

**AN EXPLORATIVE STUDY OF THE PROFESSIONAL  
TRAINING EXPERIENCES OF BLACK PSYCHOLOGISTS  
IN THE WESTERN CAPE REGION.**

**Armien Abrahams.**

**B.A.Social Science (Honours)  
(University of Cape Town)**

Thesis submitted in partial fulfilment of the  
requirements for the degree of Master of Arts  
in Clinical Psychology.

University of Cape Town 1992.

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

### ACKNOWLEDGEMENTS

I would like to thank the respondents for the time they made available to participate in this study and Don Foster, my supervisor for his patience, constructive criticism and constant support.

### ABSTRACT

This study aims at exploring the professional experiences of black psychologists as victims of racism and in view of the profession's association with racist ideological practices.

The review of the literature revealed that little research has been done in this area. An historical overview of the significant influences which shaped the professionalisation of South African psychology, serves as background to the study. It is demonstrated with respect to historical background, that the profession had strong links with the implementation and maintenance of Apartheid policies. This development is followed through to a description of the recent controversy which has culminated into the formation of two alternative tendencies in the profession.

The interview method was used to collect data and twenty registered black psychologists in the Western Cape area were approached to participate in the study. The findings are presented with respect to personal background and in the various categories of professional training.

## TABLE OF CONTENTS

1. **INTRODUCTION** (page 1.)
    - 1.2 Socio-political and economic influences
    - 1.3 Anglo-American influences
    - 1.4 Local Psychology's relationship with Apartheid
    - 1.5 Apartheid-capitalism
    - 1.6 Aim of Study
  2. **HISTORICAL OVERVIEW OF PSYCHOLOGY** (page 5.)
    - 2.1 Psychometrics
    - 2.2 Black Psychology
    - 2.3 Psychotherapy
  3. **HISTORICAL OVERVIEW OF SOUTH AFRICAN PSYCHOLOGY**  
(page 7.)
    - 3.1 Reliance on psychological measurement
    - 3.2 Professional organisation
    - 3.3 Racist practices
    - 3.4 Controversy
    - 3.5 Three tendencies
  4. **STRUCTURE OF SOUTH AFRICAN PSYCHOLOGY** (page 10.)
    - 4.1 Mainstream
    - 4.2 Progressive
    - 4.3 Afrocentric
    - 4.4 Insitutional representation
    - 4.5 Professional training requirements
  5. **REVIEW OF LITERATURE** (page 12.)
  6. **RESEARCH METHOD** (page 14.)
  7. **FINDINGS** (page 15.)
    - 7.1 Demographic detail
    - 7.2 Background
    - 7.3 Highlights and Weakness of training
    - 7.4 Training
    - 7.5 Views on professionalism
    - 7.6 Present employment
  8. **DISCUSSION** (page 34.)
  9. **CONCLUSION** (page 38.)
- APPENDIX** (page 39.)
- REFERENCES** (page 45.)

## 1. Introduction

The historical background of professional psychology in South Africa reveals strong links with the socio-economic and political interests of Apartheid policies. As a result of this association, local psychology has since inception been tainted with racism (Foster, 1991). This development raises the question of black perceptions toward the profession. The professional perceptions and experiences of black psychologists in particular, are the main concern of this study. An exploration of the professional experiences of black psychologists would therefore be useful and insightful for the following reasons. Insight, according to a familiar approach in psychology, leads to a better understanding of problematic issues. It would be useful, from the perspective of the victims of racism, to establish the nature of the professional experiences of black psychologists, because this kind of investigation might reveal problems associated with the assimilation of a profession which has been tainted with racism. However, before the aim of this study is presented, a brief outline of the influences which stimulated the professionalisation of South African psychology will be provided.

### 1.2 Socio-economic and political influences

The focus by Louw on the professionalisation of psychology (1990), as well as his evaluation of the role of psychology in the poor white investigation of the Carnegie Commission (1986 b) and his history of applied psychology and labour in South Africa (1986 a) reveal several instances of the professions' support and alliance with what Louw described as 'economic and political elites' (Louw, 1990, p.4). In point of fact central to the development of professional psychology was its solid support for dominant socio-economic and political interests. Nicholas and Cooper (1990), observed that the establishment of psychology in South Africa as a professional discipline was closely linked to 'the

politics of race' (Nicholas and Cooper, 1990: p.5). Similarly Seedat (1990) with reference to the development of the profession declared that it is; 'deeply embedded within the tensions and contradictions inherent in the apartheid normative framework.....' and that it was: '...predicated on silence and neglect of the oppressed...' (Seedat, 1990: p.22). These statements reinforce the view that the development of Apartheid capitalism and South African psychology was coterminous.

### 1.3 Anglo-American influences

The role of professional psychology as an agent of racism was, however, not unique to South Africa. This practice derived from the influences of Anglo-American psychology. In Britain and the United States of America psychological measurement practices, known as psychometry, characterised the professionalisation of the discipline. The development of South African psychology was significantly influenced by the practices of American psychology (Ebersohn, 1983).

American psychometry as revealed by Littlewood and Lipsedge (1982), uncritically served the interests of early capitalism and also played a significant role in support of prevalent racist-eugenic theories. These influences were imported almost holus-bolus, since both Fick who standardised a South African intelligence test based on Terman's Stanford Revision Scale, and Malherbe who headed the educational committee of the Carnegie Commission were educated in America, and became dominant figures in the early professionalisation of local psychology (Whittaker, 1991).

From the Anglo side, a British trained psychiatrist J.T.Dunston who held 'Eurocentric' racist views (Whittaker, 1991; p.58), became the first Commissioner for Mental Hygiene in 1916 and with his medical background influenced the professional development of local psychology. Probably because of this influence the vain battles here for professional independence from what Rose (1986) described as the 'legitimation of medical

hegemony' (Rose, 1986; p.44) became remarkably similar to those in the United Kingdom.

#### 1.4 Local psychology's relationship with Apartheid

In South Africa these influences determined the direction of the development of psychology as a profession. In order to gain professional recognition, its psychometric services were almost exclusively used to bolster Apartheid policies. For more than four decades the profession thus supported and followed uncritically the policies and practices of Apartheid. After the Second World War South African psychology was increasingly isolated from the rest of the world. This is partly due to a critical focus which emerged in professional psychology in the rest of the world on account of exposure to innovative theories and the aftermath of international conflict. During this period local psychology was grooming itself to serve the interests of big business and the Apartheid state. A critical focus emerged only recently in the the local profession when the uncritical observance of Apartheid ideology became the centre of a controversy in the discipline.

#### 1.5 Apartheid-capitalism

Apartheid, seen in terms of legal measures has in recent years largely been repealed, but its racial-capitalist (Sizwe, 1979) legacy of racial oppression and black labour exploitation will probably remain for some time. In this regard Adam and Moodley (1986) disclosed that the essence of Apartheid was exploitation and labour control, that the concentration of wealth was in white hands and that poverty was widespread amongst blacks as a result according to this view '...it may well take a long time to eradicate the traces of apartheid...' (Adam and Moodley, 1986; p.16). Thus according to these authors, the small black middle class which comprised mostly professionals and business people will continue to operate under restrictions and indignities of status even if the legal demise of Apartheid facilitate parity in salaries (Adam and Moodley, 1986). Apart from restraints

on the development of black professionals, the consequences of racial-capitalism have fundamentally affected the lives and opportunities of the more than thirty million black people, with inferior education (Kallaway 1984), inadequate housing (Hendler 1986), job discrimination (Thomas 1974) and the despised migrant labour system (Wilson 1972), to name but a few of the harmful effects of the system.

In summary then, the historical development of psychology reveals three main points. Firstly that the profession had strong links with the development of Apartheid-capitalism. Secondly that the Anglo-American influences with racist overtones shaped early professionalisation. Finally that the professions' uncritical service to Apartheid has contributed towards the oppression and exploitation of black people.

#### 1.6 Aim of study

Against this background and with specific reference to the professional training in psychology of the handful of blacks, the purpose of this study is to investigate two basic questions: (a) whether blacks, as victims of the racial-capitalist system, experience any problems with their professional training and (b) the question of black perceptions towards their professional roles and profession. The aim of this study is therefore to explore the professional training experiences of a few black psychologists in the Western Cape area. It is hoped that this study might encourage further research in this unexplored area and contribute towards the development of progressive psychology. The study's focus on the experiences of blacks should not, however, suggest that whites might not have similar experiences. But as a result of Apartheid socialisation it is likely that the experiences of blacks regarding their professionalisation in psychology might be perceived differently. It should also be noted that the experiences of blacks should not be confused with 'the black experience'. The latter could

be interpreted as something static, real and immutable, a phenomenon which might support rather than combat racism. Since the study is located within the professional training of psychologists it is appropriate to provide a brief background sketch of the professionalisation of psychology.

## 2. Historical overview of psychology

Psychology as a profession is a relatively recent arrival on the mental health field, as a result it has a short history compared with other professions (Louw, 1990). The occasion which usually marks the beginning of psychology as a profession is Wundt's establishment of a psychological institute and laboratory in 1879 (Harre and Lamb, 1986). Dominated by late nineteenth century medical psychiatry psychology, however, had to wait for both the First and Second World Wars before it could develop into a fully-fledged profession (Pilgrim and Treacher, 1992). The exigencies of war thus stimulated the growth of psychology as a practical profession particularly in the USA. Military requirements such as the selection and placement of personnel provided the fledgeling psychological measurement technology with the opportunity to place psychology on the professional map.

### 2.1 Psychometrics

Although psychometrics, a field which usually involves intelligence and personality measurement, originated in Europe and was refined in Britain, it was in the USA that its practical and widespread application especially to army recruits, took place (Littlewood and Lipsedge, 1982). The recognition and acceptance of the important role of psychometrics by other professions not only gave a boost to the professionalisation of psychology, but also shaped its future development (Pilgrim and Treacher, 1992). This development to a large degree coloured the profession with a statistical-positivist approach to the exclusion almost of other contributions.

This statistical method evolved from the British approach as formulated by Galton and Pearson, an approach which became tainted with racist assumptions. The statistical method was used to refine psychometry. These individuals were prominent members of the Eugenics Society which propagated pseudo-scientific racist views of white supremacy and black inferiority (Pilgrim and Treacher, 1992).

## 2.2 Black Psychology

It is pertinent to consider the response of the American Association of Black Psychologists to psychometry. Guthrie remarked that:

" It goes without saying that there exists a wealth of data that indicates that psychology's time honoured psychometric tools are not only biased against black people but fall short of providing any useful data in predicting talents, capabilities, or skills for the majority of black youngsters" (Guthrie, 1980; p.15)

Fernando (1988) also points to a moratorium on all testing of black people until more equitable tests become available. It appears that Black American Psychology was not against psychometry, or other areas of psychological practice but in view of racism there seemed to be concern over inappropriate research methods which marginalised and inferiorised blacks. Guthrie therefore encourages the building of black psychology which presumably will focus on appropriate theories and research methods:

" While it is difficult to justify the existence of a black psychology, there is a theoretical basis for its creation " (Guthrie, 1980; p.15)

Psychometrics and other areas of psychological practice were thus not totally rejected by black psychology, but it criticised the Eurocentric bias and unfairness of this technology. Instead an Afrocentric approach was emphasised with the development of alternative theory in psychology (Bulhan, 1985).

### 2.3 Psychotherapy

Black psychology was not the only difference of opinion in the way psychometrics shaped the professionalisation of psychology. Psychoanalytic psychotherapy, and other incipient therapeutic approaches began to encroach upon this professional domain. These differences brought about several points of conflict between British and USA psychology about issues which essentially amounted to theoretical boundaries in the profession. These debates which concerned scientific objectivity, the unscientific nature of psychoanalytic theory, the initial exclusion of psychotherapy in preference for behaviour therapy amongst several other issues are, however, beyond the scope of this study. The noteworthy feature is that the psychometric tradition had considerable influence on the formation of professional psychology in South Africa.

### 3. Historical overview of South African psychology

The early development of South African psychology revealed similarities with the overseas experience. For example intelligence tests including the American Army Beta Group Test, was used in 1928 to justify intervention into the 'poor white problem' as well as to contradict the popular notion that 'poor whites showed a lack of intelligence' (Louw, 1986 b; p.52). Wilcocks standardised vocational tests for the local context with the recommendation that blacks be prevented from competing with whites for work (Whittaker, 1991). As with the USA experience, the extensive use of tests secured a base for the professionalisation of psychology.

#### 3.1 Reliance on psychological measurement

The preponderance of psychological measurement made an almost indelible impression on the professionalisation of local psychology. Louw's (1986 a) evaluation of the professions' activities during this period emphasises this point:

" Selection, placement and vocational guidance could all be facilitated by the use of measuring instruments. Furthermore by applying

these tests, psychologists could demonstrate their competence and usefulness in carrying out these activities. It should therefore come as no surprise that psychological testing dominated South African psychology for such a long time - and perhaps still does." (Louw, 1986 a; p.60)

Psychological testing thus provided the base for professionalisation which after the Second World War, was pursued with vigour.

### 3.2 Professional organisation

The first professional organisation for psychologists was established in 1948 but soon split into two organisations on account of black membership (Nicholas and Cooper, 1990). Interestingly the issue of black membership presented an opportunity for racism to be critically investigated but this was not the case as only in the mid-1980's did this matter become a focus of controversy within the profession. Between 1940 and the early 1970's the more pressing issue seemed to have been professional legitimation. During this period this became a possibility since psychological mental health services were increasingly being considered, revised and incorporated in certain aspects of the legal system. It was in 1974 that the Professional Board for Psychology acquired statutory powers for the registration of psychologists (Ebersohn, 1983). This statutory power was, however, subordinate to the South African Medical and Dental Council. The Professional Board for Psychology is in a subsidiary position to the medical control board. This board seldom, if ever, contradicted the racist policies of the government over the past four decades (Whittaker, 1991).

### 3.3 Racist practices

Although the nature of the connection between the professions' support of Apartheid practices remain unexplored, it is important that these links whether implicit or explicit, be exposed. Louw's (1990) distinction between professions and professionalisation draws attention to the importance of forces which shape a profession. Professionalisation thus refers to the

process by which a profession gains recognition, legitimation and acceptance through the collective efforts by professionals. Louw's analysis, however, seems to overlook racism as an ideological force in his evaluation of the local process towards professionalisation.

#### 3.4 Controversy in local psychology

Racism became the centre of focus recently in the official journal of professional psychology in South Africa (Duckitt and Foster 1991). For the first time in its history the journal allowed an analysis of the origins and consequences of racism in South African psychology. This concession could be seen as a compromise from mainstream psychology against the controversy in the profession. This controversy was precipitated by Dawes when he accused a section of the profession of being 'unresponsive to its social social context' (Dawes, 1985; p.55). Biesheuvel responded by warning against the profession's 'overinvolvement in politics against at the expense of scientific endeavours' (Biesheuvel, 1987; p.4) The debates which followed highlighted issues of psychology's complicity and denial thereof, in the promotion of Apartheid. Swartz et al (1990) described the controversy as a battle about the identity of South African psychology in general. An opposing view to both Dawes and Biesheuvel about psychology's alliance with Apartheid is expressed by Nicholas and Cooper (1990, p.11).

" Although these critiques do raise important questions as to psychology's neglect of issues such as racism and oppression and failure to provide services to those communities victimised by apartheid, like mainstream South African psychology, they generally tend to ignore both the ways in which the profession has become an active component of the apartheid system..." (Cooper et al, 1990; p.11)

#### 3.5 Three tendencies

It would appear that the controversy has brought three tendencies to the fore based on the views expressed above, they are: the Psychological Association of South

Africa (PASA) representing mainstream psychology, the Organisation for Appropriate Social Services of South Africa (OASSSA) representing an alternative to the mainstream and also described as progressive psychology (Swartz et al , 1990) and a committee based at the University of the Western Cape representing Afrocentric psychology (Seedat, 1990; Whittaker, 1991).

In summary it would seem that psychological measurement provided the boost for the professionalisation of psychology especially in the USA. The unfairness of measurement technology stimulated the formation of Black Psychology on the charge that Eurocentric psychometry was inherently racist. However, psychometry significantly influenced the professionalisation of local psychology. Professional psychology developed alongside Apartheid-capitalism and provided services which worked hand in glove with these objectives. This eventually produced a controversy concerned with racism in the profession. Three tendencies representing different constituencies of which one approximated Black Psychology, emerged from this controversy.

#### 4. The structure of South African psychology

##### 4.1 Mainstream

This is the dominant trend in South African psychology and could be described as largely empirical in its approach. Seedat's (1990) research revealed that approximately 71% of the 106 thematically categorised articles in the South African Journal of Psychology over five years were empirical in nature.

##### 4.2 Progressive

In opposition to this trend are progressive psychologists defined by Swartz et al as:

'...on the left of the political spectrum, or more specifically in identification with a political position which calls for a non-racial democratic South Africa" (Swartz et al, 1990, p.234)

Progressive psychologists according to Seedat (1990) use theoretical arguments against the influences of apartheid-capitalism in South African psychology.

#### 4.3 Afrocentric psychology

This trend appears to be anti-mainstream but not opposed to progressive psychology. Its primary support base is amongst the few black psychologists. Of the 2,060 psychologists listed in the 1987 register, less than 10% are black (Seedat, 1989 cited in Nicholas and Cooper, 1990). The Afrocentric is seldom clearly defined perhaps because definitions are probably Eurocentric, however, this position is described as:

" ...those who express dissatisfaction about the elitist, ethnocentric, androcentric and decontextualised nature of the discipline" (Seedat, 1990; p.22)

#### 4.4 The institutional representation of these trends

Psychologists who subscribe to these different views are usually strategically placed at training institutions. Thus the dominant empirical approach associated with mainstream psychology emanated from both Afrikaans and English-speaking universities. In more recent years English speaking campuses have as a minority voice promoted progressive psychology. There are nine black universities in South Africa and only a few have recently offered professional training programmes in psychology. Ralekhetho points out that the black universities and education for blacks in general were established to 'reproduce racial-capitalism' (Ralekhetho, 1991; p.103) Afrocentric psychology, however, seems to be popular at the University of the Western Cape. This campus began a professional training programme in the mid-1980's and uses the Student Counselling Unit and a predominantly 'coloured' mental institution as intern placements.

#### 4.5 Professional training requirements

Professional training starts at the Masters level. Successful candidates are expected to do one year's internship and one year's course-work as well as a thesis. These requirements might differ in emphasis from

one institution to another, and also in accordance with specialisation. The specialised applied training fields are clinical, educational, counselling and industrial. The internship occurs in appropriate placements at universities, hospitals or counselling centres and usually involves psychotherapy, psychometric and psychodiagnostic assessment.

In psychotherapy professional training focuses on individual, family and group therapy. Various theoretical approaches are used depending on institutional orientation and individual preference. Trainee psychologists are expected to be proficient in administering intelligence tests. The Wechsler Adult Intelligence Scale (WAIS) or its modification is used as the dominant instrument for psychometric assessment. The Diagnostic and Statistical Manual for mental disorders (DSM 111) is used for psychodiagnostic assessment. The training programme usually provides trainees with supervisors in the various placements but this may differ across various institutions. The training programmes offered by universities are approved and monitored by the Professional Board for Psychology under the umbrella of the South African Medical and Dental Council (SAMDC). The training is geared towards registration with the professional board.

##### 5. Review of literature

The literature review revealed that little research has been done in this area. One of the few exceptions is a comprehensive survey of the activities of psychologists in South Africa by Ebersohn (1983).

One of the primary objectives of this large survey, (1770 persons were approached), was to give guidance counsellors information about the activities of the profession in order to enlighten them about career options. While this research has shortcomings it has become an important source for statistics about South African psychologists. Its data was collected from a

detailed questionnaire covering areas like background, training, registration and work sector. The research was undertaken in 1978 and the following facts are among the findings relevant to this study. (a) Whites constituted more than 97% of registered psychologists. (b) Clinical psychology is the most popular field of registration. (c) Employment options are predominantly at institutions with only 6% in full-time private practice.

(d) Majority of registered practitioners had full-time employment as well as part-time private practice. (e) A large degree of job satisfaction from participants. (f) More men than women were registered. (g) More Afrikaners than non-Afrikaners and (h) 85% of psychologists were members of a professional organisation, notably PASA.

The shortcomings, however, of this research was the lack of interpretation of significant issues. For example, the small number of blacks in relation to the size of the black population in South Africa as well as the size of white psychologists, requires critical evaluation. This phenomenon is simply explained away by comparing it to similar examples in the United States of America. Thus, 'as with all professions, non-whites are grossly underrepresented in psychology in proportion to the population' (Ebersohn, 1983: p.26).

Lazarus used a similar method in her survey of opinions of psychologists in South Africa on their role and responsibility. A questionnaire was mailed to all registered psychologists, however, her sample size was reduced to 200 on account of a poor response. The categories investigated excluded training and focused on the social responsibility of psychologists. It revealed that the majority responded positively to the inclusion of social issues in the discipline. Similar to Ebersohn's research it revealed the small representation of blacks in the profession (Lazarus, 1985; p.3).

Lastly a survey of 137 registered clinical psychologists by Louw and Manganyi (1986) on current issues in their profession largely confirms the demographical statistics

of the previous surveys. Unlike Ebersohn's findings this survey revealed that 24% of psychologists were involved in private practice. A notable aspect of the findings was that of the 137, 6 trained at overseas universities.

A small comparative study by Leon and Lea (1988) on the adjustment of white and black students to campus life revealed that blacks experienced greater feelings of alienation than their white counterparts.

#### **6. Research method**

Between June and August in 1989, twenty black psychologists in the greater Cape Peninsula area were approached to participate in this study. Initial contact was made by telephone where the purpose of the study was explained. Arrangements for two interviews were made as and upon agreement. Only black (african, coloured, indian) psychologists registered with the SAMDC in counselling, educational or clinical fields, were contacted. Of the twenty respondents contacted one declined without any reason, another consented but failed to honour arrangements.

The interviews were conducted at the work situation of respondents. The two one hour interviews were spread over a two week period. Permission to use a tape-recorder was requested in order to record the interviews. The collection of data was transcribed from recordings using the method of content analysis. This method requires systematic evaluation of the content of recorded information. (Walizer and Wiener, 1978)

A semi-structured interview schedule was used for the following reasons. It is advantageous since respondents are free to explore and expand on questions which might yield significant information for the research. A structured schedule might also undermine the exploration of subjective experiences. A semi-structured schedule also provides the opportunity to pose questions in an open-ended manner. It was therefore preferable to use this method since the study covered areas which required some introspection rather than stilted yes-no responses.

The questionnaire on personal background was handed out at the first interview and collected at the second interview. Three topics were covered in the interviews. The first topic dealt with professional training in diagnostic procedure, psychometric assessment and psychotherapy. The second topic dealt with perceptions and attitudes toward professionalism and the third with job opportunities.

## 7. Findings

The views of respondents were arranged in accordance with the interview categories and these provide the framework in which the findings are presented. These categories consist of:

- 7.1 demographic description of sample
- 7.2 comments about their background,
- 7.3 highlights and weakness of training,
- 7.4 training with reference to (a) psycho-therapy, (b) psychodiagnostic and (c) psychometric assessment,
- 7.5 views on professionalism and
- 7.6 present employment.

Each category except for the first will have a summary of findings at the end of each section and an overall summary concludes this section.

### 7.1 Demographic description

Age of respondents ranged from 25 to 50 years with a mean age of 35 years. While all respondents saw themselves as black, according to the abolished racial classification of Apartheid's population registration, 3 respondents could be described as african, 4 as indian and 11 as coloured. There were 11 males and 7 females, all the african respondents were female, 3 indian respondents were male and 1 female, 3 of the coloured respondents were female and the rest male. The background of all subjects was predominantly middle or semi-middle class, however, to make inferences about allegiances on the

basis of class can be misleading. In other words, the relatively small black middle class would probably identify with working class issues through the experience of common oppression under Apartheid socialisation. The employment status of parents was mainly either a teacher or a clerk. 9 respondents grew up in rural Afrikaans speaking homes. 3 came into the profession straight from university while the rest had previous working experience from diverse fields, such as goal-warder, stevedore and teaching. 5 received their professional training at the University of Cape Town, and one each at the universities of Stellenbosch, Witwatersrand and Natal. 4 people received their training at the University of the Western Cape. 6 people were overseas trained, with a breakdown of 2 in the Netherlands, 1 in France and 4 in the USA. Clinical psychology seems to be the preferred specialised field since 9 respondents were registered in this area. Counselling psychology, however, was the preferred field of the overseas trained respondents. Only two respondents chose educational psychology as a specialised field.

## 7.2 Background

In this section the question of childhood experiences was raised. The majority responded by reporting difficulties associated with struggling economic circumstances.

" I grew up in a shack on a chicken farm and everyday I had to travel many kilometres third-class by train to get to school. " (A8)

" I remembered the struggle my aunt went through, it was even difficult for her to give me 50c for my week's lunch at school." (A3)

" In the afternoon after school we had to help with the household chores, there was little time for schoolwork." (A4)

Three respondents with financially secure family backgrounds reported that they were influenced by the broader conditions in the community.

" I recalled how the poverty around us affected me, I know the suffering of our people, my closest friend had no school shoes, but our family was financially okay with a supermarket business in the township." (A2)

" My father was a business-man in a rural Dorp and we were well-off, until the Group-areas moved us out. I was 13 at the time and became very angry because the whites simply took over our business. Our family was never poor but my father struggled to start the new business. " (A14)

" We were only three children and as the eldest I was spoilt, but not in a negative sense. I was enrolled as a private music student at a very early age and was encouraged to read a lot. My background was typical of middle-class teachers, wanting the best for their children. It was only in matric when the home situation changed into constant unpleasantness. I was active on the Committee of 81 during the 1980 school boycotts, was detained and upon my release became very politically involved. My parents begged me to withdraw from political activities and I of course disagreed vehemently." (A1)

### Summary

The family backgrounds of the majority of respondents indicate hardship and struggle in varying degrees. However, the occupations of parents were predominantly middle-class, teachers (four) and small business owners (four). The background experiences of these respondents reveal an affinity with the broad socio-economic and political aspirations of the oppressed and exploited.

### 7.3 Highlights and weakness of training

In this section respondents were asked to describe the overall impressions of their training.

Several described the actual training as a daunting but positive process.

" The highlight was the personal growth over two years of great difficulty" (A5)

" For me it was getting selected, thereafter it was downhill all the way" (A9)

" I enjoyed the year at the clinic, it was a struggle but well rewarded in the end" (A12)

These respondents reported the completion of their theses as highlights.

" The training was traumatic but not as bad as finishing the thesis. This was my highlight." (A3)

" It was finishing the thesis in the first year of internship, it was hell, the most difficult year of my life. I am pleased that the department forced us to complete the thesis in the first year, especially when I see how you chaps are struggling." (A2)

" I finished my thesis at the end of my second year, what a relief that was." (A15)

Freedom of choice was a highlight according to this response.

" It was the breadth of access and freedom. We had a choice of a variety of community settings. I enjoyed the access to people whose theories we studied, at any time you could attend conferences by people like Laing, Szasz, Rogers, Lazarus, Haley and many more." (A10)

The heavy work-load of the course was seen by some respondents as a weakness.

" It was a new world, all the work and such emphasis on clinical pathology." (A6)

" To learn such important skills in such an infantile way was humiliating. It was as if they took pleasure in piling work on you to see how much you can endure." (A14)

The Eurocentric bias of training was seen by many respondents as a weakness.

" I found it too Eurocentric and American centred with little space to develop alternatives." (A9)

" Although I coped, I often found myself faced with a conflict regarding the Eurocentric state of clinical psychology and the local political situation." (A12)

" I hated the focus on psychopathology, its such a Western way of dealing with mental problems. Also the competitiveness, I used to watch these whites competing for marks without any shame. We knew that we could never get those marks, as long as we passed it was okay but it was difficult to adjust to their standards." (A2)

" I was aware of prejudice and racism in the training, but the Eurocentric style inhibited me, language was always a problem but in spite of this I felt stifled and just worked." (A13)

" I could not understand their background, they were patronising, my black issues were not understood but I was compelled to conform to their white Western standards. So I conformed, became pragmatic realised that the powers are greater than you, don't fart against thunder but I could never haggle about marks in the way they did." (A16)

One respondent in this context surprisingly, complained of home-sickness.

" I missed South Africa, I missed the Afrikaner, the problems, the shittiness of our country, I missed our problems. I know that this has nothing to do with any weakness of the training, but strangely it was the training process that made me cry so much about these things ." (A8)

### Summary

The highlights varied from completion of the thesis, personal growth and freedom of choice. The majority of respondents described the work-load and the Eurocentric bias as a weakness.

### 7.4 Training

Three areas constitute the basis of the training programmes for psychologists. They are psychotherapy, psychodiagnostics and psychometrics. The responses will thus be presented under these sub-headings.

#### (a) Psychotherapy

The clinically trained people at UWC complained of inadequate preparation and lack of depth.

" I was very angry with the university not to have us adequately trained for the hospital setting. There was too much emphasis on course-work in our first year, it is not good enough to read and talk about depression. At the hospital it was very hectic in terms of doing so many things. We were required to run groups, do counselling, psychodynamics, transactional analysis and behavioural therapy. So my training in psychotherapy was a bit rushed and lacked depth." (A9)

This sentiment was echoed by another respondent who received training in the same period.

" We lacked guidance in our first year because in our second year it felt like we were plunged into the deep-end, doing therapy even in psychotic wards. For me this was very stressful and I can't say that the training in psychotherapy was very useful." (A14)

However two respondents who received training as counselling psychologists made positive comments about their training in psychotherapy.

" We call psychotherapy, counselling, this training was very good. Our supervisors were excellent in drawing out our skills as human beings. The approach I was taught is the existentialist, systems method which works amongst our people." (A1)

" The training here at the Guidance Clinic and Student Counselling Centre is caring and stimulating. I can't complain of my training in this area although today as a lecturer, I don't use these skills. " (A18)

At UCT and Wits the majority of respondents appeared to be satisfied with the training aspect of psychotherapy.

" I enjoy psychotherapy which is largely due to the excellent training in both years. Coming from UNISA, I knew nothing of psychodynamics but the courses, patients and very good supervision provided me with a good grounding." (A15)

" I had to work hard to catch up with the rest since my psychotherapy knowledge was non-existent with my UNISA background. So the psychodynamic input at the clinic and hospital was very useful." (A16)

" I preferred the group therapy training sessions, but even the individual sessions were stimulating, they were tough, I did not always know whether I was on the right track but support from lecturers and supervisors gave me confidence. " (A3)

" The training in psychotherapy was thorough in course-work and supervision." (A4)

" My interest even before the course was in psychodynamics so I appreciated the training in individual therapy although I still question its

usefulness. A lot of personal growth took place with my exposure and training in psychotherapy." (A11)

There were, however, problems as expressed by these respondents.

" I found it difficult to do therapy with white people. I was anxious, am I good enough, I felt alienated from their middle-class problems but these issues I kept to myself, could not share them with the class or even my supervisor. Here I was on equal footing and I had to be affirmative as a black to counter the nagging question, am I mediocre in relation to the rest ? It was difficult to keep a straight face in therapy with this internal conflict, it was very painful but I slowly managed and realised that I had certain skills." (A12)

" It took me a long time to adjust to the therapy situation, listening to whites about their neurotic problems. I could not relate to their problems, your typical Rondebosch or Constantia mother upset about little Johnny's lack of self-esteem. My God! I felt alienated, became very angry inside, not having the right words. I was not assertive enough, there was a lot of pressure to conform, to be like them, to adopt their language, adopt their social custom, to be good in this particular field. I felt very unsupported but I guess my background helped, we don't have this obsessional pride when we make mistakes. I learnt to be pragmatic, kept quiet and just did the work." (A16)

The respondent who trained at Natal raised questions about the effectiveness of psychotherapy.

" I had no problems in dealing with whites on account of my lengthy stay in England but my colleague encountered several problems. She always doubted herself, had no self-confidence but because of our background she found support in me. We both saw no usefulness in psychotherapy for black people, we are trained in the Western way where pathology is the focus. So my training in therapy was okay but I don't think it equipped me adequately to deal with black people's problems." (A2)

Similar comments were made by the Wits trained respondent.

" Eventually I became dissatisfied with therapy because its focus on individual intrapsychic forces was not effective to the oppressed community. The community was not seen as important, the needs of

the oppressed were not looked at. I found it difficult coming from my background, coming from the township everyday to listen to experiences which were unsympathetic and alien to where I came from, psychotherapy was alien to where I was at, and it was more a case of me giving up parts of myself in order to fit into the system, rather than it meeting my own needs. Some people in charge of the training saw the oppressed community as an addendum, and it was just individual therapy which they pushed. " (A11)

The overseas trained respondents had different experiences of their training in psychotherapy.

" I acquired an aversion for psychodynamics very early on, I never used it in therapy, my ecosystemic approach focused on problems rather than looking at pathology. In this field like all the other areas, training took place at either Arlington Youth Centre or Roxbury clinic which as part of Boston city hospital served the poor black community. Referrals were largely alcoholism and drug abuse. Now although we had good preparation in psychotherapy which covered all the main approaches, we had the freedom to use our own approach. I could be assertive about my decisions and my supervisor largely agreed with my recommendations in spite of her psychodynamic orientation but what also helped was that we were part of a multi-disciplinary team. Interventions were supported by the team which included social workers, psychiatrists and seldom was individual psychotherapy recommended." (A10)

This experience was similar to a respondent who trained in California.

" I hate the term psychotherapy, I never looked at people with these 'psychopathology lenses' which the technocrats expect of us. No, my training in this area was group focused, therapy in the group, part of the multi-disciplinary team, the social-worker does the in-take, the psychiatrists prescribe the drugs to detoxify and we pull in the family. I believe in the systemic approach, I like its unstructured method which allows for greater freedom." (A8)

The training at Baltimore presented the respondent with these problems.

" I enjoyed the very practical and relevant focus of my training in psychotherapy. We used the existential and behavioural models. But I struggled a bit working with whites, all my own problems,

something of a double handicap being black and speaking differently. It was hard to overcome the notion of being a foreigner, but working with blacks was easier, I felt relaxed, it was almost as if their was an understanding, like sharing a background." (A17)

Individual psychotherapy was offered at central Washington according to the report of this respondent.

" The psychotherapy training was adequate with a lot of group work. I was placed at a clinic in an Indian Reservation in New Mexico where the referrals were mainly drug and alcohol related problems. I had individual therapy with a client for six months." (A7)

The respondent who trained in France reported that language was the overriding problem.

" My main problem was the language barrier although I spent a year in Bordeaux learning French, there are nuances which you miss out on especially in psychotherapy. But working with Algerians helped a bit, still I can't say that the psychoanalytic approach which I was trained in helped much. I can't say much about the specifics of the training because of my pre-occupation with understanding the language." (A13)

The Amsterdam trained respondent compared her psychotherapy training experience with her internship at UCT.

" I did 6 months internship in Amsterdam, the rest was course-work and a thesis, so I did not mind doing another 18 months in terms of the SAMDC requirement. The approach here was radically different to the Dutch especially in psychotherapy. The Dutch use a systems theory approach, looking at process, considering context which to the Surinamese clients which made up most of my referrals, was effective. At UCT I could not get used to their pathology focus, so I did my own thing which got me into serious trouble with my supervisor and the system. " (A6)

A locally trained respondent at Stellenbosch also praised the systemic approach.

" Psychotherapy was part of the training requirement and although there were colour problems, I made my needs very clear. I was supported by the department and the multi-disciplinary team and in spite of my background, their overall systemic viewpoint to problems as opposed to the narrow, linear approach of the medical model, gave me lots of encouragement to tackle these problems." (A5)

### Summary

This section revealed divergent opinions about psychotherapy training. The majority of overseas trained respondents favoured the systemic approach with little support for psychodynamic therapy. Inadequate preparation for psychotherapy was the main problem of the clinically trained respondents at UWC, whilst the counselling trainees appreciated the ecosystemic approach. Colour problems appeared to be the main problem experienced at Wits, UCT and Natal. Language and a focus on psychopathology were seen as problems by the rest.

### (b) Psychodiagnostics

Psychologists are expected to use the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM - 111) as the main source for making diagnosis. Most institutions use the DSM III for diagnostic training.

The emphasis on the medical model was reported as the main complaint by this respondent.

" I had no real problems with the DSM 111, or even the Maudsley history taking process, it was the way UCT advocated it, their attitude that only the medical management view is the correct one that is what I found problematic. For somebody like myself the DSM 111 provided some structure to the syndromes and symptoms of problems but what is the use of pretty presentations if it does not help your clients. So I made changes, added my own descriptions but could not relate this to the people at Valkenberg who are so psychiatric, they should be doctors rather than psychologists." (A6)

In spite of the above problems one respondent used the DSM 111 for different purposes.

" The DSM 111 is useful in the sense that organising anything is useful. As trainees we were expected to understand it and this was no problem, we were not expected to adhere to it slavishly. I found it very useful as a referral tool acceptable by other fields. We needed the DSM 111 in court cases with youths facing felony charges, for referrals to psychiatrists and generally as a means of short-hand communication, but it was not our bible for diagnosis as it is sometimes used in some settings. So whilst I am opposed to its problematic sexist and homophobic categories, as well as its tendency to allow the Western trained to diagnose African illness simplistically, it can be useful in proper context. I use it in the systemic way, as an adjunct to other things." (A10)

The 'Western' bias of the DSM 111 was reinforced by these views.

" I don't use the DSM 111, its categories are too western orientated and Eurocentric. I hated it, but had to do it." (A14)

" African cultural traditions are misunderstood and often ignored." (A4)

" Its a good guiding instrument for diagnosis but its not complete particularly where black people are concerned. In ward P8 the former black ward at Valkenberg, I saw psychiatrists miss vital symptoms like the significance of dreams, whatever they don't understand would be described as inappropriate behaviour and invariably some DSM 111 label would be wrongly pinned onto patients." (A3)

" I was surprised to see how easily these whites would diagnose paranoia, or schizophrenia when they come across symptoms coloured by culture and not mentioned in the DSM 111. " (A2)

Although dissatisfied, some respondents were less critical about the DSM 111.

" I don't see DSM 111 labelling in the same bad light as IQ labelling, it obviously lacks a socio-political explanation but the training gave me little time to challenge these issues. It was tough just learning to understand all the categories, then still to be quizzed by psychiatrists in ward on the validity of your diagnosis was even worse. I swallowed the DSM 111 and actually developed a feel for assessment." (A12)

Summary

The majority of respondents expressed dissatisfaction with their training in diagnostics. Whilst its usefulness as an instrument for diagnosis was affirmed, many criticised its medical bias and lack of an African perspective.

(c) Psychometrics

This part of the training focuses on intelligence and neuropsychological assessment. The most widely used test is the Wechsler Adult Intelligence Scale (WAIS). Counselling psychologists are not required to be proficient in psychometric testing whereas for clinical and educational psychologists it is a requirement.

The Stellenbosch trained respondent reported no major problem with psychometrics.

" IQ testing whether it was using the WAIS, JSAIS or any other test, was not a problem for me. When your initial assessment indicates that a child's scholastic abilities need to be established, then what alternative is there to these tests, none. Testing is not the be all and end all, it is a means to an end, and should be considered as the last resort as part of your strategy along with other considerations. This is the holistic approach that we were taught at Stellenbosch. " (A5)

The Natal trained respondent who did her thesis in this area, had an opinion which differs slightly from the one above.

" I have major problems with testing but since we are trained in the Western way, what else can we do. Actually I use the WAIS even though it was not standardised on blacks. It should be used as a rule of thumb because our focus on emotional problems, often overlook neurological problems which a simple test can reveal, so testing can be useful. " (A2)

These respondents appeared not to have appreciated testing at all.

" I never enjoyed testing, it was my weakness also ideologically I'm against this kind of assessment. As you know these tests are not standardised on blacks so this kind of assessment has always been suspect. There is some relevance for school-teachers in knowing the scholastic potential of a struggling child but even here I have reservations. " (A9)

" I almost gave up because of my refusal to administer these tests, I resented this part of the training. I was eventually forced to do it because of the professional requirement. I forgot most of the stuff." (A11)

### Summary

Only two respondents spoke in favour of psychometrics with the majority reporting problems concerning standardisation on blacks and ideological differences.

### 7.5 Views on professionalism

The views of respondents were elicited with reference to their role as professionals, the South African Medical and Dental Council (SAMDC) registration board, the Psychological Association of South Africa (PASA), two alternative bodies the Organisation for Appropriate Social Services of South Africa (OASSSA) formed in 1983 and the Psychology and Apartheid Committee formed in 1989.

The responses indicate that the role and image of professional do not fit easily.

" I don't model myself as a professional psychologist that would be too elitist, you know like the one sitting behind the couch, no I basically want to be my own ordinary self. I actually don't see myself as a professional. People have a mistaken picture of psychologists as professionals. There is nothing more that I can do today that the ordinary person can't do, with the exception of testing which I loathe. We offer very little in return compared to other professionals as far as providing a professional service " (A9)

" Professional, yes I am one but it feels like being on my feet in mud" (A11)

" I am pleased with my professional skills, but people survive without clinical psychologists, our

skills unlike doctors or attorneys offer the community very little. So I don't see myself as a professional in the way that architects or dentists see themselves." (A12)

This respondent provided an interesting perspective of professionalism.

" Professionalism is a particular level of training in any discipline and there is nothing wrong with that, however it is the elitism which we should guard against. I have nothing against my role as professional but what is problematic is exclusivity, psychological training should be more accessible to black people especially." (A10)

The need for more black psychologists was emphasised by the opinion of this respondent.

" I'm just worried that, as a professional so many have been denied the opportunity, there should be many more black psychologists, more should have access to these skills." (A17)

These respondents had different views.

" Lets face it we are professionals with skills which the lay person don't have. Considering our background it is an achievement to have reached this level. As black people we should do something about our position in order to improve it." (A3)

" We all suffer from this oppression and exploitation but before we reject everything, I think we should reflect and consider. I am a woman and black, doubly oppressed in this society but am I going to get anywhere by moaning and crying, no. I support affirmative action although it does not address the whole issue. I am professional and worked damned hard to get these skills." (A5)

The question about the professional board provided these comments.

" This board is controlled by doctors, psychologists should have their own board." (A6)

" I think that this body is too conservative, predominantly white and too medically orientated, with the current changes these issues need to be addressed." (A5)

" I imagine that the board consists of a group of government stooges, since their policy is always in line with official thinking. They have done little or nothing to encourage the training of black psychologists. " (A18)

" I'm not really familiar with the workings of the board, I know there is a board and that they needed to register me to do this kind of work. But I know it is going to happen in the next couple of years, for us to become more active on the board, they are already knocking on our doors. There is a need for it to become democratised, there is a need for them to take cognisance of what is required and become involved in the enhancement of the quality of life of the people who still bear the brunt of oppression. I think that the objectives of the board should be re-written." (A8)

These responses differed from the above.

" The professional board plays an important role because without it members might transgress ethical codes, it is also important for accountability. But the present board has to be restructured and identify with the needs of the oppressed." (A11)

" I am all for a board which monitors our conduct, see that our skills are utilised properly and even see to it that we dress in accordance with professional standards, but the board should be under control of psychologists." (A15)

The question on PASA brought out these views.

" This organisation is a typical white academic body, they are in fact technocrats you know, you write things, have them published the more you churn out the more recognition, then you've made it, you looked upon as very bright, but you know as much as I do that the things that they produce in the end does not mean a bloody thing. That is PASA, lately I see they have come out in support of so many things, what a bloody cheek, not with the best will in the world can they transform so suddenly with such vigour, it is sheer opportunism. So may'be I'm over-reacting but I am very conscious of what is happening and I don't like it. " (A8)

" PASA is mainstream and Eurocentric, I am not very interested in their activities." (A13)

" PASA is extremely conservative, they have never been bothered about black issues except for black tokenism, but now they are starting to address issues which should have been addressed long ago. But they still believe that the problem can be sorted out by white people." (A10)

" PASA does not adequately support blacks, it is essential that the interests of blacks be genuinely looked at." (A3)

There was support for PASA from one respondent.

" I'm a member, there are lots of things that need to be changed but PASA has its place. It is like our trade union which protects the interests of psychologists." (A15)

About OASSSA respondents expressed different views.

" I respect and admire them but I'm not politically active and won't go marching or hold banners." (A15)

" I don't think they're doing a good job, I don't feel comfortable with them, although I realise that they attempt to do good work." (A9)

" They try to be alternative but they just white liberals pumping their careers on our struggle." (A14)

" I am a member but have not been very active. Although I have difficulties with liberalism, as psychologists we cannot afford to be too rigid and lets face it OASSSA has undertaken some good projects." (A12)

" OASSSA has a difficult task to gain credibility amongst black psychologists. I don't really know about my position but have not been involved with their activities." (A3)

Respondents expressed support and reservations about the committee for black psychologists.

" We formed the committee at UWC, organised two conferences, launched the Family Institute, these initiatives inspired the idea of an organisation for black psychologists. But at the moment there is not enough support for this idea, perhaps psychology breeds conservatism, perhaps there is not enough confidence and perhaps there are too few black psychologists available." (A10)

" Certainly black psychologists will feel at home in such an organisation but then we must look at the principle of non-racialism." (A5)

" I'm against the idea of an exclusive black organisation for psychologists." (A17)

" I have attended these conferences, if people think they should form a body, they need a structure to be functional that is good but let me not say too much. I'm against a black psychology organisation, we are so few. OASSSA, PASA we must transform those things, the people are ready, they are admitting weakness, get in there it will take years to clear the mess but the country is ready for that. Lets not re-invent the wheel, its wasteful." (A8)

" It will benefit black psychologists to organise themselves into a body, this will provide us with an identity to fight issues with a common purpose. The others are not doing it with our interests at heart. I was involved with the committee since the beginning." (A1)

" I think that it is a very good start because our issues can never be dealt with by whites with the same sincerity. Look at the Family Institute, that is a good project, but our numbers are small." (A4)

### Summary

The majority of respondents revealed problems conforming to the role and image of a professional. The SAMDC was seen as an important controlling body but its medical orientation and white domination were seen as negative features. Although there was one person who supported PASA the majority were critical of this organisation. OASSSA had two non-active members amongst respondents, the rest had mixed views about this organisation. Support for the formation of a black organisation was mainly from UWC trained people. Other respondents were either ambivalent or against the idea.

### 7.6 Present employment

This part of the interview procedure focused on the employment of black psychologists with questions

addressing options such as private practice, and general job satisfaction.

On the question of options some responded that there were not many to consider.

" Well there was a position available as junior lecturer at UWC but they would not have been able to match my present salary. I will not consider private practice so this job was ideal." (A9)

" My options were limited when I returned. I worked as a teacher, guidance counsellor until this lecturer's job became available." (A17)

" I applied for this position as junior lecturer from Johannesburg because there was no alternative. I have accepted that private practice is not my style although the money might tempt me one day. The salary here is a major grievance." (A11)

The question of private practice was categorically rejected by this respondent.

" As I told you previously, I stumbled into psychology from teaching, it was never an option. My lecturers decided that this was to be my future career. I do a bit of counselling on the side, but private practice, no. You listen to nonsense all the time, the garbage of human life, that does not appeal to me, but in any case I don't believe in it. I like this job as lecturer, although as Director there is the endless administration and all the meetings which I can do without." (A8)

Female discrimination was at the centre of this response.

" I have a senior position as head of the clinic with a good salary. I do counselling, assessment and group work. My gripe is that as a female I have reached the promotional ceiling whereas as a male I might have been considered for the position as principal. But I'll stick it out because the work is interesting. I don't think private practice is a viable option for us." (A7)

Two respondents considered private practice favourably.

" My job is very senior, in fact one notch up will make me Principal psychologist at this hospital. If I wanted to, private practice could have been a successful full-time option based on my part-time

work. I enjoy my work, the salary is reasonable but not comparable with the private sector." (A15)

" As a long-term option, private practice looks attractive but at the moment as Deputy Principal, my salary will not be easily matched, not even as senior lecturer, positions which were offered to me at UWC. I like working as a school psychologist and counsellor." (A5)

### Summary

All of the respondents were employed at either educational institutions or hospitals. Although one respondent received remuneration from part-time private work, not one was employed full-time in private practice.

### Summary of Findings

The different sections revealed various problems associated with professional training and professionalism as experienced by respondents. In the background category deprivation expressed in terms of hardship and struggle at home, appeared to be the dominant problem. Ebersohn's (1983) study makes no reference to class background, although it probably can be safely assumed that his 97% white participants (p.26) were probably comfortably middle class. With respect to the weakness of training, the majority of respondents saw the Eurocentric bias of training, as reflected in psychotherapy, psychometrics and psychodiagnostics, as a problem. However, a few respondents made positive comments about specific training areas. The majority of respondents who trained at the English speaking universities appreciated the psychodynamic training. Considerable praise for the ecosystemic method of therapy was provided by the overseas trained people. In both the psychometric and psychodiagnostic sections responses were unsatisfactory since the majority vehemently criticised this part of their training. Ebersohn's (1983) study reveals that the majority of psychologists were satisfied with their training.

The issue of professionalism elicited mixed responses. Strong views were expressed against the prevailing image of the professional psychologist in favour of an image which appealed to the oppressed community. Equally strong views emerged about the development of professional skills amongst blacks. Only one respondent declared himself a member of PASA with the rest very critical of this organisation. OASSSA had two non-active members amongst respondents, with the majority describing it as a white liberal structure. The proposal of forming an organisation for black psychologists found most support amongst the UWC trained people, while the rest expressed reservations. This finding is also in contrast with Ebersohn's study since the majority of his participants were members of the dominant professional organisation for psychologists.

The findings also revealed that not one respondent was involved in private practice on a full-time basis. All respondents were employed by state institutions including hospitals, universities and special schools.

## 8. Discussion

It is not surprising that the findings reveal that black psychologists on the whole are sceptical about professionalism and their status as well as being critical of many areas of their training. It was after all professional psychology that grossly neglected the interests of blacks in its nurturance of institutionalised racism. Except for a tiny minority, there was no praise for psychometrics on account of, amongst other shortcomings, the ideological role it played in promoting racism.

The ravages of Apartheid on home circumstances and educational opportunities were implicitly conveyed by the issues concerned with difficulties experienced in family background. The implication was that certain aspects of the training procedure was insensitive to the background

of respondents and oversensitive to Western standards. In one instance this issue was clearly expressed: '...my black issues were not understood...'. This impression was reinforced by others: '...I found it difficult coming from my background, .....to listen to experiences which were unsympathetic and alien to where I came from...'. This impression therefore suggests that lack of understanding and insensitivity about background issues were experienced as problems in the training programmes.

Training programmes for psychologists which accommodate blacks should note that the issue of background requires deeper understanding particularly in relation to the harmful effects of the Apartheid system. The references about competitiveness amongst whites, racism and Eurocentrism were also indications that a deprived and oppressed background have fostered different perceptions about achievement and performance. Even the few respondents whose financial backgrounds were relatively prosperous expressed altruistic rather than individualistic sentiments.

The theme of political relevance to counter the effects of Apartheid cropped up regularly in all the areas of training. Psychodynamic therapy was seen as irrelevant because of its individual focus and lack of social applicability. This kind of therapy was also seen as too expensive for blacks and consequently private practice was an unattractive employment proposition.

The relationship to professionalism brought out interesting issues. Apart from the difficulty experienced by a few who gained access to a profession against a deprived background, it was the adjustment to certain practices particularly in following the medical model style and conforming to white expectations, that created problems. Many expressed identification with the oppressed community rather than identifying with a professional image and expectations. Several suggestions

about the revision of some of the basic assumptions of professional psychology with a view to accommodate black issues, were made. Training programmes should take heed of these recommendations since their implementation might improve the training process for everyone.

Attempts to revise the practical and theoretical assumptions of psychology should bear in mind the Eurocentric bias of professional psychology which was seen as a weakness of the training programme irrespective of institutional placement.

In the area of psychodiagnostics similar complaints about the neglect of sociological issues peculiar to black experiences with regard to the classification of mental disorders were made, but the criticism was less severe than for psychometrics. Although the medical model of diagnosis in psychology with respect to black people is controversial, particularly the misdiagnosis of black mental illness, respondents were more positive about psychodiagnostics than psychometrics. Overall the fact that these areas present considerable problems for black psychologists, suggest that some revision should be considered.

It was interesting to notice that those who trained overseas, had placements accessible to black communities. Almost all of these respondents reported positively about this aspect of their training. This should not imply that placement in a black setting alone creates less problems since the clinical stream at UWC expressed serious problems about their placements.

The people who trained at the English speaking universities seemed to experience problems in doing therapy with whites. This suggest that there are problems experienced by blacks when this kind of contact is made: ' I found it difficult to do therapy with white people. ....I felt alienated from their middle-class problems...' It would, however, be dangerous to generalise about this

kind of problem. But the training should encourage discussion around these issues to counteract the helplessness experienced by respondents.

With respect to professionalism almost all respondents complained about the conservative, medical control of the registration board for psychologists. Most respondents were unfamiliar with the operations of the board. Whilst many felt that they possess a degree of skills, the portrayal of a professional image did not fit easily, because of a preference to be seen as an ordinary person with community links. A few respondents, however, made strong statements about recognising the achievements of being a professional. Most respondents criticised PASA's pro-government stance but one person revealed membership and another advocated involvement with a view to take control of this organisation. The responses regarding OASSSA were mixed which were to be expected in the context of the broad black political alliances. OASSSA, although technically non-aligned, is reputedly aligned to the African National Congress whereas the UWC based committee for black psychologists has an Azanian People's Organisation leaning. Whilst some supported the idea of an organisation for black psychologists others expressed reservations. Similarly OASSSA was seen by some as being contaminated with white liberalism while others expressed support for its projects and objectives. The single suggestion of a merger between the committee, PASA and OASSSA was a noteworthy recommendation for unity and the future development of professional psychology. The small number of respondents involved in professional organisations differed from Ebersohn's research findings which revealed that the majority of psychologists were members of PASA.

In the main this discussion has focused on the problems experienced by respondents in their training. However, several respondents pointed to personal growth as a

result of their training as well as a sense of achievement to have acquired these professional skills.

## 9. Conclusion

The objective of this study was to explore the experiences of black psychologists with regard to their training, attitudes toward professionalism and work opportunities.

The data revealed that the majority of respondents interviewed experienced problems in most areas of their training. These problems impinged on the training process and could be linked to the broader socio-political circumstances in South Africa. Attitudes about the professionalisation of psychology revealed a scepticism about the present and previous policies of these institutions. Many respondents preferred a non-professional image which is accessible to the oppressed community. All the respondents were employed by institutions and many did not favour the prospect of private-practice.

A limitation of the study is its regionalisation and small sample which restricts the extent of generalisations. Another weakness of the study is probably the subjective nature of the interview method. The aim of the study was to address a specific question which concerned the evaluation of the professional experiences of black psychologists with a view to record whatever problems there might be. In spite of the small sample, if the study placed some problems on the agenda for the consideration of progressive psychology, and conveyed an understanding of the problems black psychologists experienced as training professionals, then it would have succeeded. It is hoped that further research in this area is stimulated by this study.

APPENDIXPersonal Information of respondents

M = Mother; F = Father.

(A1)

Age: 26; Sex: male; Place of birth: Paarl  
 Marital status: single; Home language: Afrikaans;  
 Occupation of parents: (M) - teacher (F) - teacher;  
 Academic qualifications: BA 1987, BAHons 1988, MPsyCh  
 1989-1990, UWC; Registration with SAMDC: Counselling  
 psychologist; Present occupation: Student Counsellor at  
 UWC.

(A2)

Age: 44; Sex: female; Place of birth: Guguletu  
 Marital status: married; Home language: Xhosa  
 Occupation of parents: owns supermarket business;  
 Children: three, one at University and two at private  
 schools; Husband's occupation: Business consultant - PhD  
 in Economics; Academic qualifications: BA Social Work -  
 Fort Hare 1972; Diploma in Social Work and BAHons-  
 University of Southampton 1975-1976; MA Clinical  
 Psychology 1982-1983, Natal; Registration with SAMDC -  
 Clinical psychologist; Present occupation: psychologist  
 at Valkenberg hospital.

(A3)

Age: 30; Sex: female; Place of birth: Queenstown;  
 Marital status: single; Home language: Xhosa;  
 Occupation of parents: (F) - labourer, uninvolved with  
 upbringing, (M) - whereabouts unknown, also uninvolved  
 with upbringing, grew up with aunt - teacher; Academic  
 qualifications: BA 1986; BAHons 1987 and MA Clinical  
 Psychology 1989-1990 UCT; Registration with SAMDC:

Clinical psychologist; Present occupation: psychologist at Valkenberg hospital.

(A4)

Age: 35; Sex: female; Place of birth: Ciskei  
 Marital status: single mother with four year old boy;  
 Home language: Xhosa; Occupation of parents: (F) - retired policeman, (M) - housewife; Academic qualifications: BA 1986, BAHons 1987, MA Clinical Psychology 1989-1990 UCT. Registration with SAMDC: Clinical psychologist; Present occupation: Community psychologist at UCT.

(A5)

Age: 40; Sex: female; Place of birth: Cape Town  
 Marital status: married; Home language: English;  
 Occupation of parents: (F) - labourer, (M) - housewife;  
 Children: three, two at primary and one at private secondary schools; Husband's occupation: Civil Engineer;  
 Academic qualifications: BA 1972; BAHons 1982 - UWC; MEdPsych 1985-1986 Stellenbosch; Registration with SAMDC: Educational psychologist; Present occupation: Deputy Principal - Athlone School for the Blind.

(A6)

Age: 46; Sex: female; Place of birth: Elands-kloof;  
 Marital status: married; Home language: Afrikaans;  
 Occupation of parents: (F) - teacher, (M) - teacher;  
 Children: one thirteen year old girl at Athlone High;  
 Husband's occupation: teacher; Academic qualifications: BA 1969, BAHons 1971 UWC; Doctorandis 1973-1975 UED Amsterdam; Registration with SAMDC: Clinical psychologist; Present occupation: Lecturer at UWC.

(A7)

Age: 36 Sex: female Place of birth: Johannesburg;  
 Marital status: married; Home language: Afrikaans;  
 Occupation of parents: (F) - mineworker, (M) - housewife;

Children: one eight year old female at Plantation Road Primary; Husband's occupation: Lecturer at UWC; Academic qualifications: BA 1974, BAHons 1975, HDE 1976, MA Counselling psychology 1987-1989 University of central Washington USA ; Registration with SAMDC: Counselling psychologist; Present occupation: psychologist at Wynberg School of Industries.

(A8)

Age: 49 Sex: male Place of birth: Carnarvon;  
 Marital status: married; Home language: Afrikaans;  
 Occupation of parents: (F) - teacher, (M) - teacher;  
 Children: four, two at primary and two at secondary schools; Wife's occupation: teacher; Academic qualifications: BA 1967, BAHons 1969, L.S.T.D., BEd - 1973 UWC; MA Counselling psychology 1980-1982 University of California; Registration with SAMDC: Counselling psychologist; Present occupation: Director of Child Guidance clinic at UWC.

(A9)

Age: 32 Sex: male; Place of birth: Cape Town;  
 Marital status: single; Home language: English;  
 Occupation of parents: (F) - deceased, (M) - housewife;  
 Academic qualifications: BSocSc 1984, BAHons 1986, MPsy 1988-1991 UWC; Registration with SAMDC: Clinical psychologist; Present occupation: psychologist at Athlone School for the Blind.

(A10)

Age: 35 Sex: male Place of birth: Cape Town;  
 Marital status: divorced; Home language: English;  
 Occupation of parents: working class, pensioners;  
 Children: none; Ex-wife's occupation: psychologist;  
 Academic qualifications: BA Social Work 1979, BAHons 1980 -UWC; MA Counselling psychologist 1983-1985 Boston University; Registration with SAMDC: Counselling

psychologist; Present occupation: Director of Student Counselling Centre - UWC.

## (A11)

Age: 31; Sex: male; Place of birth: Johannesburg;  
Marital status: single, father of two year old daughter;  
Home language: English and Gujerati; Occupation of  
parents: (F) - deceased, (M) - unemployed housewife;  
Academic qualifications: BA, BAHons 1984, MA clinical  
psychology 1988-1989 Wits; Registration with SAMDC:  
clinical psychologist; Present occupation: Lecturer at  
UWC.

## (A12)

Age: 28; Sex: male; Place of birth: Johannesburg;  
Marital status: single; Home language: English;  
Occupation of parents: (F) shopkeeper, (M) - housewife;  
Academic qualifications: BA, BAHons 1985- Wits; MA  
clinical psychology 1988-1989 UCT; Registration with  
SAMDC: clinical psychologist; Present occupation:  
Lecturer at UWC.

## (A13)

Age: 34; Sex: male; Place of birth: Goodwood;  
Marital status: single; Home language: Afrikaans;  
Occupation of parents: (F) - driver, (M) - housewife;  
Academic qualifications: BA 1979, BAHons 1981- UWC;  
MAPsych 'Psychologie Clinique' (Maitrise) 1985-1989,  
University of Montpellier, France; Registration with  
SAMDC: pending; Present occupation: Lecturer at UWC.

## (A14)

Age: 39; Sex: male; Place of birth: Calvinia;  
Marital status: married; Home language: Afrikaans;  
Occupation of parents: shopkeeper, business; Children:  
none; Wife's occupation: teacher; Academic  
qualifications: BA 1973, BAHons 1975, MA Counselling

psychology 1989-1990 -UWC; Registration with SAMDC: pending; Present occupation: Lecturer at UWC.

(A15)

Age: 53; Sex: male; Place of birth: Simon's Town  
 Marital status: married; Home language: Afrikaans;  
 Occupation of parents: deceased; Children: none;  
 Wife's occupation: Nurse; Academic qualifications: BA,  
 BAHons 1976 - UNISA; MSc clinical psychology 1978-1979  
 UCT; Registration with SAMDC: clinical psychologist;  
 Present occupation: Senior psychologist at Lentegeur  
 Hospital.

(A16)

Age: 44; Sex: male; Place of birth: Cape Town;  
 Marital status: married; Home language: English;  
 Occupation of parents: deceased; Children: two, one at  
 Michael Oak Waldorf Secondary; Wife's occupation: Nurse;  
 Academic qualifications: Diploma in Nursing - UWC, BA -  
 UNISA, BAHons 1978, MSc clinical psychology 1982-1983  
 UCT; Registration with SAMDC: clinical psychologist;  
 Present occupation: Senior Lecturer at UWC.

(A17)

Age: 32; Sex: female; Place of birth: Durban;  
 Marital status: single; Home language: English;  
 Occupation of parents: (F) - owns small business, (M) -  
 housewife; Academic qualifications: BA 1980, HDE 1982 -  
 UDW; MA Counselling psychology 1987-1989 Baltimore USA;  
 Registration with SAMDC: pending; Present occupation:  
 Lecturer at UWC.

(A18)

Age: 29; Sex: male; Place of birth: Cape Town;  
 Marital status: single; Home language: Afrikaans;  
 Occupation of parents: (F) - clerk, (M) - housewife;

Academic qualifications: BA 1983, BAHons 1985, MPsych  
1987-1989 UWC; Registration with SAMDC: Counselling  
psychologist; Present occupation: Lecturer at UWC.

REFERENCES

- Adam, H. and Moodley, K. (1986). South Africa without Apartheid. Cape Town: Maskew Miller
- Biesheuvel, S. (1987) Psychology: Science and Politics: Theoretical developments and applications in a plural society . South African Journal of Psychology. 17, 1, 1-8.
- Bulhan, A.H. (1985) Frantz Fanon and the Psychology of Oppression. New York: Plenum Press.
- Cooper et al (1990) Psychology and Apartheid : the struggle for Psychology in South Africa. in Psychology and Apartheid (eds.) Nicholas L. and Cooper S. Johannesburg: Vision\Madiba
- Dawes, A. (1985) Politics and mental health: The position of clinical psychology in South Africa. South African Journal of Psychology. 15, 55-61.
- Ebersohn, D. (1983) Die Sielkundiges van die RSA. Cape Town: HSRC
- Duckitt, J and Foster, D. (1991) Introduction to the special issue: race, social attitudes, and prejudice. South African Journal of Psychology. 21, 199-203.
- Fernando, S. (1989) Race and culture in Psychiatry. London: Tavistock.
- Foster, D. (1991) 'Race' and racism in South African psychology. South African Journal of Psychology. 21, 203-210.
- Guthrie, R. (1980) The psychology of Black Americans: An historical Perspective in: Black Psychology ed. Jones, R. New York. Harper and Row
- Harre, R. and The dictionary of Oxford:

- Lamb, R. (1986) personality and social psychology. Blackwell
- Hendler, P. Rethinking Housing Questions in South Africa Johannesburg: Ravan Press. 195-207  
in: South African Review 111 (eds.) SARS
- Kallaway, P.(ed. (1984) Apartheid and Education. Johannesburg: Ravan Press.
- Lazarus, S. (1985) A survey of the opinions of psychologists in South Africa on their role and responsibility in the South African social context. UCT: Africa Seminar
- Leon N, and Lea S. (1988) Alienation amongst black students at a predominantly white university Psychology in Society. 10, 4-21
- Littlewood, R. and Lipsedge, M. (1982) Aliens and Alienists, ethnic minorities and Psychiatry. Harmondsworth: Penguin Books.
- Louw, J. (1986) (a) This thy work: A contextual history of applied psychology and labour in South Africa. Unpublished PhD thesis. Amsterdam
- Louw, J. (1986) (b) White poverty and psychology in South Africa: The poor white investigation of the Carnegie Commission. Psychology in Society. 6: 30-47.
- Louw, J. (1990) Professionalizing Psychology. Pretoria: HSRC.
- Louw, J. and Manganyi, N.C. (1986) Clinical psychology in South Africa: a comparative study of Emerging Professional Trends. Professional Psychology: Research in Practice. 17: 3;171-178.
- Nicholas, L.J. and Cooper, S. (eds.) (1990) Psychology and Apartheid Johannesburg: Vision\Madiba.
- Pilgrim, D. and Treacher, A. Clinical Psychology Observed. London: Routledge.

- (1992)
- Ralekhetho, M.  
(1991) The Black University in South Africa: Ideological Captive or Transformative agent ? in: Knowledge and Power in South Africa: critical perspectives across the disciplines. (ed.) Jansen, J. Johannesburg: Skotaville 101-110
- Rose, N.  
(1986) Psychiatry: the discipline of mental health in: The power of Psychiatry (eds) Miller, P. and Rose, N. Oxford: Polity 43-84
- Seedat, M.  
(1990) Programmes, trends and and silences in South African psychology 1983-1988. in: Psychology and Apartheid. (eds.) Nicholas L. and Cooper S. Johannesburg: Vision\Madiba. 22-49
- Sizwe, N. (1979) One Azania, One Nation The National Question in South Africa. London: Zed Press.
- Swartz, L et al  
(1990) State Violence in South Africa and the development of a Progressive Psychology in: Political Violence and the Struggle in South Africa (eds) Manganyi, C. and du Toit Johannesburg: Southern Book Publishers. 204-234
- Thomas, W. (ed.)  
(1974) Labour perspectives on South Africa. Cape Town: David Philip.
- Walizer, M and Wiener, P.  
(1978) Research methods and Analysis Searching for Relationships. New York: Harper and Row
- Whittaker, S  
(1991) A Critical Historical Perspective on Psychology in Azania \South Africa in Knowledge and Power in South Africa Critical Perspectives Across the disciplines (ed.) Jansen, J. Johannesburg: Skotaville 55-68

Wilson, F.  
(1972)

Migrant Labour  
in South Africa.

Johannesburg:  
Spro-Cas.