▷Teacher split.

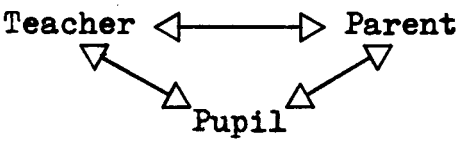
Tension was high during the workshop on 'referral sources' attended by the Remedial Advisor (an employee of the Department of Education and Training who visits the school weekly to advise the teachers on remedial teaching techniques, referral etc.). When she learned that the teachers had expressed a need for a workshop on remedial skills offered by the Good Hope College of Education, the Remedial Advisor became indignant, threatening not to provide her remedial input any longer if this was not appreciated or valued. She also accused the teachers of not being direct in expressing their needs to her, but of telling us instead. For the remainder of the workshop the teachers were understandably subdued. In the latter section dealing with group consultation on specific problems faced by the teachers regarding pupils' behaviour, they were also guarded in the examples they posed. Possibly they were wary of being accused of not having referred the child in question to the school's "P I D A" (Panel for Identification, Diagnosis and Assessment) of which the Remedial Advisor is a member.

Again, as researchers, we were unwittingly involved in the internal politics and power dynamics of this particular school's structure. We contributed to an exacerbation of the above conflict by omitting to make adequate prior contact with the Remedial Advisor and to find out her role in the school. We also neglected to explore details regarding functioning of the school's P I D A (details of the P I D A system were described in chapter 6).

The tension and poor communication arising from our lack of prior negotiation reinforced the importance of thorough planning

and preliminary contact before embarking on a project of this nature. In addition, it appeared that the workshops may, in the above way, have been covertly used by the teachers to indirectly express their dissatisfaction with the Remedial Advisor. This raised the dilemma for us, as researchers, of confidentiality and protection of all participants in the study. Our position was made worse by the fact that the Remedial Advisor is a friend of the co-researcher. Rapoport (1970), describes the above ethical dilemmas of confidentiality, protection of participants and over-involvement as characteristic of action research.

The above scenarios clearly demonstrate communication difficulties at all levels within this particular school system.

<u>Scenario 3</u>: The 

Split.

Throughout the workshop series, comments by individual teachers seemed to reflect their need to project negative attributions onto pupils and their parents. Pupils' behavioural and scholastic difficulties were often attributed to deficits in the child concerned and/or to parental lack of interest etc. While it is likely that such attributions may be objectively valid, the teachers' tendency to deny any personal influence within a problematic classroom situation suggests a possible element of splitting and projection, with pupils and parents regarded as 'bad' and themselves as 'good'. Apparently, parents frequently indulge in similar splitting and projections, often blaming the teacher for their child's scholastic and behavioural problems.

As recipients of splitting and projections, and in view of their position at the bottom of the school's power hierachy, it is understandable that the teachers would themselves react with these defences.

## Chapter 8.

## The Teachers' Feedback and Workshop Evaluation.

The participant teachers were given evaluation forms styled on a 'number-line' principle (see Appendix B) to complete at the end of the 'Discipline', 'Listening Skills' and 'Referral Resources' workshops. Due to insufficient time, an evaluation form was not completed for the 'Problem Identification' workshop. The quantitative results of the teachers' evaluations are reflected in Figure 2.

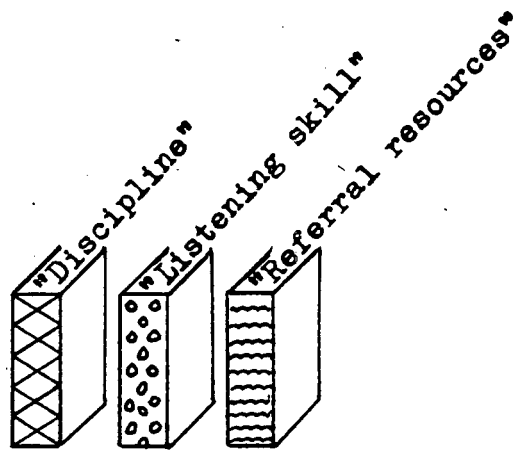
Unfortunately the time pressure of each workshop resulted in the forms being hurriedly completed. The results reflect that this, together with possible unfamiliarity or poor understanding of the number-line form of rating, and the interaction of social desirability and expectancy effects, rendered the quantitative results of questionable value.

This was especially notable in the quantitative evaluation of the 'Listening Skills' and 'Referral Resources' workshops. Both were heavily positively skewed, while observation of the teachers' reactions during these meetings suggested that these particular workshops were not well received. There was poor participation and scepticism expressed about the material. Furthermore, the fact that 89% of teachers reported having greatly benefitted from the 'Listening Skills' workshop and 89,5% then contradicted themselves in the next question by responding that the level of this workshop was above them, suggests inaccurate reporting, invalidating the overall evaluation. Similar contradictory and invalidating evaluation occurred with the 'Referral Resources' workshop where a 100% response reflected all teachers to have benefitted very much from that workshop, while 90% subsequently reported the level to have been much too high for them.

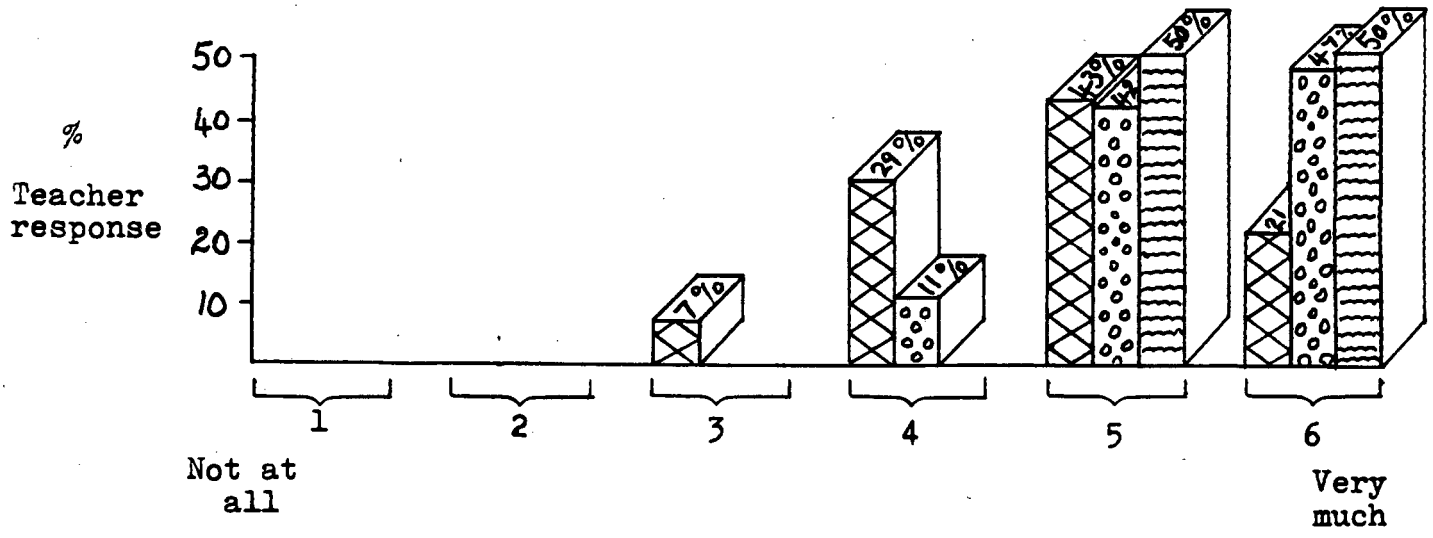
Interestingly, the same contradictory responses did not occur in evaluation of the 'Discipline' workshop, the feedback for which, though still positively skewed, was less concentrated

Figure 2.

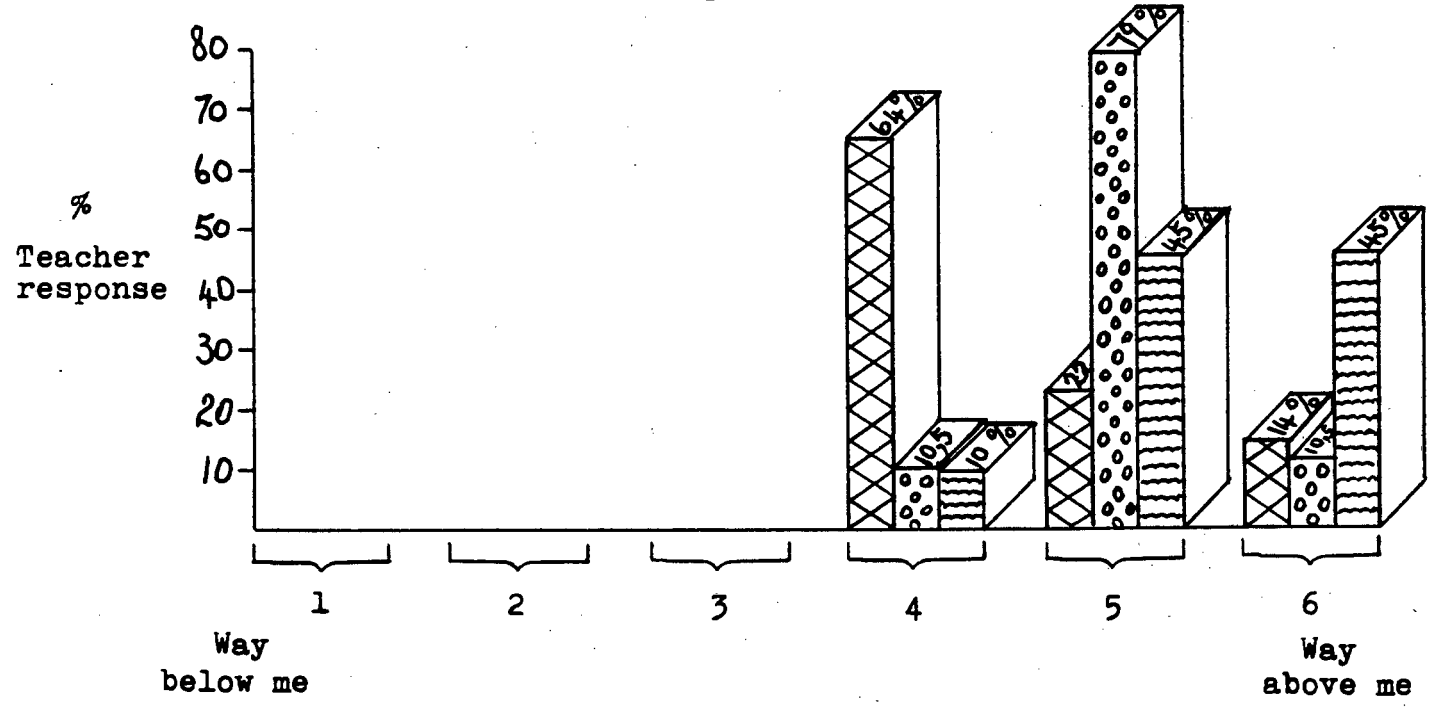
Teachers' evaluation of: "Discipline", "Listening skills" and "Referral sources" workshops.

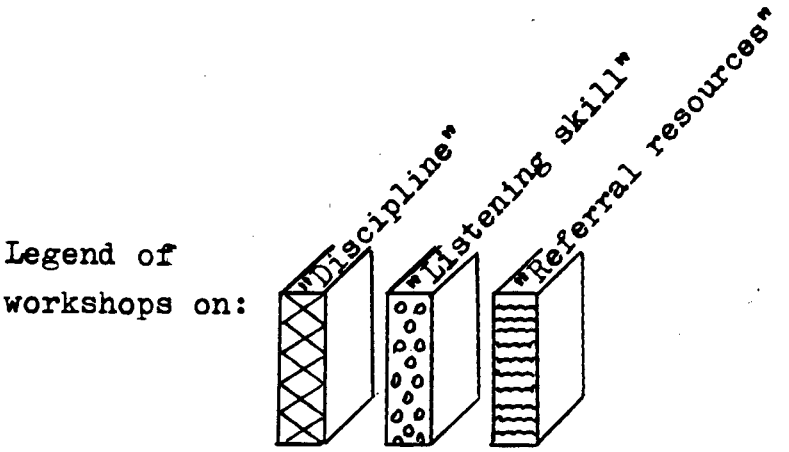



1. How much did you benefit from the workshop?

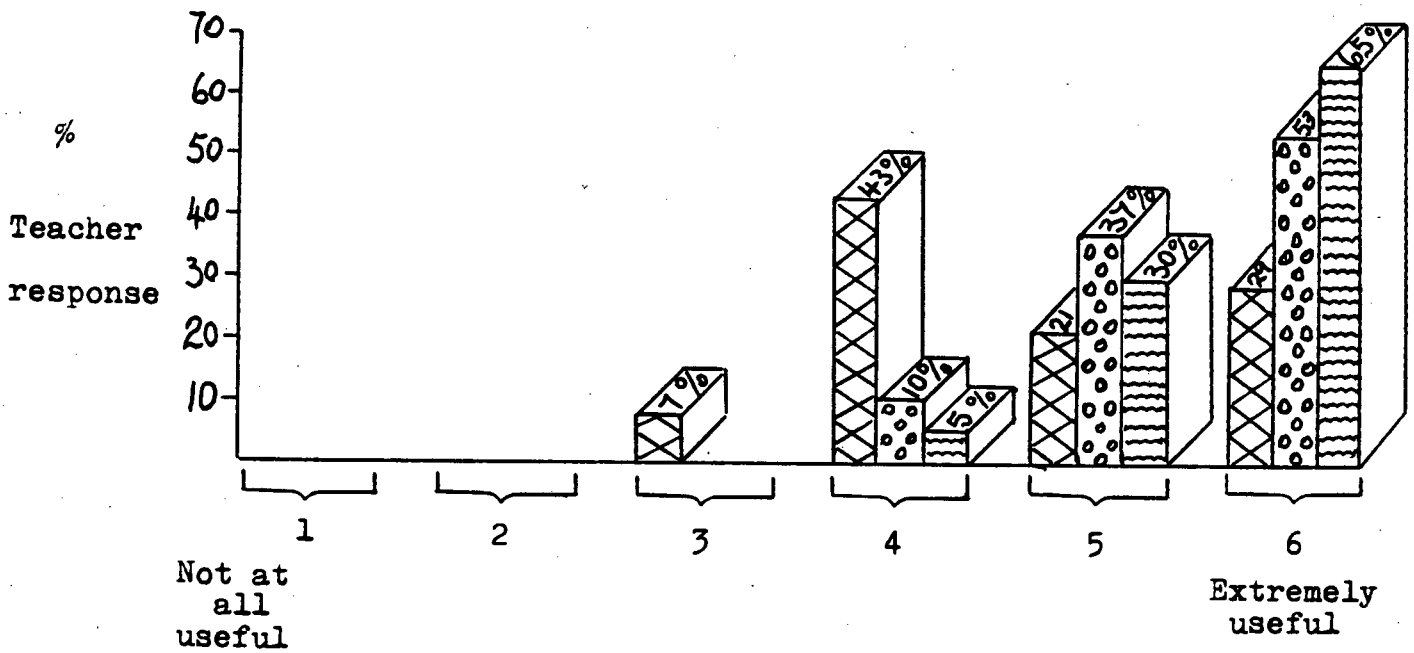



2. Was the level of the workshop suitable?

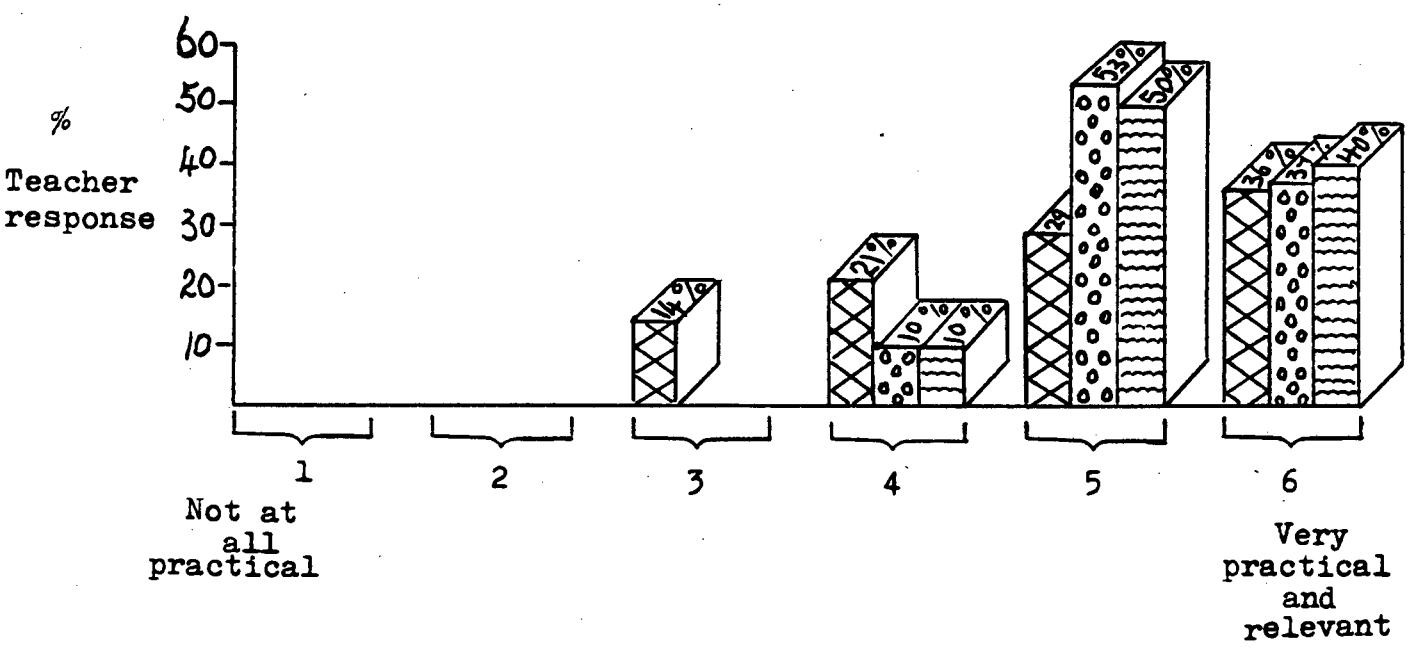





3. Did you find the hand-outs useful?




4. Were the examples practical and relevant?



at the extreme positive end of the scale and was more informative. Although this quantitative evaluation seems to suggest that the 'Discipline' workshop was relatively less useful than the other workshops, the teachers' participation and verbally expressed appreciation for this particular workshop further suggested the probable invalidity and unreliability of their quantitative evaluation generally.

The fact of the teachers' active participation and involvement in the 'Discipline' workshop may have facilitated their feeling less inhibited in more accurately reflecting their quantitative evaluation thereof in comparison with that of the other workshops. On the other hand, the teachers may have been coerced into actively participating in this workshop in view of its having been rescheduled due to non-attendance as described in the preceding chapter. It is possible that their overt participation was, therefore, misleading and that they, in fact, benefitted less from this workshop than we assumed from their positive reactions.

Extraneous variables such as social desirability and researcher expectancy effects, together with their socialization within the hierachy and restrictions of the school system, probably contributed to the teachers' guarded responses. Evidence of researcher expectancy factors was apparent in the underlying positive assumptions implicit in the wording of the questions on the evaluation form.

A few teachers added written comments to their quantitative evaluation. These were mostly not specific to each workshop and were generally positive (e.g., five responses that the workshops were interesting; one request for more workshops to be organized; two comments that the respondents had benefitted, upgraded and found encouragement in their problem-solving ability; one response that a teacher had learnt alternative means of punishment to that of 'hitting' children; and a comment that difficult material had been well explained). The only slightly negative statement, one in response to the 'Listening Skills' workshop, was that: "If there was more time, much could

be said and contributed by the teachers". Interestingly, the teachers had been particularly passive during this meeting, with the researchers feeling a pressure to do a lot of the work; furthermore, discussion during this workshop was dominated by the Principal. The implicit frustration and resentment in this latter comment seems to more accurately reflect many teachers' observed reactions during the 'Listening Skills' workshop than is apparent in their quantitative feedback.

A fifth and final meeting with the teachers was held ten weeks after the last workshop for the purpose of retrospective feedback and evaluation of the workshop series. As already mentioned in chapter 1, we had initially planned to conduct this meeting six weeks after the final workshop, but had to postpone it repeatedly due to various school activities involving the teachers and also because of escalating school stay-aways and unrest in Guguletu as a build-up to the country's general election. Indeed, prior to commencing this particular meeting, there was an incident of teargassing in the street outside just as the children were going home from school. This created tension and anxiety throughout the school and the teachers were understandably distracted and preoccupied throughout our subsequent meeting, thus restricting their responsiveness.

It was apparent during this final meeting that most of the teachers had only a vague recollection of the workshop contents and that most had not been referring to the hand-outs provided.

The verbal feedback elicited largely mirrored the quantitative findings already mentioned. The 'Problem Identification', 'Listening Skills' and 'Referral Sources' workshops were said to have been experienced as worthwhile and useful by all teachers. Only a minority, however, now reported finding the 'Discipline' workshop useful; most teachers were ambivalent and non-committal in their evaluation of it. Two teachers stated that the 'Discipline' workshop was not useful as the principles

did not work in their classes.

All of the participant teachers felt that the four workshops were important and worth including in any future workshop series. A general comment was that they would have benefitted more had there been a longer time at each meeting to "consolidate" the principles of the preceding workshop by discussing questions and practical problems in applying or modifying the relevant information. Interestingly, the Vice-Principal commented that they had not taken the initiative to use the opportunities provided in actively questioning and clarifying problems in this way. This comment seemed to confirm our earlier perceptions throughout the workshop series of the teachers' general passivity and our suspicion that they had not been using the material provided. A number of factors probably accounted for this including: some of the material being unsuitably conveyed in assuming an inappropriately sophisticated level of psychological knowledge; lack of interest in some teachers; classroom pressures of large classes and limited time; some teachers' feelings of inadequacy due to varying levels of training plus internal hierachies and power struggles within the school and broader education system resulting in teachers feeling powerless and apathetic.

Specific comments pertaining to each workshop were illuminating. A general feeling regarding the 'Problem Identification' workshop was that the information was clear theoretically, but difficult to apply in practice. Despite the 'decision-tree' hand-out many teachers found it difficult to assess whether specific pupils had emotional difficulties or not. Possibly the hand-out provided was too complex or confusing.

Regarding the 'Discipline' workshop, one teacher said the suggested interventions could be useful with some children. The Vice-Principal expressed her view that these would be useful if clearly instituted as rules and consequences at the beginning of each school year. Other comments were that: time out doesn't work; that the discipline principles were not applicable to Sub-A children; that there is something wrong

with the children, making them unresponsive to discipline. One teacher even stated that she thinks a number of her pupils need to be tested for mental retardation; she posited this as a causal explanation for their unresponsiveness to disciplinary measures. This comment, while laughed at by the other teachers, was a blatant statement of the more covert message expressed in the above comments, that the child and/or the information provided were at fault. The teachers thereby exonerated themselves from any responsibility in possibly incorrectly or inadequately applying the suggested principles. This provides yet another example of the powerful and pervasive teacher-child discourse. Despite their expressed dissatisfaction, all felt that discipline is central to their work and a very necessary workshop topic; none were able to suggest how this workshop could have been more usefully presented.

Regarding the 'Listening Skills' workshop, one teacher stated that she found it difficult to apply and modify listening skills in communicating with parents. Interestingly, the general feeling was that the 'Listening Skills' principles worked well and that "I" and "You" messages were not new. This response is clearly contradictory to many of the teachers' expressed disagreement with the principles suggested and their observed scepticism during that workshop. Significantly, it was on this occasion that they were most openly rejecting of our input. I can only speculate as to possible reasons for this contradiction. I wonder whether it might have had to do with a desire to make reparation in some way for rejecting our input and thereby "save face" for themselves and for us. In this way the teachers might have been playing the role of 'good pupils', hoping that we would correspondingly feel like 'good teachers'.

The teachers apparently contradictory responses to the 'Listening Skills' workshop may also be the result of that workshop (in some way which is not immediately clear) creating space for the teachers to express their disagreement with our

system of knowledge. They probably enjoyed the resulting sense of real dialogue. Looking back, that may be what they remember.

The 'Referral Resources' workshop was felt to be useful, but not directly relevant as referral is mainly via the school P I D A. It was also commented that parents are unwilling and/or unable to pay to attend many of the available resources.

The impression of both researchers following this final meeting was that the teachers were generally non-committal and reluctant to give constructive criticism. Their comments were also inconsistent with their observed reactions during the workshops. We felt that the teachers were stressed by the preceding teargassing incident and were also possibly trying to conceal their poor recall and limited utilization of the workshop series. We therefore concluded that this final feedback was of questionable accuracy and it is difficult to know what the teachers found useful and what they did not.

It is significant that both myself and my colleague have consistently discounted the teachers' written and final verbal feedback. One major evaluative criterion of ours for assessing the usefulness of each workshop was based on the teachers' observed participation. Their confusing feedback regarding the 'Discipline' and 'Listening Skills' workshops contradicts our evaluation of these meetings and suggests that their criteria were different. Clearly, my colleague and I shared similar evaluative criteria and were both equally outside of the teachers' reality in terms of their means of evaluation. Indeed, we still do not know what the teachers' evaluation was based on.

Nevertheless, we have both assumed the powerful and authoritarian 'teacher role' in assuming that we know which workshops were and were not useful irrespective of the participants' feedback which we have largely discounted. Consistent with the teacher-child discourse, at some level we simply did not believe the participants or trust them to tell the truth. This

highlights the extent to which different discourses were operative. Our experience of 'good' workshops and that of the teachers were very different. In the final analysis, we do not know whether the teachers used the material or not, nor do we know how they applied the information if they did use the suggestions offered. The lack of a shared reality was a major limitation. In this regard, my colleague seemed as much an outsider to the teachers' reality as I was.

Despite feeling despondent due to our perception of the teachers limited utilization of the workshops, both researchers agreed that, given teaching conditions of overcrowding, wide age and intellectual differences of pupils in each class and the limited training of some teachers, the value of our intervention cannot be evaluated in isolation on the short term. We hope that this attempt at action research might have 'sown the seeds' for some teachers growing awareness of psychological factors in classroom difficulties. Perhaps by ongoing repetition of similar consultation, the significance of emotional factors in pupils' behavioural problems, together with effective interventions will be further understood and applied.

I have come to realise that work and research in "the real world" does not conform to ideals and that it would be too nihilistic to assume that nothing was achieved. Furthermore, despite my inability to understand the teachers' feedback, it is important to avoid dismissing the feedback that the workshops were worthwhile.

# Chapter 9.

## Conclusions.

In the interests of clarity, conclusions pertaining to the workshops, "relevant practice" and my own process and changed perceptions and reactions will be discussed separately. Each section will begin with specific conclusions which will then be elaborated.

### The workshop series.

1. Team consultation along the lines of mental health type intervention with individual children appears to be an important community intervention to explore in black primary schools in Guguletu at present.

2. Services of remedial teachers in this team approach are paramount. Clinical psychologists have a role to play in psychological and psychometric assessment plus referral and liaison within such a team.

3. Workshops along behaviour modification principles and focusing on topics such as discipline would be useful. Beyond this, other areas of possible workshop consultation need to be negotiated with participants.

In general, the attempts of this action research project to make a meaningful contribution towards the participant teachers' understanding and management of their pupils' behavioural problems were disappointing. It would appear that the teachers' priorities centre around needs for remedial teaching skills and assistance with practicalities such as techniques of teaching large classes of differing age and intellectual abilities, plus a need to learn teaching skills appropriate to general and specific learning difficulties. Insofar as emotional and psychological factors were concerned, the teachers seemed most responsive to directive input on easily observable phenomena in the

classroom situation.

In retrospect, it appears that the mutual expectations of researchers and teachers were incongruent in that we assumed their needs to be less basic than they in fact are. It would seem that, given basic problems of overcrowding, wide age differences and varying intellectual potential of pupils, plus sometimes limited teaching skills, it may have been inappropriate to set further demands and challenges on more refined levels of assessment, communication and awareness of emotional and psychological factors in pupils' behaviour. Most teachers did not seem ready, or able, to be receptive to additional pressures and expectations regarding the identification of emotional factors in their pupils' behavioural problems and the use of listening skills or negotiation with parents. Hence the workshops dealing with these topics seemed to be dismissed with scepticism as impractical or irrelevant. However, in the end, it is difficult to say with any certainty what exactly the teachers found useful and what they did not. (See chapter 8 on Teachers' Evaluation.)

In general, the participant teachers in this study seemed unaccustomed to working in groups and were inhibited in the mutual exchange of knowledge, appearing more comfortable with a customary didactic style. Possibly some of the teachers' inadequate training and their related insecurity and lack of confidence resulted in their feeling threatened by our expectations of mutual sharing of knowledge and some level of psychological understanding. Thus workshops in their generally understood form needed modification more into the form of didactic input. The only workshop where spontaneous, active participation was notable was the one dealing with discipline. We assumed this to indicate the relevance and suitability of workshop presentation for that topic. The validity of this assumption is, however, unclear as the researchers and participant teachers appear to differ in their perceptions and evaluation of each workshop.

I believe this pilot study to have been extremely useful in

indicating that involvement of the University of Cape Town Child Guidance Clinic in conducting similar workshops in African primary schools in an oppressed black community may not be an optimally useful way of extending the Clinic's services for such communities. Further careful consideration of this is needed, along with exploration of other avenues of activity.

Interestingly, a team led by Professor Brian Robertson, head of the University of Cape Town's Department of Psychiatry, and comprising a remedial teacher, occupational and speech therapist, social worker, clinical psychologist and a psychiatric and community nurse, conducts team consultation once a month at Lwazi Junior Primary School in Guguletu. Their intervention is based on individual consultation with teachers and/or pupils and referral among the team; workshops are not offered. The clinical psychologist functions primarily in conducting psychological and psychometric assessment of individual children. Professor Robertson is involved in liaison, management and the treatment of psychiatric conditions. He reports that the major contribution within the team is that of the remedial teacher as the teachers at Lwazi School seem to mainly express practical needs regarding teaching skills and dealing with specific learning difficulties. This is in accordance with our findings at Songeze Primary School, also in Guguletu, and seems to support the view that, at present, clinical psychologists have a limited contribution to make in an African primary school in Guguletu.

The fact that this team consultation, based on the medical model, defines the psychologist's role quite narrowly need not imply that psychologists have a minor contribution to make in community clinical consultation. This definition of the psychologist's role appears authoritarian and seems to mirror existing medical model and school structures. Furthermore, other forms of mental health consultation may well define the psychologist's role differently.

The above team project is apparently proving so successful that

long-term planning is envisaged to extend this service along the lines of developing a school clinic facility available to more schools in the area. These results seem to suggest that this intervention is meeting teachers' needs in a relevant manner despite its traditional, arguably individualistic orientation.

Studies by Lazarus (1983) and Seedat (1987), in keeping with the above findings, also found members of various oppressed communities to be in favour of, and to express needs for, mental health type consultative involvement of professionals in the oppressed communities concerned.

Although the team consultation led by Professor Robertson appears highly successful, it is not possible to make a comparative assessment of the relative value of workshop consultation and this model of mental health consultation without conducting and evaluating the outcome of both types of intervention with the same participants. Further investigation of both these approaches is indicated prior to drawing conclusions as to their comparative value and relevance. Without such a comparative study it is not possible to extrapolate definite, generalizable conclusions as to relevant intervention and the psychologist's role from the perceived success of Professor Robertson's team consultation. Furthermore, the fact that community members seem to conceptualize and want consultation in the form of medical model type intervention need not mean that this approach is optimal in the long term, nor that it is achieving its aim of sharing skills in a resource-efficient way. By implication, if this aim is not achieved, more radical goals of empowerment and deprofessionalisation are also precluded. The acceptance of mental health consultative approaches by both consultants and consultees may be strongly linked to socialization and resistance to change more than accurately reflecting the value of this form of intervention. These suppositions require further exploration.

Relevant psychological practice.

1. Relevant practice needs to address the needs of both consultees and consultant. There is a risk of unconsciously allowing our needs to dominate over those of our clients in striving for our own perceptions of relevance.

2. In any form of psychological practice, it is essential to maintain a "progressive" theoretical understanding and critical awareness of whatever is done or observed.

3. In terms of discourses, underlying attitudes and beliefs behind projects subtly affect the nature of the enterprise and are often more important than the type of intervention and consultative model used.

4. We need to be sensitive about the discourses within which our actions are embedded in order to avoid simply reproducing oppressive structures unthinkingly.

5. By obtaining official permission for this project from the Department of Education and Training, with the imposed proviso that the meetings would not be used for political purposes, we were possibly colluding in the discourse of oppression.

Ironically, the only way we could undertake this project and gain access to the teachers was to implicitly promise to follow a mental health type of consultation mode in practice and not address wider issues, while theoretically espousing a social action research methodology. It is interesting that the teachers did not raise political or socio-economic issues except in superficial attributions of "social problems" accounting for specific pupil's behavioural difficulties. Although the teachers' needs appeared very practical and classroom orientated, due to the above proviso it was not possible to extrapolate these in depth to broader social, economic and political structures. The pursuit of social action theory principles of stimulating such awareness and facilitating structural social change was

prevented.

While never overtly stated, it is assumed that, being employees of the Department of Education and Training, the teachers were well aware that wider questioning was not open to discussion. A strong argument may also be forwarded that the teachers have been so educated and socialized within apartheid oppression as not to openly question wider social and political issues, thereby tending towards a focus on immediate practical needs in an individualistic manner, circumventing the acknowledgement and challenging of their oppression.

Sanford (1970, p. 21), discussing action research, concludes that social science needs to be free of national and local political and economic establishments as the proposed action research model needs in essence to be free to "shake up the old structures". This lack of freedom clearly precluded our study from being truly in keeping with basic tenets of the action research model. The absurdity is that, striving to seek relevance, we found ourselves practicing within an approach where there was no scope to encompass social causal attributions to manifest individual problems.

Proponents of social action would posit that what is needed is for conscientisation and challenging of the social order on a structural level rather than defocusing in a "band aid" response to the symptoms of oppression as evidenced in unequal education. While this argument makes theoretical sense, I do not know how it could have been practically operationalised given the circumstances of this project in terms of expressed needs, expectations and official restrictions.

Following much confusion as to the above paradoxes, I have reached my own conclusion that purist approaches to research and community involvement are impractical, thus necessitating modification and integration of traditional and progressive consultative approaches, based on an understanding and critical awareness of underlying discourses.

A mental health team consultation, as outlined by Professor Robertson's team, seems, superficially, to be a relevant approach at this time in Guguletu primary schools. This team does not aim to challenge broad socio-economic and political structures affecting the oppressed community of Guguletu. Nevertheless, I suggest that, to discard such apparently valuable consultative intervention on these grounds, and to apply the label of irrelevance may be shortsighted. Such disregard could represent an attempt to satisfy our own needs, as professionals, to appear socially active, aware and involved; the allied, covert need being to dissociate ourselves from allegiance to the status quo. This raises the question of how then to respond to consultees' expressed needs and of whose needs are uppermost in our professional motivation - ours or our clients'?

The above example clearly illustrates the importance of underlying attitudes informing intervention and the need to be aware of the discourses within which our actions are embedded.

Two poles of the discourse of power appear implicit in traditional medical model discourses. The clearly defined structure and hierachy of this approach is seductive in situations in which the sick, the helpless and the disempowered look to powerful and omniscient "doctors" and "experts" for rescue. The 'pay-off' at either pole of this dialectic is that of status and power for the "rescuer" or "helper" and the security of being rescued and contained for the "helpless" or disempowered. I find it interesting that I was, initially, very enthusiastic about Professor Robertson's team initiative and tended to unthinkingly regard this form of intervention as more relevant and useful in satisying the teachers' needs and requests than the workshops we had conducted. At that time I was feeling particularly despondent about the value of our project and was prepared to dismiss the workshops as irrelevant. I felt helpless and disempowered and derived some sense of hope and direction by aligning my conclusions as to future community consultation in this area with the apparent overt success and confidence of the above team consultation with its

medical model orientation. In a sense, I needed to be rescued and was not sufficiently aware or critical of the discourses I was involved in. I was, therefore, unable at the time to question possible pitfalls in the team's consultation and tended to idealize their approach and reject the workshop intervention which had left me feeling so helpless and powerless. Affiliation with the medical model discourse promised to restore this imbalance by providing me the role of "rescuer" and "helper" in a way overtly sanctioned by fellow consultants on such a team and by consultees.

Unthinking replication of the above team consultation could run the risk of authoritarian perpetuation of the status quo and power hierachy implicit in the medical model. At the same time, outright rejection of this model could be a reductionistic reaction to the discourse of oppression. The need for theoretical understanding, critical awareness and sensitivity to underlying discourses must be emphasised in making recommendations and planning consultation.

My own experiences of evaluating this study's workshops, and my initial blindness as to how, by ignoring or dismissing the teachers' feedback, I was situated within the discourse of authoritarianism and power, shocked me. I came to realise that insensitivity as to how we may subtly collude in the discourse of oppression can have major influences on how we evaluate and perceive our intervention. This evaluation, situated within oppressive attitudes, then has ramifications in terms of perpetuating these principles in subsequent recommendations and planned interventions. Hence my conclusions as to the importance of critical awareness, underlying attitudes and sensitivity to the discourses in which our actions are embedded.

Concerning relevance, surely this has to do primarily with adequate assessment and identification of clients' felt needs, with subsequent flexibility and ability to modify modes of intervention accordingly. This ability presumes broad training in diverse skills such as negotiation, conducting workshops and

groups, proficiency in English, Afrikaans and an African language, plus familiarity with different cultural values and beliefs. We do not have all these skills and perhaps this partly accounts for professional insecurity and feelings of incompetence and irrelevance.

As in all spheres of life, different professionals within psychology will gravitate towards differing specialities according to where each feels best able to make a valuable contribution. Insecurity, power needs, competitiveness and rivalry will inevitably account for different orientations vying for supremacy. It would be short-sighted and reductionistic for any one approach to be heralded as relevant and all others devalued and discarded. Paradoxically, criticising power and elitism can itself be elitist and power motivated.

In our quest for relevance within the South African context, psychologists are faced with multi-dimensional resistance to change both within our professional community and in the broader South African society. In discussing this dilemma, Sanford (1970, p. 19) concludes that: "We are confronted with the old problem : we can't change the system without changing the individuals in it, and we can't change the individuals without changing the system". In my opinion, a way out of this double-bind may be for psychologists to accept that we cannot enforce change, nor impose needs or solutions on clients who are, for varying reasons, not receptive, unwilling or 'not ready'. Within all areas of psychological practice, including community clinical consultation, we seem to face the paradox of striving to raise awareness and insight while appropriately timing the type of interpretations and intervention, i.e., 'staying with' our clients and slowly facilitating change according to their timing and needs. It is difficult not to become despondent and negativistic about psychologists' contribution to macro-structural change within this country. Sanford encourages against this in reminding us of the action research principle of responding to clients' expressed needs and initiatives. He states that: "We do have

much to offer people who are interested in changing themselves singly or collectively" (p. 19).

Dawes (1985, p. 60) posits that, as professionals, we are impotent in facilitating change without an adequate psychological understanding of the members of South Africa's diverse communities. Implicit in this is the need to understand racism and structural and individual oppression. Holstock (1981), argues that the South African psychology professional avoids exploring and facilitating the expression and communication of feelings of black people as to their experiences and reactions to being black in South Africa. He sees the role of psychology in South Africa as promoting the communication of feelings between people of all races in this country and of fostering the defocusing from compartmentalization and differentness.

Dawes (1985), in turn, argues that clinical psychologists need to use their "collective power to challenge our pathogenic government policy" (p. 60). He posits that the relevance of psychological practice will be reflected in how psychologists respond to this challenge.

It is my view that professional affiliation to progressive organizations, with involvement under their auspices in diverse forms of consultation, if based on consultees' expressed needs, may all be forms of relevant psychological practice. This consultation could usefully range from a team mental health approach within an oppressed community to conducting support groups and workshops. Subsequent dissemination of findings in both professional journals and popular media, together with feedback to community members, could be a way of operationalizing Dawes' (1985) recommendation that we, as professional clinical psychologists, use "our collective power to challenge" (p. 60) existing structures by education and 'consciousness raising' of the wider community as to the effects of oppression on all members of South African society.

My personal process associated with this study:

1. Self-knowledge and awareness of personal attitudes, needs and motives are essential for effective psychological practice and in avoiding incongruent expectations.

2. Book knowledge of community psychology principles is only really meaningful when linked to practical experience as theory and practice in the "real world" are often very different.

3. Class, colour, language and professional status, while potential barriers in community - clinical consultation, are ultimately less significant in influencing effectiveness than underlying motives, attitudes and beliefs.

It was only after the preceding phase to this study (where we elicited common problems in the classroom situation) that we began to suspect that our clinical skills would be of limited use to us because of the very basic and practical problems expressed by many teachers. Problems ranged from poverty and parental negligence to teachers' needs for tuition in remedial teaching skills. It was difficult to accept that our skills were limited and the workshop series was planned on the basis of our skills and the assumption that many of the problems identified by the teachers as scholastic had emotional components and hence warranted some form of psychological intervention. While this assumption may have been valid, it became clear that the timing of this form of intervention may have been inappropriate as most teachers were preoccupied with practical problems and required the containment and security of practical solutions related to their basic needs.

Our need to make the teachers aware of psychological factors and alternative behaviour-management strategies to authoritarianism made it difficult for us to really hear their needs. In addition to this, their needs would imply our redundancy. In turn, the teachers' limited time and the pressing nature of their difficulties probably resulted in their hopes and expectations that, as professionals, we would provide ready

solutions. Despite repeated explanations of our skills and what we, as clinical psychologists, could offer, this never really seemed to be clarified in the teachers' perceptions and expectations. The net result of this incongruence between the researchers' and teachers' expectations was mutual frustration and disappointment. As a researcher I felt confused and concluded that, at this time, with these teachers and the given circumstances of this project, we achieved very little in terms of responding to their needs. I imagine that the teachers might have felt that we were either keeping information from them or were unable to be of assistance. This might well have resulted in increasing their possible feelings of hopelessness, helplessness and disillusionment.

Despite background knowledge of the principles of community consultation, we did not always apply these and had to learn by our mistakes. For example, contrary to the principles of community consultation, we did not spend time getting to know the system at Songeze Primary School regarding existing roles, hierachy and the particular organizational tradition and culture of the school. Time constraints also precluded the development of an easy, open relationship between researchers and teachers. We went into a system, of which we knew very little, as outsiders and experienced the resultant difficulties in communication together with inappropriate expectations, conceptualisation and distrust, to say nothing of being unwittingly 'caught up' in the internal politics and power struggles within this particular school system.

Another principle which we unthinkingly violated was that of voluntary participation in that the teachers' attendance at the workshops was enforced by the Principal. Some teachers' passivity could well have stemmed from lack of interest and resentment at their enforced attendance.

Perhaps the workshops would have been qualitatively more successful if we had intervened to prevent enforced participation and thereby worked with a smaller group of interested participants.

Retrospective insight into the above short-comings and other variables such as time constraints on both teachers and researchers, reinforces the gap between theories and their practical application. I can only reiterate previously stated sentiments that action research and community consultation involves "learning by doing" (Mann, 1978).

Apart from learning about community - clinical consultation, this project has helped conscientise me about black education in primary schools and the many discourses operative in them. It has also helped, to some extent, to clarify my view as to my professional role and responsibility within this country. My experiences of alienation and the language barrier previously discussed have been instrumental in stimulating greater self-knowledge of previously unacknowledged attitudes and motives. As a result, I am beginning to identify how my actions have been influenced by the discourse of oppression and its polarity of oscillating between identification with the oppressor and the oppressed. Although I have a way to go in integrating this self-knowledge and in identifying my underlying motives, attitudes and beliefs, I believe that openness and acknowledging these in myself will be important in helping me to be less sensitive and reactive towards experiences of rejection and alienation in future community-clinical consultation. Hence my conclusion that class, colour, language and professional status, while potential barriers, may be less obstructive in establishing contact with those of other communities than underlying attitudes, motives and beliefs.

# Chapter 10.

## Recommendations.

The following recommendations as to how to extend the services of the Child Guidance Clinic arise from our pilot study:

1. A feasibility study as to the possibility of establishing an inter-disciplinary team which would consult regularly in identified schools in an oppressed community.

2. Conducting a comparative evaluation of team and workshop intervention in an attempt to assess their relative value.

3. Action research into the relevance and feasibility of conducting support groups for interested teachers within an oppressed community.

4. Mandatory training in an African language as part of the M.A. I and II course requirement.

The feasibility of establishing and co-ordinating a team which might comprise the University's post-graduate remedial teaching students; educational psychology interns; final year occupational therapy, speech therapy and social work students; community nursing trainees and clinical psychology interns, requires exploration. Should this, or a similar co-ordinated inter-disciplinary team be possible, it could usefully follow the example of that led by Professor Robertson in making its services available on a regular basis at one or more schools in various community settings. The relevance of such an inter-disciplinary approach is also supported by studies elsewhere (e.g., Sinha, 1986).

In order to assess how best the Clinic's services could be extended to oppressed communities, further investigation of

alternative approaches is necessary. An inter-disciplinary team intervention needs to be compared under controlled conditions with the effects of workshop intervention in order to decide whether either approach in isolation, or perhaps a combination of both, may be optimal. Findings of each of these approaches have not conclusively elucidated this point.

Linked to observations of teachers' stressful working conditions and of communication difficulties among participant teachers, the facilitation of teacher support groups may be a useful intervention. Difficulties of credibility, trust and language, as experienced in this study, could, however, preclude the effectiveness of such support groups. A preceding pilot study as to the requirements of teachers regarding a support group, together with a trial of such groups would be essential in exploring the feasibility and relevance of this recommendation. Should this suggestion prove practicable, it would also be necessary to liaise through an organization involved in the specific target community in order to identify schools where a need has already been expressed in the area of group assistance for dealing with emotional and psychological stressors arising from the conditions in black schools at present. I envisage that such a venture could be operationalized by M.A. I interns conducting support groups, with teachers in schools in an oppressed community, as the practical component of their training in group therapy.

The importance of thorough, time-consuming liaison between school and Clinic staff prior to establishing such groups cannot be over-emphasised. A tentative attempt in 1988 to conduct a support group run by myself and a fellow intern of the Child Guidance Clinic with interested students at Khanya College failed. (Khanya College is an institution with American affiliation which provides one year 'bridging' courses for disadvantaged students; the aim is to assist their transition from school to university.) This failure was largely due to poor administrative communication and liaison between Clinic and College staff, together with inadequate

prior contact with group participants. The attendant consequences were disorganization, poor attendance and issues of distrust and limited credibility.

Regarding credibility and the need for independence and flexibility in action research and this form of progressive community clinical involvement, official access to the schools under the banner of the Department of Education and Training would be restrictive and counter-productive. Without such official permission, consultation may need to be conducted off school premises and outside of school hours. Problems of compliance and time will be inevitable complications as they appear to be in many forms of community consultation. Indeed, I believe that time, flexibility, patience and perseverance are pre-requisites for anybody genuinely interested in community clinical involvement.

By further investigating the feasibility of workshop and team consultation, plus the provision of teacher support groups, the dual purpose of extending the Clinic's services to oppressed communities and of training clinical interns in community consultation could be achieved. At the same time, an action research approach would not only benefit the interns and the Clinic, but also provide a response to the target community in terms of the benefits to consultees of individual and group consultation.

I suggest that the subsequent dissemination of knowledge gained through the above modes of consultation would be essential in extending the progressive aim of challenging and conscientising professionals and people not obviously oppressed, as to the effects of present state ideology on oppressed communities. It is recommended that this could be practically conducted via direct feedback to consultees and organizations in the communities involved in the proposed projects. Publication of findings in both professional journals and popular media is a necessary facet to the proposed aim.

Finally, arising from my experiences of the language barrier of

not speaking Xhosa, I strongly recommend that training in an African language be included in the M.A. I and II training program as a significant, mandatory and examinable component of allocated course time. The absurdity of aiming to facilitate communication while being unable to speak the language of consultees cannot be over-emphasized.

(The interested reader is referred to Dawes' (1986) paper where similar and additional recommendations to the above are elaborated pertaining to training and research of South African mental health and social service professionals.)

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## Appendix A.

## PROBLEMS EXPERIENCED BY THE TEACHERS OF SONGEZE PRIMARY SCHOOL IN THE CLASSROOM SITUATION.

NOTE: Problems marked with an * (asterisk) are common responses to questions on specific Rutter Scale questionnaire items where $\geqslant 50\%$ of the teachers reported experiencing a problem in this area.

All other problems are the teachers' spontaneous responses when asked to describe the most difficult situation they have had to cope with in the classroom.

The following list states "the problem" in CAPITALS, the teachers' own explanation of the problem follows and their categorisation of the problem is presented in CAPITALS IN BRACKETS. Where more than one category was offered, where consensus was reached on the major category, this is underlined.

1. CHILD ACTIVELY INVOLVED IN ORAL WORK BUT REFUSES TO WRITE.
Child doesn't know how to write/spell.
(SCHOLASTIC, MENTAL RETARDATION).

2. CHILD WHO CAN READ WELL BUT CAN'T WRITE.
Spelling difficulties, can recognise letters but cannot remember them; letter reversals; parrot reading.
(SCHOLASTIC).

3. PROBLEMS IN DIFFERENTIATING LETTERS ESPECIALLY 'M' AND 'N'; DIFFICULTY REPEATING WHAT IS SAID - PARROT READING.
Child needs practice in writing; needs individual attention as he/she mimics others in the group; needs remediation and attention from the teacher.
(SCHOLASTIC).

4. CHILD CANNOT RECOGNISE COLOURS; CAN'T IDENTIFY OBJECTS; DEPENDS ON OTHERS TO HELP HIM.
Visual disturbance; worse in boys; mainly occurs in Sub-A children; children too young, eg., 5 - 6 years. Possible lack of stimulation at home although some of the children have had this stimulation. Don't know the reasons for this problem.
(AGE).

5. CHILD CAN'T COPY ANYTHING NOR MATCH PICTURES, WORDS OR COLOURS.
Explanation as above.
(AGE).

6. CAN COUNT, BUT CAN'T APPLY THIS TO COUNTING OBJECTS.
Impulsivity; some children are under age eg., $4\frac{1}{2} \rightarrow 5$ years, however difficulty counting objects also applies to older children.
(SCHOLASTIC, LOW I.Q., LEARNING DIFFICULTY).

7. CONFUSES NUMBERS; WRITES NUMBERS IN THE OPPOSITE DIRECTION; DOESN'T UNDERSTAND USE OF COUNTERS.
As above.
(SCHOLASTIC, LOW I.Q., LEARNING DIFFICULTY).

8. CHILD (SUB-A, 7 YEARS) DOESN'T WANT TO COME TO SCHOOL, CRIES. MOTHER THINKS CHILD IS SPOILT AND HAS TRIED OTHER SCHOOLS. CHILD ALWAYS RUNS OUT OF CLASS. OTHER CHILDREN CHASE HER AND SHE HAS NO FRIEND.
Social problem eg., child must help at home with family business. Not much love at home. Child spoilt at home. Child sometimes doesn't understand the lesson so wants to run away. Difficulty communicating with teacher and class. Child may not have gone to pre-school so school is very new. Child over-protected at home and not allowed to have friends.
(BEHAVIOURAL, SOCIAL, GENETIC).

* 9. CHILD WHO TRUANTS FROM SCHOOL.
Too harsh teachers. Social problem eg., child needs to get a job for money. Parents not interested in child's education. Child afraid to come to school because of not having done his/her homework. Bad company.
(SOCIAL, BEHAVIOURAL CAUSED BY SOCIAL PROBLEMS, EMOTIONAL, SCHOLASTIC).

* 10. CHILD ABSENT FROM SCHOOL FOR TRIVIAL REASONS.
Lack of parental involvement in child's education eg., socio-economic reasons; parents may keep children at home in order to help out. Political reasons - school boycotts of older children influences younger ones. School work not interesting.
(LACK OF PARENTAL INVOLVEMENT).

11. CHILD WHO ONLY ANSWERS WHEN ASKED - NEVER VOLUNTEERS ANSWERS.
Shy, lacks confidence; lack of knowledge; speech problems eg., stammers/stutters.
(SPEECH, HEREDITARY).

12. CHILD DOESN'T PAY ATTENTION; DOESN'T ANSWER QUESTIONS NO MATTER HOW INTERESTING THE LESSON. CHILD IS ALSO VIOLENT AND HIS INATTENTIVENESS HAS ALWAYS BEEN A PROBLEM. HE IS PROMOTED ON CONDONED PASSES AND IS 15 YEARS OLD IN STD. 2.

Slow learner; low I.Q.; possible mental retardation.
(LOW I.Q., MENTAL RETARDATION).

13. CHILD DOESN'T LISTEN AND IS NAUGHTY IN CLASS; GIVES RIGHT ANSWERS ALTHOUGH HE DOESN'T CONCENTRATE.
Gifted child; work not challenging; bored; wants special attention from the teacher.
(BEHAVIOURAL; HIGH I.Q.).

14. CHILD ALWAYS SLEEPING, DOESN'T WANT TO CONTRIBUTE.
Social problem (eg., goes to bed late due to TV or waiting for parents to return from work; attends initiation ceremonies; no breakfast; lives in a shebeen; parents drink). Child under-age. Lesson is boring.
(SOCIAL; BEHAVIOURAL).

15. SUB-A CHILD RAPED, CHILD FEELS ASHAMED AND EMBARRASSED AND IS VERY QUIET. TEACHER DOESN'T KNOW WHAT THE PROBLEM IS AS THE CHILD WON'T ANSWER.
Problem in Khayelitsha. Usually happens when mother has a baby, so father abuses child; father rapes the child. Teachers don't know about it as children hide it.
(SEXUAL ABUSE; CHILD ABUSE).

* 16. CHILD SHOWS SEXUAL BEHAVIOUR.
Child imitating what happens at home; may have been sexually abused him/herself; background; perhaps child is "wild"; puberty stage or adolescent issues. Influence of TV.
(SOCIO-ECONOMIC).

17. STD-2 CHILD UNDER-AGE (7 YEARS) IS UNABLE TO DO MATHS; ALSO RESTLESS AND DISRUPTIVE.
Under age; unable to understand due to level of cognitive development; ignorance of parents.
(SCHOLASTIC).

18. CHILD TOO OLD FOR CLASS BUT CAN'T COPE OR KEEP UP WITH YOUNGER CLASSMATES. TENDS TO BULLY OTHERS AND TAKE THEIR LUNCHES. OTHERS AFRAID OF HIM.

Age problem. Perhaps hungry; naughty; not wanting to bring own lunch.
(BEHAVIOURAL; SCHOLASTIC, LOW I.Q., SOCIAL).

19. CHILD WITHDRAWN - SOCIAL PROBLEMS. MOTHER DOESN'T WANT TO TALK ABOUT PROBLEMS. TEACHER QUERIES CHILD ABUSE.
As for problem number 15.
(SEXUAL ABUSE; CHILD ABUSE).

20. CHILD OVER-ACTIVE, DISTURBS CLASSMATES AND TEACHERS.
Mental retardation and birth problems, mother has schizophrenia. Child can't sit still and won't take punishment, also cannot write in line.
(MENTAL RETARDATION; OVER-PROTECTION).

* 21. CHILDREN WHO ARE RESTLESS, SQUIRMY AND CANNOT SETTLE TO ANYTHING.
Social problem; family problems - not contained and no limit setting at home; hyperactivity; over-active; organic problem.
(NEGLIGENCE; HEREDITARY).

22. CHILD NAUGHTY - BULLIES CLASSMATES. ALSO HAPPENS AT HOME.
Over protected; negligence; as above.
(NEGLIGENCE; HEREDITARY).

23. CHILD STEALS OTHER CHILDREN'S LUNCH ALTHOUGH HE HAS HIS OWN LUNCH.
Naughty; may be poor and dislikes his own lunch, wanting to taste others'.
(BEHAVIOURAL).

* 24. CHILD WHO FIGHTS WITH OTHERS. BULLIES OTHERS.
Lives in a conflictual home where parents fight. Child over-active. Influenced by TV.
(SOCIAL, BEHAVIOURAL).

* 25. CHILD DISOBEDIENT.

Bad company; negligence of parents.
(Social).

26. SPEECH PROBLEMS; DOESN'T TALK IN FRONT OF OTHERS. COULDN'T SPEAK AS A TODDLER. SHY AND NERVOUS.
Speech problems; sickness.
(HEALTH).

* 27. CHILD SUCKS THUMB OR FINGERS.
Nervous; didn't wean properly; bad habit.
(EMOTIONAL).

* 28. CHILD WHO IS FUSSY OR OVER-PARTICULAR.
Child is just like that, is slow, perfectionistic and a slow thinker.
(EMOTIONAL).

* 29. CHILDREN WHO WET AND/OR SOIL THEIR PANTS.
Shyness - not feeling free to ask to be excused. Health problems; over-eating and drinking; loose bowels. Dull child. Rituals not done. Social problem resulting in emotional problems leading to health problems.
(HEALTH, SOCIAL).

* 30. CHILD WHO TENDS TO BE ON HIS/HER OWN. APPEARS MISERABLE/UNHAPPY.
Lack of parental love; health problem; physical problem. Child not happy at school; problems child won't communicate; family problems; child mentally and emotionally ill.
(SOCIAL; BEHAVIOURAL; HEALTH).

## FIVE MOST COMMONLY CHOSEN PROBLEMS AS PRIORITIES TO BE ADDRESSED IN WORKSHOPS.

NOTE: The numbers refer to the number of respondents out of a total of 12, who viewed the problem as a priority for workshops. The number in brackets refers to the total number of the 12 respondents who reflected the problem as important.

The teachers' categorisation of the problem is included in brackets. Problems marked with an (asterisk) arise from the Rutter Scale, the remainder being offered by the teachers in response to a question asking for their most difficult experience in the classroom.

Problem No: 2. CHILD WHO CAN READ WELL BUT CANNOT WRITE 7/12 (9/12) (SCHOLASTIC).

1. CHILD ACTIVELY INVOLVED IN ORAL WORK BUT REFUSES TO WRITE 6/12 (6/12) (SCHOLASTIC, MENTAL RETARDATION).

18. CHILD TOO OLD FOR CLASS BUT CAN'T COPE OR KEEP UP WITH YOUNGER CLASSMATES. TENDS TO BULLY OTHERS AND TAKE THEIR LUNCHES. OTHERS AFRAID OF HIM. 6/12 (8/12). (BEHAVIOURAL; SCHOLASTIC; I.Q.; SOCIAL).

* 21. CHILDREN WHO ARE RESTLESS, SQUIRMY, CANNOT SETTLE TO ANYTHING 6/12 (4/12) (NEGLIGENCE; HEREDITY).

* 9. CHILD WHO TRUANTS FROM SCHOOL 4/12 (5/12) (SOCIAL; BEHAVIOURAL; EMOTIONAL; SCHOLASTIC).

## PROBLEMS CITED AS IMPORTANT BUT NOT PRIORITIES FOR WORKSHOPS.

Problem No:

20. CHILD OVER-ACTIVE, DISTURBS CLASSMATES AND TEACHERS 5/12 (7/12) (MENTAL RETARDATION; OVER-PROTECTION).

17. STD. 2 CHILD UNDER-AGE (7 YEARS) IS UNABLE TO DO MATHS; ALSO RESTLESS AND DISRUPTIVE 3/12 (6/12) (SCHOLASTIC).

* 24. FIGHTS WITH OTHERS, BULLIES OTHERS 3/12 (5/12) (SCHOLASTIC; BEHAVIOURAL).

22. CHILD NAUGHTY - BULLIES CLASSMATES. ALSO HAPPENS AT HOME 4/12 (4/12) (NEGLIGENCE).

3. PROBLEMS IN DIFFERENTIATING LETTERS ESPECIALLY 'M' AND 'N'. DIFFICULTY REPEATING WHAT IS SAID - PARROT READING 2/12 (4/12) (SCHOLASTIC).

Appendix B

Workshop I

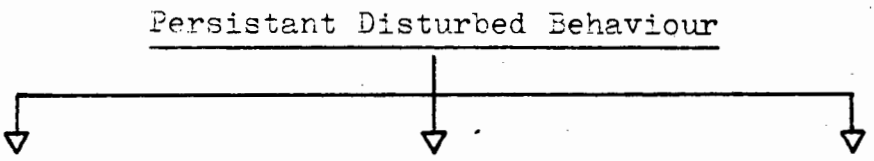
Problem identification and assessment.

Factors to consider in Emotional Disorders of Children.

NOTE:

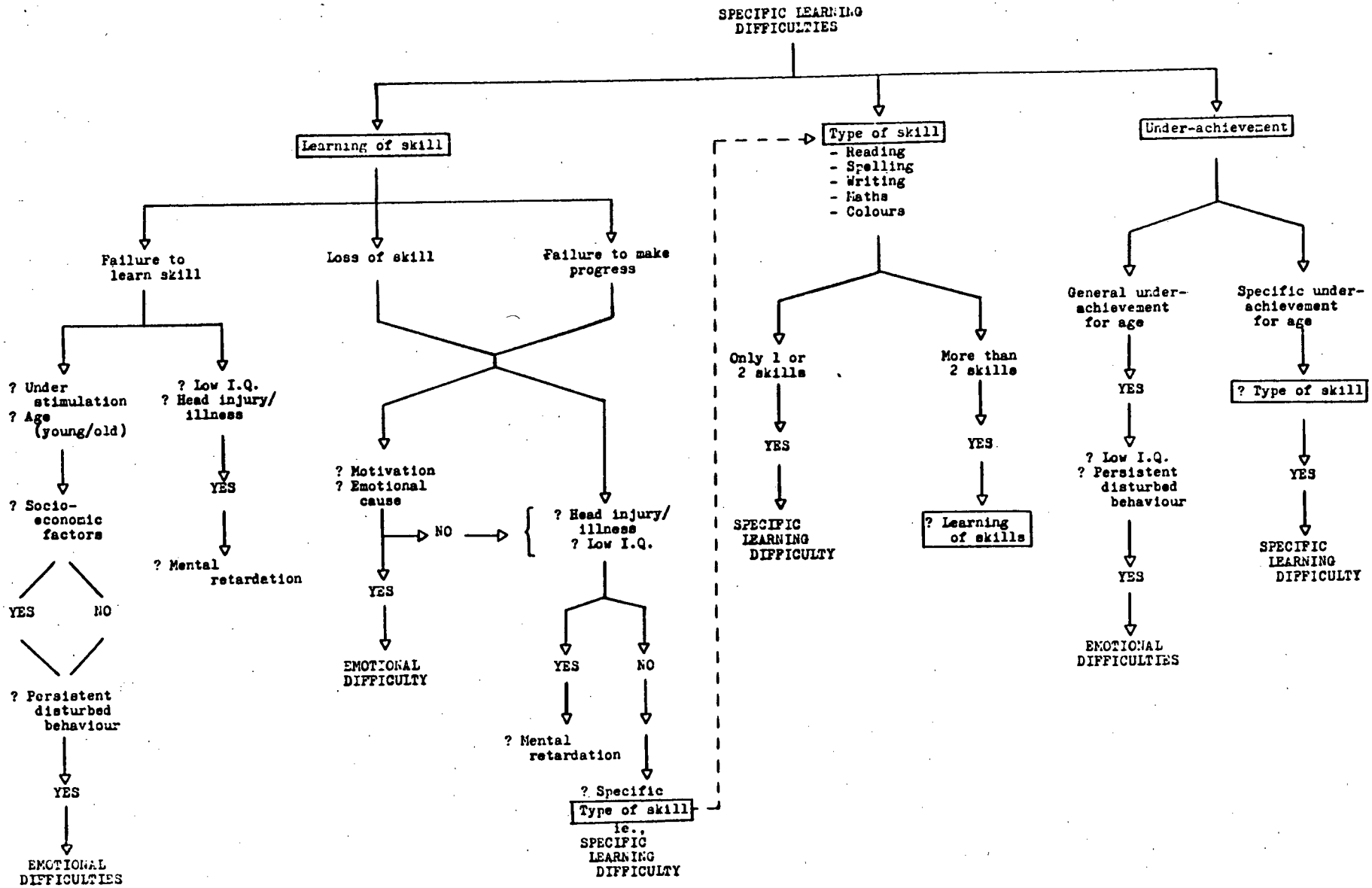
1. Presence of many of the following symptoms could indicate emotional difficulties.

2. Emotional difficulties are often associated with a slow or sudden start and a specific cause.




| Personal Functioning | Social Functioning | Developmental Functioning |
|---|---|---|
| - general decrease in scholastic performance | - bullying | - thumb sucking |
| - self-consciousness | - withdrawal | - fidgety |
| - shyness | - truanting | - over-activity |
| - nervousness | - stealing | - wets pants |
| - over-sensitive | - lying | - soils pants |
| - crying | - sleepiness | |
| - sadness | - disobedient | |
| - inattentiveness | | |
| - poor personal hygiene and nutrition. | | |

Decision tree in differentiating learning difficulties.



Workshop 2
Discipline

## GUIDELINES TO EFFECTIVE DISCIPLINE.

1. Observe what happened before and after misbehaviour.

2. Misbehaviour can be changed by altering events that happened before and after the misbehaviour.

3. Disciplinary consequences should follow misbehaviour immediately.

4. It is most important to reward and give attention to positive behaviour.

5. It is important not to focus on misbehaviour; rather look for, and comment, on good behaviour.

NOTE: ANY FORM OF ATTENTION WILL INCREASE A BEHAVIOUR, WHETHER THE BEHAVIOUR IS GOOD OR BAD.

## TECHNIQUES FOR EFFECTIVE DISCIPLINE.

1. Rule setting:
   - Set clear specific rules and explain their consequences.
   - Make few and simple rules.
   - Make rules at the beginning of the year.
   - Set rules that are fair and reasonable according to the children's age.

2. Application of rules:
   - Apply rules equally to all class members.
   - Apply rules and consequences calmly and consistently.
   - Avoid responding to misbehaviour with irritation or reprimands as this may increase the misbehaviour.
   - Discuss rules and their importance with the pupils.

3. Seek help from colleagues if the suggested methods fail.

## INEFFECTIVE DISCIPLINE.

1. Giving most attention to misbehaviour.

2. Not always responding in the same way to specific misbehaviour.

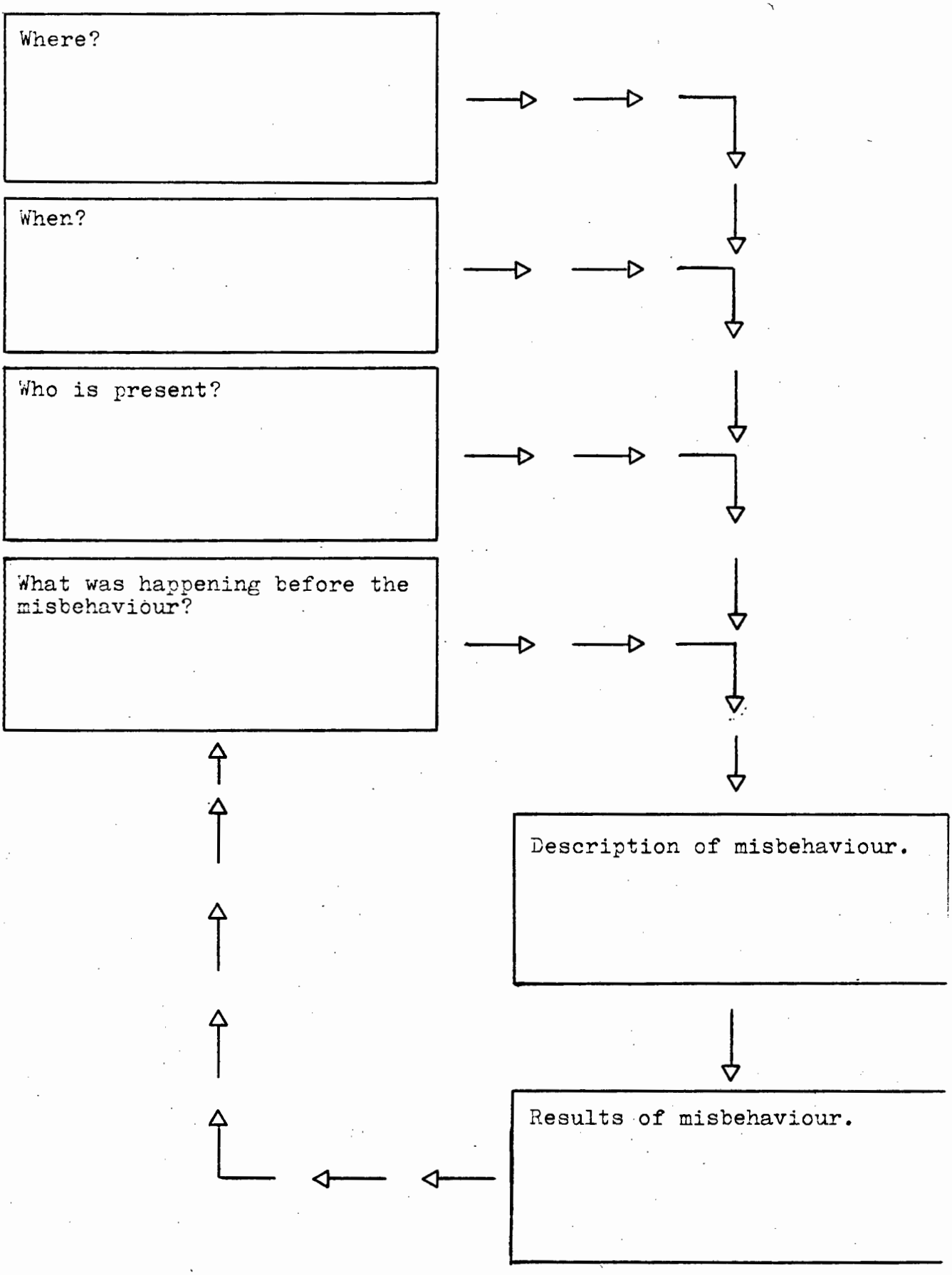
3. Ignoring good behaviour and only giving attention to bad behaviour.

4. Delaying punishment or rewards for a particular behaviour.

5. Corporal punishment and harsh rules are ineffective as they usually increase misbehaviour.

NOTE: AVOID OVER REACTING TO SPECIFIC MISBEHAVIOURS IN THE CLASSROOM DUE TO TEACHER'S OWN FRUSTRATION OR IRRITATION.

STEPS IN UNDERSTANDING CLASSROOM MISBEHAVIOUR.



# LISTENING SKILLS.

## How to listen so that a child can talk to you:

1. Communicate genuine acceptance of the child.
2. Do not use criticism, evaluations, judgement, preaching and moralizing messages that convey unacceptance to the child.
3. Children often become what you tell them they are.
4. Feeling accepted helps children to share feelings and problems.

## How to show acceptance non-verbally:

1. Pay attention to the child if he/she speaks to you.
2. Do not be too ready to get involved or 'take over' when a child is trying to do something.
3. Try not to show that you are uncomfortable when a child is making mistakes.
4. Rather say nothing than feel you must comment on a child's performance.

## How to show acceptance verbally:

1. Invite the child to say more eg., "I see"; "really"; "tell me about it".
2. Tell the child he/she has a right to express his/her feelings.

## Active Listening:

1. Make sure you understand what the child is saying; if unsure, check with the child.
2. Feedback your understanding of the child's message so as to clarify for yourself eg., "Are you saying ..."

Results of Active Listening:

1. The experience of being heard and understood makes the child feel warm towards the listener (teacher).
2. By active listening the teacher helps the child to solve his/her problems him/herself and to think for him/herself.
3. Feeling understood and 'listened to', makes the child willing to listen to the teacher.

Attitudes that go with Active Listening:

1. You must want to hear what the child has to say.
2. Take time to listen; if you don't have time, say so and try to make time later.
3. You must genuinely want to help.
4. Accept the child's feelings even if they may differ from yours. Accept that the child is an individual different from you.
5. Put yourself "in the child's shoes" to try to understand how he/she feels.
6. Be flexible and prepared to change your ideas.

How to talk so that children will listen to you:

1. Use "I" messages rather than "You" messages.

   Examples of "You" messages: "You stop that now."
   "You shouldn't do that."
   "Don't you ever dare ..."

   Examples of "I" messages: "I'm feeling frustrated because of the noise."
   "I'm worried that I won't finish this lesson."

Effects of "You" messages:

1. You messages are poor ways of communicating.
2. You messages do not help children understand the teacher's feelings.

3. They are experienced as instructions or ways of saying how bad the child is.

Effects of "I" messages:

1. Helps teacher direct the message accurately.
2. They help the child change his/her unacceptable behaviour.
3. They are less likely to cause resistance and are less threatening.
4. They place responsibility with the child to change his/her behaviour.
5. "I" messages help children learn to send more honest messages themselves.
6. It is important to persevere with sending "I" messages because children might be unused to such messages and may initially ignore these "I" messages.

Steps in Problem Solving:

1. Define the problem with the child. If there is more than one problem, try to simplify and list the problems from the most serious to less serious.
2. Ask child/children for possible solutions.
3. Evaluate possible solutions.
4. Decide with the child/children on the best solution.
5. Put the solution into practice.
6. Assess how the solution works.

## Communicating with Parents.

1. Try not to express frustration when talking to the child's parents.
2. Explain the problem clearly and avoid blaming anybody.
3. Never criticise or blame parents as being bad and disinterested as this will only make them angry, defensive and resistant.
4. Use active listening skills in talking with parents. Re-phrase what they tell you and how they seem to feel. Observe body language for feelings they might not be talking about eg., anger, frustration and helplessness/hopelessness.
5. Avoid being critical and judgemental towards parents when trying to deal with sensitive issues.
6. When talking with parents about problems:

Ask for information.

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Ask parents for their opinions.

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Ask parents what they think would be helpful and what they have already done about the problem.

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Give your own opinion and ask parents what they think and feel about this.

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Decide on a solution together that will make both parents and teacher happy.

7. NOTE: • Negotiating solutions with parents will help place both teacher and parents on an equal level. This is important because it will make parents feel supported and heard by the teacher and the school.

- The parents will be more willing to return to the school to deal with future problems.
- Parents should leave feeling supported rather than in conflict with the teacher and the school.

# REFERRAL RESOURCES. 1989.

## 1. DEVELOPMENTAL CLINIC : RED CROSS.

'Phone: 685 4103 Ext. 279.

Referrals accepted from: Health, Education and Welfare Services.

Problems dealt with: Children not developing normally eg., poor language and movement. Children with behaviour problems.

Age: Birth - 6 years.

Waiting list: 6 months.

Fees: R1 - R25 per month depending on income.

## 2. NEUROLOGICAL SERVICES : RED CROSS.

'Phone: 685 5011 Ext. 485.

Referrals: Family doctor or school psychologist.

Problems dealt with: Physical or mental abnormalities eg., fits, brain damage.

Age: Birth - 12 years.

Waiting list: 3 months.

Fees: R1 - R25 per month depending on income.

## 3. SPEECH THERAPY : GROOTE SCHUUR HOSPITAL.

'Phone: 473 311 Ext. 3481.

Referrals: Teachers or parents.

Problems dealt with: Children with speech and hearing difficulties.

Age: Birth - 13 years.

Waiting list: No waiting list. New patients seen in the first week of every month.

Fees: R1 - R25 per month depending on income.

4. REMEDIAL SERVICES.

4.1 SCHOOL SPECIALIZING IN CHILDREN WITH LEARNING DIFFICULTIES : EROS.

'Phone: 637 9080.

4.2 BOSTON HOUSE REMEDIAL CENTRE, STRAND STREET, CAPE TOWN.

'Phone: 419 1359.

Referrals: Teachers and parents.

Problems dealt with: Children with at least normal intelligence who are having learning difficulties eg., under-achievement, specific learning problems.

Age: School going age.

Waiting list: Variable.

Fees: R25 per session (i.e. 45 minutes), once or twice a week for 6 months.

5. MARITAL COUNSELLING : FAMSA, ADDERLEY STREET, CAPE TOWN.

'Phone: 461 7360.

Referral: Self referral.

Problems dealt with: Advice on marriage problems.

Age: Couples of any age.

Waiting list: Variable.

Fees: Sliding scale depending on income.

6. PARENT SUPPORT.

6.1 FAMANON : Telephone Service for child abusers.

'Phone: 683 1789.

6.2 LINK : Single Parent Support Group.

'Phone: 592 2357.

6.3 NICRO : Child Abuse Centre.

'Phone: 474 000.

Problems dealt with: Workshops run for adults and teachers working with sexually abused children. Groups also run for parents.

7. DRUG PROBLEMS : DRUG COUNSELLING CENTRE, OBSERVATORY.

'Phone: 478 026.

Referral: Parents, teachers, nurse, social worker, etc.

Problems dealt with: Helping people with drug problems.

Age: Any age.

Waiting list: New clients seen daily, no waiting list.

Fees: According to income.

8. BEHAVIOUR PROBLEMS.

8.1 CHILD GUIDANCE CLINIC : CHAPEL ROAD, ROSEBANK.

'Phone: 685 5692.

Referral: Teacher, parent, etc.

Problems dealt with: Behaviour, emotional and scholastic difficulties.

Age: 3 - 16 years.

Waiting list: Variable.

Fees: Depends on income.

8.2 CHILD AND FAMILY UNIT : RONDEBOSCH.

'Phone: 685 4103.

Referral: Teacher: nurse: medical doctor; social workers etc.
NOTE: Official referral form from the Unit must be used when submitting referrals.

Problems dealt with: Behavioural and emotional problems.

Age: Birth - 18 years.

Waiting list: 2 months.

Fees: R1 - R25 monthly according to income.

NOTE: A clinic is also run twice per month in Guguletu, but referrals must be sent to Rondebosch first.

## 9. MENTAL RETARDATION.

### 9.1 MARY HARDING SCHOOL : ATHLONE.

'Phone: 637 8079.

Referral: Via school psychologist.

Problems dealt with: Severe mental retardation.

Age: Any age.

### 9.2 TEMBALETU DAY CENTRE : GUGULETU.

'Phone: 637 5902.

Referral: Teachers and parents; social workers etc.

Problems dealt with: Physically handicapped children with slight mental retardation; must be educable.

Age: 4 - 13 years (Pre-school Std. 5).

Waiting list: 100 people on waiting list at present; school to be extended next year.

Fees: R25 per year.

### 9.3 NOMPUMELELO SCHOOL : (GUGULETU).

'Phone: 637 8062.

Referral: Teachers, parents etc.

Problems dealt with: Accept mild and moderately mentally retarded children.

Age: 6 - 12 years.

Waiting list: 230 children on waiting list at present.

Fees: R5 per month.

# WORKSHOP EVALUATION.

1. How much did you benefit from this workshop?

Not at all..1 2 3 4 5 6 very much.

2. Was the level of the workshop suitable?

Way below me.....1 2 3 4 5 6 way above me.

3. Did you find the hand-outs useful?

Not at all useful.....1 2 3 4 5 6 extremely useful.

4. Were the examples practical and relevant?

Not at all practical..1 2 3 4 5 6 very practical and relevant.

Comments: .....

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