Registered Counsellors at a crossroads: Current status, professional identity and training realities

by

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Declaration

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ABSTRACT

The Registered Counsellor (RC) category within the profession of psychology in South Africa was envisaged to create ground swell for scaling up access to and provision of mental health care services nationally. The RC category echoes Community Psychology's (CP) call to engage in a value based, transformed psychology that shifts from a biomedical model focusing upon individual mental distress towards a psychology that is relevant to individuals and groups embedded within diverse community realities.

The overarching aim of this research study was to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction as well as the realities and challenges for training RCs.

The study was undergirded by an interpretivist social phenomenological research paradigm within which a multimethod sequential research design guided the research. Survey research was employed to access a well-defined sample of RCs (n=687) in order to address the current status of the RC category and to access a sample of academics from 13 Higher Education Institutions (HEIs) who provided insights into the realities and challenges for training RCs. Qualitative interviewing was used to investigate the lived experiences of 26 RCs.

The study reveals that the RC category in South Africa is at a cross roads and illuminates the current status of the RC category, the RCs journey of professional identity construction, and their training realities.

A macro perspective of the current status of RCs shows that the category remains small compared to the population it is envisaged to serve and disproportionate to the racial and geographical characteristics of the country. Concern is raised regarding the category's ability to deliver on its intended purpose.

For RCs professional identity construction is a journey of *Readying*; *Becoming*; *Aspiration and Vision*; *Reality kicks in* and *Choosing*. The journey is an organic, dynamic and continuous journey embedded within a multi-layered ecosystemic context within which a dichotomy of ecosystemic realities exists that mediates the RCs ability to meaningfully construct their professional identity as RCs or not.

The realities and challenges of training (or not training) RCs show that, although there is general institutional recognition within Higher Education in South Africa of the need to train RCs, many have abandoned the training owing to the (non) viability of the training at a number of levels. For academics who continue to run BPsych (RC) training, offering the training is challenging but they feel they have institutional strength to do so. Several recommendations are made to reposition the professional status and training priorities for the nascent RC category.

OPSOMMING

Gegewe die agtergrond van 'n nasionale konteks in beroering, stygende vlakke van armoede, werkloosheid en sosiale onrus, was die kategorie van Geregistreerde Berader (GB) binne die sielkundeberoep veronderstel om die begin te wees van pogings om toegang tot en voorsiening van nasionale geestesgesondheidsorgdienste te verbeter. Die GB-kategorie weerklink die behoefte van Gemeenskapsielkunde (GS) om deel te wees van 'n waardegebaseerde, getransformeerde sielkunde wat wegskuif uit die biomediese model wat fokus op individuele geestelike nood na 'n sielkunde wat relevant is vir individue en groepe wat in diverse gemeenskapsrealiteite ingebed is. Die praktykbestek van die GB was aanvanklik om geestesgesondheidsorg en sielkundige intervensies te bied wat fokus op ondersteunende berading, voorkoming, ontwikkeling, gemeenskapskonsultasie, bevordering van geestesgesondheid, psigo-opvoeding en voorspraak, alles met die doel om geestesgesondheid en welstand te bevorder. GB's is 'n ontluikende uitvoering van GS se agenda.

Die oorhoofse doelwit van hierdie navorsing was om die huidige status van die GB-kategorie en die geleefde ervarings van GB's te ondersoek met 'n fokus op hulle reis van professionele identiteitsvorming binne die sielkundeberoep in Suid-Afrika. Die werklikhede en uitdagings ten opsigte van die opleiding van GB's is ook ondersoek.

Die studie is begrond in 'n interpretivistiese sosiale fenomenologiese navorsingsparadigma waarbinne 'n multimetode sekwensiële navorsingsontwerp gebruik is. 'n Opname is eers gebruik om toegang te kry tot 'n goed-gedefinieerde steekproef GB's (n=687) om die huidige status van die GB-kategorie te ondersoek. Daarna is kwalitatiewe onderhoude ingespan om die geleefde ervaringe van 26 GB's na te spoor, en 'n steekproef akademici van 13 hoër onderwysinstellings het verdere insigte verskaf aangaande die werklikhede en uitdagings verwant aan die opleiding van GB's.

Die bevindinge verskaf 'n makro-perspektief van die huidige status van GB's in Suid-Afrika en belig bekommernisse oor die kategorie diensverskaffers se vermoë om die aanvanklike doel te bereik. Die kategorie bly klein in vergelyking met die bevolking wat dit moet bedien. Dit is ook buite verhouding met die rasse- en geografiese eienskappe van die land. Hierdie bevindinge toon dat daar blywende disproporsionaliteit is tussen sielkunde praktisyns en die Suid-Afrikaanse bevolking.

Die bevindinge toon verder dat die geleefde ervaringe van GB's 'n reis van professionele identiteitskonstruksie inhou op 'n kontinuum van 'Gereedmaking'; 'Wording'; 'Aspirasies en Visie'; 'Realiteit skop in' en 'Keuse'. Die reis is 'n organiese, dinamiese en voortdurende reis, ingebed in 'n veelgelaagde ekosistemiese konteks waarbinne daar 'n digotomie van ekosistemiese realiteite bestaan wat die GB se vermoë om hulle professionele identiteit as GB te vorm, beïnvloed.

Drie temas het na vore gekom rakende die werklikhede en uitdagings ten opsigte van die opleiding (of nie-opleiding) van GB's: Algemene institusionele erkenning van die behoefte om GB's op te lei; die (nie) lewensvatbaarheid daarvan om BPsig (GB) opleiding te verskaf; en die institusionele krag waaroor die wat wel BPsig (GB) opleiding verskaf, glo hulle beskik. Die werklikhede en uitdagings wat uitgelig is, het gelei daartoe dat baie instellings die BPsig (GB) opleiding gestaak het, en dit het 'n invloed op die GB's se reis na professionele identiteitsvorming. Die studie sluit af met verskeie aanbevelings ten einde die professionele status en opleiding van die ontluikende GB-kategorie aan te spreek.

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Thank you Abba. Because of you, I am passionately committed to the pursuit of social justice as a catalyst for social change and transformation. Being involved in action that is orientated in this way reminds me that you put your hands on us all - indiscriminately…it is that simple…we are radically and relentlessly loved…

Thank you to my supervisor, Tony. You have constantly encouraged me and pushed me to get my PhD completed. Well…Here it is! I couldn't have travelled this journey without you. Your support has extended far beyond my expectations! Your attention to the details of this study, ensuring its rigour and coherence has been astounding! You have really developed me academically! You have believed in me and truly cared for me.

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Thank You to my brother. You are a constant reminder to pursue my dreams with passion, dedication and commitment as you have done. You remind me that we get one life to live so let's ignite ambition…dare to lead… and make life an adventure…

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"RCs are the foot soldiers of psychology. We get to see numerous challenges first hand. We get to be in spaces and places with the wounded and counsel them. We have their blood on our hands and we are present with them" *(p#375).*

Dedicated to the foot soldiers

Jaynie I acknowledge the dark night of your soul during my doctoral process

I miss you…

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LIST OF ABBREVIATIONS

BPsych Equivalent (RC) programme	Bachelor's Honours Degree accredited by the Board as a BPsych degree that incorporates an approved 6 month /or 720-hour face-to-face practicum
BPsych (RC)	Bachelor's Degree in Psychology (leading to Registered Counsellor qualification)
BPsych (RC) training	Referring to both the BPsych (RC) degree and the BPsych Equivalent (RC) programme
CE	Community Engagement
CHE	Council on Higher Education
CP	Community Psychology
DHET	Department of Higher Education and Training
EC	Eastern Cape
FS	Free State
GP	Gauteng Province
HEIs	Higher Education Institutions
HEQSF	Higher Education Qualifications Sub Framework
HPCSA	Health Professions Council of South Africa
KZN	Kwazulu Natal

LP   Limpopo

MP   Mpumalanga

NC   Northern Cape

NQF   National Qualifications Framework

NW   North West

PsySSA   Psychological Society of South Africa

RC   Registered Counsellor

SAPS   South African Police Service

SAQA   South African Qualifications Authority

UNISA   University of South Africa

UWC   University of the Western Cape

WC   Western Cape

CHAPTER ONE
INTRODUCTION AND BACKGROUND TO THE STUDY

1.1   Introduction

In 1954 Dr Brock Chisholm made his famous statement "without mental health there can be no true physical health" (Chrisholm, 1954). This proposition has been adopted globally, and yet 63 years later, mental health remains under-prioritised and resources for mental health are inequitably distributed (Prince et al., 2007). Given the importance of mental health, governments worldwide have been called to scale up their mental health services (Lancet Global Mental Health Group, 2007 cited in Rouillard, Wilson, & Weideman, 2016, p. 64). This has led to a global focus on developing mechanisms and strategies to more adequately address the under-prioritisation of mental health services, the scale up of mental health resources, as well as the equitable distribution of these resources to meaningfully address accessibility to mental health services. This accessibility was to be facilitated through the provision of psychological services focused on prevention and primary intervention for psychological difficulties, as well as counselling support, mental health promotion and psychoeducation for individuals and groups in diverse community contexts for the achievement of the millennium development goals (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009; Petersen, 2004; Williams et al., 2008).

As a middle income country (Petersen, 2004), South Africa mirrors these global realities and the importance of restructuring of health care as well as decentralising and integrating of mental health services into primary health care received attention particularly in the Mental Health Policy Framework (MHPF) for South Africa and the Strategic Plan 2013 – 2020 (Department of Health, 2013; Petersen, 2004). Grounded in international human rights standards this policy framework affirmed the belief that mental health is the foundation of thinking and communication skills, and that learning, emotional growth, resilience and self-esteem, are crucial to the overall wellbeing of South Africa. This policy framework is also a key contributor to social and economic development and serves as a catalyst to achieving government's goal of "a long and healthy life for all South Africans" (Motsoaledi, cited in Department of Health, 2013, p. 1; US Department of Health and Human Services, 2000).

Despite this intention, however, to date, the majority of South Africans experience low service-level ratios and poor accessibility to mental health services (Barnwell, 2016). One of

the major challenges to the prioritisation of mental health is the paucity of psychologists to service the South African population (Flanagan, 2014). For example, recent statistics provided by the Health Professions Council of South Africa (HPCSA, 2017a) indicate that there are currently approximately 8,475 psychologists to service a population of around 54,956,900 people. In the context of professional human resource scarcity of this extent, the Registered Counsellor (RC) category was established to scale up primary mental health care, supportive counselling services and psychological interventions in order to meet the ever-growing demand for psychological services in South Africa (Peterson, 2004, p. 38). In a growing reaction to psychological service delivery being perceived as elitist, unavailable to those who could not afford it, and content with the status quo, the RC category was signed into law on the 19th of December 2003 (Department of Health, 1997a; Department of Health, 1997b; Department of Health, 2004; HPCSA, Professional Board for Psychology 2002; 2003; 2005; 2013).

In light of the profound role the RC category was intended to play in extending primary mental health care services nationally (Peterson, 2004), this study aims to explore the current status of the RC category. Particular focus is given to the lived experience of RCs and their construction of professional identity within the profession of psychology in South Africa. The realities and challenges for training RCs are also explored.

1.2   The South African Context

Community Psychology (CP) calls for attention to be paid to the complex nature of structural challenges facing society, bearing in mind the role that social forces exert on mental distress (Duncan, Bowman, Naidoo, Pillay, & Roos, 2007; Naidoo, Shabalala, & Bawa, 2003). As a nation, South Africa can be described as deeply traumatised, daily bearing witness to incidents and stories of inter-personal relational breakdown, gender-based violence, domestic violence, child physical abuse, rape, substance abuse, social upheaval and emotional disconnection (Seedat, 2015). All of South Africa's citizens are embedded into this context and live with constant reminders of the turbulent impact of poverty, high unemployment rates, corruption, violence, inequality, marginalisation, the exclusion of communities, socioeconomic inequality and political instability (Bantjes & Kagee, 2013; Edwards, 2005; Seedat et al., 2009; Williams et al., 2013; Young, Bantjies, & Kagee, 2016). Overwhelmed by the crises caused by this level of social turbulence, South Africa is confronted with desperate social problems, and many of her citizens face a plethora of ongoing serious mental health challenges.

Whilst concerted post-apartheid measures have been taken to improve the efficiency, quality and accessibility of health care, we continue to witness the ongoing ramifications of the legacy of apartheid and inequality evidenced in the two parallel systems (public and private) that exist in SA. Within these parallel systems, 80% of the population rely on a public health system that remains under-resourced. The other 20% of the population have access to a private system that is more effective and better resourced (Petersen, 2004). Mental health care, supportive counselling and psychological interventions within these systems are also dramatically different, reflecting similar trends, i.e., where the majority of South Africa's socio-economically disadvantaged population lack access to adequate psychological services (Barnwell, 2016). Enduring inequality in relation to the distribution of resources highlights the sad reality that where mental health resources are most needed they are also least accessible (Burns, 2015; Ramphele, 2017). For example, of the estimated 75% of South Africans who struggle with mental health challenges, one out of three will be unable to access the kind of care they need (Burns, 2015; Lund, 2014, 2015; Lund et al., 2012; Petersen & Lund, 2011; Rouillard et al., 2016).

1.3   Addressing the Mental Health Resource Challenge

South Africa's mental health resource deficits mirror the inadequacies of mental health resources globally (Prince et al., 2007; Wang et al. cited in Burgess, 2012; World Health Organization, 2013). For example, according to the World Health Organization's Mental Health Atlas (2013), in low-income and middle-income countries between 76% and 85% of people with severe psychological disorders have no access to mental health care, supportive counselling services or psychological interventions, and the number of specialised and general health workers dealing with mental health is grossly insufficient.

These global mental health resource deficit concerns were highlighted in the Lancet's special edition on global mental health (Lancet Global Mental Health Group, 2007). The series ended with a call to governments worldwide to scale up their mental health services (Lancet Global Mental Health Group, 2007 cited in Rouillard et al., 2016, p. 64). Five key strategies to scale up services for mental health globally were recommended (Burgess, 2012):

- Placing mental health on the public health priority agenda;

- Improving the organisation of mental health services;

- Integrating the availability of mental health in general health care;

- Developing human resources for mental health; and

- Strengthening public mental health leadership (Prince et al., 2007).

In 2008 the movement for Global Mental Health was launched in response to this call to action (Burgess, 2012). The objectives for the Global Mental Health movement were to close the treatment gap; protect and preserve the human rights of those with psychological challenges, improve knowledge and understanding of mental distress, and to promote research on mental health so that action could be informed by scientific evidence (Burgess, 2012).

After extensive consultative processes, in May 2013 the World Health Assembly adopted the Comprehensive Mental Health Action Plan 2013 – 2020. The overall goal of the World Health Organisation's Mental Health Action Plan 2013 – 2020 was to promote mental wellbeing, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders.

While the South African government introduced the Mental Health Act in 2002 (Stein, 2014, p. 115), the landmark adoption and publication of the 2013 National Mental Health Policy Framework and Strategic plan (Department of Health, 2013) were aligned to the World Health Organization's (WHO) Comprehensive Mental Health Action Plan 2013 – 2020, reiterating South Africa's commitment to the globally maintained principle "No health without mental health" (World Health Organisation, 2013, p. 6).

This strategic plan acknowledged eight key objectives based on the Ekurhuleni Declaration on Mental Health (The Ekurhuleni Declaration on Mental Health - April 2012) with the most pertinent ones relating to this current study being the "need for human resources for mental health, mental health advocacy, mental health promotion and the prevention of mental illness" (Department of Health, 2013; Stein, 2014, p. 115). Burgess (2012) has argued for two key issues to be considered in addressing mental distress in developing countries. Firstly, the need for more mental health-care workers to assist with mental health interventions. Secondly, the importance of developing comprehensive strategies for promotion, prevention, treatment and recovery within community-based contexts.

Within this context South Africa's efforts towards the restructuring of health care have involved reforms focused on cost-effectiveness, decentralising of health care and integration

of mental health care services as a way of facilitating access to mental health care (Petersen, 2004; Petersen et al., 2010). Task shifting has also been used in this restructuring. Advocated for by the World Health Organisation, task shifting refers to the redistribution of tasks from more highly qualified health care workers to less qualified health care workers so as to more effectively utilise human resource in health care and address human resource scarcity (Spedding, 2017). Within mental health, task shifting research has suggested the importance of training of primary health care nurses as well as non-professional community based workers to provide primary level care for commonly encountered mental health problems such as anxiety and depression (Petersen, 2004; Spedding, 2017). Although there is literature that supports the notion of task shifting in the area of HIV and AIDS care and while task shifting is strongly endorsed as a means of managing mental illness and increasing access to mental health care services has, to date, not been well researched (Spedding, 2017). Lund, Boyce, Flisher, Kafaar and Dawes (2009) have suggested that "it provides the lowest levels of staffing and infrastructural support in health services across most provinces, therefore merely contributing to a previously overburdened sector experiencing even more pressure" (cited in Mapaling, 2015, p. 17).

In task shifting research there are, very few studies that support the efficacy of task-shifted evidence-based interventions and the foundational skills required to proficiently deliver the type of quality psychological interventions to deal with the severity of the mental health needs in South Africa (Petersen, 2004; Petersen et al., 2010; Spedding, 2017). Task shifting research has also suggested that even if nurses are trained to identify and manage more common mental health problems, these nurses "have neither the time nor the will to provide such care" (Petersen, 2004, p. 34). Furthermore, community health workers do not have the expertise and training to meaningful address mental health problems. Madding has suggested that "in South Africa, RCs may represent the best qualified and equipped cadre of worker to bridge that gap" (cited in Spedding, 2017, p. 49). Petersen, Lund, Bhana, and Flisher (2012) have suggested that developing service models with RCs must be given serious consideration because "their training make them more likely to be able to manage the challenges associated with an overburdened system" (Spedding, 2017, p. 141).

In scarce resource contexts where training primary health care nurses to provide primary level mental health care is challenging given their capacity constraints and the mental health needs beyond the management of non-professional community based workers, the RC category has been "identified as necessary for primary level care within the framework of the district

health system in South Africa" (Petersen, 2004, p. 39). Training and employing RCs would be a far more cost-effective strategy than employing more qualified psychologists at the primary level within community-based contexts (Spedding, 2017).

1.4   Mid-Level Workers

Within the national health system generally in South Africa, the concept of a "mid-level health worker" was positioned as a worker on the front-line in diverse community settings having been trained to diagnose and treat common health problems, to manage emergencies, to refer appropriately, and to transfer the seriously ill or injured for further care (Lehmann, 2008; WHO/WPRO, 2001). Such a mid-level health worker would not be a professional who would receive a full university training, but rather someone who would be vocationally trained over a one or two-year period to work out in the community. Within the field of psychology the genesis of the RC category reflected a similar innovation, focused on providing greater human resource capacity for community mental health needs (Department of Health, 2005). The conceptualisation of the RC category as a category of mid-level health worker was, however, different to the initial conceptualisation of the mid-level health worker within the national health system, in that the RC would be a graduate with an Honours degree in Psychology. This category was advocated for by the directorate for Mental Health and other Mental Health activists such as Foster, Freeman and Pillay (Foster, Freeman, & Pillay, 1997). In 1999, the Professional Board for Psychology (HPCSA) drafted a policy document that addressed the roles, registration, training and education of psychological practitioners within South Africa (HPCSA, Professional Board for Psychology, 1999). At this time, the RC category was introduced to address and increase the amount of psychological practitioners who were being trained as well as to address "the issue of transformation" (Personal Communication, Saths Cooper 23rd May 2017). Cooper reflected:

> *We (the 6th Professional Board for Psychology) were thinking about the 20,000 enrolled students in psychology each year, how this number reduces in the second, reduces further in the third year, reduces in the fourth and thereafter it becomes rarefied. The RC category would provide opportunity for more graduates to enter the profession, with the knock on effect of larger numbers and greater opportunity for transformation of the profession. We were also thinking about how to more effectively meet greater needs out by*

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training graduates who are racially more relevant, are able to converse in
African languages, who understand the relevant cultural dynamics.

1.5 RCs - Mid-Level Workers to Fill the Gap

The RC category was envisaged to be a mid-level worker to redress challenges in delivery of mental health services through the conceptualisation and creation of the category of counsellors (Elkonin & Sandison, 2006; Pillay, 2016).

The purpose of RCs was providing accessible mental health services through:

Rendering psychological services that are focused on prevention and
primary intervention for psychological difficulties in diverse community
context as well as promotion of psychosocial health, within the scope of
practice for Registered Counsellors (HPCSA, Professional Board for
Psychology, 2013).

The "Scope of Practice Registered Counsellors" was defined according to the Health Professions Act, 1974 (Act 56 of 1974) and in subsequent amendments to the regulations defining the scope of the profession of psychology (South Africa, 2011) as well as in Form 258 (HPCSA, Professional Board for Psychology, 2013). Table 1-1 provides an overview of the scope of practice of RCs described in the two documents.

Table 1-1   An Overview of the Scope of Practice of RCs

Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)
At all times the RC was expected to practice according to the "Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974" and adhere "to the scope of practice of Registered Counsellors" (South Africa, 2011, p. 4).	Working in a context appropriate, multi-professional team.
Performing psychological screening, primary mental status screening, basic assessment, and psychological interventions with individuals aiming at enhancing personal functioning.	Being the first line of community based psychological support. Psychological screening and basic assessment of mental health challenges. Containment of presenting difficulties.

Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)
	Provide preventative, supportive and developmental counselling services and interventions aimed at enhancing personal functioning and mental wellbeing in a variety of contexts.
Performing psychological assessment excluding projective, neuropsychological and diagnostic tests.	Performing basic psychological screening for the purpose of mental health as a preliminary screening tool in order to refer appropriately.
	Use the following basic assessments for screening purposes: Draw-a-person (DAP), Kinetic Figure Drawings (KFD), incomplete sentences, reading, and spelling however excluding the projective aspect of these tests.
Enhancing personal functioning; performing supportive, compensatory, and routine psychological interventions.	Design, implement and monitor preventative and developmental programmes appropriate for all systems levels.
	Psycho-education and training; and
	promotion of primary psychosocial wellbeing.
Identifying clients requiring more sophisticated or advanced psychological assessment and referring such clients to appropriate professionals.	Referral to appropriate professionals or other appropriate resources (know when to refer to a psychiatrist or psychologist).
Participating in policy formulation based on various aspects of psychological theory and research; participating in the design, management, and evaluation of psychologically-based programmes in the organisation including but not limited to health, education, labour, and correctional services; training, and supervising other RCs and practitioners.	Manage complete sub-elements of intervention programmes with associated interventions; Design sub-elements of intervention programmes and processes; Execute less advanced, more structured interventions.
Conducting, and reporting on research projects; and providing expert evidence and/or opinions.	Report writing and providing feedback to clients on interventions.

Initially, the Professional Board for Psychology (HPCSA) specified designated practice areas within which RCs would provide primary and preventative mental health care, supportive counselling services and psychological interventions. RCs were also excluded from being in independent private practice. Cooper (2017) reflected:

> *These practice areas were provided because RCs were not intended to work*
> *in private practice category and as such the specialisations were critical to*
> *ensure RCs worked in the kind of settings where there was a need identified*
> *and psychological services were just not available.*

These categories of practice included: Career Counselling, Trauma Counselling, Primary Mental Health, Family Counselling, School Counselling, Sport Counselling, HIV/AIDS Counselling, Human Resources, Pastoral Counselling and Employee wellbeing (HPCSA, Professional Board for Psychology, 2005).

The exclusion of RCs from engaging in private practice was subsequently challenged in a class action suit brought against the Minister of Health in 2005 that resulted in the RC being able to register for private practice activities in the category "Independent practice/private practice" (HPCSA, Professional Board for Psychology, 2005, p. 12). The specialisations were subsequently removed in the revised scope of practice (HPCSA, Professional Board for Psychology, 2011). This category differed from all others that had come before it in that the primary role and function of the RC was to provide psychological interventions aimed at prevention and mental health promotion and wellness.

Pretorius described the category saying:

> *They (RCs) will provide a workforce to address the South African problems*
> *in the South African society, prevent mental health problems, and enhance*
> *wellbeing and development. RCs will also make primary psychological*
> *services on grass root level accessible and available (Pretorius, 2013,*
> *para.7).*

In a country whose government's goal is for South Africans to live long and healthy lives with access to the mental and physical health care services necessary for this, the RC category was intended to be a dynamically relevant expression of the practice of psychology at work in diverse South African community settings (Department of Health, 2013).

1.6   Education and Training of RCs

The education and training of RCs initially allowed for graduates with an Honours degree in psychology to complete a practicum/internship as part of the degree requirements (and at the discretion of the higher education provider) to write the Professional Board for Psychology (HPCSA) examination and upon successful completion of the examination then register with

the HPCSA[1] (Pretorius, 2015). However, with regulatory tightening within both the Council on Higher Education (CHE) and in line with the Higher Education Qualifications Sub Framework (HEQSF) as well as the HPCSA itself, professional registration as a RC is now contingent on completion of:

- A Professional Bachelor's Degree (a 480-credit qualification with an exit at level 8 on the National Qualifications Framework accredited by the board), or

- A Bachelor's Honours Degree accredited by the Board as equivalent to the B Psych degree that incorporates an approved 6 month/ or 720-hour face-to-face practicum. This is referred to as a BPsych Honours Equivalent programme[2] (HPCSA, Professional Board for Psychology, 2013).

Aligned to the HEQSF at NQF 8 BPsych (RC) training is focused on developing a thorough grounding in the knowledge, theory and principles of the profession of psychology as well as build high intellectual independence and research capacity in the methodology and techniques of psychology (Department of Health, 2013) while at the same time:

> *Producing competent, ethical and professional practitioners who will meet*
> *the needs of South Africa in order to make primary psychological services*
> *available in diverse settings thereby enhancing psychological wellbeing of*
> *the public (HPCSA, Professional Board for Psychology, 2013, p. 2).*

The graduate of BPsych (RC) training is eligible to sit for the Professional Board for Psychology (HPCSA) examination and upon successful completion of the examination register with the Health Professions Council of South Africa in the category of RC. It should be noted that, whilst many psychometrists are also trained with a BPsych degree, their BPsych training is generally contingent upon acceptance into a Bachelor of Education Honours degree that may be accredited by the Professional Board for Psychology (HPCSA) as a BPsych Equivalent

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[1] Professional bodies have a role to set additional professional training requirement, to oversee membership or licensing and to regulate professional conduct (Government Gazette, 2013, p. 47).

[2] When referring to the four year Professional Bachelor's Degree in Psychology in this dissertation the shortened name BPsych (RC) degree will be used. When referring to the Bachelor Honours Degree accredited by the Board as a BPsych degree that incorporates an approved 6 month /or 720-hour face-to-face practicum in this dissertation, the shortened name BPsych Equivalent (RC) programme will be used. When referring to both the BPsych (RC) degree and the BPsych Equivalent (RC) programme together in this dissertation BPsych (RC) training will be used.

programme. The current research does not explore the training of psychometrists and for the purpose of this research the lines between BPsych (RC) training versus other BPsych (psychometrist) training have been made very clear, there will be no inclusion of the BPsych (psychometrist) in the discussion.

1.7   The Overarching Aim of the Current Study

RCs were envisaged to scale up the delivery of accessible mental health care through the provision of supportive counselling services and psychological interventions. These interventions include the promotion of mental health and wellbeing, psychological screening and assessment, psychoeducation, empowerment and advocacy with individuals and groups living in diverse contexts in South Africa. In light of this profound and envisaged role the overarching aim of the current study was to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. This aim was operationalised into three interrelated research objectives that guided the structure and focus of the current study:

Research objective one: Understanding the current status of the RC category

This objective was explored across a number of domains including: Demographic status (size, gender, ethnicity and geography); training experiences; professional activities; the relationship of RCs to the HPCSA and the professional identity of RCs.

Research objective two: Exploring the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa

Research objective three: Investigating the realities and challenges for training RCs

1.8   Structural Overview of the Dissertation

To address these research objectives, the eight chapters of this dissertation are structured as follows:

Chapter One: Introduction and Background to the study

This chapter provides an introduction to the study and an understanding of the critical role the RC has to play in providing accessible psychological services to South African's and

presents the overall aim of the current research and the research objectives that guide the structure and focus of this dissertation.

Chapter Two: Theoretical Framework of the Study

This chapter explores a combination of paradigms useful for understanding and conceptualising the study as well as grounding the research objectives of the study within a relevant theoretical knowledge base.

Chapter Three: Literature Review

This chapter reviews ten seminal studies published about the RC in South Africa between 2004 and 2017. A synthesis of the literature review is presented. The importance of the current study will be highlighted in terms of extending the recommendations of its predecessors and adding significantly to what is known about RCs to date.

Chapter Four: Research Methodology

This chapter overviews the research objectives of the current study and presents the research paradigm that underlies the research. The multimethod research design will be provided. Positionality, reflexivity, ethics and the trustworthiness of the current study will be addressed.

Chapter Five: Research Findings

This chapter presents the results of the research in accordance with the three interrelated research objectives of the study. The first section will reflect on the current status of the RC category in terms of the demographic status of the RC category (size, gender, ethnicity and geography). The second section will address the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa. The third section will address the realities and challenges of training RCs within HEIs in South Africa.

Chapter Six: Discussion

This chapter synthesises the research findings of the current study highlighting the contribution of the current study in terms of adding to what is known about the RC to date regarding the demographic status of the RC, the nuances the RCs journey of professional identity construction and the realities and challenges for training RCs.

Chapter Seven: Implications of the Study, Recommendations and Limitations

This chapter highlights the research objectives of the study and addresses the implications of the findings for theory development, application and praxis, as well as policy and advocacy. Action orientated recommendations are made and the limitations and strength of the research is considered.

Chapter Eight: Conclusion

This chapter concludes the dissertation with a summary of the main findings in relation to the overall aim of the study and its three interrelated research objectives.

CHAPTER TWO
THEORETICAL PARADIGMS

This chapter explores an intersection of paradigms and frameworks useful for understanding and conceptualising the current study as well as anchoring the research objectives of the study within undergirding theoretical frameworks. The chapter will locate the study within Community Psychology (CP) and will address how the RC category is a nascent enactment of CP. Training challenges for CP and for training RCs within this paradigm will be addressed. Finally, theoretical frameworks for understanding professional identity development will be overviewed.

2.1 Community Psychology

The current study has been located within a CP paradigm. Rappaport (2005) described CP as an orientation toward challenging traditional frameworks and the status quo. CP is a unique blend of science and social criticism and a field of practice with the explicit goals of developing "critical consciousness" (Freire cited in Rappaport, 2005, p. 233). Fluks (2017) cited a broad definition of the field provided by Burton, Boyle, Harris and Kagan (2007, p. 219) who explained:

> *CP offers a framework for working with those marginalised by the social system that leads to self-aware social change with an emphasis on value based, participatory work and the forging of alliances. It is a way of working that is pragmatic and reflexive, whilst not wedded to any particular orthodoxy of method. As such, CP is one alternative to the dominant individualistic psychology typically taught and practiced in the high income countries. It is CP because it emphasises a level of analysis and intervention other than the individual and their immediate interpersonal context. It is CP because it is nevertheless concerned with how people feel, think, experience, and act as they work together, resisting oppression and struggling to create a better world.*

CP in South Africa specifically emerged during the 1980s due to the inability, neglect or disregard of mainstream psychology to address the ever-growing psychosocial needs of marginalised communities and groups (Duncan et al., 2007). CP's main criticism of

mainstream psychology has been around the relevance of psychology to individuals embedded within diverse community realities. In this sense CP has served as the social conscience for psychology calling the discipline to have more relevance, and be more socially valuable and accessible to those who need it (Pillay, 2016; Prilleltensky & Walsh-Bower, 1993; Sher & Long, 2012).

The fundamental premise of the RC category was concern with the relevance of psychology to individuals and communities through facilitating change and enhancing mental health, wellbeing and social conditions using a range of interventions (including prevention and health promotion) (HPCSA, Professional Board for Psychology, 2013, p. 2). Given this focus, the category represented a tangible demonstration of psychology's commitment to embrace, as a central tenant, the constitutional human rights of its citizens to have access to psychological services for all who might benefit for the purpose of the promotion of mental health, wellbeing and from this perspective. Naidoo et al. (2003) expressed how the introduction of the RC into the profession of psychology brings CP into focus in South Africa because the RC category represented potentially an innovative enactment of CP envisaged to transform the profession of psychology because of the orientation of the category's scope of practice around a social justice agenda within the context of mental health, equity and the promotion of the wellbeing of all people (Rosenthal, 2016). The precursor to transformation is a willingness to acknowledge deeply the need for social justice and relevance attained through challenging, discrimination, inequality and injustice. This must be followed by radical (individual or mass) action to ensure that the hidden drag anchors of bigotry and conservatism no longer prevent us from moving forward together toward greater equity and freedom. This transformed approach to psychology adopted by CP has required "a radical change in the way we approach" mental health challenges (García-Ramírez, Balcázar, & de Freitas, 2014, p. 80).

2.2   Foundational Principles that Guide CP

CP is grounded upon a foundational set of principles that define the value base of CP (Prilleltensky, 2008). These principles guide both research and the practice of psychology from a CP perspective. Tebes (2017) has asserted that the foundational principles that guide intervention from a CP perspective are as follows:

- Prevention: Providing community based programmes that are psycho-educational and preventive in nature and are aimed at mental health promotion.

- Empowerment: Empowerment is not about clients being positioned as passive recipients of professional help or victim blaming, but rather as active agents capable of addressing their own social inequality and transforming their own conditions (Ahmed & Suffla, 2007, p. 94). Empowerment is therefore aimed at enhancing the possibilities for people to control their own lives through improving individuals' competencies to cope through respectful and humane acceptance of others and an ability to adapt to all cultural and social contexts (García-Ramírez et al., 2014; Kagan, 2015; Naidoo et al., 2003).

- Enhancing accessibility to mental health care through the provision of supportive counselling services and psychological interventions. These interventions include the promotion of mental health and wellbeing, psychological screening and assessment, psychoeducation, empowerment and advocacy with individuals and groups living in diverse contexts in South Africa, because there will never be adequate levels of economic or human resources to address the epidemic levels of need if there is sole reliance individually focused models of intervention (Naidoo et al., 2003).

- Social Justice: The promotion of mental health and wellbeing through psychoeducation and advocacy as well as contextually driven research that engages advocacy and policy development.

These principles embody a value base approach to psychology to which the RC category is perfectly aligned. Table 2-1 demonstrates the alignment of the RC scope of practice to the values of CP.

Table 2-1   **An Overview of the Integration of CP Values, with the Scope of Practice of RCs and the RC Interventions.**

Value (García-Ramírez et al., 2014; Kagan, 2015; Naidoo et al., 2003).	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Scope of Practice, Form 258 (HPCSA, Professional Board for Psychology, 2013).	Activities of RCs (HPCSA, Professional Board for Psychology, 2017a).
Prevention: Providing community based programmes that are psycho-educational and preventive in nature and are aimed at mental health promotion.	Participating in the design, management, and evaluation of psychologically-based programmes in organisations including but not limited to health, education, labour, and correctional services.	Promotion of primary psychosocial wellbeing.	Protect and promote psychological wellbeing at a primary health care level in diverse settings, with a focus on prevention, psychosocial health promotion and community based care. Enhance wellbeing primary mental health intervention.
		Psycho-education and training.	Understand the necessity for Mental Health Promotion and Psycho-education with an emphasis on the diversity of needs that exist within SA. Design and implement and present psycho-education workshops and presentations on topics relevant to local communities. Monitor and evaluate training programmes.
Empowerment: Improving individuals' competencies to cope through respectful and humane acceptance of others and an ability to	Psychological interventions with individuals aiming at enhancing personal functioning.	Make primary psychological services available in diverse settings thereby enhancing psychological wellbeing of the public.	Be the first in the line of community based psychological support for individuals or groups with a focus on containment of presenting difficulties and helping to alleviate distress. Competent in containing expressed emotion and providing supportive psychological interventions with adults, children families and communities.

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Value (García-Ramírez et al., 2014; Kagan, 2015; Naidoo et al., 2003).	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Scope of Practice, Form 258 (HPCSA, Professional Board for Psychology, 2013).	Activities of RCs (HPCSA, Professional Board for Psychology, 2017a).
adapt to all cultural and social contexts.	Performing supportive, compensatory, and routine psychological interventions.	Containment of presenting difficulties. Provide preventative, developmental counselling services and interventions.	Select appropriate counselling interventions for the purpose of prevent and amelioration of presenting psychological challenges.
Enhancing accessibility to mental health services for individuals and groups within community contexts.	Performing psychological screening, primary mental status screening, basic assessment.	Screening and identification of mental health challenges.	Consider the ecosystemic context within which people live and the determinants and risk factors associated to psychological challenges within these contexts; Screening and identification of psychological functions, including. cognition, interests, aptitudes and personality;
	Performing psychological assessment	Assessments (cognition, interests, scholastic and other aptitudes and personality).	Perform basic psychological assessments, using tests that resort within the scope of practice of RCs. Take responsibility for the ethical use and application of these tests, and ensuring that test results are treated confidentially.
	Identifying clients requiring more advanced psychological assessment and referring such clients to appropriate professionals.	Referral to appropriate professionals or other appropriate resources (know when to refer to a psychiatrist or psychologist).	Recognize and assess psychological challenges and refer appropriately. Manage cases according to the guidelines for good practice in the Health professions.

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Value (García-Ramírez et al., 2014; Kagan, 2015; Naidoo et al., 2003).	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Scope of Practice, Form 258 (HPCSA, Professional Board for Psychology, 2013).	Activities of RCs (HPCSA, Professional Board for Psychology, 2017a).
Social Justice: Promoting psychological health and wellbeing through contextually driven research, engaging in advocacy and policy development.	Participating in policy formulation based on various aspects of psychological theory and research.	Policy formulation.	Understanding of the fundamental prescriptions of the South African healthcare systems in terms of laws, policies and healthcare delivery and advocate for shifts in policy where they impact on psychological practice and research;
	Conducting, and reporting on research projects.		Conduct research in community settings to enhance specific social intervention activities;
	Providing expert evidence and or opinions.		Analysing and contributing to the development of policy;
			Demonstrate social responsiveness and advocacy.
			Be a counsellor, health promoter, psycho-educator, and change agent.

Note: Although Table 2-1 splits the activities that a RC participates in, into the values they best align (to demonstrate the above mentioned point) in reality to the values purported by CP intrinsically and holistically guide all activities.

2.3   The Psychological Intervention Continuum

The scope of practice of the RC aligns to the CP values and the intended interventions have been constructed around an ethos of prevention, empowerment and the equitable distribution of psychological resources. These interventions can be conceptualised using Naidoo, van Wyk, and Carolissen's (2008) Psychological Intervention Continuum. This continuum presents the scope of psychological interventions from micro to macro, focusing on working with individuals to working with communities and broader society. The left side of the continuum is focused on individualised psychological interventions, steeped in a Clinical/Medical discourse of abnormality, dysfunction and individually-oriented treatments.

CP and the scope of practice of RCs are located midway to the right reflecting the shift towards interventions that focus on prevention, development, community consultation and that promote advocacy, activism and enhancing psychological health and wellbeing, facilitating citizen participation in community issues, social justice and more "equitable distribution of mental health resources" in society (Naidoo et al., 2003, p. 445; Reich, Riemer, Prilleltensky, & Montero, 2001; Young et al., 2016). The Psychological Intervention Continuum (Naidoo et al., 2008) depicts how the category was envisaged to move psychological services "from curative (and individual) interventions to preventative and rehabilitative (and therefore group) interventions" (Elkonin & Sandison, 2006, p. 600). Table 2-2 provides a juxtaposition of the focus of Individual Psychology versus CP. Figure 2-1 illustrates the Psychological Intervention Continuum (Naidoo et al., 2008).

Table 2-2   Focus of Individual Psychology versus Community Psychology

Clinical Psychology (Pretorius, 2012a)	CP (Naidoo et al., 2008)
Individualised psychological principles, steeped in a Clinical/Medical Discourse focused on abnormality.	Community based psychological principles addressed with contextual realties in mind to address normality.
Individual Psychotherapist who uses DSM-IV-TR/ICD 10 category/codes to diagnose mental illness.	RCs who use an ecology, empowerment, prevention and social justice orientation to promote mental health.
Market Relevance	Social Relevance

Psychological Intervention Continuum

MICRO CONTEXT	MACRO CONTEXT

INDIVIDUAL PSYCHOLOGY	COMMUNITY PSYCHOLOGY

ILLNESS	WELLNESS

TREATMENT	PREVENTION	HEALTH PROMOTION

Hospitalisation	Tertiary Intervention	Secondary Intervention	Primary Intervention	Development	Consultation	Advocacy	Activism

Examples

- Inpatient care	- Rehabilitation	- Medication	- Psycho-education	- Life skills - Role players	- Community campaigns
- Medication	- Medication	- Support Group	- Life skills	- Psycho-education - Stakeholders	- Lobbying
	- Psychotherapy	- Psychotherapy	- Health Education	- Participatory Action Research	- Policy Development
			- Consultation	- Community Programmes	- Participatory Action Research

(Adapted from Naidoo, Van Wyk, & Carolissen, 2004)

Figure 2-1   The Psychological Intervention Continuum

Note: This Psychological Intervention Continuum (Naidoo et al., 2008) will be referred to throughout this dissertation because the scope of practice of the RC category is clearly evidenced in this model. Left to midway of the continuum tend to focus on individual-oriented interventions while midway to right signify more group and macro orientation of interventions focused on prevention and health promotion and wellness.

2.4   Training Challenges for CP and for training RCs

It is evident that CP provides alternative interventions that would more adequately address the mental health needs of South African's because of its value base and orientation. Rolling out training in CP, for students and for those already registered in the profession of psychology, however, is a clear challenge to the application of CP interventions in South Africa.

Psychology has become a widely popular field of study, with increasing enrolment of psychology undergraduate students at South African universities (Cooper & Nicholas, 2012).

Psychology curricula, however, in South African universities, generally still tends to reflect traditional mainstream approaches in the way that psychology is taught. In a nation in which there are vast needs and different cultural beliefs it is essential that such training is centred around issues of primary prevention, mental health promotion and psycho-education as they relate to mental health issues, empowerment and psychosocial wellbeing with an emphasis on multiculturalism, language and diversity of needs that exist within South Africa. Providing community based programmes for the purpose of enhancing accessibility to mental health services through the provision of psychological services focused on prevention and primary intervention for psychological difficulties, as well as counselling support, mental health promotion and psychoeducation for individuals and groups in diverse community contexts is an obvious route to go in training and yet it is also unclear of the extent to which psychology curricula train with an assets and strengths based orientation that promotes social justice and transformation (Kagan, 2015). Research has suggested that psychologists in training have expressed a desire to have more applied training in community intervention but, in large part, such training was not provided (Pillay & Kramers, 2003). In summary, psychology students receive a robust theoretical knowledge base but are inadequately trained to apply such theoretical knowledge to practical work in diverse community contexts (Pillay & Kramers, 2003).

Given that RCs are being trained for a specific scope of practice in community contexts, it is critical that training is grounded in CP and that CP interventions should be integrated into all areas of training. In reviewing the theoretical training requirements at the NQF 8 level of the BPsych (RC) training, however, the following subjects were listed: Psychopathology; Developmental Psychology; Therapeutic Psychology; Research Psychology; Psychometric and Psychological Assessment and Personality Psychology. This means that whilst the RC category is firmly located within a CP theoretical framework, the chances of CP being integrated into each of these traditional subject areas is unlikely and that the need for a collectivist rather than individualistic practice of psychology has not been sufficiently prioritised within curriculum. If the RCs curriculum was grounded in CP, they would be more effectively trained with opportunities to learn and engage much more with psycho educational work and mental health advocacy and promotion. Pretorius has sounded:

> *a moral plea to professionals for the profession to transform from one-on-one counselling, as the sole means of working, to include curative, preventative, and developmental interventions (Pretorius, 2012a, p. 509).*

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There is an acknowledgement from CP that the "socio-political project is intricately interwoven with the socio-historical and socio-economic power relations of modern society" (cited in Macleod & Howell, 2013, p. 223). CP also has a well established reputation for observing the interaction of various subjectivities and is committed to the ecological metaphor and a systemic understanding of "the individual and whole together in a nuanced dynamic relation" (Kelly, 2006; Suffla, Seedat, & Bawa, 2015, p. 10). The extent to which these concepts are explicitly taught, however, within universities is questionable (Macleod & Howell, 2013; Suffla, Seedat, & Bawa, 2010; Chelstrom, 2013).

The question is: to what extent is curriculum perpetuating mainstream ways of doing psychology at the expense of teaching how to facilitate intentional community based interventions characterised by respect, critical reflection, caring, collaboration and participation, through which individuals are able to gain mastery over valued resources that they can leverage to positive effect and gain greater control over their own lives (Naidoo et al., 2003). Barnwell (2016) has well expressed how when we do not know and understand the psychosocial and political contexts within which people live and the impact these contexts have on psychological wellbeing, we inadvertently perpetuate peoples sense of feeling disempowered, helpless and hopeless. In this sense if training of RCs is not actively and intentionally centred around CP, RCs will become complicit in the maintenance of structural disparities rather that contributing to transformation (Barnwell, 2016, para.7). Being able to identify strengths, resiliencies, competencies and collective will within communities has to be a critical feature of RC training because it is this that encourages change and transformation (Naidoo et al., 2003).

Counselling theories and practices need to be orientated around the needs and culture of South Africans exploring the adaptation of practices that are more aligned with indigenous South African thinking and practice rather than Western theoretical frameworks (Maree & van der Westhuizen, 2011). One example of this is that in a country where there is a culture of Ubuntu and collectivism, psychology training should be shifting its emphasis in training away from only focusing on individual needs. It is also critical to ensure that students are provided with the opportunity to engage with multiple opportunities for learning in terms of building applied competencies to perform within a scope of practice. Building a robust knowledge base is also critical but training from this perspective should not focus purely on the accumulation of academic knowledge because it will leave graduates ill-equipped to meaningfully address the core societal mental health challenges.

2.5   Critical reflection on CP

While CP has adopted a critical stance in relation to mainstream psychology, Nelson and Prilleltensky (2010, p. 531) heed a reminder that CP "might do well to train that eye onto our own field as well." For almost half a century CP has called for a dramatically transformed psychology that departs from a biomedical model of addressing individual mental distress towards holism - understanding people in the context of their communities, their social conditions, the political, economic and other contextual factors but the question remains: To what extent is this CP's ideological hope and versus concrete reality?

In a critique on CP Nelson and Prilleltensky (2010) have described the need for CP to hold up a mirror for itself and look at the following:

- CP's impact outside the classroom and textbooks in truly transforming psychology. For example, CP offers alternative epistemologies and paradigms about real world contexts but these also tend to be more focused on building conceptual and theoretical knowledge rather than engaging the student meaningfully in community based praxis.

- CP's ability to put its time and efforts into building a primary preventive, empowering psychology that significantly changes the political, economic or social conditions people live with. Burton, Kagan and Duckett (2013) have expressed doubt regarding the tangible engagement of CP with the political and economic, stating that CP is silent around issues of politics, economics, employment, costs and prices, scarcity versus abundance/security, to name just a few (Burton, 2015).

- CP's claim to challenge oppression and the status quo. CP exists on the margins of mainstream psychology and appears to have "become the crucible within which marginalised identities congregate" but not necessarily a catalyst for truly challenging oppression and marginalisation (Carolissen, 2008, p. 26).

- CP's "lauded desire to ameliorate existing problems and our own self-interest in getting funded, published, getting tenure or the next contract" (Nelson & Prilleltensky, 2010, p. 531).

- CP's ability to collect evidence-based research that demonstrates the reality of the transformative ideal of CP. For example, in this dissertation a transformative ideal that the RC category creates the human capacity ground swell for scaling up access to mental health care, supportive counselling services and psychological interventions for

all South Africans is expressed – this statement however may seem an idealistic notion until a scientific evidence base has been collected.

2.6   Theoretical Framing of Professional Identity Development

2.6.1   Identity Generally

The current study holds to a postmodern, social constructionist view of identity development in which identity is not a rigid, unchanging, stable unity but rather an organic, dynamic and continuous journey of construction that is contextually embedded, relationally and constantly evolving (Gover, 2003; Kegan, 1989; Nyström, Dahlgren, & Dahlgren, 2008; Skovholt & Ronnestad, 1992). Torres, Jones and Renn (2009) assert that identity as a whole is shaped by the experience of being in the environment within which one is embedded. This experience is shaped by personal interactions and group processes within the environment. Within this environment identity construction is about making meaning through interactions and processes while at the same time discovering personal aptitudes, abilities, goals and aspirations (Torres et al., 2009).

2.6.2   Personal Identity

Kegan (1989, p. 1) described personal identity development using the term "the evolving self" to describe the journey the self, embarks on to make sense of experience and to make meaning of life. The evolving self is "always engaged in ever progressive motion, in giving itself a new form from earliest infancy through a series of stages encompassing childhood, adolescence, and adulthood" (Kegan, 1989, p. 1). Throughout the course of life, the "self makes meaning not just to preserve life but to transcend life" (cited in Kegan, 1989, p. 5). Kegan's (1989) evolving self is similar to Rogers' (1957) description of the tendency of humans to becoming a fully functioning person. Rogers purported that humans have one basic tendency and that is "to strive to actualize, maintain, and enhance the experiencing organism" (Rogers, 1961, p. 487). In describing the fully functioning human, Rogers (1961) suggested that humans possess an innate self-actualising tendency. This self-actualising tendency is about a person being able to live the dreams they envision for their life. This envisioning is the construction of an "ideal self" (Rogers, 1961, p. 487). When the ideal self is satisfied individuals experience a sense of congruence. Congruence facilitates growth toward being fully functioning (Rogers, 1961). Kegan refers to the projection of an "ideal self" and how over the life span one evolves according to the construction and reconstruction of an ideal self (Kail & Cavanaugh, 2010). As

individuals progress through the life span they grow and develop continuously organizing their experiences into a meaningful whole that incorporates their personal, private, public, and professional selves (Cruess et al., 2015; Kail & Cavanaugh, 2010). Rogers (1961) described how individuals grow toward becoming fully functioning based on the environment they find themselves in. In his 1957 paper "The Necessary and Sufficient Conditions of Therapeutic Personality Change" Rogers explored the necessary conditions for growth toward being fully functioning and self-actualisation. He defined these conditions by positing: firstly, individuals need to experience a sense of congruence in their environment. Secondly, they need to experience unconditional positive regard and acceptance, and, thirdly, they need to experience empathy (Rogers, 1957).

2.6.3   Professional Identity

Throughout life, the construction of professional identity must be congruent with the processes through which human beings develop a personal identity. du Preez and Roos described this as personal and professional growth in identity being "woven into the texture of being human" (du Preez & Roos, 2008, p. 706). Levett (cited in Henderson, 2004, p. 54) summarised this:

> *Throughout life, and this includes 'professional' life, we, as human subjects, negotiate our positioning within a spectrum of discourses that provide a sense of self, meaning and purpose to human action.*

Various models have been postulated over the last few decades that specifically address the journey of professional identity construction (Cinoğlu & Arıkan, 2012; Torres et al., 2009). These models share three key commonalities. Firstly, they share the idea that professional identity is socially constructed and reconstructed. Professional identity development, therefore, like personal identity development is dynamic and continuous. Secondly, they share the idea that professional identity is a lifelong, evolving process (Skovholt & Ronnestad, 1992) and is progressive. Thirdly, they consider the influence of the ecosystemic context within which the individual is embedded and its social influence on professional identity development.

Hogan (1964) provided one of the first models for understanding counsellor professional identity development, suggesting that professional identity development occurs at four levels of development:

- Level one: counsellor's professional identity is insecure and dependent.

- Level two: counsellors struggle with a dependency versus autonomy conflict in which they shift between being overly confident and being overwhelmed.

- Level three: counsellors experience greater self-confidence and insight into their role as counsellors; and

- Level four: counsellors develop a stabilised sense of professional identity and a sense of autonomy and personal security.

These levels, however, are dynamic not static and the counsellor who has developed a stabilised sense of professional identity may continue to grapple with the other levels to develop further integration of their professional identity. Similarly, Stoltenberg and Delworth's (1987) integrated model of professional counsellor identity proposes that counsellor professional identity develops through a number of levels towards an end goal of the counsellor being integrated, but once the end goal has been met the integrated counsellor will reengage the levels so as to continually increase the integration of the professional identity.

- Level one: counsellors learn new skills and require opportunity to put these skills into practice.

- Level two: counsellors experience a high motivation to overcome uncertainty and anxiety so as to become a counsellor and therefore feel comfort and security being aligned to a professional group with which they can identify although there is a struggle with a dependency versus autonomy conflict.

- Level three: counsellors begin to feel more stable, and autonomous. They have a greater sense of self-assurance as a counsellor; and

- Level four: The counsellor is integrated. They know themselves and their role in the process of counselling.

Stoltenberg and Delworth's (1987) model is similar to Brott and Myers' (1999) model of professional identity development for counsellors in which they state that professional identity development occurs through a process of individuation in which the counsellor moves from a place of confusion, anxiety and dependency toward confidence, competence and independence and autonomy. du Preez and Roos (2008) found that RCs undergo a journey in which identity is constructed and reconstructed as they move in and out of uncertainty, toward increased self-

knowledge and self-reflection toward personal growth and as a result of that more a consolidated professional identity.

Aligning to the idea that professional identity is a lifelong, evolving process (Skovholt & Ronnestad, 1992) these models (Brott & Myers, 1999; Hogan, 1964; Stoltenberg & Delworth, 1987) could be more aptly illustrated in the shape of a funnel, where everything that is achieved in level one at the bottom of the tornado is present and continuous at the top of the tornado and is reengaged as the counsellor is progressively constructing and reconstructing their professional identity.

2.7 Bronfenbrenner's Ecological Systems Theory: A Conceptual Model for Understanding Professional Identity Construction

The current study has been located within CP and presents a postmodern, social constructionist view of professional identity construction as an organic, dynamic and continuous journey of construction that is contextually embedded, relationally influenced and constantly evolving (Nyström et al., 2008). In terms of the professional identity construction of the RC (and the ambit of their scope of practice), a meaningful conceptual model employed is Bronfenbrenner's (1979) Ecological Systems Theory. Bronfenbrenner's Ecological Systems Theory of development acknowledges that being human occurs within a context and that "humans do not stand free of relations but rather are located with and in a multi-layered dynamic context within which, through collaborative activity, social interactions and processes a construction of reality are shaped and embodied" (cited in Nelson & Prilleltensky, 2010, p. 266).

Bronfenbrenner's ecological framework was applied through the 1970's and 80's by progressive community psychologists who began to challenge the 'a-contextual' positioning of western psychological paradigms by giving voice to the role of psychosocial and political determinants in psychology and in mental health (Bhana, Peterson, & Rochat, 2007). CP's ecological systems grounding has represented a shift in orientation from the traditional 'a-contextual' positioning of western psychology towards an acknowledgement of people in context and that 'lived experience' is shaped through contextually driven social interactions and processes (Burr, 1995; Gergen & Gergen, 2008; Hosking & Morley, 1991; Morley & Hosking, 2003; Nelson & Prilleltensky, 2010; van Manen, 2014).

In this sense Bronfenbrenner's theory, with its focus on social ecological systems that influence both human development and behaviour, is considered appropriate for understanding the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa. Bronfenbrenner's (1979) social ecological systems theory asserts that individuals are embedded within a multi-layered dynamic 'ecosystemic' context. Within this context relationship (systematic interaction and proximal processes) at every level of human experience impact upon an individual's ability to negotiate their positioning within the system.

Bronfenbrenner's (1993) theory identified five active layers that make up the nested social ecological system within which individuals are embedded and their development shaped as they within their environment. Each layer impacts in a powerful way upon the construction of a professional identity for the RC within her/his ecosystemic context. At the centre of the ecosystem is the individual and their aspirational professional identity. This is in part mediated through inherent aptitudes, abilities and competencies and is influenced by age, gender and ethnicity.

Layer 1: The microsystem refers to the basic unit of personal interactions within the day to day lived world of the RC that impact the construction of professional identity. Microsystem interactions may include:

- The University/PHEIs educational philosophy and those in relation to assisting students in the construction of aspirational professional identity;

- The University/PHEIs promotion of professional identity construction;

- Quality of family and peer support;

- Community understanding of the aspirational professional identity. and ethos as well as the immediate family support the individual's aspirational professional identity; and

- The University's active promotion of professional identity as well as the RC student's community's understanding of the chosen professional identity.

These interactions should ideally contribute to an emerging personal commitment to one's journey of professional identity construction.

Layer 2: The mesosystem describes proximal processes and immediate interactions and interconnections between the microsystem that impact professional identity construction. These include interactions and proximal processes that enhance the RC a sense of the wellbeing and optimism about selecting to be an RC:

- The quality of connections with department, academic faculty and supervisors as well as opportunity for collaborative engagement that builds professional identity;

- The ways in which universities support the construction of professional identity via interactions and collaborations;

- Quality of family and peer support in the construction of professional identity; Interactions and processes that communication colleagues and friend's engagement and active support of the RCs chosen professional identity; and

- Family views of the status of the University in the construction of professional identity interactions.

These interactions should ideally assist in forming professional goals and aspirations as well as collaborative practices that enhance professional identity.

Layer 3: The exosystem refers to links and interactions between the mesosystem and the broader ecosystem. These may include:

- Encouragement and admiration from colleagues, friends, family and peers (significant others) all who have supported the journey of professional construction;

- Community/employment environments;

- Communities reciprocity to RCs;

- Engagement and collective practices with broader professional bodies/associations that contribute to an emerging collective identity and the sense of belonging RCs feel relative to the chosen profession;

- Ongoing professional development and education by the professional body;

- Mass media and advocacy that highlights and promotes the role of the profession;

- Active engagement in promoting the role of the RC;

- Advocacy from stakeholders regarding the professional identity and unique contribution of RCs; and

- The markets readiness for employing RCs.

The exosystem links and interactions should ideally contribute to a sense that the RC has a unique contribution to make in the profession and society and are well received by the South African context broadly including communities, corporates, and the market generally (displayed in employment). As well as collaborative interactions and processes that give the RC a sense of belonging within the profession of Psychology and contribute to an emerging collective identity.

Layer 4: The macrosystem describes attitudes and ideologies of culture that operate and impact upon the journey of professional identity construction for the RC. These may include:

- Professional and public perceptions of the role;

- Culture, language and discourse within the profession enhances and builds the professional identity of the RC;

- Culture, language and discourse within the community supports the RC and the RC is perceived to be aligned with cultural forces and needs at work in the community;

- The professions appreciation and support of the work of the RC;

- Task shifting and evidence based practices that have shaped new ways of primary mental health care being approached; and

- The cultural environment's appreciation and support of the work of the RC.

Interactions at this level should give the RC a sense of engagement with the broader profession as a collective providing the RC as well as a sense of belonging in their ability to address broader South African realities.

Layer 5: The chronosystem is the patterning of a social history within which individuals are located and the interaction and impact of that on the construction of professional identity for RCs. The chronosystem may include the following:

- Professional history and emerging professional theory in relation to psychology i.e. CP;

- Political history and emerging political philosophy/ perceptions of psychology as a profession as a result of that history;

- Economic realities that hinder the professional identity construction of RCs;

- Social conditions that influence the professional identity construction of the RC;

- Cultural values, norms, and standards that operate that facilitate or hinder the role of RCs; and

- National customs that may facilitate or hinder the RCs construction of professional identity, i.e., the role of traditional healers/ Sangomas/ Pastors etc.

Ideally the chronosystemic realities should facilitate the construction of professional identity for RCs but in South Africa this system will in some ways account for the interpretation of the profession of Psychology through the lens of historical, political and cultural biases and views of the usefulness (or otherwise) of the profession to community life nationally and their effects upon the work of the RC.

Figure 2-2 provides an illustration of the ecosystemic model of professional identity construction.

An ecosystemic view of professional identity formation

The lived experience of professional identity construction is an organic, dynamic and continuous journey embedded within a multi-layered ecosystemic context that activates or inhibits the aspiring professional's ability to meaningfully construct their professional identity.

CHRONOSYSTEM
The patterning of socio-cultural and political history within which individuals are located and meaning is made

MACROSYSTEM
Attitudes and ideologies of culture (professional and public)

EXOSYSTEM
Links and interactions between the mesosystem and the broader ecosystem that facilitate the journey of professional identity construction

MESOSYSTEM
Proximal processes and immediate interactions and interconnection that impact professional identity construction

MICROSYSTEM
The basic unit of personal interactions within the lived world of the individual that impact professional identity construction

THE INDIVIDUAL
Aspirational Professional Identity

Professional history and emerging professional theory

Political history and emerging political philosophy/ perceptions as a result of that history

Professional perceptions of the professional identity

Public perceptions of the professional identity

Mass Media and advocacy that highlights and promotes the role of the professional

Encouragement and admiration from significant others

Culture, language, discourse and politics within the profession

Culture, language, discourse and politics within the community

Engagement and collective practices with broader professional associations

Colleagues Friends active support

Communities reciprocity to the professional

The markets readiness for employing the professional

University its educational philosophy and ethos

Immediate family support

National customs

Economic realities

The professions appreciation and support of the work of the professional

Universities promotion of the professional identity

Quality of peer relationships

The socio-cultural environment's appreciation and support of the work of the professional

Mass Media's

Professional bodies/groups/ associations

Quality of connections and opportunity for collaborative engagement.

Community understanding of the professional identity

Community's / employment environments

The professional association to which one belongs embraces the individual in their own right

The market embrace of the professional identity and unique contribution the professional brings

Ongoing professional development and education by the professional body

Cultural values, norms, and standards

Task shifting and evidence based practices that shape new approaches to addressing mental health care

Social conditions

An adaptation of Bronfenbrenner's ecological systems theory (1979).

Figure 2-2 **The ecosystemic context within which RCs are embedded**

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2.7.1   Professional Identity Development of RCs within the Ecosystemic Model

Figure 2-2 above illustrates the active layers involved in constructing and understanding the context within which RCs carve a professional identity for themselves. Figure 2-2 also highlights how RCs do not stand free of relations but rather are located with and in a multi-layered dynamic context and that this dynamic context has profound influence over their construction of professional identity within the profession of psychology in South Africa. These multi-layered or nested ecological levels are active ingredients that shape and inform phenomenologies of lived experience for the RCs within the profession of Psychology in South Africa and inform also their sense of professional identity.

2.7.1.1   *Chrono and macrosystem realities.*

South Africa's history and endemic structural challenges have exerted massive pressures on the mental health and wellbeing of South Africa's people. The cry of South Africans since the 1940's has remained the same: We don't ask for much – all we ask for is Justice! Justice, dignity and decency for all who live on our beloved land (Paton, 1944) and yet South Africa remains "racially and economically divisive in ways that make it impossible to imagine the possibilities for building towards greater social justice" (Kiguwa & Langa, 2015, p. 1).

This has vividly expressed itself in education in the #RhodesMustFall movement, the #FeesMustFall movement as well as the Open Stellenbosch Collective. Recently, violent riots broke in Cape Town over the delays in resettling thousands of residents whose shacks were destroyed in fires that ravaged through the Imizamo Yethu township in Hout Bay, Cape Town in March 2017. Four months on (and in the middle of a Cape winter) residents are still living in temporary settlements likened to refugee camps. The housing units have a door, but no flooring and a single window that doesn't open (Abdulla, 2017; Potter, 2017).

Liberation, democracy, civic responsibility and social relevance in psychology must foreground issues such as lack of accessibility to mental health services through the non-provision of psychological services and other "insidious ways in which various forms of oppression continue to operate around us" (Riaz-Mohamed, cited in Pillay, 2016, p. 156).

The political and cultural forces that operate within South African society call us to pay attention and ensure that the type and quality of psychology that is promoted is one that is attentive to the needs of its diverse communities. Barnes and Cooper have suggested that psychology needs to boost its identity by becoming more attuned to the realities faced by the majority of South Africans in order that psychology can be "proudly South African" (Barnes

& Cooper, 2014, p. 330). There is a continual need to critically engage with the identity of psychology as we enter the second decade of democracy to ensure its mandate is addressing the needs of its citizens and its mental health provider (Pillay, 2016).

However, the reality is that the chronosystem accounts for the interpretation by the public of the profession of psychology through the lens of historical, political and cultural biases and views of the usefulness (or otherwise) of the profession to community life nationally and their effects upon the work of the RC. As a profession for the last two decades there has been a lack of confidence in the social relevance of psychology and the applicability of the theory and practice of psychology to the majority of South Africans (de la Ray & Ipser, 2004; Kagee, 2014). This has fuelled tension where psychology's relevance has been contested (Bhana et al., 2007; de la Ray & Ipser, 2004; Psychological Society of South Africa, 2015).

In 2004 - one decade after the fall of apartheid - Macleod published a situational analysis of articles that addressed the issue of relevance published in the SAJP from 1999 – 2004 and concluded that "psychology has a long way to go before it can establish its relevance credentials" (Macleod, 2004, p. 625). In 2013, after another exhaustive review of articles published from 2007 – 2012, Macloed and Howell concluded that psychology continues to ignore or underexplore social issues and key social challenges and that the relevance of psychology was still under question (Macleod & Howell, 2013, p. 235).

This crisis of confidence in the relevance of psychology to current social realities reached a climactic point at the plenary debate held at the 20th South African Psychology Congress in 2014 where the question was asked *Is there something to celebrate and what has psychology's contribution been in shaping this young democracy?"* (Ratele, 2014). Ratele concluded the plenary debate by stating that we should ask hard questions and have the courage to take decisive action in order to ensure that psychology contributes more meaningfully to the great social needs currently facing South Africans (Ratele, 2014).

While there is an entire critique on the value of the umbrella-term of relevance (summarised by Macleod and Howell, 2014), "the call to social relevance" debate will never outlive its worth, because relevance challenges us to question, to look at the system within which we are embedded and our proactive responsiveness to what is needed by the dynamic and unique context of South Africa and its people (Anon, 1986; Long, 2013; Macleod & Howell, 2013; Sher & Long, 2012).

2.7.1.2   *Exo and mesosystem realities.*

As already defined the exosystem refers to links and interactions between the mesosystem and the broader exosystem. The identity crisis of the profession of psychology in relation to its social relevance has had far reaching impacts within the profession itself specifically in the exo and meso system space. What is evident is that given the political and cultural forces that operate as well as public perceptions of the role and function of profession within broader structures within the profession itself, the various professional categories are currently struggling with their own journey of professional identity construction. This is reflected in the crises of identity being played out within such specialisations as counselling psychology and educational psychology. Specific to the profession of counselling psychology, Young et al. (2016) have highlighted the fact that the professional identity of counselling psychology has remained vague and a hierarchy has currently presented itself in the profession where clinical psychology occupies the upper echelons of the profession and counselling and educational psychology occupy lower rungs of the profession. This is a travesty bearing in mind that counselling, educational and clinical psychologists are frequently occupied in similar fields; frequently undertake similar work, and are frequently concerned with similar types of professional activities. However, despite this, both counselling and educational psychologists do not receive as much of a distinctive professional identity nor are the able to claim from medical aids in the same way as clinical psychologists are (Heck, 1990).

Heck suggests that professional identity is more clear when the professional categories declare their limits and make clear their boundaries, in South Africa, however, the boundaries between categories in the profession of psychology in South Africa in particular are blurred (Heck, 1990). For example, the recent HPCSA national survey revealed that:

> *There are some similarities in activities between counselling psychologists and Registered Counsellors – counselling related to grief & bereavement, trauma and crisis are done by high percentages of both categories. Educational psychologists also do grief and bereavement counselling (HPCSA, 2017b, p. 16).*

Furthermore, "Psycho-education is performed by more than 80% of Registered Counsellors, Educational and Counselling psychologists" (HPCSA, 2017b, p. 20).

Watson and Fouche (2007) have suggested that there are currently three main threats to counselling psychology as a profession: First, the status of counselling psychology relative to

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clinical psychology is a concern and has led to doubts about the professional status of counselling psychology (Watson & Fouche, 2007). Second, there is the isolation of counselling psychology within the profession of psychology per se. Finally, there are systemic issues that are negatively affecting the ability of counselling psychology to deliver on the vast array of mental health needs that present in South Africa (Watson & Fouche, 2007).

A recent manifestation of this professional identity crisis is the litigation and court proceedings to challenge the validity of the regulations defining the scope of the profession of psychology (South Africa, 2011) in which regulations limiting the scope of practice of each field of psychology were promulgated (Ellis, 2016). This court action against the HPCSA and the Minister of Health was initiated because of its perceived discrimination against counselling and educational psychologists who feel subjugated relative to clinical psychologists (Watson & Fouche, 2007). This battle has also led to counselling and educational psychologists being unable to claim from the medical aids where they provide psychological services deemed not to be within their scope of practice (South Africa, 2011). The result of this is that even more South Africans become unable to access the psychological services they require. The judgment of this court action was that a court order was granted by the Western Cape High Court, "in terms of which the Regulations were declared invalid" (Ellis, 2016, para.6). The order of invalidity has been suspended for 24 months during which time the Professional Board for Psychology (HPCSA) in South Africa has to reimagine the scope of the profession of psychology (Psychological Society of South Africa, 2017). This has provided an opportunity for psychology to truly adapt psychology's professional identity to ensure that it is more adequately aligned to the needs of South Africans (Psychological Society of South Africa, 2017).

2.7.1.3 *Microsystem realities.*

The professional identity quagmire experienced in psychology generally both in terms of relevancy and professional identity challenges reverberates at this level. The RC category has historically occupied the very lowest rung of the professional ladder within the profession of psychology in South Africa (Henderson, 2004). The perception is that psychologists work comfortably in private practice settings as "solo practitioners" whereas RCs are "banished to community settings" where, they either struggle to get decently paid work or have a job at all (Professional Board for Psychology, 2003 cited in Henderson, 2004, p. 33). This division has accommodated and reinforced the "existing private-public segregation of mental health services in South Africa and the social inequalities that intersect with this divide" (Henderson,

2004, p. 33). Wilks describes how "the odds are truly stacked against us (RCs) in the very language of the rationale underpinning our professional status and existence" (PsyTalk, 2013, p. 12). Johnson (2012) highlights this reality:

> *It appears that a hierarchy in the profession has formed with clinical psychology at the pinnacle of this hierarchy, while Registered Counsellors and Psychometrists appear at the bottom of it and there are few opportunities for Registered Counsellors to practise their trade where it is needed most (cited in Pretorius, 2012).*

Microsystem realities for the RC are that the professional identity of the RC remains complex and ambiguous. du Preez and Roos (2008) have suggested that professional identity plays a catalytic role in enabling or disabling RCs to work with independence, efficiency and productivity as opposed to dependence, uncertainty, confusion and anxiety. Henderson (2004) also suggested that the implications of a healthy sense of professional identity will have far reaching implications for meaning, action and agency.

Owing to the reality that the professional identity of the RC remains complex and ambiguous and that professional identity development is so critical, the current research endeavours (as one of its core objectives) to explore the lived experience of RCs with a focus on their journey of constructing their professional identity within the profession of psychology in South Africa and the impacts of the proximal processes and interactions within their ecosystemic context on professional identity.

2.8   Chapter Summary

This chapter explored the RC category as a tangible expression of CP at work in South Africa both in terms of the envisaged scope of practice of the RC and in terms of the value base upon which the RC functions. Training challenges for CP and for training RCs was addressed. A theoretical framing of professional identity development was addressed and various models of professional identity development explored. Bronfenbrenner's (1979) Ecological Systems Theory as a meaningful conceptual model for understanding the journey of professional identity construction of the RC was described.

The ensuing chapter will present a review of the relevant literature for the study.

CHAPTER THREE
LITERATURE REVIEW

This chapter will provide a literature review of the research conducted and the literature published about the RC in South Africa between 2004 and 2017. An extensive scan of the literature revealed ten seminal studies that had relevance to the research aim and objectives of the current study. The aim of each of the studies including the research design and sample information is overviewed in Table 3-1 along with the key results of each of the studies. The strengths, limitations and recommendations of each of the studies will also be highlighted. After the studies have been overviewed, Henderson's (2004) historical analysis of the development and professionalisation of the RC category will be presented. Henderson's study provides a critical contextualisation of the motivation, positionality and the evolution of the RC category as part of professional psychology in South Africa. Throughout the rest of the chapter the themes in the studies reviewed will be synthesised and presented with a view to providing the rationale for the three interrelated research objectives of the current study:

- Understanding the current status of the RC;

- Exploring the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa; and

- Investigating the realities and challenges for training RCs.

At the end of the chapter the importance of the current research will be reviewed in light of the research objectives of the current study.

3.1   Guiding Principles

The literature review process was steered by the guidelines provided by Galvan (2006). Using Google Scholar, Ebscohost and Sabinet as well as university library databases, the key words BPsych, Registered Counsellor, mid-level worker: Psychology, counsellor identity and professional identity: Psychology were used to search for relevant literature. Inclusion criteria used for the search were as follows:

- Research needed to have been conducted between 2004 – 2017;

- The research needed to have been published in a peer reviewed journal;

- The research needed to have contextual relevance; and

- The research needed to provide a direct linkage to the RC category.

It should be noted that three unpublished master's dissertations (Abel, 2007; du Preez, 2005; Henderson, 2004) were also included because they complied with 3 of the 4 inclusion criteria. A concept table was created as a way to overview, organise and summarise the findings of the studies reviewed (Galvan, 2006). Table 3-1 provides an overview of the study, aims, results, strengths, limitations and recommendations for each of the studies reviewed in the literature review.

Table 3-1   **Concept Table of the Literature Review**

	Study	Aim	Results	Strengths, limitations and recommendations
1.	Henderson, J. (2004). Getting Layed: New Professional Positions in South African Psychology. Rhodes University: Unpublished Masters Dissertation. Research Methodology: Qualitative document analysis. Data was analysed using Critical Discourse Analysis. **"Sample"**: Primary Policy texts and policy documentation from 1994 – 2004.	To explore: How the development of professional policy, as an important professionalisation process has impacted on professional relationships within psychology?	Results of the research outlined: • Policy was a "discursive practice" that had shaped psychology in South Africa through the relational and discursive act of positionality (p. 50). • The historical formation of the title "RC" and the positioning of this "mid-level worker" along the "hierarchical Professional-Lay binary" has had power and status implications within the profession" (p. 2). • The title RC confirmed, from the outset, a lower status in relation to psychologist or psychotherapist. • The only differentiation of 'RC' from the 'lay counsellor' was the nomenclature which bestowed either a 'professional' or 'nonprofessional status' upon the counsellor. • Emergence of stratification into 'levels' of professional registration that created internal professional divisions demarcating labour, knowledge, know-how and education and training level.	Strengths: The study provided a unique emphasis on the positioning of psychological categories in relation to each other, uncovering of a possible subversive strategy of subordination of RCs. The study highlighted that the implications of the discursive practice on identity, meaning, action and agency, would be far reaching. Limitations: The work was never published because Henderson passed away suddenly. I refer to this later on in this chapter. Recommendations: A decisive and interrogative stance is needed to psychology's new professional policy be at the centre of debate and dialogue as the profession develops.

	Study	Aim	Results	Strengths, limitations and recommendations
			• This division accommodated and reinforced the "existing private-public segregation of mental health services in South Africa and the social inequalities that intersect with this divide" (p. 33).	
2.	Kotze, L., & Carolissen, R. (2005). The Employment Patterns of BPsych Graduates in the Western Cape. University of Stellenbosch: Unpublished Masters Dissertation. Research Methodology: Survey research. Data was analysed using SPSS and qualitative data was thematically analysed. **Sample**: 23 participants from 2 BPsych training programmes.	To explore: The employment patterns of BPsych graduates in the Western Cape to ascertain whether the goals for establishing the BPsych (RC) training to address the need for primary mental health care worker had been met.	Results of the research highlighted: • The pattern of the feminisation and racial distribution of psychology broadly in South Africa. • Under-employment patterns presented with only 39.1% fully employed as counsellors and none had been employed in the health sector. Of those employed as counsellors 33.3% respondents were working in the private sector, 22.2% were employed in education and 44.4% had jobs in community or NGO settings. • That the places where respondents were working demonstrated that access to mental health care had not been significantly improved by the implementation of the RC category. For example, of the 39% of respondents who	Strengths: The need was highlighted to re-examine if training RCs was contributing to the accessibility of mental health services at the primary care level or "whether the RC was just an overqualified lay counsellor" (p. 79). Limitations: Small sample size which makes any sort of generalisability of the findings problematic. Recommendations: It was recommended that a more comprehensive study investigate the employment patterns of BPsych (RC)

Study	Aim	Results	Strengths, limitations and recommendations
		were working as counsellors, none had secured employment in the health sector. Three key challenges emerged in the research and included: - Lack of awareness of qualification-BPsych (RC) training needed to be better marketed to address the lack of awareness of employers and the public. - Challenges with the BPsych (RC) training: - BPsych (RC) training was too narrow in its undergraduate programme and therefore upon graduating the students were not able to be generalist graduates. - Controversies around BPsych (RC) training itself including the costs in implementing the programme, the indecision of the board regarding naming the category, and the uncertainty with regards to the rights and jurisdiction of RCs. - The press negatively impacted on the ability to find work as a RC.	graduates to more adequately address the question regarding if the goal of providing more accessible mental health care had been significantly improved by the implementation of the RC category. Advocacy and promotion of the RC category was also highlighted as a key recommendation.

	Study	Aim	Results	Strengths, limitations and recommendations
3.	Elkonin, D., & Sandison, A. (2006). Mind the gap: Have the RCs fallen through? *South African Journal of Psychology, 36*(3), 598-612.	To explore: If RCs had fulfilled the purpose for which they have been created? Or "fallen through the gap and become lost to the profession".	Results of the research demonstrated that: • Participants had been satisfied with their BPsych (RC) training. • 30% had gone on to complete a masters in Psychology. This was attributed to the BPsych curriculum and the practical training graduates had received during their BPsych (RC) training. • Only 19.3% of graduates had registered with the HPCSA. • Non-registration with the HPCSA were centred around the confusion and disillusionment of not being able to be private independent practitioners. • A small proportion of 9.56% had been employed as RCs. • Finding a paid job working as a RC was described as "an almost impossible task" (p. 607). • Lack of public and professional understanding of the competencies of RCs main reason given for the lack of employment opportunities. • Many participants had made "career changes, resulting in communities being deprived of the much needed mental health services	Strengths: The study highlighted that RCs are in danger of falling through the gap despite their undeniable worth and valuable contribution. BPsych graduates are at risk of being "lost to the profession" (p. 611). Limitations: Small sample size, making generalisability of results challenging. Recommendations: Key recommendations were made concerning how to prevent RCs from continuing to "fall through the gap" (p. 611). Recommendations included: Advocacy to increase public and professional knowledge about the RC category and the BPsych qualification. Extensive lobbying for the creation of posts with government departments.
	Research Methodology: Survey Research. Findings of the interviews were thematically analysed to derive common themes.			
	Sample: 62 graduates of a BPsych programme at the Nelson Mandela Metropolitan University			

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	Study	Aim	Results	Strengths, limitations and recommendations
				That future research should explore the BPsych (RC) training more closely addressing contributors to its success or lack of success in fulfilling the mandate of the RC.
4.	Abel, E. (2007). *RCs in South Africa: Is there light at the end of the tunnel?* University of Cape Town, Department of Psychology. Cape Town: Unpublished Dissertation.	To provide: A general overview and first insight into the status of the RC category addressing: • Who the RC was; • What type of work they did; and • Whether the category had lived up to initial expectations.	Results of the research revealed: • Relatively low number of Counsellors registered (n=256). • The number of RCs was disproportionate to the need. • The pattern of the feminisation, racial and geographical location confirms poor representation of RCs broadly in South Africa. • 46% (n=38) were working as RCs and of those only • 50% (n=19) were working in private practice • 50% (n=19) were working in NGO's. • Half of those working as RCs wanted to become a psychologist someday. • Participants felt their work was aligned to scope of practice for RCs	Strengths: The study challenged whether the category was able to supply primary psychological services to previously disadvantaged areas. Obstacles associated with the category (lack of support for the category, a lack of available jobs, challenges in creating financially viable careers) were highlighted. The study questioned the viability of the category in terms of future growth and in meeting its intended purpose and highlighted the difficulty of a second tier in the profession and resultant internal perceptions that were identified as strangling the
5.	Abel, S., & Louw, J. (2009). RCs and professional work in South African psychology. *South African Journal of Psychology, 39*(1), 99-108. Research Methodology: Survey Research. Close-ended questions were analysed using frequencies and cross tabulations. Open-ended questions were thematically analysed. **Sample:** 82 RCs			

Study	Aim	Results	Strengths, limitations and recommendations
		• Majority (75%) very negative perception about the category due to lack of recognition both by the profession and by the public. • The dissatisfaction participants had experienced with the Professional Board for Psychology (HPCSA) also highlighted.	category. The study expressed deep concern about the feasibility of the RC category going forward. Recommendations: The importance of the category in terms of providing more accessible psychological services to meet South Africa's mental health needs highlighted; suggestion that the profession take action by educating and promotion the category of RCs.
6. Du Preez, E., (2005). *The Social Construction of Counsellor identity in a SA context.* University of Pretoria, Department of Psychology. Pretoria: Unpublished Dissertation. 7. Du Preez, E., & Roos, V. (2008). The development of counsellor identity as visual expression. South African Journal of Psychology, 38(4), 699-709. Research Methodology:	To explore: The development of counsellor identity while in BPsych training.	Results of the research were: • Captured under four themes "guided by Hogan's four levels of development in the process of becoming a counsellor: • Uncertainty • Participants described developing capacity for uncertainty as a core process in the development of their RC identity. • Self-knowledge • Participants explained how they were on a journey of identity discover in which	Strengths: The study was the first of its kind to explore the importance of the development of professional counsellor identity during training. Its focus on the intentional development of counsellor identity was shown not only to assist in student's processes of differentiation and identity development within the mental health professions, but

	Study	Aim	Results	Strengths, limitations and recommendations
	Qualitative research methodology. The researcher engaged in a narrative counselling process with participants about their experiences of counsellor identity development through their programme. The data was thematically analysed.		they came to know and understand more and more about who they were. • Self-Reflection • Participants explored how the art of self-knowledge was about continual self-reflection in which they felt growth particularly where they were honest and delved into their own issues. Participants recognized the importance of self-reflection as having positive impact on professional counsellor identity formation. • Growth • Participants felt that the extent to which their professional identity grew was directly linked not just to the skills acquired during their BPsych (RC) training but also to the depth of growth they experienced personally.	also facilitated greater efficiency in their work as RCs. Recommendations: For BPsych (RC) training programmes to grasp the importance of intentionally building professional identity of RCs especially for coping in this role within the South African context.
	Sample: 54 student from the Department of Psychology at the University of Pretoria – BPsych programme.			
8.	Elkonin, D., & Sandison, A. (2010). Perceptions of RC efficacy. *South African Journal of Psychology, 40*(1), 90-96. Research Methodology: Qualitative research methodology. Exploratory descriptive methodology. Thematic analysis	To explore: "The functioning, competencies and efficacy of RCs" trained at Nelson Mandela Metropolitan University and	Results of the research showed: • RCs fulfilled a number of roles within the various organisations within which they were placed. • Group counselling and psycho-education were the most frequently indicated functions.	Strengths: The role of the RC in placement sites was viewed positively, was important to assisting a supportive team working often in poorer under-resourced settings. RCs were described as carrying

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Study	Aim	Results	Strengths, limitations and recommendations
was employed to analyse the data collected. **Sample:** 15 placement site supervisors/managers who participated in the study (Elkonin & Sandison, 2010).	placed at their placement settings (Elkonin & Sandison, 2010, p. 91).	• Psychoeducation focused on building life skills such as understanding HIV/AIDS, study support and other aspects of wellness and health behaviour. • RCs were also involved in a variety of counselling activities including: Career/Academic counselling; lifestyle choices and trauma debriefing. Some RCs had administrative and marketing/ fundraising roles. • Uncertain competency dividing lines between RCs and psychologists made it difficult to discern separate tasks to be handled by different professionals. • RCs were described as being very effective, reliable, competent and very competent. • Participants felt there was obvious skill acquisition that happened while the training of RCs took place. • Participants described how RCs seemed aware of their own competency levels and were therefore self-monitoring. • Indications that some RCs were too young and others did not have good role fit for being a RC; acknowledged that the training institution had worked hard	programmes, thus taking the pressure off psychologists who could focus on more difficult cases. Placement sites had a genuine interested in employing RCs but there was a lack of finance in organisations working at a primary health care level. The research addressed the issue of posts for RCs and expressed concern about where RCs would ultimately find work. Limitations: As the study relied on purposive sample selection, the findings could not be generalisable to other training or practicum placement settings. Recommendations: Future research should access a broader base of placement sites for RCs from a range of institutions.

	Study	Aim	Results	Strengths, limitations and recommendations
			to build a theoretical knowledge base as well as counsellor professional identity. • Strong acknowledgement for the role of supervision in supporting RCs while they were in their supervised practicum.	
9.	Rouillard, M., Wilson, L., & Weideman, S. (2016). RC perceptions of their role in the South African context of providing mental health-care services. *South African Journal of Psychology, 46*(1), 63 –73. doi:10.1177/0081246315591340 Research Methodology: Qualitative research methodology. Thematic analysis was employed to identify emergent themes in the data set. **Sample:** 12 RCs	To explore: The perceptions of RCs regarding their role in providing mental health-care services in the South African context?	The research revealed that: • Participants had applied to be selected for BPsych (RC) training because they wanted to work with people and help people in the field of mental health. • Seven of the 12 participants had not being selected for a Masters in Psychology, and then accessed BPsych (RC) training. • Participants believed that becoming a RC was a "stepping stone" into a masters and a career as a psychologist. • Only 50% were working in the field of mental health, • There was uncertainty around the profession of RCs. • Employment opportunities were highlighted as challenging. • There was perceived public and professional misperception and disregard of the category which	Strengths: The study provided valuable information about the perceptions of RCs regarding their role in filling the mental health services gap in South Africa, particularly "the positive perception that RCs" had of their role" and their desire to provide mental health care in community contexts. Limitations: The study drew on a small sample size, half of whom were not working as RCs, thus undermining the representivity of the findings. Recommendations: The public and the profession be better informed about the role and scope of the RC.

	Study	Aim	Results	Strengths, limitations and recommendations
			influenced participants' perceptions of their role.	Future studies should look at better utilisation of RCs in the context of mental health-care provision in South Africa.
10.	HPCSA. (2017b). National Survey of all registered Psychology Practitioners. Pretoria: Quantify Research (Pty) Ltd. Research Methodology: Quantitative survey methodology **Sample**: 2081 Psychological Practitioners (of which 341 were RCs).	To quantify: All registered psychology practitioner's mid-year 2016. Looking at work context and content across all categories of psychological practitioner	The research highlighted that: • Psychology as a profession is dominated by female, white, English speaking individuals between 31-40 years of age. • Geographically practitioners work in the Gauteng and Western Cape. • The RC category has the largest representation of Africans compared to the other categories (24.7% compared to 5-13% in other categories. • Most psychological practitioners have a Master's Degree except in the RC category only 13.1% have a master's degree. • The following universities namely: • UNISA, University of Johannesburg, University of Stellenbosch, University of Pretoria and University of Kwazulu Natal, have trained the most psychological practitioners. • Most psychological practitioners are clinical, educational or counselling psychologists.	Strengths: The study provided an overview statistical profile regarding all registered psychology practitioners. Limitations: The study allowed for duplicated registration to be reflected which, according to the IT Dept. (Statistics & Data Analysis) inflates the number of registered psychological practitioners in the statistics (Personal Communication, Yvonne Daffue 22nd May 2017). The publication of the study provided no background information so left the reader with a lot of unanswered questions. The publication was typically biomedical in its orientation. This was visualised in the

Study	Aim	Results	Strengths, limitations and recommendations
		- Collaboration is a key feature for most categories across the profession except RCs and psychometrist collaborate less. - Primary and secondary work activities across the profession include: - Assessment, diagnosis and intervention. - Counselling and group intervention. - Teaching and supervision was also highlighted. 80% of RCs, educational and counselling psychologists all described being involved in Psychoeducation - Work context revealed that all practitioners spend most of their time in private practice (40%) focusing on females and adults. English is the most common language used. - Only 3.9% of practitioners are involved in policy making.	image chosen for the front cover of a report - A Doctor with a stethoscope and a nurse with gloves on standing side by side. Recommendations: That the complete raw dataset be further analysed.

The following section provides a synthesis of the trends in what has been published about RCs. These are presented as they pertain to the three objectives of the current study. Firstly, the status of the RC category, secondly, professional activities and identity and, finally, training realities and challenges.

3.2   Setting the Stage

Given the current study's location within CP with its postmodern, social constructionist commitment to human lived experience, being embedded within multiple ecological social systems ranging from the micro to macro and chronosystems, it would be remiss not to begin the literature by reflecting on the background the literature paints in terms of the location of the RC within the profession of psychology in South Africa.

To this end Henderson's study (2004) provides a cogent and meaningful historical overview of the professional category of the Registered Counsellor against which the category is better understood. Henderson's study (2004) explored the development of the new professional policy for South African Psychology by looking at the impact of the development of the psychology's professional policy on positionality and relational politics within the profession. Her (Henderson, 2004) research provided compelling evidence that the RC was an enactment of important processes that occur in the professionalisation of spaces. The two processes her research highlighted were the processes of positioning and role designation.

In terms of positionality the essence of 'what is in a name?' is critically raised. With the naming of this new mid-level professional that had been introduced into the professional policy frame and structure, there has been increasing contestation and questioning. The findings of Henderson's research revealed how naming this category was considered a critical act of the professionalisation of psychology. Henderson (2004) explained:

> *One of the interesting questions or problems that arise in the creation of a new middle-level professional category relates to the naming of this category - what title will be bestowed upon this hitherto non-existent psychological professional? Allowing for an alternative psychologist registration category but with less training will undoubtedly lead to confusion amongst the public and other professionals, and increase the possibility of misdemeanours. Should it then be decided that such a registration category be created, it is suggested that this issue be considered carefully (p. 35).*

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Henderson's study (2004) illustrated how naming the middle level worker went through several mutations as professional policy developed. Eventually it was decided that Psychological or Registered Counsellor was appropriate because the title psychologist must remain restricted to high level psychological professionals in order to support the "project of professionalisation." Henderson suggested that the "project of professionalisation" must ensure that the stratification of the middle-level psychological practitioner and their clearly demarcate position and domains of work relative to that of a psychologist. The title Registered Counsellor, therefore, was seen as fitting in that it would create the desired "tiered system of professional roles" which would impact a positionality as well as creating professional divisions that would demarcate "work, labour, knowledge, know-how and education" (Henderson, 2004, p. 28).

With the RC clearly positioned in a subordinate role to the psychologist, the work of the psychologist could continue to engage in psychological acts that were complex in nature, diagnostic, interpretative and in long term specialised psychotherapy (Henderson, 2004). The RC on the other hand would be involved in much more simple psychological interventions as well as basic short term structured counselling.

Adding to this, while initially places of work were not specified, by 2003 the RCs were not permitted to engage in independent practice and were ring-fenced for work in NGO, community and public settings (HPCSA, Professional Board for Psychology, 2003). The reason given for the demarcation of work was that it was felt that RCs were not sufficiently knowledgeable or sufficiently well trained to manage independent practice (Minutes for the third meeting of the executive committee and heads of departments of psychology at universities held at Caesars' Palace, Gauteng on 10 February 2003, cited in Henderson, 2004).

This demarcation of role and labour, therefore, ensured that psychologists working comfortably in private practice as "solo practitioners" would not have to compete with the RC who was "banished to community settings" where, because of lack of knowledge, they would work within multi-disciplinary teams to meet the needs of the South African population (Professional Board for Psychology, 2003 cited in Henderson, 2004, p. 33).

Findings of Henderson's research (2004) showed that this division accommodated and reinforced the "existing private-public segregation of mental health services in South Africa

and the social inequalities that intersect with this divide" (Henderson, 2004, p. 33)[3]. "Locked in a superordinate-subordinate relation, psychologists would serve higher-status clients, while RCs serve clients occupying lower-status social and class positions" (Henderson, 2004, p. 34).

Henderson's research concluded that in professionalising psychology in South Africa as construction of titles, positionality and a demarcation of labour occurred so they impacted power relations and the politics of these relationships within the profession of psychology in South Africa. Henderson was concerned that the implications of this on identity, meaning, action and agency, would be far reaching (Henderson, 2004) and she urged that a decisive and interrogative stance to psychology's new professional policy be at the centre of debate and dialogue as the profession developed. It is against this backdrop that the RC category has endeavoured to carve for themselves a professional identity within the profession of Psychology in South Africa.

3.3   The Demographic Status of the RC Category in the Literature

In exploring the demographic status (gender, ethnicity and geography) of the RC category in the literature review, the status of the RC, like the rest of the profession of psychology in South Africa, is primarily female, white, English speaking and geographically located in Gauteng and the Western Cape (HPCSA, 2017b).

Kotze and Carolissen (2005), as well as Abel and Louw (2009), highlighted there are more female RCs than males. The HPCSA's National Survey of all registered psychological practitioners reflect a 80/20 representation of females to males (HPCSA, 2017b).

African RCs represent a much smaller percentage of the RC population that white RCs (HPCSA, 2017b). Coloured and Indian RCs represent the smallest percentages of the RC population (Abel & Louw, 2009; du Preez & Roos, 2008; HPCSA, 2017b; Kotze & Carolissen, 2005). Although the recent HPCSA's National Survey revealed that "Registered Counsellors as category has the strongest representation from Black Africans – at 24.7%, compared to between 5 and 13% in all other registration categories" (HPCSA, 2017b, p. 4).

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[3]   As previously mentioned the exclusion of Registered Counsellors from engaging in private practice was successfully challenged in a class action suit brought against the Minister of Health in 2005 which resulted in the Registered Counsellor being able to register in the category "Independent practice/private practice (HPCSA, 2005, p. 12).

Kotze and Carolissen (2005), as well as Abel and Louw (2009), displayed how the emerging demographic profile of RCs who participated in the various studies (including gender and ethnicity) was disproportionate to the demographic characteristics of the country.

Furthermore, in the literature review the geographical patterns of RCs in the profession of psychology in South Africa was brought into sharp focus. Geographically, Abel and Louw (2009) found RCs were mostly working in urban areas such as Gauteng, Cape Town, Pretoria, and Port Elizabeth. Consequently the extent to which the RC category was able to supply primary psychological services to previously disadvantaged areas given the demographic characteristics, geographical distribution and employment opportunities was questioned (Abel & Louw, 2009). The HPCSA National Survey also highlighted that psychological practitioners generally skew towards Gauteng and the Western Cape. Based on the available demographic data in the literature and given the expanse of the need and the declared intention of the RC category to make primary psychological counselling services available within community contexts the current demographic status (size, gender, ethnicity and geography) a review of the literature suggested that the RC category is disproportionate to the needs the category was intended to serve (Abel & Louw, 2009).

Henderson's (2004) research suggested that although the RC was intended to provide mental health care and psychological services in a more "transformed way" she cautioned that the power and status differentials between RCs and psychologists would make the category less appealing to the very people it was trying to access and would therefore most likely continue to replicate rather than transform the profession, findings of in this literature review have revealed that this has occurred.

3.4 Professional Activities and Identity

3.4.1 Professional Activities

Abel and Louw (2009), as well as Elkonin and Sandison (2006), described how the public are largely ignorant of the role of RCs, and, at best, the role lacks meaningful clarity. These studies suggested that as a result of this, it appeared very difficult to find employment as a RC and many RCs were therefore working voluntarily. The HPCSA's National Survey showed how 62.2% of RCs were involved in voluntary community work (HPCSA, 2017b, p. 4).

Kotze and Carolissen (2005) also suggested that the lack of awareness of recruitment agencies and the press regarding the RC category negatively impacted on RCs ability to find

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work. Abel and Louw (2009) felt that the profession of psychology had not sufficiently recognised the category and this made employment opportunities difficult. Aggregating the employment rates for RCs across all of literature that addressed employment of RCs (Abel & Louw, 2009; Elkonin & Sandison, 2006, 2010; Kotze & Carolissen, 2005; Rouillard et al., 2016) an employment rate of 34% for RCs was derived. In the same way aggregating the employment settings the literature (Abel & Louw, 2009; Elkonin & Sandison, 2006; Rouillard et al., 2016) revealed that RCs were employed across the following sectors:

- Education (8%);

- Public sector in NGO's such as Family Life Centres, Life Line, Rape Crisis, FAMSA and victim empowerment programmes (48%);

- Private practice (41%); and

- South African Police Service (1.6%).

The literature reviewed did not report that any RCs were employed in the health sector. Elkonin and Sandison (2010) indicated that for those employed as RCs they described how their work aligned to the scope of practice of the RC. Abel and Louw (2009) concurred with this. RCs were practicing predominantly in the following areas (Abel & Louw, 2009; Elkonin & Sandison, 2010; HPCSA, 2017b):

- Counselling activities included: Trauma and crisis counselling and debriefing; Career/Academic counselling; lifestyle choices;

- Psychoeducation focused on building life skills such as, understanding HIV/AIDS, study support and aspects of wellness and health behaviour; and

- Group counselling focused on peer helper support and debriefing, assistance with anxiety and depression support groups and group therapy with children on issues of anger management, sexuality and self-esteem development.

Elkonin and Sandison (2006) were concerned that employment challenges meant that RCs were in danger of being lost to the profession despite the critical role they could play in providing primary mental health care services. Henderson (2004) suggested that at a cursory glance if a category within a profession has been positioned subordinate to a superordinate

employment opportunity would reflect this in that professional status in that findings of her research showed that status impacts on employment and unemployment levels amongst groups. The literature revealed that employment opportunities were limited by a lack of financial resources in organisations working at a primary health care level. These organisations were described as often under-resourced institutions or NGO's existing on grants and fund-raising. For example, Elkonin and Sandison (2010) showed how placement sites had a genuine interest in employing RCs but were unable to do so because they were under resourced. So while there was no doubt of the important role RCs have in assisting supportive teams working in poorer under-resourced settings, RCs did not get gainful employment in these areas.

Key concerns emerging from the literature review were the poor employment opportunities, and how RCs are expected to build a viable career given the lack of funding and the scarcity of employment opportunities. The number of RCs as well as the slow rate at which the category was growing were also identified as a key concern. In the literature review a sense of apprehension was discerned that despite the intended purpose of the category in providing more accessible mental health care services within community contexts, access to mental health care had not been improved through the implementation of the category. The literature explored whether the goal of providing more accessible mental health care had been significantly improved by the implementation of the RC category. To this end, a very real concern about the viability of the category both in terms of future growth of the category and in terms of it meeting its intended purpose was expressed (Abel & Louw, 2008; Kotze & Carolissen, 2005).

3.4.2   Professional Identity

The professional identity construction of "Registered Counsellor" within the profession of psychology in South Africa has been a recurring problem (Henderson, 2004). Several of the studies (Abel & Louw, 2009; Henderson, 2004; Kotze & Carolissen, 2005; Rouillard et al., 2016) contended that the designation 'registered counsellor' had status challenges within the profession right from its inception. Henderson (2004) outlined how this designation and its positioning as a "mid-level health worker" along the "hierarchical Professional-Lay binary" had power and status implications within the profession (2004, p. 2). The designation from the outset suggested a lower status in relation to a psychologist or a psychotherapist. In fact, all that really differentiated a 'registered counsellor' from a 'lay counsellor' was the nomenclature 'registered' which suggested a 'professional status' as against the 'non-professional status' of a lay counsellor. Furthermore, in the positioning of the RC within the profession of psychology, there was stratification of levels of professional registration (Henderson, 2004). Henderson

averred that RCs struggle with being a 'second tier' professional in that it represents a subordinate role to the psychologist. This sense of subjugation has led to RCs questioning their sense of identity and struggling desperately to carve for themselves a meaningful sense of professional identity. This was a consistent theme in the literature. Abel and Louw (2009), Elkonin and Sandison (2006) and Rouillard et al. (2016) alluded to the personal disappointment and discontent that RCs experienced in relation to carving out for themselves a sense of professional identity. Two key issues were identified undergirding this discontent:

- Rouillard et al. (2016) found that, firstly, the perception that at any time the RCs title and/or scope of practice could be changed had led to a sense of insecurity regarding what RCs should call themselves, what they can and cannot do, and where they are allowed to work. There was a sense that there were neither clearly defined roles or clearly defined jobs and this has had an impact of that RCs sense of wellbeing and identity (Rouillard et al., 2016).

- Secondly, Abel and Louw (2009), as well as Elkonin and Sandison (2006), found that many RCs were very tentative about the status and value of their registration category mostly because they have felt it lacked recognition by the profession. Rouillard et al. (2016) found there was the perception that the profession has not understood the competencies of the RC category or their contribution to mental health care. This misunderstanding has influenced the RCs own perceptions of their role and has led, at times, to RCs choosing not to register their qualification and professional status with the HPCSA (Abel & Louw, 2009; Elkonin & Sandison, 2006; Rouillard et al., 2016).

These perceptions have coalesced into RCs feeling disregarded by the profession of psychology and not sufficiently promoted or advocated for by the profession (Abel & Louw, 2008; Elkonin & Sandison, 2006; 2010; Henderson, 2004; Kotze & Carolissen, 2005; Rouillard et al., 2016).

It should be noted that possibly in response to the above mentioned status challenges, a significant proportion of participants in all of the literature reviewed became RCs because they had been unable to fulfil their original ambition of becoming a psychologist. Abel and Louw (2009) and Rouillard et al. 2016) caution that the impact of this on the professional identity of RCs should not be understated. It would appear that becoming an RC was viewed as a deferred route to becoming a psychologist. This enabled engagement with mental health care services until RCs were successful in being selected into a postgraduate Masters Psychology

programme leading to registration as a psychologist (Elkonin & Sandison, 2006; Rouillard et al., 2016).

On a more positive note, du Preez and Roos (2008) suggested that intentional professional identity construction with students in training was critical in developing counselling identity. They specifically addressed how externalising story telling conversations about student experiences of counsellor identity development through the BPsych (RC) training was helpful in assisting RCs with their construction of professional identity. du Preez and Roos (2008) found that professional identity development was positively impacted through intentionally assisting RC students in:

- Developing greater capacity for uncertainty as a core process in the development of their counsellor identity;

- Journeying with identity resulting in increased self-knowledge which impacted RC sense of counsellor identity;

- Developing the art of self-knowledge and recognizing the importance of self-reflection; and

- Personal and professional growth.

Professional identity development was impacted by the perception that RCs had that there was a need for their role particularly given the lack of affordability and inaccessibility by low-income communities to psychologists (Rouillard et al., 2016). These researchers also reflected how RCs expressed, as motivation for doing the BPsych training, an aspiration to work with people and help people in the field of mental health. However, there were several indicators in the literature that RCs had been somewhat unsuccessful in their attempts to fulfil their intended role of efficiently addressing the mental health-care gap in South Africa (Abel & Louw, 2008; Elkonin & Sandison, 2006; 2010; Kotze & Carolissen, 2005; Rouillard et al., 2016). As a result of this, Rouillard et al. (2016) found that this had a negative impact on RCs perceptions of themselves and their sense of professional identity.

3.5   Training Realities and Challenges

The HPCSA's recent national survey highlighted that most RCs have an Honours degree in psychology. Only 13.1% have a master's degree (HPCSA, 2017b). Training in a BPsych

(RC) degree was at an all-time high across public and private institutions between 2000 – 2009 but a decline is evident between 2010 – 2016 (HPCSA, 2017b). Similarly training in a BPsych Equivalent has seen a sharp decline between 2010 – 2016 (HPCSA, 2017b).

BPsych (RC) training institutions highlighted in the HPCSA study (2017b) were Midrand Graduate Institute; UNISA; University of Pretoria and UWC. It should be noted that none of these institutions are currently offering BPsych (RC) training.

The studies of Abel and Louw (2009) and du Preez and Roos (2008) underscored that participants were satisfied with the invaluable training experiences they had gained from the BPsych (RC) degree training, having acquired a robust theoretical knowledge base and having gained invaluable experiences in terms of the personal development and growth they had experienced. Kotze and Carolissen, (2005) as well as Elkonin and Sandison (2010), reflected specifically how the practicum was an element of the training that allowed participants to achieve competencies needed for work as a RC in the real world. RCs valued the practicum component of the (RC) training because they felt that it prepared them for the real world. Elkonin and Sandison (2010) found that the practicum component was also considered important in building the competencies and efficacy of RCs and also providing RCs opportunity to engage in group counselling and psycho-education during their studies which placement sites generally viewed positively. These findings were confirmed by practicum placement supervisors/managers who suggested that skill acquisition that happened during the training of RCs was evidenced during RCs practicum and RCs seemed "aware of their own competency levels and were therefore self-monitoring" (Elkonin & Sandison, 2010, p. 93). Elkonin and Sandison (2010) described how the practical component of the training also assisted graduates in job hunting endeavours. Notwithstanding, there was consensus (Elkonin & Sandison, 2006; Kotze & Carolissen, 2005; Rouillard et al., 2016) that there was a need for the BPsych (RC) degree and the RC category needed to be better 'marketed' in order to address the lack of awareness of employers and the public lack of understanding of the purpose of the category.

During training intentional focus on the professional identity of RCs not only assisted students with their construction of professional identity, but also facilitated greater efficiency in RCs work as counsellors and was important for RCs coping with the role of being RCs within the South African context as well (du Preez & Roos, 2008).

3.6   Limitations

The review of the literature revealed that there is a dearth of research focusing on the RC category. It might well be that some research studies may lie outside of the parameters set for the literature review of this study. A major limitation identified in the studies was that to date the research has drawn on relatively small sample sizes and several were often specific to students at a particular university that the researchers were associated with. Thus the transferability and generalisability of the findings may be compromised (du Preez & Roos, 2008; Elkonin & Sandison, 2010; Kotze & Carolissen, 2005; Rouillard et al., 2016). It should be noted, however, that Abel's (2007) study had a 32% representation of the entire RC population (n=82/256) at the time and succeeded at providing quantitative insights into the RC category as a whole. The limitation of Henderson's seminal work (2004) was that, while it was considered to be a "powerful analysis of the politics of professionalisation in SA psychology after the demise of apartheid" (Painter, 2012, para.3), it was never published and in a sense was lost in an unpublished Masters' dissertation. Jill Henderson passed away suddenly and while "academically brilliant, iconoclastic, creative and deeply suspicious of mainstream psychology, she did not leave many finished (academic) works" (Painter, 2012, para.2)[4].

3.7   Emerging recommendations for Future Research

Several recommendations for future research in the literature review are highlighted below. These included the following recommendations regarding the status of the RC category:

- Large scale analysis is needed of what has contributed to the lack of success in fulfilling the purpose of the RC category (Elkonin & Sandison, 2006).

- Better utilisation of RCs in the context of mental health-care provision in South Africa should be explored (Rouillard et al., 2016).

- A comprehensive study be conducted investigating the employment patterns of BPsych (RC) graduates to more adequately assess if the goal of providing more accessible

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[4]   I would like to acknowledge Jill Henderson in this dissertation for the way she uncovered for me some of the systemic and pervasive challenges to the RC category. An awareness and consideration of these systemic and pervasive challenges has provided me with a valuable historical and contextual understanding of the RC category as I began to engage with the current study.

mental health care had been significantly improved by the implementation of the RC category (Kotze & Carolissen, 2005).

The following recommendations pertained specifically to the professional identity of RCs:

- Henderson noted that a decisive and interrogative stance is needed to psychology's new professional policy be at the centre of debate and dialogue as the profession develops.

- Kotze and Carolissen (2005) emphasised the need to re-examine if training RCs was contributing to the accessibility of mental health services at the primary care level or whether "the RC was just an overqualified lay counsellor" (p. 79).

- Given that the professional identity of the RC remains complex and ambiguous, developing a professional identity is of the utmost importance in the training process of the students it is critical that future research focus on this (du Preez & Roos, 2008, p. 699).

Recommendations were also provided regarding realities and challenges for training RCs:

- Future research access a broader base of placement sites for RCs from a range of training institutions to explore the roles that RCs play in their practicum placements, in more depth, in order to better understand and to provide evidence of the practical value of the skills and expertise that they could offer (Elkonin & Sandison, 2010).

Finally, the literature highlighted how advocacy and the promotion of the RC category should become a key priority. Extensive lobbying for the creation of posts was also emphasised (Elkonin & Sandison, 2006). These activities were considered important in order to highlight to the profession and to the public the critical role of the RC in providing more accessible mental health care including counselling services and psychological intervention so as to accelerate the creation of posts for RCs (Elkonin & Sandison, 2006; Rouillard et al., 2016). The literature recommended that stakeholders such as BPsych graduates, universities, the Psychological Society of South Africa and the Professional Board for Psychology (HPCSA) be enrolled in advocacy, lobbying and promotion of the RC.

3.8   The Importance of the Current Research

The current study seeks to address a number of the emerging recommendations from the literature review in alignment with the research aim and objectives of the current study. Firstly, the current study is focused on providing a large scale population level analysis of RCs across a number of domains. This analysis will attempt to take up some of the recommendations of the literature review including:

- An understanding of the current demographic status of the RC category (size, gender, ethnicity and geography);

- A comprehensive investigation of the employment patterns of RCs;

Secondly, the current study will examine the lived experience of RCs (with participants drawn from a national sample) with a focus on explicating their professional identity construction within the profession of psychology in South Africa. This analysis will also address some of the recommendations of the current literature including:

- An exploration of the complex and ambiguous journey of professional identity construction for RCs;

- The importance of advocacy and the promotion of the RC category for the purposes of enhancing professional identity for RCs.

Thirdly, the current study will also examine pertinent realities and challenges for training RCs in South Africa. In the light of these three main foci envisaged, the current study will seek to triangulate quantitative survey data garnered from a large national sample of RCs to determine the current status of the RC category in 2017; the lived experiences of RCs interviewed individually about their journey of professional identity construction as RCs within the profession of psychology in South Africa, and the feedback of academic trainers directly involved in the training of RCs. The advocacy value of the research in potentially impacting the repositioning of the RC category within the ongoing process of South African psychology's development will also be a key focus of the current study.

3.9   Chapter Summary

This chapter has reviewed ten seminal studies published about the RC in South Africa between 2004 and 2017. A synthesis of the literature review has been presented in light of the

three focus areas of the current study including, the current status of the RC category, professional activities and identity and realities and challenges for training RCs. The importance of the current research was reviewed in terms of extending the recommendations of its predecessors and adding significantly to what is known about RCs to date.

The following chapter overviews the interpretivist social phenomenological research paradigm that underlies the current study. The multimethod research design will be delineated. Positionality and reflexivity will be discussed, and finally, ethical considerations and the trustworthiness of the research will be presented.

CHAPTER FOUR
RESEARCH METHODOLOGY

This research set itself three interconnected research objectives that guided the structure and focus of the current study (Davison, 2014): 1) to understand the current status of the RC category; 2) to explore the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa; and 3) to investigate the realities and challenges for training RCs.

The aim of this chapter is to present the research methodology that was adopted to engage with these objectives. However, this will also require that the research paradigm that informed the ontology and epistemology of the current study be explicated. The interpretivist social phenomenological research paradigm that underlies the current study will be discussed. Thereafter, the multimethod research design, survey research approach, sampling, instruments used to gather the data for the study, the qualitative interviewing procedures followed, the analysis and processing of data, and the ethical principles adhered to in conducting the present research will be presented. Since the interpretivist social phenomenological research paradigm adopts the premise that reality is subjectively constructed, my own positionality and reflexivity will be expressed and the role these played in relation to the current study will be explicated. Finally, the trustworthiness and integrity of the research will be addressed.

4.1   The Underlying Research Paradigm

Bearing in mind that this research has been framed by CP, the current study is a qualitative inquiry undergirded by an interpretivist social phenomenological research paradigm. Social constructionism is grounded in the idea that individuals search for and construct meaning, during interactions and within their contexts (Creswell, 2009; Gergen & Gergen, 2008). All knowledge is socially constructed and comes from our experience with the world and does not exist independent of that experience (Biesta cited in Tebes, 2017). Phenomenology is interested in addressing people's lived experience - their phenomenology of meaning - and is driven by an underlying value of wanting to get as close to that which is being studied as possible (Hycner, 1985). A social phenomenological paradigm interweaves social constructionism and phenomenology and links back to Bronfenbrenner's social ecological systems theory (1979) facilitating the idea that phenomenologies of meaning are constructed through contextually driven social interactions and processes including the

particular historical, socio-cultural and political milieu within which meaning is made and constructs understood (Burr, 1995; Gergen & Gergen, 2008; Hosking & Morley, 1991; Morley & Hosking, 2003; van Manen, 2014).

A social phenomenological research paradigm also links up with the theoretical location of the current study in CP. CP values this social ecosystemic approach to understanding phenomenologies of meaning as "the individual and whole together in a nuanced dynamic relation" (Chelstrom, 2013, p. 104). Schutz (cited in Hampton, 1989, p. 41) posits:

> *CP has a keen interest in peoples' lived experiences of the world within which they live, the sharing of experience through which people collectively make sense of their lives, as well wanting to get close to the nuanced experiences of individuals own unique worlds through which meaning is created.*

Furthermore, CP is undergirded by the interpretive processes of individual interaction within the broader social and historical context and conventions within which meaning had been made (Greenhalgh & Taylor, 1997; Henning, 2013; McWilliam et al., 2009; Monette et al., 2014).

An interpretivist social phenomenological research paradigm was therefore considered most appropriate for the current study and was adopted to get close to the "truth of matters" as they appeared within in particular context, avoiding "misconstructions and impositions" placed on phenomena in advance and coming to understand the research objectives from the perspectives of those closest to the phenomena being researched (Babbie & Mouton, 2012; Moran, 2002, p. 4). This paradigm has a deep respect for the capacity of research participants to participate in opening up rich sources of learning regarding the phenomenon. The subtle and profound impact of this research paradigm is that in my experience, participants generally experience it as empowering, affirming and enhancing their sense of wellbeing. Furthermore, in bringing a group together around a common lived experience social cohesion and unity is created. In this way the moral imperative remains central in the choice of research design and methodology (Prilleltensky & Walsh-Bowers, 1993).

4.2   Research Aim and Objectives

The overarching aim of the current study was to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity

construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. This aim was operationalised into three interrelated research objectives that guided the structure and focus of the current study:

Research objective one: Understanding the current status of the RC category;

This objective was explored across a number of domains including: demographic profile (size, gender, ethnicity and geography); training experiences; professional activities; the relationship of RCs to the HPCSA and the professional identity of RCs;

Research objective two: Exploring the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa; and

Research objective three: Investigating the realities and challenges for training RCs.

4.3   Research Design

Given that the study aimed to explore the current status of the RC category, the construction of their professional identity, along with training realities and challenges, a multimethod research design was used. Morse (2003) has defined a multimethod research design as "two or more research methods, each conducted rigorously and complete in itself" (p. 190). Multimethod designs are used when a study has a series of research objectives which are interrelated and are best addressed by a variety of methods (Johnson, Onwuegbuzie, & Turner, 2007). Multimethod designs are being increasingly identified as a "powerful third paradigm choice that will provide the most informative, complete, balanced and useful research results" (Frels & Onwuegbuzie, 2013, p. 184).

According to Morse's multimethod typology, the approach followed for the current study was a "sequential quan→QUAL design type" (2003, p. 196). In the current study, survey research was first employed to access a well-defined sample through the use of a questionnaire in order to address the current status of the RC category as well as the realities and challenges of training (or not training) RCs in Higher Educational Institutions. Qualitative interviewing was then used to investigate the lived experiences of RCs.

Survey research and qualitative interviewing will be described briefly in the following section.

4.3.1   Survey Research

Visser, Krosnick and Lavrakas (2000) have described the use of survey research as a specific type of field study that involves the collection of data from a well-defined sample

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through the use of a questionnaire (p. 223). Monette et al. (2014, p. 160) have clarified this definition further in stating, "the term 'survey' designates a specific way of collecting data." As a broad research strategy survey research involves the selection of a sample of respondents and administering a standardised questionnaire that respondents are required to answer (Babbie, 2013; Monette et al., 2014). Traditionally surveys have been seen as a "systematic method for gathering information from a particular sample group for the purpose of constructing quantitative descriptors of the attributes of the larger population of which the entities are members" (Groves et al., 2004, p. 4).

More recently, however, the use of a qualitative survey has been recognised for its ability to provide direct, descriptive and exploratory insights into a selected research topic, describing trends, attitudes and opinions of a broad sample group that represent a population about whom generalisations are made (Babbie, 2013; Creswell, 2009). Babbie (2013) purported that "survey research is probably the best method available to the social researcher who is interested in collection original data for describing a population" (p. 229). Qualitative survey is clearly different from other types of qualitative research because qualitative surveys are aimed at determining a rich understanding of phenomenon rather than qualitative measures of frequency or distribution (Jansen, 2010). Furthermore, qualitative surveys have the ability to explore and interpret aspects of individual reality and provide a way to study meaning and diversity rather than distribution in a population (Jansen, 2010, para. 7).

In the current study, a single cross-sectional survey provided an understanding of the current status of the RC across five broad domains: Demographic profile (size, gender, ethnicity and geography); training experiences; professional activities; relationship to the HPCSA and the professional identity of RCs). The realities and challenges of training RCs within both public and private HEIs in South Africa were also explored using a single cross-sectional qualitative survey.

Qualitative survey research, therefore, comprised the first sequence of the multimethod design. Given the survey research component of the research design, substantial research findings and discussion of these findings that emerged from the survey research have more of a positivist bias despite the study being undergirded by an interpretivist social phenomenological research paradigm. The interpretivist social phenomenological paradigm, however, aligns itself with using a multimethod approach and Frels and Onweuegbuzie (2013) affirm that the use of multiple methods does not contaminate or compromise the underlying

philosophical orientation of a research design – in the case of this study the interpretivist social phenomenological paradigm.

Qualitative interviewing was then employed to explore the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa and thus constituted the second sequence of the multimethod research design used in this study.

4.3.2   Qualitative Interviewing

Qualitative interviewing was used to investigate the lived experiences of RCs in order to provide a framework within which to view the experiences of these practitioners with a focus on their professional identity within the profession of psychology in South Africa (Moustakas, 1994). Mason (cited in Crow, 2013) and Creswell (2009) have recommended five pertinent criteria to be followed when employing qualitative interviews that were applied to the current study.

- The importance of the interactional exchange of dialogue in the qualitative interview.

- The importance of flexibility and space, for the participant to talk freely, as key to the qualitative interview (Crow, 2013).

- The "inter-view" (Kvale cited in Crow, 2013, p. 17) in which researcher and participant interact to create opportunity for rich sources of learning about participant's presence and experience of being in-the-world (Heidegger et al. cited in Gorner, 2007; Nelson & Prilleltensky, 2010).

- Data collection should be rigorous and interviewing should be continued until theoretical saturation is attained.

- Data analysis should provide descriptions of phenomenon.

Using qualitative interviews, "rich and meaningful" data exploring the lived experience of participants would be collected (Frels & Onwuegbuzie, 2013; Moustakas, 1994). The use of the term participant has been consistently applied throughout the current study. The term 'participant' aligns well with the underlying social phenomenological paradigm of this research and the inherent interest in coming to understand "the subjectivities" of the participants being

researched, while at the same time acknowledging myself as a role player in the research process (Crow, 2013, p. 4).

4.4   Strengths of a Multimethod Research Design

Combining survey research and qualitative interviewing fashioned a multimethod design that created greater contextual understanding of the research question and enhanced the richness of data stemming from the multimethod design (Barnes, 2012; Frels & Onwuegbuzie, 2013; Hrebiniak, 2005). Greene, Caracelli and Graham (1989) suggested four key strengths (Methodological Triangulation; Complementarity; Development; and Expansion) of using a multimethod design. These four strengths will guide the following section and will show how using a multimethod design in the current study improved the robustness and validity of the research and was therefore considered the most appropriate research design for the study.

The first strength of a multimethod design is methodological triangulation. Methodological triangulation is about approaching the research from a number of perspectives in order to get a more holistic picture of the phenomenon being studied (Nelson & Prilleltensky cited in Carolissen, 2008). Methodological triangulation provides opportunity for findings to be confirmed by considering how the various data sets confirm each other, thus increasing validity and providing for greater depth, richness and understanding of the research objectives because of the diversity of voices that can be heard through the use of multimethods (Carolissen, 2008; Creswell, 2009).

The second strength of a multimethod research design is complementarity. Complementarity permits a fuller understanding of the research question and/or clarification of a given research finding. This is accomplished by analysing both quantitative and qualitative data to understand the individual's experience in its entirety, and, thereby, generating more substantive findings in research (Bryman, 2008; Greene et al., 1989).

Table 4-1 illustrates complementarity of multimethod research by showing the limitations survey research and how qualitative interviewing offsets the limitations. Table 4-2 illustrates complementarity of multimethod research by providing an overview of the limitations of qualitative interviewing and how survey research offset these limitations.

Table 4-1   **Limitations of Survey Research and how Qualitative Interviewing Offsets these Limitations**

Survey Research	
Limitations	How qualitative interviewing offsets these limitations
- Does not allow for elaborate scripting of narrative (Visser et al., 2000); - Does not allow the researcher opportunity to engage with participants; - Coverage bias (where the potential pool of participants who responded to the survey does not include a portion of the population of interest) and results inadvertently in sampling error which threatens the representativeness of the sample (de Leeuw, Hox, & Dillman, 2008). - The problem of non-response understood as "the failure to collect information from sampled respondents" can compromise the findings of the survey (de Leeuw et al., 2008, p. 17).	- Has the highest potential to capture complex narratives; - The researcher engages with the participant about their lived experience of phenomenon; - Coverage bias is not a problem because the sample group is selected for their rich capacity to open up the meaning of phenomenon as they understand it with the aim of illuminating elements of lived experience rather than aiming for pure generalisability; and - The researcher has more opportunity to enrol participants in the study.

Table 4-2   **An Overview of the Limitations of Qualitative Interviewing and how Survey Research Offset these Limitations**

Qualitative Interviewing	
Limitations	How survey research offsets these limitations
• Time consuming and costly; • The sample group is purposively selected and is therefore considered potentially unrepresentative. This may confound the results of the research within the boundaries of the specific sample, deeming results non-generalisable (Hycner, 1985); • The research may be intrusive as it requires participants to open up deeply and honestly about a phenomenon; and • The subjective influence of the researcher is criticised.	• Large numbers of completed surveys can be collected in a short time at low cost (Visser et al., 2000); • Where addresses/phone numbers of the target population are available coverage and sampling are optimal; • Self-administered surveys are standardised measures that are not influenced by a researcher; and • Surveys are less intrusive and more private for the respondent.

The third strength of multimethod research design is development. In the current study each of the research objectives was addressed developmentally, using either survey research or qualitative interviewing but also this "sequential design type" (Morse, 2003, p. 196) determined that the first phase of research (namely survey research) was integrated with the second phase and thus enhanced the quality and integrity of the interviewing phase of the research because there was better contextualisation of the qualitative findings against the backdrop of the survey research (Frels & Onwuegbuzie, 2013, p. 184).

The final strength of multimethod research design that Green et al. (1989) have described is expansion. Expansion is about "elaboration, enhancement, illustration and clarification" of results (p. 259). Expansion is about a sense of comprehensiveness around how the research objectives have been addressed and the findings that have emerged (Bryman, 2006).

In the current study, using a meltimethod design provided opportunity for each of the above mentioned strengths to express themselves in the research leading to findings that interrelate and complement each other and provide a fuller more expansive picture of the study than could have otherwise been achieved (Esteves & Pastor, 2004).

The following section will present procedures for data collection, instrument design and sampling for each research question.

4.5   Research Objective One: Understanding the Current Status of the RC Category

4.5.1   Research Design

Survey research was employed to explore the current status of the RC category across five broad domains: the demographic profile; training experiences; professional activities; relationship to the HPCSA and the professional identity of RCs. Throughout the rest of this dissertation this survey will be referred to as Survey One: The current status of the RC category.

4.5.2   Instrument Design and Development

The instrument designed to address this research question was an adaptation of a survey used by Young (2015) to track the theoretical orientations, professional activities and roles, as well as professional activities of counselling psychologists in South Africa (Personal Communication, Charles Young 6th March 2015). The prototype for this survey was one that Kelly developed for clinical psychologists (Goodyear et al., 2016). Permission was granted to adapt the survey for the purposes of exploring the current status of the RC category (Personal Communication, Charles Young 6th March 2015).

4.5.3   Enhancing Instrument Validity

Survey design literature has suggested that in order to enhance the reliability and validity of the data collected using survey research, surveys should be designed in such a way that respondent fatigue is avoided (Pazit, 2008). Respondent fatigue refers to when participants become tired of the survey task and the quality of the data generated begins to deteriorate (Pazit, 2008). In order to avoid respondent fatigue and to ensure that the data obtained from the survey would be of a high quality the items in the survey should be clear, easy to work through and consistently understood by participants (Graesser et al., 2006; Groves et al., 2004; Lenzner, 2010).

The following recommendations were attended to:

- Items should be easily understood: Visser et al. (2000) have expanded on this saying that wording in items of a survey should be easy to understand. This can be achieved using simple words that people are familiar with and short sentence questions.

- Items should be unambiguous: Survey items should be formulated in an unambiguous way and should require little cognitive effort so that respondents can interpret the items

in the way the item was intended to be interpreted, as well as process the question with ease (Graesser et al., 2006; Groves et al., 2004; Lenzner, 2010).

- The order items appear in should make sense: Question order is fundamental in establishing respondent "comfort and motivation" (Visser et al., 2000, p. 241). It is recommended that items should begin with items that are easy to understand, blocks of related questions should appear together and more complex/controversial questions should be left for the end of the survey (Visser et al., 2000).

Three stages of testing proposed by de Leeuw et al. (2008) were employed to enhance survey validity. Firstly, the development stage; secondly, the question testing stage and thirdly, the dress rehearsal stage.

These are described below:

4.5.3.1   *The development stage.*

The development stage of the survey involved two steps. Firstly, I adapted Young's survey (2015) to better address the specific requirements of the research question: What is the current status of the RC across a number of domains including: The demographic profile; training experiences; professional activities; the relationship of RCs to the HPCSA and the professional identity of RCs? Secondly, after the initial adaptation phase I met with my supervisor for a supervisor's review of the survey (Personal Communication, Tony Naidoo 13th April 2016). During the supervisor's review, the adaption of the survey was comprehensively appraised (Forsyth & Lessler, 1991). This process provided insight into the design of the survey, highlighted potential ambiguities in items, identified items that were missing from the original adaptation that should be added and recognised items that did not serve the aims of the current research item and in the interest of keeping the survey short and to the point the item would be omitted (Personal Communication, Tony Naidoo 13th April 2016).

4.5.3.2   *Question testing phase.*

The question testing phase involved an academic review in which an academic who was also a RC with a master's degree in Research was invited to review the survey. The main objectives of the academic review were to review the survey in light of the research question and identify potential concerns in the survey. The academic reviewer provided recommendations to me during debriefing meetings (Belson cited in de Leeuw et al., 2008).

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During these meetings the academic reviewer worked through the survey with me. These meetings were informal and free flowing. Based on the academic review I made certain adjustments to the survey where necessary (Personal Communication, Julie MacFarlane, 4th May 2016). Table 4-3 provides an example of the survey design process as described in this above section.

Table 4-3   **An Example of the Survey Design Process**

Original Survey (Young, 2015).	Initial Adaptation	Development Stage – Supervisor's Review	Item testing phase - Academic Review	Dress Rehearsal - Peer review	Final Survey Design
Demographic information					
If you are a fully registered counselling psychologist, in which year did you first become registered?	If you are a fully RC, in which year did you first become registered?	The item was considered a little confusing in that the item may lead to participants wondering "what does it mean to be fully registered" and so it was simplified to just ask: In which year were you registered?	Concern was expressed by the academic reviewer regarding the cognitive effort that may be required in remembering when the participant was registered and that participants may have to stop the survey in order to check when they were registered and they may then not complete the survey.	The concern expressed by the academic reviewer was raised in the dress rehearsal phase. The peer reviewers felt that there was no problem asking this item and that generally people would find it easy to remember where they were first registered.	Please indicate the year in which you were first registered?

Original Survey (Young, 2015).	Initial Adaptation	Development Stage – Supervisor's Review	Item testing phase - Academic Review	Dress Rehearsal - Peer review	Final Survey Design
Training					
What aspects of your training have been most helpful to you in your professional work?	If you think back to your studies - which elements were most helpful in preparing you for your work as a RC?	In the supervisors review the importance of these items were discussed. It was felt that they were critically important given that the overall aim of the research to also look at realities and challenges to training RCs. Answers to these items could provide useful recommendations for future curriculation of BPsych (RC) training.	The academic reviewer suggested that these items were critical in understanding important elements of training.	The peer reviewers did not feel that these items were laborious despite the fact that a period of recall was required in that the participant needed to think back to their studies. The peer reviewers highlighted how having these items grouped closely together resulted obviated against respondent fatigue in answering the items.	If you think back to your studies - which elements were most helpful in preparing you for your work as a RC?
What aspects of your training have been least helpful to you in your professional work?	If you think back to your studies - which elements were least helpful in preparing you for your work as a RC?				If you think back to your studies - which elements were least helpful in preparing you for your work as a RC? If you think back to your studies - which elements were

Original Survey (Young, 2015).	Initial Adaptation	Development Stage – Supervisor's Review	Item testing phase - Academic Review	Dress Rehearsal - Peer review	Final Survey Design
					least helpful in preparing you for your work as a RC?

<div align="center">Professional Activities</div>

If you have a secondary work setting please indicate that setting from the following (choose the option that best describes this secondary work setting)	If you have a secondary work setting please indicate that setting from the following (choose the option that best describes this secondary work setting)	In the supervisors review it was suggested that this item may not provide the actual information that the research was looking for. The research intended to find out if RCs were earning enough to support themselves. The item was therefore changed to: Do you work elsewhere to supplement your income?	The reviewers were happy with this.	The peer reviewers felt this item made sense, was clear and did not contain unclear/difficult wording that could make the item ambiguous.	Do you work elsewhere to supplement your income?

Original Survey (Young, 2015).	Initial Adaptation	Development Stage – Supervisor's Review	Item testing phase - Academic Review	Dress Rehearsal - Peer review	Final Survey Design
Professional Identity					
The HPCSA promulgated a new scope of practice for Counselling Psychology in September 2011. Are you aware of this revised scope of practice?	The HPCSA promulgated a new scope of practice for RCs in September 2011. Are you aware of this revised scope of practice?	The reviewers were happy with this.	The academic reviewer suggested that this item be simplified as the use of unclear/difficult wording such as promulgated and also giving the year in which the scope would promulgated would potentially confound the results as participants may be left wondering if they know about the promulgation of a new scope of practice for RCs in September 2011 when in actual fact they may more easily relate to "form 258".	This suggestion was discussed with the peer reviewers and they felt that simplifying the item would be beneficial. The item was therefore simplified to: The HPCSA prescribes a scope of practice for RC in Form 258. Are you aware of this scope of practice?	The HPCSA prescribes a scope of practice for RC in Form 258. Are you aware of this scope of practice?
Please think back over the past 12 months and then describe one	Please think back over the past 12 months and then describe one incident	The supervisor's review encouraged me to focus in on what the item was	The academic reviewer discussed this item with me and it was decided that	The peer reviewers felt this item made sense, was clear and did not contain	Is there anything you would like to add that you feel would enhance the visibility

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Original Survey (Young, 2015).	Initial Adaptation	Development Stage – Supervisor's Review	Item testing phase - Academic Review	Dress Rehearsal - Peer review	Final Survey Design
incident that particularly stands out as having been significant to you in your personal practice or work as a counselling psychologist.	that particularly stands out as having been significant to you as a RC.	specifically trying to understand.	the aim of the item was to allow participants to comment on anything they may have felt was left out by the survey. The item was therefore refined.	unclear/difficult wording that could make the item ambiguous.	of the RC in South Africa?

4.5.3.3 The dress rehearsal stage.

Before the dress rehearsal stage the survey was converted into an interactive computerised, self-administered survey using Survey Monkey (Survey Monkey, 1999). Survey Monkey is an online survey development solution that allows for surveys to be formatted in a way that is clear, uncluttered and ensures that a great level of attention is given to question wording, order, format, structure and visual layout of the survey (Survey Monkey, 1999). During the dress rehearsal two RCs were invited to participate in a peer review (de Leeuw et al., 2008) of the survey (Personal Communication, Kirsten Penderis, 8th July 2016; Personal Communication, Henk Mostert, 8th July 2016). The peer reviewers were sent the link to the survey. Using the condensed expert survey appraisal system proposed by Snkjkers (cited in de Leeuw et al., 2008). Respondents were asked to fill in the survey while at the same time giving attention to the condensed expert survey appraisal system (Snkjkers cited in de Leeuw et al., 2008). Table 4-4 provides an overview of this.

Table 4-4   **Condensed Expert Survey Appraisal System**

Condensed expert survey appraisal system (Snkjkers cited in de Leeuw et al., 2008).	
Survey comprehension:	Attention should be given to the following: • Whether items made sense; • If items were clear; • Unclear/difficult wording.
Information processing:	Attention should be given to the following: • Whether items were laborious to answer; • Whether a long period of recall was required; and • Whether the participant needed to access information to answer a question.
Reporting:	Attention should be given to the following: • Overlapping categories; • Questions being too repetitive.
Overview of the survey:	Attention should be given to the following: • Whether they felt the survey fulfilled its objectives; • Structure and ease of moment through the survey; and • The length of the survey.

During the debriefing interviews the RC spoke about their experience of filling in the survey with specific reference to question comprehension, information processing, reporting and a survey appraisal as described above (Snkjkers, cited in de Leeuw et al., 2008). Table 4-5 provides a summary of the survey appraisal.

Table 4-5   Summary of the Survey Appraisal

Summary of the survey appraisal (Snkjkers cited in de Leeuw et al., 2008).	
Did items make sense?	The peer reviewers felt generally items made sense, were clear and did not contain unclear/difficult wording that could make the item ambiguous.
Were items clear?	Where the peer reviewers felt that the item could be simplified this adjustment was made for example, the original item: The HPCSA promulgated a new scope of practice for RCs in September 2011. Item *Are you aware of this revised scope of practice*? was adjusted to: The HPCSA prescribes a scope of practice for RC in Form 258. Are you aware of this scope of practice?
Was there unclear/difficult wording?	Most items were clear and did not contain unclear/difficult wording. However, if an item was considered problematic in that people's interpretation of a term could differ quite substantially. The item was discussed with the peer reviewers. For example, the item: *Please indicate you level of satisfaction with the HPCSA* was considered potentially problematic in that people's interpretation of "satisfaction" could differ quite substantially. In discussion with the peer reviewers, however, the peer reviewers agreed that the item was important and that they all interpreted the word satisfaction in a similar way. It was understood that they needed to comment on whether they were confident in the role of the HPCSA and whether they were fulfilled by what the HPCSA provided for them as RCs.
Were items laborious to answer?	Peer reviewers commended the grouping of certain items to obviate against respondent fatigue in answering items that were considered more laborious than other items. For example: The peer reviewers felt that the items regarding training of RCs were tedious in that there was a period of recall was required in answering the question because participants needed to think back to their studies. The peer reviewers highlighted however that having these items grouped closely together obviated against respondent fatigue in answering the items. The peer reviewers, however, felt that there was no problem asking this item and that generally people would find it easy to remember when they were first registered.
Was there a long period of recall required?	See above
Did participants need to access information to answer a question?	Concern was expressed by the academic reviewer regarding the cognitive effort that may be required in remembering when the participant was registered and that participants may have to stop the survey in order to check when they were registered and they may then not complete the survey. This did not appear to be the case.

Summary of the survey appraisal (Snkjkers cited in de Leeuw et al., 2008).	
Overlapping categories? Were questions too repetitive?	Generally, not. Although the item regarding overall level of satisfaction with postgraduate training to become a RC was cited as being too repetitive and overlapping with the item: Do you feel satisfied that your studies prepared you for the work you do as a RC? The item was removed from the final survey.
Did the survey fulfil its objectives?	Yes
Structure and ease of movement through the survey.	A recommendation was made by the peer reviewers that the survey be split into the 5 sections of the survey to make it easier to use. Recommendation was also made regarding the use of drop down menu options and Likert scale options where applicable, for example: In the item what is you highest qualification? The peer reviewers recommended that rather than leaving this open ended a drop down menu should be provided. The peer reviewers also provided insight into items where an open-ended response could be added. For example, in the item: If you were to start over again knowing what you know now about being a RC, would you choose a different career? The reviewers felt that the provision of a "please explain" section would help to frame the findings if necessary.
Length of the survey	The survey took on average about 15 minutes to complete which the peer reviewers felt was appropriate. The reviewers felt that the survey was enjoyable to complete and the research would play a principal role in ultimately enhancing the visibility of the RC category.

Adjustments were made where necessary and the survey was finalised (Personal Communication, Kirsten Penderis, 8th July 2016; Personal Communication, Henk Mostert, 8th July 2016).

4.5.4   The Final Instrument

The final survey had five sections and consisted of 40 questions. Of these items, 12 questions had an open-ended response format or "single text boxes" which provided participants the opportunity to describe or explain their answer in their own words (Survey Monkey, 2016). Fifteen questions had a close-end response format of yes or no answers. Five questions had a matrix/rating scale that allowed participants to "evaluate one or more row items using the same set of column choices" and Likert scales which allowed for the assigning of weights to each answer choice and dropdown question types used where the question has a long list of answer choices (Survey

Monkey, 2016, para.4). Eight multiple choice questions were asked. These were simple, closed-ended question types that let participants select one or multiple answers from a defined list of choices (Survey Monkey, 2016). The survey took an average of 15 minutes to complete. This length adhered to Czaja and Blair's (2005) recommendations that internet surveys should be no longer than 10-15 minutes.

The survey consisted of a five sections that obtained data regarding the current status of the RC category in terms of the five broad domains. These included:

- Participants' demographic profile (gender, ethnicity and geography);

- Participants' training experiences;

- Professional activities of participants;

- Relationship to the HPCSA; and

- Professional identity of participants.

Demographic information obtained included: Gender, age, ethnicity, highest qualification, year in which registration took place. Items that dealt with training experiences related to: Satisfaction with training, elements of training that were most and least helpful, areas that had been missing from training and future intention to study. Items that addressed professional activities related to: Current employment status, how easy it was to find a job, satisfaction levels with their career choice to be a RC, income, type of work, work focus and unique challenges for RCs in South Africa. Items that addressed the RCs relationship to the HPCSA included: Awareness of and satisfaction with scope of practice and satisfaction with the HPCSA. The section that addressed professional identity focused on: Motivation for becoming a RC, recognition and respect of role within the profession, public understanding of the role, personal satisfaction with professional identity, activators and inhibitors of professional identity, sentiment about the title and values that guide work. Finally, participants were asked if there was anything they would like to add that they felt would enhance the visibility of the RC in South Africa. See Appendix A for the final RC survey.

4.5.5   Sampling and Data Collection

In order to recruit a set of "information rich participants" to participate in the study (Nelson & Prilleltensky, 2010, p. 289) all RCs for whom email addresses were available (n=1,921) were invited to take part in the study. Permission was requested for access to the database of RCs email addresses from the HPCSA through the Professional Board Manager. The reasons for this were twofold. Firstly, obtaining the full data set of RCs e-mail addresses would allow access to a sampling pool that included as many RCs as possible. Approval was granted from the Board manager of the Professional Board for Psychology (HPCSA) and the data set was purchased from the HPCSA.

A total of 1,979 RCs had been registered with the HPCSA (2016c) from 2004 to the time of the current study and 1,921 email addresses were received in the data set. An e-mail was sent out inviting the RCs to participate in the research (See Appendix B).

An e-mail was sent to the RCs inviting them to participate in the research and informing them that:

- The study, of which the survey was a part, was a meaningful attempt to enhance the visibility of RCs in South Africa.

- Upon completion of the survey the participant should provide their e-mail address if they wanted to be entered into a lucky draw.

- The winner would receive a cash prize of R1200 (the lucky draw was scheduled for the 5th of December 2016).

- Participation in the survey was critical because their voice was important for the success of the study.

A total of 687 RCs completed the survey and at the time (December, 2016) this represented a 35% response rate of the total RC category (N=1979). Participants were advised that by clicking on the button to start the survey they were indicating that they consented to participating in the survey (Ethical considerations will be given more focus in 4.9). Survey Monkey only allowed one response from an IP address significantly reducing the risk of multiple contribution to the study

by participants. An overview of the demographic status of the sample of RCs who participated in the research is included in the Table 4-6 below.

Table 4-6   **An Overview of the Demographic Features of the RCs who Participated in the Research**

Status Indicators			Sample (%)
Demographic Indicators	Gender	Female	82.30% (n=566)
		Male	17% (n=117)
		Transgender	0.40% (n=4)
	Ethnicity	African	29.4% (n=199)
		Coloured	11.40% (n=78)
		Asian/Indian	7.30% (n=50)
		White	51% (n=349)
		Other	0.90% (n=11)
	Province	Eastern Cape	8.5% (n=58)
		Free State	3% (n=20)
		Gauteng Province	33.3% (n=229)
		KZN	12.7% (n=87)
		Limpopo	6.5% (n=47)
		Mpumalanga	2.2% (n=15)
		North West	4.0% (n=28)
		Northern Cape	1.2% (n=8)
		Western Cape	28.4% (n=195)

4.6   Research objective two: Exploring the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa

4.6.1   Research Design

Qualitative interviewing was employed to explore the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South

Africa. Using individual qualitative interviewing was an appropriate fit given the explorative nature of this research question. In this sense the position from which this research question was approached this section of the study is quite different from the previous one and was about exploring the lived experience of RCs with a focus on their journey of professional identity construction that is organic, dynamic, continuous, contextually embedded and relationally influenced within the profession of psychology in South Africa.

4.6.2   The Researcher as the Instrument

It is commonly accepted in the process of conducting qualitative interviews that the qualitative interviewer plays a central role in collecting the data that illuminates the research question (Denzin & Lincoln, 2011). The "relationship between researcher, the researched and the research" has been a debate "throughout the history of qualitative interviews" (Crow, 2013, p. 11). Kvale (cited in Crow, 2013) made use of a helpful analogy in describing the various understandings of the qualitative interviewer and researcher. Kvale likened the pure researcher to a "miner" and the qualitative interviewer to a "traveller".

> *The miner, as researcher is seeking to uncover nuggets of truth through interviews to access a seam of knowledge that is 'out there', ready to be gathered up. The traveller, as qualitative interviewer, embarks upon an interactive and reflective interpretation of how they came to 'see' and transform particular 'sights' into knowledge (Kvale, cited in Crow, 2013, p. 12).*

I am the 'qualitative interviewer' – the traveller, the explorer, the 'inter-view er'. An inter-view is about a looking in, a looking about, allowing for participants to open up a rich sources of learning of their being in-the-world (Nelson & Prilleltensky, 2010). An inter-view allows space for the researcher and the researched to look in and make sense of the day-day lived experience of a phenomenon. The traveller doesn't hide as they travel. They can't, they are too curious (Crow, 2013, p. 16). Rather, the traveller longs to engage with the excitement of a new place – the world of the participant. In that place the researcher and the researched together "inter-view" the participant's world in an interactive, reflexive and co-constructive way" (Crow, 2013, p. 17). In section 4.8. I will explore my own positionality in relation to the research more explicitly.

The qualitative interviews in this study were guided by one overarching question together with a semi-structured interview schedule. Prompts were used to get the RC to focus on their

professional identity within the profession of psychology in South Africa. Table 4-7 below provides an overview of the semi-structured guide used for the interviews. See Appendix C for the full interview schedule with RCs.

Table 4-7   **An Overview of the Semi-structured Guide Used for the Individual Interviews**

Overarching question	Describe to me your lived experience of being a RC with a focus on your professional identity within the profession of psychology in South Africa.
Introduction	Introductions Thanks so much for participating in the survey and for agreeing to participate in this interview.
Purpose	The purpose of this interview is to explore the lived experience of being a RC in the profession of psychology in South Africa. While the survey provides some broad brush strokes in terms of understanding professional identity this interview will provide opportunity for me to get a little closer to your personal and nuanced experience of being a RC.
Beginning	You can start by thinking back to the moment when your registration with the HPCSA as a RC was all official…How did you feel? And then walk me through your journey to this point. What is your lived experience of being a RC?
Prompts	How does it feel to be a RC within the profession of psychology? How do you feel others see you as a RC? How do the way others see you affect the way you feel about yourself, the way you work and/or your contribution generally? What gives you a sense of professional identity?
Conclusion	Is there anything else you would like me to understand about what it means to be a RC in the profession of psychology in South Africa?

4.6.3   Sampling and Data Collection

At the end of the survey participants were asked to indicate whether they would be open to participating in an individual interview in which they would be asked to explore their lived experience as a RC with a focus on their professional identity of RCs within psychology in South Africa. Of the 687 participants who completed the survey, 332 indicated that they were willing to participate in an individual interview. Subsequently all 332 of the participants were emailed and invited to participate in an individual interview and were also requested to provide a date and time that was convenient for them to participate in the interview. Of those 332 participants a sub-sample of 26 RCs participated in qualitative interviews. The 26 RCs represented the first 26 RCs to provide

me with a time and date that was suitable within the week that I had scheduled for interviewing. It should be noted that during the 26 interviews theoretical saturation was attained. Interviewing would have been continued if saturation had not been attained as "failure to reach data saturation has a negative impact on the validity of one's research" (Fusch & Ness, 2015, p. 1408). Saturation point was determined against three criteria:

- The information emerging from the individual interviews was sufficiently similar to the extent that if another researcher was to research the same question, the same information would be replicated.

- No new information was being attained in the interviews;

- No new themes were emerging from the interviews.

The data collected during the qualitative individual interviews was rich in contained quality and also 'thick' in quality, i.e., a significant degree of descriptive content. The decision that data saturation had been attained against the criteria laid out in the above mentioned three points was made in consultation with my supervisor.

Given that participants were from all over South Africa a decision was taken that all interviews would either be conducted via Skype or over the telephone. The use of Skype was the preferred medium for interviewing in order to ensure the interpersonal and emotional signals in the face-to-face interaction were not lost. However, given band-width constraints in the South African context the use of Skype was not always possible.

Personal interviews with the 26 RCs nationally allowed for participants to reflect on their lived experience as a RC with a focus on their professional identity of RCs within psychology in South Africa. Interviews were recorded using a smart voice recorder requiring on average between 25-40 minutes per individual interview to complete. Before an individual interview commenced the participant was required to complete an 'Informed Consent' form sent out via email (See Appendix D). The completed form was returned via email. Moreover, before the individual interview commenced the participant was given an opportunity to ask any questions in relation to informed consent.

The following aspects of the study were explained to all participants who participated in individual interviews:

- Their right to confidentiality and anonymity;

- The purpose and structure of the interview;

- That no potential risks and discomforts were envisaged from participation in the study;

- That participation in the interview was voluntary;

- That participants could choose to stop the interview at any time and were under no obligation to answer a question they were not comfortable to answer;

- That confidentiality of the research records and data collected would be maintained and no attempts would be made to identify respondents in any publication of the research.

4.6.4   The current status of the sample who participated in Qualitative Interviews

There were 26 RCs who participated in qualitative interviews. Table 4-8 provides an overview of the current status of the sample who participated in the qualitative interviews (please note this sample also participated in the survey so their demographic features also are also included as a part of the overall features highlighted in Table 4-6). Given how instrumental the RCs who participated in the qualitative interviews were - in illuminating some of the nuances of the lived experience of being a RC with specific focus on their construction of professional identity within the profession of psychology in South Africa. Table 4-9 provides an overview of these participants providing demographic information as well as information that provides a basis for understanding the sample more fully. To protect the identity of the participants each is referred to by their code name.

Table 4-8   The Current Status of the Sample who were Interviewed

Status Indicators			Current Status of the sample
Demographic Indicators	Gender	Female	73% (n=19)
		Male	27% (n=7)
		Transgender	None
	Ethnicity	African	19.23% (n=5)
		Coloured	11.54% (n=3)
		Asian/Indian	None
		White	69.23% (n=18)
	Geography	Eastern Cape	7.6% (n=2)
		Free State	None
		Gauteng Province	23.07% (N=9)
		KZN	11.53% (N=3)
		Limpopo	3.8% (N=1)
		Mpumalanga	None
		North West	2.98% (N=2)
		Northern Cape	3.8% (N=1)
		Western Cape	30.7% (N=8)

Note: It should be noted that during the 26 interviews theoretical saturation was attained.

Table 4-9   **The Demographic Information of Participants in Qualitative Interviews**

Code	Gender	Ethnicity	Age	Year of Registration	Province	Employed as RC?	Where do you work?	Do you supplement your income?	Doing what?
RC#26	Female	Coloured	34	2004	WC	No	Teaching	No	
RC#25	Female	White	55	2012	WC	Yes	Private Practice	Yes	Working as a remedial teacher.
RC#24	Male	White	36	2006	EC	No	Unemployed		
RC#23	Male	White	31	2010	GP	No	Business	Yes	I started working as a RC I wasn't earning enough money. So I started my own business in transport.
RC#22	Male	White	61	2012	GP	Yes	Community Policing Forum	Yes	I earn nothing from being a RC. After a 40 year career as head of a correctional services facility, I rely on my retirement.
RC#21	Female	White	35	2016	GP	Yes	Private Practice	No	My practice is thriving because I am working in a wealthy area.
RC#20	Male	White	39	2007	EC	No	Unemployed		
RC#19	Female	Black	53	2013	KZN	Yes	Private Practice	Yes	Working as a nurse. I would love to have my own practice but it is not financially viable.
RC#18	Female	White	51	2004	WC	Yes	Private Practice	No	I have become a trauma expert and I am working in a wealthy suburb.
RC#17	Female	White	40	2013	LP	Yes	Private Practice	No	I work in a practice with a psychologist who sends many referrals my way.
RC#16	Male	White	37	2010	KZN	No	Unemployed		

Code	Gender	Ethnicity	Age	Year of Registration	Province	Employed as RC?	Where do you work?	Do you supplement your income?	Doing what?
RC#15	Female	Black	27	2016	GP	Yes	Voluntary work in NGO	Yes	I'm not earning anything from this work. I am trying to gain experience.
RC#14	Female	White	27	2012	WC	Yes	Private Higher Ed	No	I worked voluntarily from 2012 – 2016. Last year I got a job in PHE.
RC#13	Female	White	37	2004	GP	Yes	Private Practice	No	I have worked very hard and have a thriving practice with about 50 – 60 clients.
RC#10	Male	Black	28	2013	WC	Yes	NGO	Yes	I started my own NGO but I have to support myself working in entertainment.
RC#11	Female	White	56	2012	WC	Yes	NGO	Yes	I couldn't find work as a RC from 2012-2016. Last year I was offered part time work with an NGO. I get by financially but it is not easy.
RC#12	Female	White	60	2013	GP	Yes	Private Practice	No	Because I was trained in EMDR therapy I have a thriving private practice.
RC#9	Female	Black	33	2007	NW	Yes	Employee wellness	No	I have been working in employee wellness since 2009.
RC#8	Female	White	58	2013	GP	Yes	Private Practice	No	I have my own private practice which ticks over slowly but because I am older this works for me.
RC#7	Female	Coloured	33	2006	WC	Yes	Voluntary work in NGO	Yes	I volunteer in an ECD centre. We are trying to apply for funding but it is not easy.
RC#6	Female	White	31	2010	NP	Yes	Private Practice	No	I work in a small rural town and it has taken time to establish my practice so I am still working full time so I practice out of hours. I

Code	Gender	Ethnicity	Age	Year of Registration	Province	Employed as RC?	Where do you work?	Do you supplement your income?	Doing what?
									am able to make some money off it but not enough to survive.
RC#5	Female	White	52	2007	GP	No	Teaching	Yes	I have a few clients in mining companies here through their employee wellness programme but it's not enough for me to leave teaching.
RC#4	Female	Black	31	2012	NW	No	Unemployed		Since 2012 I have been jobless. I cannot stick to this position of RC anymore it is too difficult. So I am just applying for any job.
RC#3	Female	White	35	2015	GP	Yes	Private Practice	Yes	I am working as a cashier at Shoprite.
RC#2	Male	White	33	2010	KZN	Yes	Private Practice	No	I have a joint practice with a psychologist in the area so I have never had a problem in getting fulltime work as a RC. I also work a significant amount of corporate hours doing employee wellness.
RC#1	Female	Coloured	53	2008	WC	No	Private Practice	Yes	I've limped along doing part time counselling in a very poor area in Cape Town, at my home but I have another job as a bookkeeper.

4.7 Research Objective Three: Investigating the realities and challenges for training RCs

4.7.1 Research Design

As previously discussed survey research was employed to explore the realities and challenges of training RCs. Throughout the rest of this dissertation this survey will be referred to as Survey Two: Realities and challenges for training RCs. I requested the participation of academic staff in both public and private HEIs who considered themselves to have a view on the realities and challenges for training RCs. This meant that participants were from institutions that both offered and did not offer BPsych training.

4.7.2 Instrument Design and Development

I designed the instrument for this research question attentive to the recommendations discussed in 4.4.3 namely:

- Ensuring that items in the survey could be easily understood (Visser et al., 2000);

- Ensuring that items were unambiguous (Graesser et al., 2006; Groves et al., 2004), and,

- Ensuring that the survey was designed in such a way that the order in which items appeared made sense (Visser et al., 2000).

After the initial design the three stages of testing proposed by de Leeuw et al. (2008) were employed to enhance survey validity as discussed earlier in this chapter.

4.7.3 The Final Instrument

The final survey had three sections and consisted of 38 questions. Of these items eight were closed questions, 27 were open-ended questions and three were multiple choice questions that required the respondent to select from a pre-set range of answers.

The first section included details about the institution the participant was from, department the participant worked for and the position they held within the department. Participants were also requested to indicate if their institution trained RCs. The second section of the survey was dependent on whether the participant's institution was training or not training RCs. If the participant indicated that their institution offered BPsych (RC) training they were directed to a section that addressed the realities and challenges of training RCs.

Items included:

- The route the institution offered to become a RC

- Minimum entrance requirements

- Motivation for offering training

- Key challenges to offering this training

- The institutions understanding of the role of the RC

- The perceived adequacy of training relative to scope of practice of the RC

- Key strengths and weaknesses in the curriculum

- The role of the practicum

- Key experiences that stood out relating to training RCs

- Where graduates end up working

- The role of training in building the RCs sense of professional identity

Those who were not training RCs were directed to items that related to this, including:

- Whether the institution had been trying to get approval to train RCs

- Key challenges in gaining approval

- Whether the institution used to offer training and if so why they no longer offered this training

- Why the institution had opted not to train RCs

The third section applied to all participants and addressed:

- To what extent participants felt the profession, the public and RCs had embraced the role

- Unique challenges for RCs

- Provision for RCs in the marketplace

Finally, participants were asked they would like to add anything they felt would enhance the visibility of the RC in South Africa.

The survey took on average 15 minutes to complete which was well within what was considered a reasonable length for a survey (Czaja & Blair, 2005; Dillman, 2007). It should be noted that this survey was designed in a generalised mode (de Leeuw et al., 2008) so that in the implementation phase it could be administered either in an online survey mode or in a structured interview mode (Balden cited in de Leeuw et al., 2008). This mixed method mode was first employed by Hochstim (cited in de Leeuw et al., 2008), who suggested that mixed mode surveys were recommended when a high response was desirable. Siemiatychy (cited in de Leeuw et al., 2008) and Dillman et al. (cited in de Leeuw et al., 2008) also found that this mixed mode increased response rate. A concerted effort was made to reduce non-response error in this way. Offering the two different modes built "goodwill and improved the attitude toward survey taking" (de Leeuw et al., 2008, p. 300). It has also been reported to reduce under coverage of those who may opt not to participate in a survey either because they did not have web access or because surveys were not the participants preferred mode of participation in research (Czaja & Blair, 2005). See Appendix E for the final training realities survey.

4.7.4   Sampling and Data Collection

Non-probability purposive sampling was used to recruit a set of "information rich participants" to participate in the study (Nelson & Prilleltensky, 2010, p. 289). This type of sampling allowed participants to be sampled with the research goals in mind. In terms of Section 16 of the Health Professions Act, 1974 (Act 56 of 1974), the Professional Board for Psychology (HPCSA) has been mandated to "set the minimum standards of education and training for registration" (HPCSA, 2016a), and a list of HEIs who offered professional training programmes for registration with the HPCSA in South Africa was available from the HPCSA website (HPCSA, 2016b). The contact details of the various Heads of Department (HOD) from each of the HEIs were provided in the list (HPCSA, 2016b). A total of 23 HEIs are currently accredited by the HPCSA, Professional Board for Psychology to offer professional training in Psychology including: MA/MSocSci Counselling/Clinical/Industrial/Research Psychology, MA/MEd Educational Psychology Industrial Psychology and the BPsych (RC/Psychometry) training (HPCSA, 2016b).

At the time of the study, 9 institutions were accredited to run BPsych (RC) training. Table 4-10 lists the institutions offering BPsych (RC) training.

Table 4-10   HEIs currently offering the BPsych (RC) Training

HEIs	BPsych (RC) training
Cornerstone Institution	Bachelor of Arts in Psychology (Hons) - BPsych Equivalent (RC) Programme
Midrand Graduate Institute[5]	BPsych (RC) degree
Nelson Mandela Metropolitan University (NMMU)	BPsych (RC) degree
North West University (Vaal Triangle Campus)	BPsych (RC) degree
The South African College of Applied Psychology	BPsych (RC) degree; and Bachelor of Social Science Honours (Psychology) - BPsych Equivalent (RC) Programme
University of Limpopo	BPsych (RC) degree
University of the Free State	BPsych Equivalent (RC) Programme
University of Venda	BPsych (RC) degree
Walter Sisulu University	BPsych (RC) degree

Non-probability purposive sampling was employed to create the sampling pool. An email invitation was sent to the Head of Department (HOD) from each of the 23 institutions (HPCSA, 2016b). The purpose for including all 23 accredited institutions is that this section of the study sought to explore the realities and challenges for training RCs. The email invited the HOD of the department of psychology to participate in the study (See Appendix F). HOD's were asked to indicate their willingness to participate in the study by either completing the online survey or by completing the survey during an interview. A total of 13 HOD's/Academic staff involved in professional training indicated their willingness to participate in the study yielding a

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[5]   Although in 2017 MGI are no longer offering BPsych (RC) training, they are included in this list because at the time of the study they were still in the process of making a decision about whether they would continue offering the programme (Personal Communication, Nina Du Plessis, 16th July 2016).

response rate of 56.5% which is above the rates typically expected (Mellin, Hunt, & Nichols, 2011). Of the 13, 11 participants opted to complete the online survey and two participants indicated their willingness to participate in the structured interview. Participants who indicated their willingness to participate in the online survey were sent the web link in an email. The participants clicked on the link which directed them to the survey. The survey began with an informed consent page which outlined:

- The purpose of the survey and how long the survey would take;

- That no potential risks and discomforts were envisaged from participation in the study;

- That participation in the study was voluntary;

- That participants could choose to withdraw at any time and were under no obligation to complete the survey;

- That the answers supplied in the survey would be collected anonymously;

- That confidentiality of the research records and data collected would be maintained and no attempts would be made to identify respondents without their signed consent;

- That all original data would be destroyed once the study was complete.

- That if they would like to receive a report of the main findings they should provide their email address; and

- That all email addresses would be extracted from the datasheet before analysis and stored separately.

Participants were advised that by clicking on the button to start the survey they were indicating that they consented to participating in the survey. As was previously mentioned Survey Monkey only allowed one response from an IP address entirely eliminating the risk of multiple contribution to the study by the same participants.

For the two participants who indicated they would prefer to be interviewed, interviews were set up at a time that was convenient for the participant. One of the interviews was conducted face to face and one was conducted telephonically. Before the interview commenced the participant was presented with an informed consent form (See Appendix D). I went through

the informed consent form with the participant and provided an opportunity for the participant to ask any questions they may want answered. Once the informed consent form had been signed the interview then commenced. The interviews were recorded using a smart voice recorder and took 40 minutes to complete. The interviews were transcribed verbatim and then manually input into Survey Monkey so that they could be analysed with the rest of the data collected.

Participants who were involved in the second survey were academic faculty directly involved in the training of RCs or academic faculty who were not directly involved in the training of RCs. These participants were included in order to gain a fuller perspective on the perceived realities and challenges for training RCs from institutions who had selected to not provide the BPsych (RC) training. Thirteen institutions participated in the survey. Three were private HEIs and the other 10 were public universities. Seven of the institutions were not offering BPsych (RC) training and six were BPsych (RC) training providers. The training profile of the academics who participated in the research included eight HOD's; four Senior Lecturers; and one Professor. There was just one academic faculty member who participated in the survey per Higher Educational Institution.

4.8   Data Management and Analysis

All data collected for this study is securely stored on a Microsoft exchange server. Access to the server is tightly controlled and only registered users with passwords have access to the system. The information could only be accessed from another computer other than my computer via an approved and installed Virtual Private Network (VPN). The network is virus protected, confidential, safe and secure. This method of data protection complies with data protection law and follows good practice. Only I had access to the data set through use of individualised password authentication.

4.8.1   Survey Analysis

In the first stage of the survey analysis the data set collected in the two surveys was exported out of Survey Monkey into an excel workbook. Each question was imported into a separate sheet in the excel workbook. As discussed in 4.4.4 and 4.6.4 a variety of different question types were used to collect the data in each of the surveys. Question types included the following:

- Closed questions;

- Matrix questions;

- Rating scale questions or a Likert Scale;

- Multiple choice questions;

- Dropdown question types, and

- Open-ended questions (Survey Monkey, 2016).

The type of question informed the analysis.

4.8.2   Analysis of Closed Items

For closed questions or multiple choice items, number of participants answering each of the preselected options was calculated and percentages were generated. Matrix/Rating Scale questions were analysed to generate a frequency average of which answers were selected most often. The results of this level of analysis provided descriptive statistics which were used to inform the research objectives.

4.8.3   Analysis of Open items/Qualitative Interviews

The response texts in answer to open-ended items in each of the surveys were analysed using Braun and Clarkes five step process of thematic analysis (Braun & Clarke, 2006). An example of how open-ended items in the surveys were analysed will be provided drawing from the analysis of item 24 from Survey One, namely 'The current status of the RC category' to explicate the process. This item addressed participant motivations around becoming a RC. The process described below provides an example of how all open-ended items in each of the two surveys were analysed.

4.8.3.1   *Phase 1: Becoming familiar with the data.*

For Phase 1, I familiarised myself with the data pertaining to each open-ended item within Survey Monkey. For each open-ended item in the survey, I read through the response texts and familiarised myself with the narrative descriptions of open-ended items. Item 24 asked the question "Why did you want to become a RC?" A total of 484 participants answered the question. I had to read through all 484 response texts in order to familiarise myself with the narrative descriptions of why participants wanted to become RCs.

4.8.3.2   *Phase 2: Generating initial codes.*

Phase 2 required allocating an initial code to each response. The initial codes were words or phrases that highlighted to essence of each of the 484 response texts. Generating these initial

codes was simplified using the text analysis software provided by Survey Monkey. This text analysis (named 'Word Cloud') identifies a list of recurrent words in the response texts ranging from the most used words to the least used words (Survey Monkey, 2017). Being able to engage with the response texts in this way meant that the most used words could be clicked through. When the word is clicked on all of the responses associated to a key word could be viewed and thus a meaningful set of initial codes across the response texts could be derived (Survey Monkey, 2017). Commonalities and contradictions were noted. Figure 4-1 illustrates the use of 'Word Cloud'.

Q24 Why did you want to become a RC?

Answered: 484   Skipped: 203

Mental Health Help Children Registered Learn Interested Listening to People Community Primary Passion Psych Psychologist Stepping Stone Help People Education Wanted Opportunity Psychology Calling Masters Help Individuals Working with People Healing Able Assist Learners Assist People Understand Human Clients Study Further

Figure 4-1   Word Cloud for question 24

Once the word cloud had been clicked through and each list of response texts reviewed, a set of codes was identified and assigned to each of the 484 responses. Table 4-11 provides an overview of the initial code set. The frequencies for how often these codes were identified during the thematic analysis of the response texts is indicated in column 2 and 3. Data that did not pertain to the question/was irrelevant or made no sense was inspected more closely and then either coded where relevant or was unilaterally excluded under the term "uncategorised".

Table 4-11   Set of Codes for Question 24

Initial set of codes	Frequency	%
I wanted to be registered	16	3.31
I have always been interested in psychology	28	5.79
I want to be involved in empowering people	18	3.72
I want to impact lives positively	24	4.96
I love helping people	202	41.74
I want to make a difference in the world	26	5.37
I have a passion for people	41	10.21
I want to provide counselling services	45	9.3
I want to provide psychosocial support and development	30	6.2
I want to study further and be a psychologist	142	29.34
Uncategorised	35	7.2

4.8.3.3   *Phase 3: Searching for themes.*

Phase three began with the response texts along with the initial set of codes being imported into an excel sheet for further analysis. The aim of this phase was to begin to group the initial set of codes into themes. In order to do this each response was re-read through and the initial code/codes that had been allocated were considered in light of the response as well in light of where overlap occurred between codes. I zoomed in and out from the response texts and their initial codes and began to group initial codes into themes (Braun & Clarke, 2006). The aim of this phase of analysis was not purely to count the frequencies of themes but rather to describe a diversity of themes that illuminated experience. However, in presenting the findings, frequencies are provided where appropriate in order to demonstrate the recurrence of the theme in the data set and how often these themes were identified during the thematic analysis of the particular item (Jansen, 2010). This was particularly interesting in question 24, for example, as it really allowed me to come to grips with the most dominant motivators for participants becoming RCs. An example of phase 3 is highlighted in Table 4-12 below. This Table (4-12) highlights how the set of codes were combined to create the themes that had emerged from the data which represented the key motivators for participants wanting to become RCs.

Table 4-12   How Codes were Combined to Create the Themes

Set of Codes	Themes	f	%
I want to impact lives positively	Desire to make a difference in the world through impacting lives positively		
I want to make a difference in the world	Desire to make a difference in the world through impacting lives positively	82	16.94
I have always been interested in psychology	Interest in psychology and wanting to pursue further studies to become a psychologist.		
I want to be involved in empowering people	Passion for helping and empowering people		
I love helping people	Passion for helping and empowering people		
I have a passion for people	Passion for helping and empowering people	261	55.67
I want to provide counselling services	Enjoy provide counselling service		
I want to provide more accessible counselling services	Enjoy provide counselling service		
I want to provide psychosocial support and development	Providing more accessible psychosocial support and counselling services	118	24.3
I want to provide psychosocial support and development	Providing more accessible psychosocial support and counselling services		
I want to provide psychosocial support and development	Providing more accessible psychosocial support and counselling services		
I want to provide more accessible counselling services	Enjoy provide counselling service		
I want to provide psychosocial support and development	Providing more accessible psychosocial support and counselling services		
I wanted to be registered	Registration with the HPCSA	16	3.31

Note: Frequencies for how often the themes emerged through the response texts are indicated in column 4 and their percentage relative to all response texts for question 24 are highlighted in column 5.

4.8.3.4   Phase 4: Reviewing themes.

This phase involved the reviewing the themes to ensure that the response texts within the themes had a coherent pattern. Attention was also give to ensuring that themes were distinguishable from each other and that the themes illustrated a diversity of experience. Thematic analysis of the response texts for item 24 revealed four main motivators for participants becoming RCs. These motivators are presented in the Figure 4-2 according to the dominance of the theme relative to the other themes. Frequencies of each theme within the subset are indicated outside the bar.

Theme	Frequency
Desire to make a difference in the world through impacting lives positively	82
Enjoy provide a counselling service	88
Providing more accessible psychosocial support and counselling services	105
Passion for helping and empowering people	211
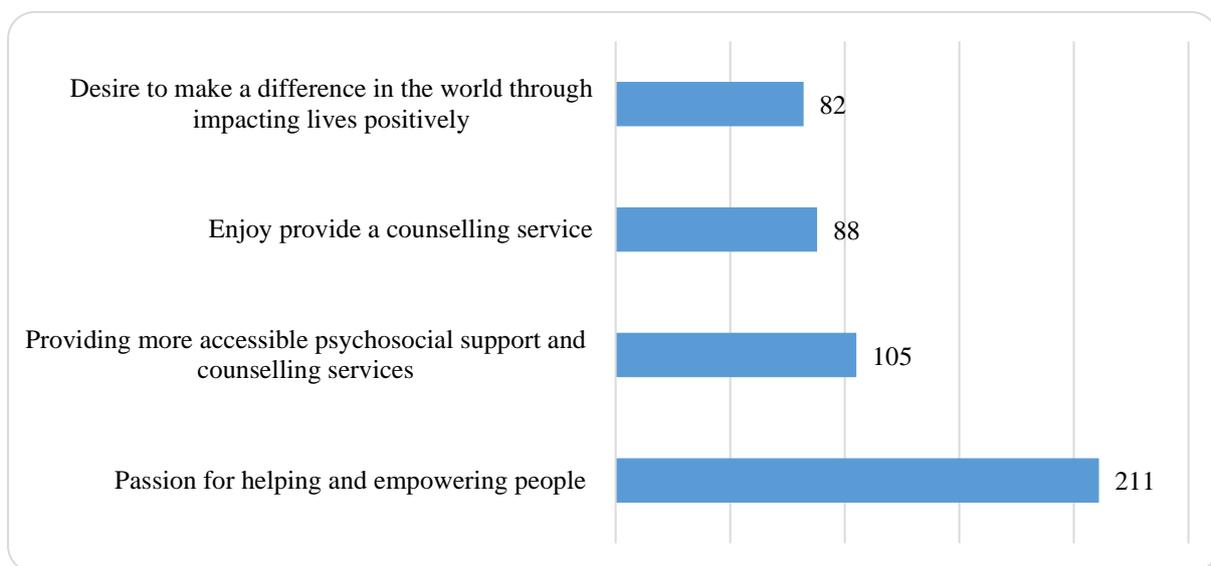
Figure 4-2   ***Motivations for becoming a RC***

4.8.3.5   Phase 5: Describing the themes.

In this phase a decision was taken regarding how the theme should be described. Attention was given to ensuring that the descriptions of the themes captured the essence of the theme. In describing themes Braun and Clarke (2006) have recommended that "particularly vivid examples, or extracts which capture the essence of the point" that is being illustrated should be used (p. 92). In order to select the most vivid examples of the themes participant's response texts to a theme were grouped in an excel sheet so that the most accurate description could be ascertained. Table 4-13 provides an example of this process. Five responses from each theme have been chosen to highlight the kinds of response texts that would be selected to

illuminate the theme. It should be noted that in reality as per the Figure 4-2 above there were many more than five response texts from which to select in an effort to illuminate a theme.

Table 4-13   Description of the Themes

Theme	Response texts that capture the essence of the theme
Passion for helping and empowering people	I have a great passion for people and I have always had a desire to qualify myself to address people's needs holistically (p#673).
	I have a passion for helping others, especially when it comes to adolescent behaviour and parenting issues (p#667).
	Having lost my mother at the age of 14 and being a product of a child headed household, I had a strong passion for helping and empowering others and psychology just seemed like the obvious career choice for me (p#639).
	I have a passion for people and their wellbeing, being a RC gives the opportunity to live out my passion (p#504).
	This career as a RC is about me fulfilling my passion which is coming alongside people to help them to realize their full potential. This has been something I knew from a very young age - that I would be working with people. It is such a privilege to be able to walk alongside people in their journeys of healing and self-discovery (p#345).
Interest in psychology and wanting to pursue further studies to become a psychologist.	Because getting into a psychology masters' programme was difficult academically and financially this was my best option for getting a registration and being able to practice (p#400).
	I wanted to be a psychologist but getting in was difficult so I opted for the next best route as a RC (p#253).
	Actually I wanted to become a psychologist but because of some life hardships I had to write board exam so I would be able to get a Job and support my family. I did not have the finances or the time to carry on with my MA in Counselling Psychology even though that really was what I wanted (p#336).
	Because I was not accepted for a master's degree in Psychology I see this as an academic stepping stone (p#150).
	I want to become a psychologist but the selection is so tough, becoming a RC was the step in the right direction in that it gave me perspective and practical experience (p#341).

Theme	Response texts that capture the essence of the theme
Providing more accessible psychosocial support and counselling services	I live a community where there was a high rate of abuse, I wished to empower the young women who were constantly abused. In our community there are no psychologists working so I thought ok let me be the one who can help in this way by becoming a RC (p#202).
	I wanted to be in the mental health field but on the ground level where I am accessible to communities in need (p#529).
	What I really want is to be able to assist in providing psychosocial support and counselling services especially in black communities which are often neglected. Our communities are filled with anger and confusion. Psychosocial support is seriously needed and also bereavement support since a lot of people have been through so much trauma (p#489).
	I noticed there are a lot of people who are in need of psychological services but there are no RCs available and communities know nothing about the services we can provide. They just know about social workers (p#458).
	I wanted this thing because RCs have the potential to significantly improve the quality of life of people, that there is a huge need, especially in our rural communities, it is imperative (p#94).
Desire to make a difference in the world through impacting lives positively	I wanted to be a part of social change movement. Facilitating the emotional development of individuals makes me come alive inside (p#261).
	I want to make a difference with my life. I have the ability to make a change and be part of that journey with my clients. What a wonderful privilege! (p#173).
	I've always wanted to work with people and to make a positive impact. I believe far fewer problems will be encountered in life with proper education and early intervention. I find the field fascinating (p#83).
	I wanted to make a difference in the world especially for people suffering from mental disorders. I wanted to break that negative stigma towards depression in the black community (p#233).
	This offered me a dynamic pathway into the mental health professions and suited me as a person. It was my calling and my vocation (p#622).

4.8.4   Qualitative Interview Analysis

Qualitative interviewing was used to explore the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa followed the same pretexts as described for the survey interviews that were conducted. All of the qualitative interviews conducted were recorded using a smart voice recorder. This ensured that the whole interview was captured word for word so that I could go back to the exact descriptions participants had given regarding their lived experience. The qualitative interviews were transcribed verbatim which resulted in vast amounts of textual data being produced that could then be thematically analysed. Thematic analysis was aimed at discovering "themes and concepts embedded" within the data (Braun & Clarke, 2006, p. 81). Uncovering these themes provide rich descriptions of the important elements of the experiences, meanings and reality of the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa. Themes captured key elements of the "data in relation to the research question" and represented emergent patterned responses across the entire data set (Braun & Clarke, 2006, p. 86). The five step process to thematic analysis provided by Braun and Clarke (2006) guided the process of thematic analysis of the qualitative interviews similarly to the process described above.

4.8.4.1   Phase 1: Becoming familiar with the data.

I conducted the interviews because I view myself as "the traveller, curious, and longing to explore the participant's world". Conducting the interview meant that I was directly involved with the data collection and this brought with it emotion, colour and texture. All the recordings were transcribed verbatim using a professional transcription service. Once the transcripts were complete I listened each of the recordings while at the same time reading through the Microsoft word transcriptions. After this phase all of the transcriptions were imported into a Microsoft Excel spreadsheet. Making columns wide enough and using the wrap text function allowed for easy readability of the transcript. The use of an Excel spreadsheet approach ensured that separate thoughts expressed by the participant could be isolated. This enhanced the organisation of the data for data analysis. Giorgi (1975, p. 87) has referred to this as "the process of delineating Natural Meaning Units." Natural Meaning Units (NMUs) expressed a "unique and coherent meaning" that was clearly differentiated from that which preceded and followed (Hycner, 1985, p. 282 cited in Smyth, 2004). Each interview was stored in a separate sheet in excel. Column 1 of each sheet consisted of rows of NMUs. This process was considered "a key phase of data analysis" (Bird, 2005, p. 227) in that it ensured that I was fully immersed

into the content and was familiar with the "breadth and depth of the content" (Braun & Clarke, 2006, p. 89). Once I had familiarised myself with the data NMUs that did not directly address the research question were excluded. Inclusion criteria for NMUs were that the NMUs needed to illuminate the experiences, meanings and the reality of the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa.

4.8.4.2   *Phase 2: Generating initial codes.*

Phase 2 involved the allocation of an initial code to each NMU in the excel sheet. The codes were captured in column 2 of each of the excel sheets. The code captured the essence of the NMU. Codes described a feature of the lived experience of RCs and provided a mechanism through which data in each participant's interview could be worked through and organised.

4.8.4.3   *Phase 3: Searching for themes.*

This process began with all data being copied into one large excel data sheet and then the entire data set was highlighted and sorted by the code column which resulted in the data appearing in separate groups according to the codes assigned. I then zoomed out from the individual codes generated in Phase 2 and began to collate codes into "potential themes, grouping all data relevant to each potential theme" (Braun & Clarke, 2006, p. 195). This ensured that themes emerged from the data rather than being driven by my preconceptions about what would emerge (Braun & Clarke, 2006). All data extracts with the same or similar codes had a theme name allocated to them in column three of the excel sheet. Dominant themes began to emerge in this phase and were evident when a theme had a large amount of NMUs began to accumulate in the dominant theme (Braun & Clarke, 2006).

4.8.4.4   *Phase 4: Reviewing themes.*

This phase involved the refinement of the significant themes to ensure that the NMUs and codes within the themes formed a coherent pattern. In this phase it was ensured that the various themes were distinguishable from each other and that the themes covered the range of lived experience of RCs with a focus on their professional identity within the profession of psychology in South Africa that had emerged from the data set.

4.8.4.5   *Phase 5: Describing the themes.*

In this phase the essence of each of the emergent themes was described. The themes were presented using the voices of the participants in a couple of sentences that will immediately

give the reader an understanding of the theme "without unnecessary complexity" (Braun & Clarke, 2006, p. 92). The theme was then unpacked and expanded on using vivid examples that capture the essence of the theme from the data and then explaining the theme within a narrative that tells the story of the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa.

4.8.5   Data consolidation

Due to the fact that the lived experience of RCs was a focus in the first survey as well as in the qualitative interviews meant that the qualitative data relating to the lived experience of RCs across the study required a second layer of data analysis described by Spillane et al. (2010) as data consolidation. Data consolidation involved "the combined evaluation of multiple data sets to generate new or merged variables or data sets, which can be quantitatively or qualitatively defined and subjected to additional analysis" (Spillane et al., 2010, p. 8). Due to the fact that all of the data across the survey and the qualitative interviews had been analysed using a similar thematic analysis processes all descriptions of the lived experience of RCs could be combined to provide opportunity for analysis at a deeper level. The aim of this was find richer knowledge of the research question. During this process the main findings of the two data sets were considered holistically. Frels and Onwuegbuzie (2013) have acknowledged how looking a phenomenon through the lens of multiple data sets enhances the findings of a research study. Greene et al. (1989) suggested during data consolidation a richer and more rigorous process of coming to understand phenomenology as a coherent whole is attained because of the ability to move around the findings from multiple perspectives.

4.9   Researcher Positionality and Reflexivity

The act of examining one's position in relation to the study is understood as reflexivity. Reflexivity is vital given that positionality always has potential effects on the research process and one must remain cognisant of these (Bourke, 2014). Freire (2000) noted, "[t]o achieve a pure objectivism is a naïve quest, and we can never truly divorce ourselves of subjectivity" (p. 50). Maykut and Morehouse (1994, p. 123) have suggested that:

> *The qualitative researcher's perspective is perhaps a paradoxical one: it is to be acutely tuned-in to the experiences and meaning systems of others—to indwell—and at the same time to be aware of how one's own biases and preconceptions may be influencing what one is trying to understand.*

My own biases shaped by personal experience have undoubtedly come into play in the current study. Particularly given the findings of the current studies predecessors, I had a preconceived notion of the kinds of findings that may emerge from the research. These had to be bracketed in order to allow the findings of the current study to be what they were and not necessarily what I thought they would be. I was intentional about allowing the voices of the research participants to be what they were and not necessarily what I thought they would be. I allowed for emergent themes to find expression in the analysis phase. Notwithstanding, I endeavoured to remain aware of my own subjectivities and sought to build external checks and balances into the research process as indicated earlier in the chapter. Reflections on my positionality in relation to the current study was a key point of reflection during meetings with my research supervisor.

In acknowledging my need to examine the research process while at the same time taking into consideration my positionality required remaining cognisant of positionality and explicating elements that may have dynamically impacted the development of the study. Bourke (2014) has explained "through recognition of our biases, we presume to gain insights into how we might approach a research setting, members of particular groups, and how we might seek to engage with participants" (p. 1).

4.9.1   I am an English South African and I am a Cisgender Female

I was born in the United Kingdom but grew up in South Africa. I call myself South African because South Africa is truly my beloved country. My family moved to South Africa in 1985 when I was seven years of age. I remember being acutely aware of the racial divide that existed in my beloved nation, and through my formative years I was desperately moved by a desire to reach out to those less fortunate than myself.

4.9.2   I am Passionate

Throughout my entire life I have been described by others as someone who is passionate. I am! I can pretty much get passionate about anything. I live in exclamation marks and smiley faces. Livesnjutare is a Swedish word that means someone who loves life deeply and lives it to the extreme (Michele, 2015). That's me. I love to travel, I love to write, I love words, poetry, music, flowers and birds. I hope you get a sense of all of this as you read this dissertation.

The thing I am most passionate about, however, is people. As far back as I can remember I have felt an overwhelming sense of sorrow regarding the pain with which people live and the desire to somehow assist people to live more freely and fully – I love empowerment. Through

my career I have seen how individual human interaction has this impact. The impact of counselling as a humanitarian act of kindness, compassion, and care is profound. I have become absolutely convinced that given South Africa's tumultuous past its people are deeply in need of mental health care, supportive counselling services and psychological interventions.

4.9.3   I have a Fundamental Phenomenological Orientation

I am deeply interested in the lived experiences of people's lives and find myself wanting to explore to understand the textures, meanings and nuances of peoples being-in-the-world (Heidegger et al., cited in Hycner, 1985). Dan Heymann's anti-apartheid song (1988) has always resonated deeply with me (see lyrics below).

I knew a man who lived in fear
It was huge, it was angry, it was drawing near
Behind his house, a secret place
Was the shadow of the demon he could never face
He built a wall of steel and flame
And men with guns, to keep it tame
Then standing back, he made it plain
That the nightmare would never ever rise again
But the fear and the fire and the guns remain

It doesn't matter now
It's over anyhow
He tells the world that it's sleeping
But as the night came round
I heard its lonely sound
It wasn't roaring, it was weeping

I wanted to know the man, I wanted to understand his fear to sit with him in it…to hold…to cry. This is what having a phenomenological orientation is about. An intense desire to come to know the nuance of the lived experience of the man who was weeping. NB: Most of us believe this song to be about poverty, but in reality the man was P.W Botha and the demon he could never face was what had happened during apartheid - the oppression of those who live in this beloved land.

4.9.4   I am Grounded in CP

Since working in the early 2000's with women living with HIV assisting them in accessing the support services they most needed to live with an HIV positive diagnosis, I have been acutely aware of the mental health service gap. Following a spike in media attention given to "South Africa's sick state of mental health" (Sunday Times, July 6, 2014) Dr Yusuf Moosa, Head of Clinical Psychiatry at the University of the Witwatersrand, stated that innovative ways have to be found to deal with the shocking reality that one third of the nation suffers from mental illness and about 75% of them will not get any kind of help. I worked with this 75% I saw first-hand what low service ratios and inaccessibility looked like. My commitment has been to a psychology that is consumed with relevance and contribution. I believe psychology should be focused both as an academic and applied discipline on building skills for community engagement and proactive contribution to the greater good of a broad spectrum society living in diverse settings. Over the years of working in the field of psychology as an academic I have found myself asking key questions like: What is psychology if it is not relevant to the oppressed who make up large proportions of South African society? How can we apply psychology in such a way that it demonstrates concern with issues of mental health promotion, empowerment, advocacy and activism as central dimensions? How can we as academics in the field of psychology increase access to innovative training and education that enables South African's to fulfil their potential and participate in a knowledge-intensive economy (National Development Plan, 2014, p. 38). How can we train students in alignment with the National Skills Development Strategy III and the National Development Plan 2030 to be strategic leaders and social innovators that are able to lead, share in, and contribute to the mental health and wellness of South Africa's people? I want to be involved in a psychology that is orientated around wellbeing of and accountability to the public broadly; I want to be involved in something that empowers, inspires and enables deeper levels of psychological freedom through the effective provision of accessible counselling and support services; and I want to "engage transformation and the pursuit of social justice in the process of social change" (Nelson & Prilleltensky, 2010; Suffla & Seedat, 2004, p. 515).

4.9.5   I'm an Educationist

I have a BA in Theology, BA (Hons) in Psychology, an MA in Psychology and 15 years of experience working in research, development and training within higher education in South Africa. Specialising in curriculum development within the landscape of the Higher Education Quality Framework of South Africa, I have been extensively involved with designing

innovative counsellor training solutions for community based counselling interventions. I have committed the better part of my career to specialising in educational curriculum design, as well as being a trainer and inspirer who intentionally promotes training and education that serves as a catalyst for social change. I am driven by what Nelson and Prilleltensky (2010) refer to as a moral psychology that weaves caring and compassion with distributive justice and the needs of marginalized persons.

4.9.6 I have been Inspired by the Potential of the RC Category

I was intrigued when, at the end of the 1990's, the Professional board for Psychology (HPCSA) proposed a new practice framework. A new category of RC was added to be aligned with 'Psychometrist'. It amazed me that the HPCSA had responded to the dearth of community mental health services by creating this new category of mental health professional, and was determined to see it succeed. It seemed obvious to me that RCs could create the groundswell needed at a human resource level to promote community mental health as well as mobilise valuable resources for the purpose of individual, family and community psychoeducation, psychosocial wellbeing and social change (O'Neil, 2005; Pretorius-Heuchert & Ahmed cited in Ahmed & Suffla, 2007). I felt like RCs - as applied psychological practitioners - had a profound role to play across the psychological intervention continuum (Naidoo et al., 2008) and would serve as a necessary catalyst for change and improved mental health and wellness.

4.9.7 I have become an Active Stakeholder in the Profession of Psychology in South Africa

Over the last eight years I have become an active stakeholder in the profession of psychology. I have been involved in the Head of Department (HOD) HPCSA stakeholder meetings, in task teams working on scope of practice of the RC, as well as more recently in a task team working on the Standard Generating Document for the training of RCs. I have also become involved with PsySSA with the RC Division and as chair of the HOD forum. I have presented at a number of conferences over the last few years on the RC category. Including PsySSA, 2014 and 2015 and the International Conference for CP, 2016. (Fisher, 2014; Fisher, 2015; Fisher, 2016a; Fisher, 2016b). In relation to my activity within the profession Adler and Adler (cited in Dwyer & Buckle, 2009) have identified three potential positions qualitative researchers, such as myself should adopt in relation to their research. Adler and Adler have described the positions as "membership roles" (Dwyer & Buckle, 2009, p. 55). The first position is described as a "peripheral membership role" (Adler & Adler cited in Dwyer &

Buckle, 2009). Peripheral member researchers "do not participate in the core activities" of the participant group they are researching, nor do they get overly involved in their area of research (Adler & Adler, cited in Dwyer & Buckle, 2009, p. 55). Active members "become involved with the central activities of the sample group without fully committing themselves to the members' values and goals" (Adler & Adler, cited in Dwyer & Buckle, 2009, p. 55). Finally, complete member researchers are "involved with the central activities of the sample group and fully commit themselves to the values and goals that drive the group" (Adler & Adler, cited in Dwyer & Buckle, 2009, p. 55). My position in the current study would be best described by the third membership role. However, the ironic thing about my positionality was that while I would describe myself using "complete membership" and participants experienced me as an insider sharing the characteristics, role, experience and common bond around a specific goal – to enhance the visibility of the RC in South Africa, the reality is in fact that I am an outsider, an academic and a researcher and not a registered psychological professional. However, my membership status of "outsider" in relation to participants in the study has allowed me to reflect more objectively on the narratives collected in the data collection phase, and I have identified repressive, exclusionary and discriminatory practices and power discourses without feeling the need to defend the status quo.

4.9.8   Summary

Based on the above mentioned positionality in relation to the research, the decision to embark on this current study was driven by my belief that RCs are the hands and feet of a relevant psychology at work in diverse South African community settings. I am driven by:

- My passion for social change;

- My fundamental phenomenological orientation;

- My grounding in CP;

- My curriculum development specialisations;

- My sense of inspiration regarding the potential of the RC Category; and

- My engagement with Higher Educational institutions and other stakeholders in the profession of psychology.

Over the last few years in personal conversations with RCs, the Professional Board for Psychology (HPCSA) and other stakeholders, I have become acutely aware of ways in which RCs hopes have been shattered and the RC category generally demotivated. In my view this a travesty given that the category was crafted to change the role and function of professional psychology in South Africa by making professional psychological practice more accessible to community-based mental health needs nationally. If RCs are being hindered in their ability to perform their role, then the practice of psychology across the nation is hindered in its ability to be meaningfully relevant. This current study represents an articulation of my passion for psychology to be relevant and meaningfully applied in the everyday lives of ordinary South African's particularly because the intended purpose of RCs is to make psychological services more accessible.

4.9.9   The Role Positionality Played in the Research

In reflecting on the impact and influence of my positionality in relation to the current study, Burke (2014) suggested that the researcher should answer three critical questions. Firstly, the role positionality played in the research? Secondly how positionality was used in the research? And thirdly whether the researcher's positionality influenced the interactions with participants? All three of these questions are answered simply by saying that my positionality afforded me access and a level of interconnection with my participants: A number of examples of access have been listed below:

- I have enjoyed a collegial relationship with the Board Manager of the Professional Board for Psychology (HPCSA). When I needed to access the RC Data set she was able to escalate my request quickly through all the appropriate channels resulting in my gaining access to the set more easily than I may have had otherwise.

- I have presented papers at a number of PsySSA conferences on the RC category and have been actively engaged with the RC Division. RCs have expressed appreciation for my passion for the work of the RC. This proved to be helpful in inviting RCs to participate in the research study.

- I have been a participant in the HOD forum for PsySSA and have engaged over the years with HOD's at the HPCSA stakeholder meetings. Requests to various department heads to participate in the research was successful in that they knew who I was and about my passion for the RC Category.

In terms of 'interconnection' I have been able to leverage off my positionality. I have been deeply embedded within the context of the study and very much present in the research with a natural understanding of the multifaceted realities at work for the RC. My positionality has afforded me a level of interconnection that enhanced rapport with the participants. Enhanced rapport was evidenced in that I had "more rapid and more complete acceptance" from the participants of the study because of my involvement and engagement with the category and with the HOD forum (Adler & Adler, cited in Dwyer & Buckle, 2009, p. 58). This rapport allowed for a space to be created where participants were able to express freely what they may not otherwise have easily expressed.

4.10 Ethical Considerations

Aligned to the policy for responsible research conduct at Stellenbosch University (Policy for responsible research conduct at Stellenbosch University, 2013) the current study was committed to the fundamental principles of the promotion of ethical conduct of research, including honesty, integrity, determination of vision, commitment to uncovering meaning through rigorous methodology and qualitative analysis as well as responsible research practice which incorporated accountability, fairness and good stewardship (Policy for responsible research conduct at Stellenbosch University, 2013). Ethical clearance was applied for via the Department of Ethics Screening Committee (DESC) process and was granted from Stellenbosch University: Research Ethics Committee (Humanities) National Health Research Ethics Committee (NHREC) registration (proposal number SU-HSD-001081) (See Appendix G and H). This committee "abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2015" (Research Ethics Committee: Human Research (Humanities), 2015, para.6). It was noted that the study was a low-risk study. The guiding principle of the current study in relation to its participants was that participants were equal and each one's lived meaning would be considered with tolerance and mutual respect (Policy for responsible research conduct at Stellenbosch University, 2013). This guiding principle remained central and reflected in all elements of the current study. Furthermore, the ethical principles regarding participants' rights outlined by Morse and Richards (2002, p. 205) were upheld. Participants had the right to:

- Fair selection;

- Information regarding the purpose of the study as well as what would be expected during the research process; and

- An understanding of what information would be obtained and who would have access to it as well as what the information would be used for.

The study adhered to these ethical specifications in that participants were informed:

- That the purpose of the study was to fulfil the requirements for the degree of Doctor of Philosophy (Psychology) at Stellenbosch University. Ethical approval from the Stellenbosch University: Research Ethics Committee (Humanities) has been granted (proposal number SU-HSD-001081; National Health Research Ethics Committee (NHREC) registration number REC-050411-032).

- Of the procedures they would be required to participate in should they consent to participating in the research.

- That participation in the research was voluntary and they could choose whether or not they would like to be a part of the study and that as such participants would not be remunerated for their involvement in the study. A cash prize of R1200 was offered as a lucky draw for the RC survey. This was reasonable and in no way a specific incentive to participate.

- That participant confidentiality and anonymity were assured and that data would be stored on a password locked computer in password locked documents that only the I had access to. In addition, the data was backed up to a Microsoft exchange server. Access to the server was tightly controlled and only registered users with passwords had access to the system. The information could only be accessed from another computer other than my computer via a Virtual Private Network (VPN). The network was virus protected, confidential, safe and secure.

- That no potential risks and discomforts were envisaged from participation in the study and if the participant required debriefing from the study this would be provided.

- That if they volunteered to be a part of the study, they could withdraw at any time without consequences of any kind. They were also informed that they could refuse to answer any questions they were not comfortable to answer.

- That they may withdraw their consent at any time and discontinue participation without penalty and that they were not waiving any legal claims, rights or remedies due to participation in the study.

- Of the potential benefits to subjects/and or society. These benefits were summarized as follows "Given the profound role the RC category was intended to play in scaling up human resources to provide psychological services for the South African population in diverse contexts" (HPCSA, Professional Board for Psychology, 2013) it is imperative that, the current status and the construction of the professional identity of RCs within the profession of psychology in South Africa be illuminated.

- Aligned to the University's commitment to academic and intellectual freedom, the research results would be accurately and transparently communicated to the public domain in the form of a research journal article.

In light of the above mentioned ethical guidelines the study was completed conscientiously, with respect to the authority, mentorship and guidance of the doctoral promoter (Policy for responsible research conduct at Stellenbosch University, 2013).

4.11 Trustworthiness of the Research

The issue of quality and rigour in research is essential. Guba and Lincoln (1994) address three key validity and reliability checks that researchers should be engaged with as a central feature of the research process, namely Credibility, Audit-ability and Confirmability. Each of these is addressed in the following section.

4.11.1 Credibility

Shenton (2004) describes how credibility refers to the internal accuracy of the findings across the research. Shenton (2004) requires that a "true picture of the phenomenon under scrutiny is being presented" (p. 63). In the current research credibility was established in that participants were encouraged to be honest from the outset, they knew they had the right to withdraw from the study at any point. Credibility was also ensured in the multimethod design employed in the current study which was a rigourous research method that approached the objectives of the study from a number of different angles thereby enhancing the credibility of the findings through triangulation via data sources (Davison, 2014; Shenton, 2004).

Throughout the duration of the research the research checked with participants through the course of the study around accuracy of understanding and meaning. During analysis a group of participants were asked to read through the analysis for comment, insight, input or recommendations.

Furthermore, each theme that emerged in the findings was scrutinised and checked that what had emerged was truly what had been said. I was also keenly interested in finding out what the other voices were saying and ensured that both the dominant voices and the different perspectives were presented in the research findings. I underwent two formal stakeholder reviews which involved opportunities being provided for people with a specific interest in the research, to reflect on the research findings and comment on the extent to which they felt the results were credible which involved opportunities being provided for people with a specific interest in the research, to reflect on the research findings and comment on the extent to which they felt the results were credible (Personal Communication, Julie MacFarlane, 27th May 2017; Personal Communication, Diana De Sousa, 06th June 2017).

4.11.2 Transferability

Esteves and Pastor (2004) have suggested that "the most defensible indicator of transferability is to look for evidence that points to the believability and robustness of the results because of the evidenced content accuracy in the findings" (Esteves & Pastor, 2004, p. 79). In the current research transferability is evidenced in that the sample of RCs approximates the RC population based on HPCSA records (HPCSA, 2016c). As a result, these findings of the present study could be applied into other situations involving RCs professional identity or the realities and challenges of training RCs. Trends evident across the data set were integrated with each other and then analysed using a similar thematic analysis which allowed for the main findings of the two data sets to be considered holistically. In this way producing a richer and more rigorous process of coming to understand phenomenology as a coherent whole attained through the findings being grasped from multiple perspectives. Consequently, a multiplicity of perspectives could be reflected on which added an additional layer of depth to the research and in turn added to the transferability of results.

4.11.3 Dependability

Dependability is difficult in qualitative research but in order to increase the likelihood that should the research be repeated again the same results would emerge the following was attended to:

- Every effort was made to illuminate the trail of the research process by keeping accurate, detailed and robust documentation of the research events throughout the research. Any other researcher could take this detailed work and utilise it to replicate the study.

- Remain attentive to detail in the description of the research process in this chapter which has documented exactly how the research was carried out.

- Provide supporting documentation that shows evidence of the research process.

- Be transparent and accountable to the research supervisor about the research process at all levels.

The current study could therefore be seen as a "prototype model" (Shenton, 2004, p. 71). It should also be noted that given that at a number of levels the results that emerged from the current study were not dissimilar to the research of its predecessors it is likely that should another researcher engage the same topic again; similar results would emerge.

4.11.4 Confirmability

Confirmability purports that results obtained are true and correct and are also firmly established in the data and demonstrate a level of objectivity (Crowther, Kavanagh, & Ashby, 1998). Confirmability was established by:

- Ensuring that the instruments used in the survey research had undergone validity checks so as to enhance instrument validity. This "audit-trail" is explicated in the research process (Shenton, 2004, p. 72)

- Demonstrating that results emerged logically and progressively from the research and were not imposed into the data as evidenced in this dissertation.

- I have put checks and balances into the research process in that I continually acknowledge my deep investment in this study and my passion for the RC Category as the hands and feet of a relevant psychology that is actively and tangibly at work in meeting the needs of South African's broadly. In this sense I admit my beliefs and assumptions and therefore have made provision for confirmability. My supervisor has been deeply engaged throughout the process helping me in each supervision session to

examine my thoughts and ideas more deeply resulting in reasoned consensus (Babbie & Mouton, 2012).

4.12 Chapter Summary

In this chapter the underlying interpretivist social phenomenological research paradigm that undergirded the current study was explored at both philosophical and applied levels of understanding. How this underlying research paradigm served within the multimethod research design to bring the research back to the methodological foundations and assumptions of phenomenology, while at the same time opening up multiple opportunities for exploring the research objectives was described. The chapter outlined how in the current study each of the three interrelated research objectives comprised a small study in itself and explored explores the nuances of data collection, instrument design, sampling, data collection, data management and analysis for each of the research objectives. How survey research was employed to address the current status of the RC category as well as the realities and challenges for training RCs was described. How qualitative interviewing was employed to explore the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa was also outlined. The strengths of the multimethod design as they pertained to the current study were highlighted. Positionality and reflexivity were addressed. Ethical considerations and the trustworthiness of the research in terms of credibility, transferability, dependability and confirmability were discussed.

The following chapter presents the finding of the current study in three sections.

CHAPTER FIVE
RESEARCH FINDINGS

The overall aim of the study was to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. In this chapter the findings of the current research are presented in three sections. The first section will reflect on the findings of the current demographic status of the RC (size, gender, ethnicity and race). The second section will present the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa. In this section the findings from the survey research and the qualitative interview will be integrated to fully explore the overall aim of the study. The third section will address the realities and challenges of training RCs within Higher Educational Institutions in South Africa.

In each of the sections where applicable descriptive and frequency analysis findings will be presented and the voices of the participants will be used to describe their own experiences (van Manen, 2014). In order to delineate between the survey participants' voices and the voices of the RCs who participated in the qualitative interviews the abbreviation 'p#n' will be used to refer to participants from Survey 1, the abbreviation 'RC#n' will be used to refer to participants from the qualitative interviews and, the abbreviation 'A#n' will be used to refer to participants from Survey 2. Findings across the research are often interrelated and therefore will not necessarily be discussed in depth each time but rather interconnections will be highlighted and referred to.

It should be noted that this chapter specifically avoids a discussion or reflection on the findings and simply presents the findings as they emerged from the data. Findings will be integrated, interpreted and discussed in Chapter 6.

5.1   Research Objective One: Understanding the Current Status of the RC Category

The findings presented in this section pertain to the current status of the RC category in terms of its demographic profile (size, gender, ethnicity and geography). These findings are presented compared to the total population of RCs as of May 2016 (HPCSA, 2017a). An additional layer of data findings is presented that highlights the demographic profile of RCs (N=2196) and psychologists broadly (N=8475) (HPCSA, 2017a) compared to the South

African population (N=54,956,900) these psychological practitioners are envisaged to service (Stats SA, 2016).

5.1.1   Demographic Profile of the Sample

A total of 687 RCs completed the survey and at the time (December, 2016) this represented a 35% response rate of the total RC category (N=1979). The demographic profile of the current sample of RCs in terms of gender, population ethnicity, and province is illustrated in Figures 5-1; 5-2 and 5-3 respectively.

5.1.1.1   Gender.

In the current study 17% (n=117) of the survey participants were males, 82.30% (n=568) were females, and 0.40% (n=4) were transgendered. This compared with the total gender percentages in the category as a whole. In terms of gender distribution males represent 14.40% (N=285) of the total RC population and females represent 85.60% (N=1694) of the total RC population (HPCSA, 2016c). The HPCSA does not record a transgendered category. (See Figure 5-1).

	Males	Females	Transgendered
Total RC's expressed as a %	14.40%	85.60%	0
Sample of RC's expressed as a %	17%	82.30%	0.40%
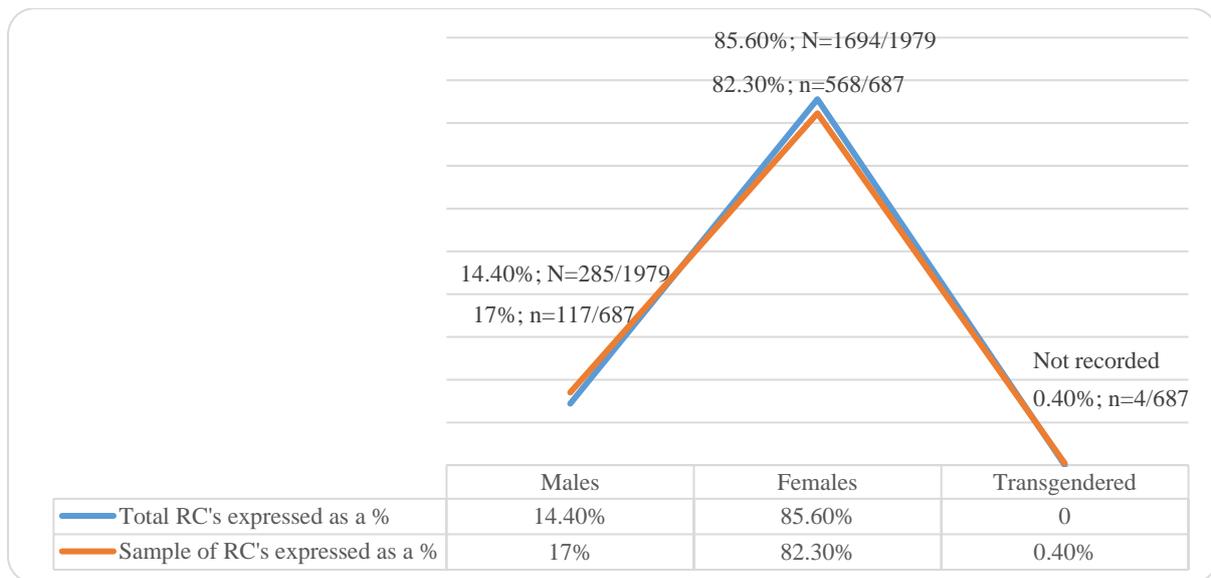
Figure 5-1   Gender distribution of the sample compared to the RC category

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5.1.1.2 Ethnicity.

In the present study, 29.4% (n=199) of the participants were African and 11.40% (n=78) of participants were Coloured. Asian/Indian participants represented 7.30% (n=50) of the sample and 51% (n=349) of the participants were White.

The ethnicity of the sample was similar to the total RC category. Of the total RC population, 37% (N=732) are African, 9.75% (N=193), 9.75% (N=193) are Coloured, 6.67% (N=132) are Asian/Indian and whites represent 45.83% (N=907) of the total RC population. This is illustrated in Figure 5-2.

	African	Coloured	Asian/Indian	White	Other
Total RC's expressed as a %	36.99%	9.75%	6.67%	45.83%	0.76%
Sample of RC's expressed as a %	29.40%	11.40%	7.30%	51%	0.90%
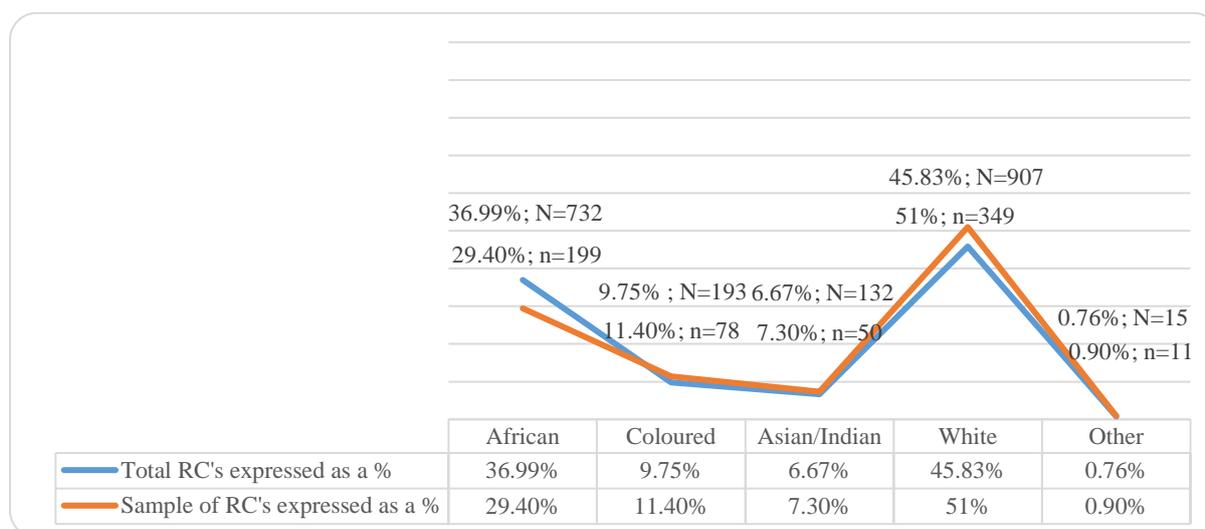
Figure 5-2   *Population ethnicity of the sample compared to the RC category*

5.1.1.3 The ethnicity of RCs in relation to psychologists and the South African population.

- The following section presents an additional layer of data and highlights the ethnicity of RCs and psychologists broadly (HPCSA, 2017a) compared to the populations these psychological practitioners are envisaged to service (Stats SA, 2016) (See Figure 5-3). In interpreting the data in Figure 5-3, please note:

- The statistics for psychologists include all psychologists (clinical, counselling, educational, industrial/organisational, and research) have been aggregated. Category breakdown statistics are misleading because of practitioners who are registered in more than one category which inflates the number of registered psychologists in the statistics (Personal Communication, Yvonne Daffue 22nd May 2017).

- Psychometrist statistics have been left out of these comparisons.

- The slight discrepancy in total number of RCs from the section above is due to these graphs being based upon the 2017 HPCSA stats (HPCSA, 2017a).

	African	Coloured	Indian/Asian	Other	White
RC race distribution as a %	38.25	10.34	6.51	0.32	44.58
Psychologist race distribution as a %	13.55	5.03	6.70	11.62	63.10
Population expressed as a %	80.50	8.80	2.50	0.00	8.30
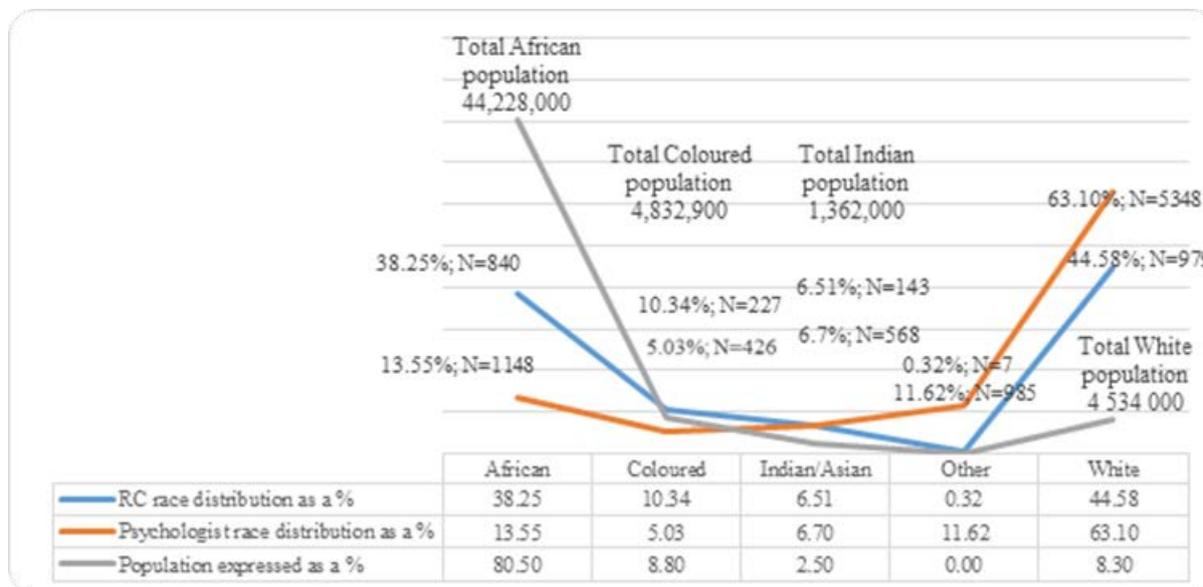
Figure 5-3   *Population ethnicity of the RC and psychologist categories compared to the distribution of the population*

As is illustrated in the Figure 5-3, using 2017 statistics, African RCs comprise 38.25% (n=840) of total RC category. African psychologists make up only 13.55% (n=1148) of their category. This means that in 2017 there are a total of 1,988 African psychological practitioners to service 80.50% (n=44,228,000) of the population who is African. Coloured RCs make up 10.34% (n=227) of the RC category. Coloured psychologists comprise 5.03% (n=426) of their category. This means that in 2017 there are a total of 653 Coloured psychological practitioners to service 10.34% (n=4,832,900) of the population that is coloured. Indian/Asian RCs make up 6.51% (n=143) of the RC category. Indian/Asian psychologists make up 6.70% (N=568) of their category. This means in 2017 there are 711 psychological practitioners to service 6.51% (n=1,362,000) of the population. White RCs make up 44.58% (n=979) of the RC category with

white psychologists making up 63.10% (n=5,348) of their category to service 8.30% (n=4,534,000) of the population[6].

5.1.1.4 Geography.

Ascertaining the geographical distribution of RCs can provide valuable information about the potential distribution of services. Findings reveal that in the current sample 8.5% (n=58) of participants were living in the Eastern Cape; 3% (n=20) of participants were living in the Free State and 33.3% (n=229) of the sample were living in Gauteng. Furthermore, 12.7% (n=87) of the sample were living in KZN; 6.5% (n=47) were living in Limpopo; 2.2% (n=15) were living in Mpumalanga; 4.0% (n=28) were living in the North West; 1.2% (n=8) of the sample were living in the Northern Cape and 28.4% (n=195) were living in the Western Cape.

The provincial distribution of the sample is similar to the provincial distribution of the RC category as a whole. 7.07% (N=140) of all RCs live in the Eastern Cape, 4.04% (N =80) live in the Free State and 32.84% (N=650) of the RC category live in Gauteng. There are 14.30% (N=283) living in KZN, 9.45% (N=187) living in Limpopo, 4.50% (N=89) live in Mpumalanga and 2.98% (N=59) live in the North West. 1.41% (N=28) of the RC category live in the Northern Cape and finally 23.30% (N=458) live in the Western Cape. 5 RCs indicated that they were living overseas.

The geographical distribution of the sample compared to the RC category across provinces is illustrated in Figure 5-4.

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[6] An assumption has been made that psychological practitioners are likely to render services to their "own" population group.

	Eastern Cape	Free State	Gauteng	Kwazulu Natal	Limpopo	Mpumalanga	North West	Northern Cape	The Western Cape
Total RC's expressed as a %	7.07%	4.04%	32.84%	14.30%	9.45%	4.50%	2.98%	1.41%	23.40%
Sample of RC's expressed as a %	8.5%	3.0%	33.3%	12.7%	6.5%	2.2%	4.0%	1.2%	28.4%
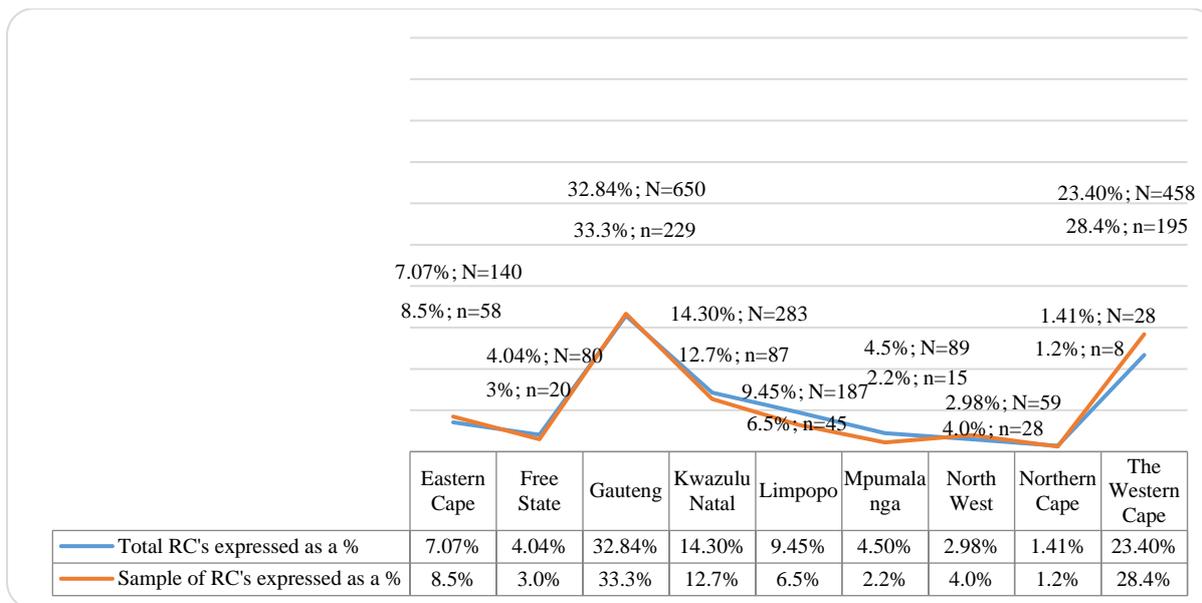
Figure 5-4   ***Geographical distribution of the sample compared to the RC category***

5.1.1.5 The geographical profile of RCs in relation to psychologists and the South African population.

The data presented in this section highlight the provincial distribution of RCs and psychologists broadly (HPCSA, 2017a) compared to the respective province populations these psychological practitioners are envisaged to service (Stats SA, 2016). Please note as per the previous section:

- The statistics for psychologists include all psychologists;

- The slight discrepancy in total number of RCs from the section above is due to these graphs being based upon the 2017 HPCSA stats (HPCSA, 2017a).

See Figure 5-5 for the ratio of psychological practitioners per province.
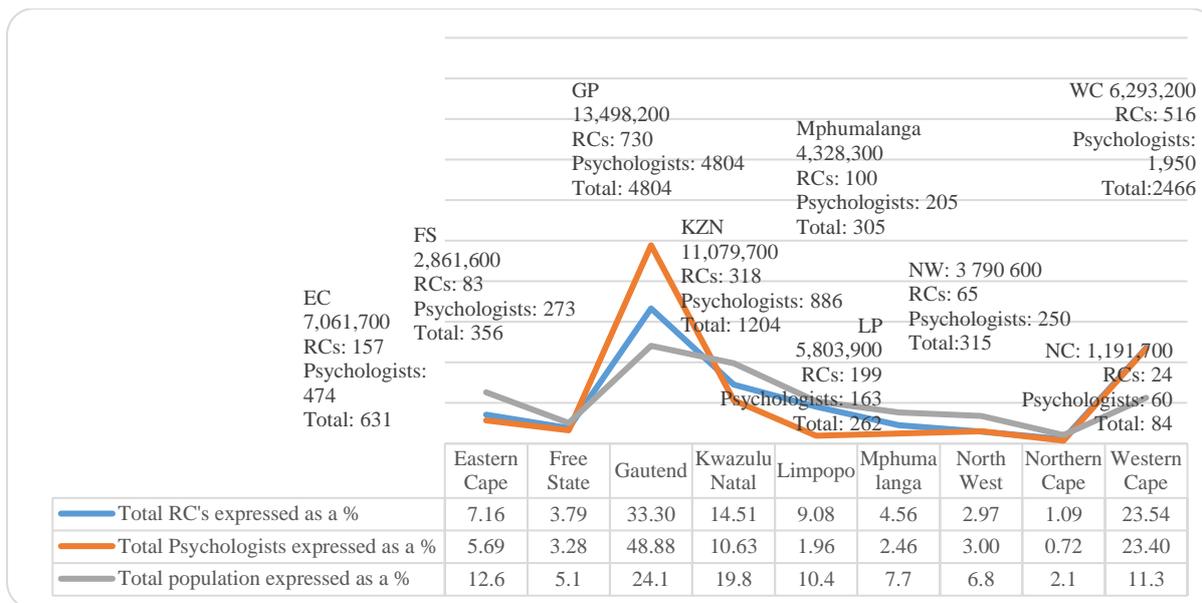
Figure 5-5   *The ratio of psychological practitioners per province*

As is illustrated in the Figure 5-5, using HPCSA (2017a) statistics, RCs in the Eastern Cape comprise 7.16% (n=157) of the total RC category, psychologists in this area make up 5.69% (n=474) of their category. This means that in 2017 there are a total of 631 psychological practitioners to service 12.6% (n=7,061,700) of the population living in the Eastern Cape. RCs in the Free State comprise 3.79% (n=83) of the total RC category and psychologists make up 3.28% (n=273) of their category. This means that in 2017 there are 356 psychological practitioners to service 5.1% (n=2,861,600) of the population living in the Free State. RCs in Gauteng comprise 33.30% (n=730) of their category and psychologists make up 48.88% of their category (n=4,074). This means that in 2017 there are 4,804 psychological practitioners servicing 24.1% of the population (n=13,498,200) to serve the Gauteng area. RCs in KZN comprise 14.51% (n=318) of their category and psychologists in KZN comprise 10.63% (n=886) of their category. This means that in 2017 there are 1,204 psychological practitioners to serve 19.8% (n=11,079,700) of the population. RCs in Limpopo comprise 9.08% (n=199) of the total RC category and psychologists in Limpopo make up 1.96% (n=163) of their category. This means that in 2017 there are 262 psychological practitioners to service 10.4% (n=5,803,900) of the population. RCs in Mpumalanga comprise 4.56% (n=100) of the total RC category and psychologists comprise 2.46% (n=205) of their category. This means that in 2017 there are 305 psychological practitioners to serve 7.7% (n= 4,328,300) of the population living in Mpumalanga. RCs in the North West make up 2.97% (n=65) of the total RC category and

psychologists make up 3% (n=250) of their category. This means that there are 315 psychological practitioners to serve 6.8% (n=3,790,600) of the population living in the North West. RCs in the Northern Cape comprise 1.09% (n=24) of the total RC population and psychologists comprise 0.72% (n=60) of their category in this area. This means that there are 84 psychological practitioners to service 2.1% (n=1,191,700) of the population living in the Northern Cape. Finally, RCs working in the Western Cape comprise 23.54% (n=516) of the total RC category and psychologists comprise 23.40% (n=1,950) of their category. This means that there are 2,466 psychological practitioners to service 11.3% (n=6,293,200) of the population living in the Western Cape.

5.1.2   Summary of the current status of the RC category.

In describing the current status of RC category Table 5-1 below provides a summary of the current status of participants of the study as well as the RC category as a whole in terms of gender, ethnicity and geography. The section added an additional layer of data that highlighted ethnicity and geography of RCs and psychologists broadly (HPCSA, 2017a) compared to the populations these psychological practitioners are envisaged to service (Stats SA, 2016).

Table 5-1   **The Current Demographic Status of the Sample of RCs Compared to the RC Category as a Whole**

	Status Indicators		Demographic status of the sample	Demographic Status of the RC category as a whole
Demographic Indicators	Gender	Female	82.30% (n=566)	85.60% (N=568)
		Male	17% (n=117)	14.40% (N=285)
		Transgender	0.40% (n=2)	Unknown
	Ethnicity	African	29.4% (n=199)	37% (N=732)
		Coloured	11.40% (n=78)	9.75% (N=193)
		Asian/Indian	7.30% (n=50)	6.67% (N=132)
		White	51% (n=349)	45.83% (N=907)
		Other	0.90% (n=11)	
	Geography	Eastern Cape	8.5% (n=58)	7.07% (N=140)
		Free State	3% (n=20)	4.04% (N=80)
		Gauteng Province	33.3% (n=229)	32.84% (N=650)
		KZN	12.7% (n=87)	14.30% (N=283)
		Limpopo	6.5% (n=47)	9.45% (N=187)
		Mpumalanga	2.2% (n=15)	4.50% (N=89)
		North West	4.0% (n=28)	2.98% (N=59)
		Northern Cape	1.2% (n=8)	1.41% (N=28)
		Western Cape	28.4% (n=195)	23.40% (N=458)

5.2   Research Objective Two: The Lived Experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa

This section presents the findings that emerged in the research explicate the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa. In this section the findings from the survey research and the qualitative interviews will be integrated to fully explore the overall aim of the current study. Five key themes emerged across the survey research and the qualitative

interviews and explicate the lived experience of RCs being a journey of professional identity construction within the profession of psychology in South Africa. The five key themes that emerged from the research as central to the lived experience of being a RC within the profession of psychology in South Africa describe a journey of professional identity construction from *Readying*; *Becoming*; *Aspiration and Vision*; *Reality kicks in* and *Choosing*. Contributors that emerged in the findings as activators of the construction of professional identity as well as hindrances that emerged as inhibitors to the construction of professional identity for the participants are highlighted.

In presenting these themes the voices of the participants will be used to describe their own experiences (van Manen, 2014). By this means the reader to grasp the deeper intricacies and meanings of the lived experience of RCs. The quotes that have been selected and used in this section best illuminated a nuance of an element of a theme or described vividly particular phenomenologies of meaning for the participants of this study. At the same time, however, an effort has been made to present a range of participant voices throughout the research findings. The purpose of this is for the reader to grasp the deeper intricacies and meanings of the lived experience of RCs. The quotes that have been selected and used in this section best illuminated a nuance of an element of a theme or described vividly particular phenomenologies of meaning for the participants of this study. At the same time, however, an effort has been made to present a range of participant voices throughout the research findings.

5.2.1   Readying

"My training provided me with a sense of who this RC was that I was going to become"
(p#564).

Findings of the research indicate that the lived experience of RCs began when their BPsych (RC) training began. Four aspects of participant training experiences including: the routes participants had taken to becoming RCs; study aspirations of participants; helpful and unhelpful elements of BPsych training and participant satisfaction levels that their studies had prepared them to be a RC are highlighted.

5.2.1.1   *Routes to becoming a RC.*

Findings of the research reveal that 67.7% (n=465) of participants had done an Honours Degree in Psychology and then completed a practicum/internship whereas 38.9% (n=222) of participants had studied to become RCs by completing the four year BPsych (RC) degree in order to be eligible to write the board exam to become a RC. The survey results indicated that

84.20% of participants intended to continue studying. For the sample 14.55% (n=100/687) had already completed a Master's Degree and 2.32% (n=16/687) had completed a Doctoral degree. Findings reveal that study aspirations among participants were varied and are illustrated in Figure 5-6. What is particularly critical about these findings is that they provide evidence that 73.12% (n=307/506) of participants ultimately aspired to become psychologists. This will be discussed further under the theme of *becoming*.
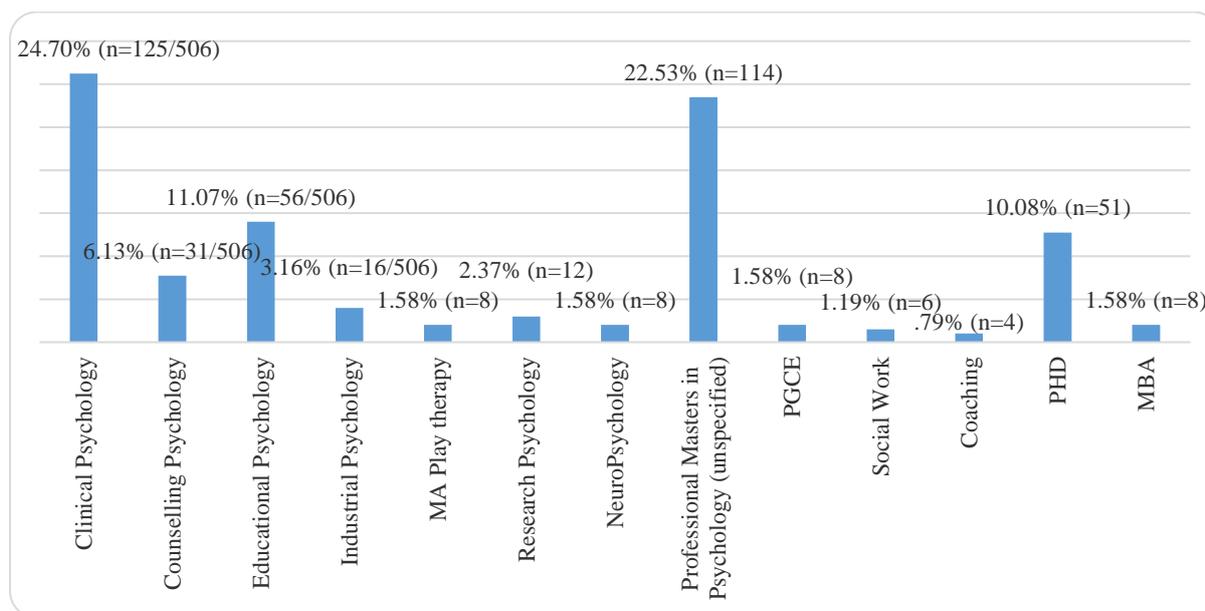
Figure 5-6   Participant study aspirations

5.2.1.2   *Helpful elements of BPsych training.*

Findings of the research reveal four dominant themes that emerged as the most helpful elements of training in preparing participants for their work as RCs and will be discussed as follows: 40.27% (n=242/601) of participants cited the importance of building a robust academic knowledge base throughout their training; 30.45% (n=183/601) of participants highlighted the importance of the practicum/internship and supervision; 26% (n=176/601) addressed the importance of hands on experience while learning and 15.64% (n=94/601) of participants specifically described how the practical counselling skills they received during training as the most helpful element of training.

Building a robust theoretical knowledge base

A total of 40.27% (n=242/601) of participants cited key modules that were seen as "extremely relevant and helpful in understanding behaviour" (p#479). Participants suggested

that these modules provided them with "a sound theoretical knowledge base" (p#176) that prepared them for their work as RCs. 37% (n=90/242) cited the importance of their theoretical training generally, 19.42% (n=47/242) highlighted the importance psychometric assessment training; 15.28% (n=33/242) valued modules such as therapeutic Psychology and abnormal psychology modules (14.04%; n=34/242); 14.04% (n=34/242) mentioned the importance of ethics training and group work skills training.

The BPsych practicum/internship and supervision

Results of the survey demonstrated that 30.45% (n=183/601) of participants described how being in the field dealing with real clients took their academic training to another level allowing them to see how to apply what they had learned in practice. The supervision that came along with the practicum provided participants with opportunity to actively engage, through supervision, with what they were learning (p#305). Participant #314 summarised "Doing the practical work while in my practicum and getting supervision helped me gain the experience and assistance I needed for the work place. It was during this time that I got to implement the theory I had learned over the years of study."

Hands on experience while training

The survey also revealed that 29.28% (n=176/601) of participants felt that the hands on experience they received while learning in the classroom through case studies and role play, helpful in preparing participants for their work as RCs. Participants described this as the aspect of training where they were able to grapple with the theory while doing role plays and engaging with case studies. Participant #162 described this as follows:

> *The most important and helpful thing was when practical techniques were taught and opportunity was given for us to practice these. This is what forced me beyond my limits, to think for myself and not just accept whatever the textbook says but actually to engage with the theory.*

Practical counselling skills

Finally, 15.64% (n=94/601) of participants described how:

> *The practical counselling skills gained while studying was the most helpful. When we learned these and practiced them in role plays and by doing case studies this was where - the academic - came to life in practice and things*

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fell into place in terms of understanding everything that had been learned

(p#601).

Specific counselling skills such as trauma counselling, crisis intervention, stress management, grief counselling and marriage and family work were highlighted.

5.2.1.3 *Least helpful elements of BPsych training.*

Elements of training that were considered least helpful in preparing participants for their work as RCs and will be discussed as follows. More than a third (37.79%; n=82/271) of participants struggled with the training being too academically focused with not enough practical preparation, 36.41% (n=79/271) found the weighty research component of the programme unhelpful, 19.35% (n=42/217) felt they were required to do too many unnecessary modules, 11.52% (n=25/217) described how problems with their practicum had let to them feeling unprepared for their work as RCs; 10.60% (23/217) felt that they had not had enough training in the psychometric assessments, and finally 9.22% described feeling that they had not been adequately trained for the reality of what it meant to be a RC once they had graduated (this will be dealt with extensively in section 3 and will not be discussed at this stage).

Training shouldn't become too academic without reference to the practical

Findings reveal that 37.79% (n=82/271) of participants, described how it was unhelpful when training became "too academic in its focus with not enough focus on practical application or exposure to real life case studies and training in practical counselling techniques" (p#209). Participant #483 was of the opinion that:

> *The practical application of theoretical work would have better helped me*
> *but instead things remained very academic especially with regards to certain*
> *subjects. Practical activities while studying should really have formed a part*
> *of this degree and then the internship would have helped to reinforce skills I*
> *had already acquired.*

The research and statistics component was too weighty

Results of the research demonstrate that 36.41% (n=99/271) of participants described "We really couldn't see the importance of so much focus on research methodology and statistics" (p#125).

Too many unnecessary core modules

Research showed that 19.35% (n=42/217) of participants felt they were required to do too many unnecessary modules. Participant #420 opined "Some modules covered in my first year were completely unnecessary for example, political science and biology." Another participant described "useless core modules that I had to do like political science or philosophy could have been replaced with something move valuable/useful" (p#82).

Problems with the BPsych practicum

Findings indicate that 11.52% (n=25/217) of participants had experienced problems with their practicum. Participant #397 described "My internship hours were very sheltered and now there are very real problems to deal with when I got out into the real world." Participant #118 explained "I had challenges in that I had no supervision or support forum during my practicum. This left me feeling out of my depth and I didn't learn as much as I could have." These challenges led to participants feeling unprepared for their work as RCs. Specific challenges highlighted included supervision, inappropriate internship sites and feeling out of one's depth.

Not enough training in psychometric assessment

There was 10.60% (n=23/217) of participants who felt that they had not had enough training in the psychometric assessments that resorted within the scope of practice of the RC because of this they felt disadvantaged. One participant summarised this as "I was taught about the assessment measures but I never got a chance to see the test or to do the practical part of assessments, this meant that I was not prepared for the work of the RC because I still had to learn about the tests after I had completed my studies" (p#548).

5.2.1.4   Satisfaction levels.

Findings of the research demonstrate that 54% (n=371) of participants indicated being very satisfied to satisfied that their studies had prepared them to be RCs. By contrast, 15% (n=103) did not feel their studies had prepared them to be RCs and 24.6% (n=169) were indifferent about whether they felt their studies had prepared them. Notably, 44 participants (7%) skipped the question. Figure 5-7 summarises the overall satisfaction levels of participants that their studies had prepared them to be RCs.
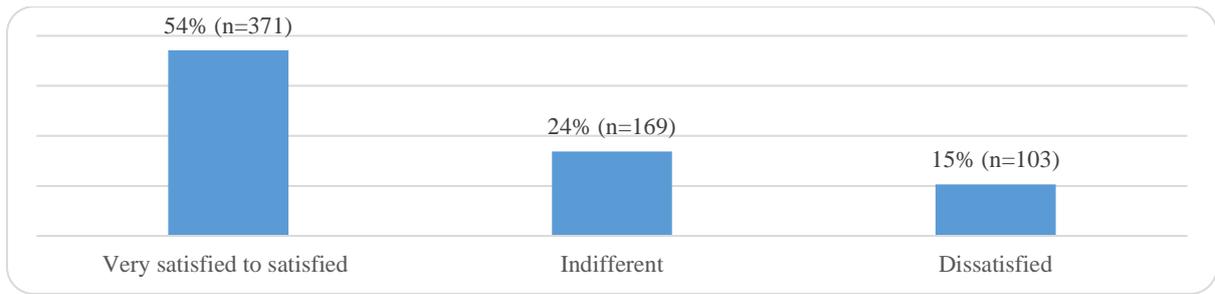
Figure 5-7   *Overall satisfaction levels of participants that their studies had prepared them to be RCs*

In comparing Figure 5-8 and Figure 5-9, the findings suggest that participants more frequently cited elements of training they considered helpful in preparing them to be RCs than highlighting elements of training considered unhelpful.
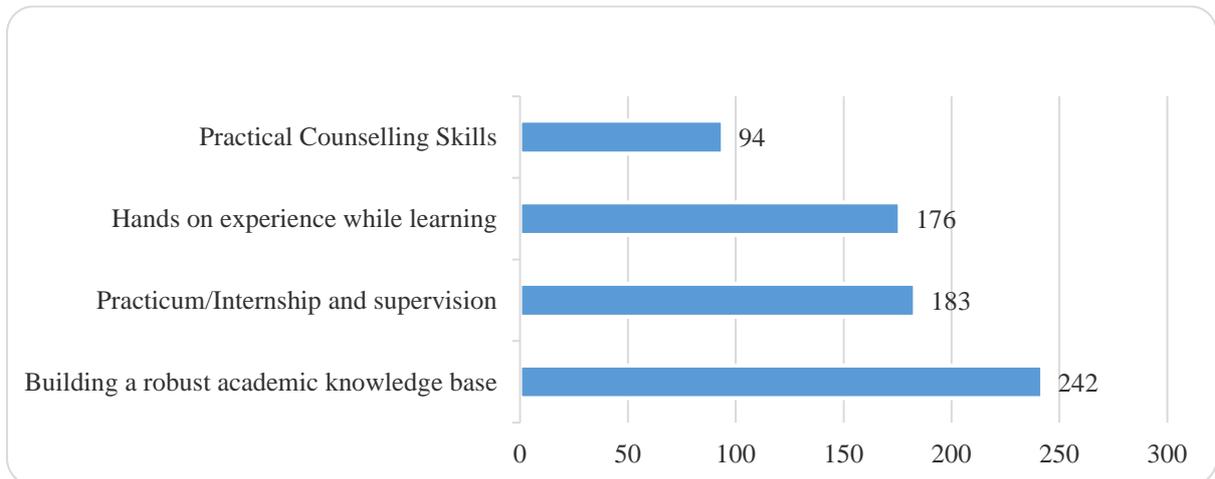
Figure 5-8   *Most helpful elements of training in preparing participants to be RCs*
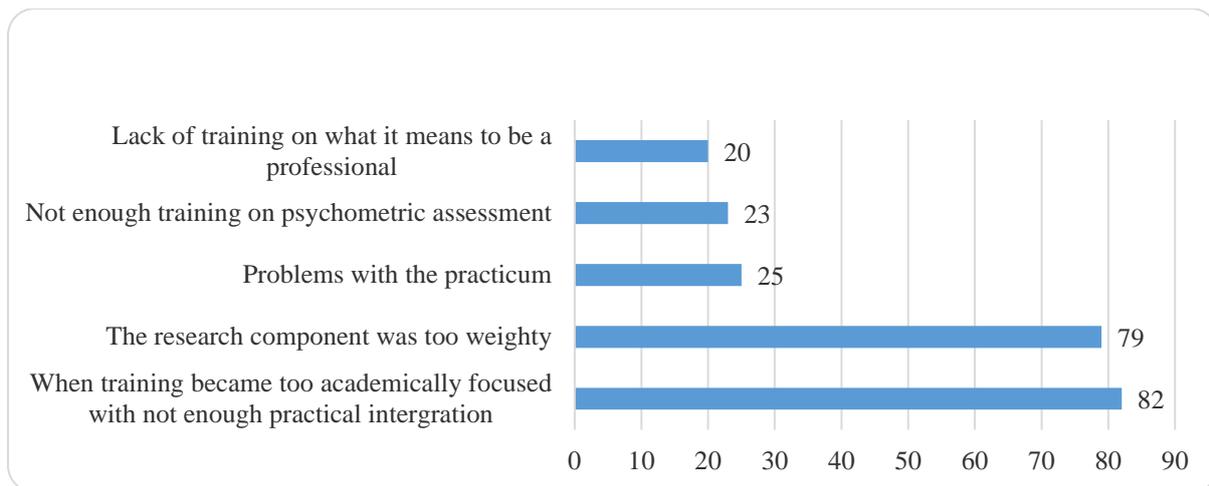
Figure 5-9   Least helpful elements of training in preparing participants to be RCs

5.2.2   Becoming

5.2.2.1 *Becoming a RC.*

> *"Becoming a RC fills me with feelings of excitement, happiness, relief as I realised this is it I am registered" (p#7).*

Findings indicate that the lived experience of actually being a RC was onset by what participants described as "becoming a RC" (RC#7). *Becoming* was about having "completed your BPsych qualification. Then you apply to write the board exam - you need to get 80% to pass" (RC#1). RC #17 goes on to say that:

> *One day the HPCSA lets you know that you have to pay your fees which basically means you have passed. They inform you about your CPD points and that you should register with the Board of Health Care Funders of South Africa which allows you to claim from medical aid (p#17).*

RC#21 expressed "When you have paid your fees you get your number, your practice card arrives eventually and you feel ok congratulations this is it I have made it."

Findings reveal that for 84.6% (n=22/26) of RCs interviewed described how *becoming* was accompanied with feelings of happiness, excitement, accomplishment and relief.

26.92% (n=7/26) of participants expressed feeling "very happy and empowered" (RC#25). Excitement was also described by 23.08% (n=6/26) of participants. RC#17 articulated "I was obviously very excited and you know, ready to change the world."

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Several participants (19.23%; n=5/26) felt accomplishment. RC#22 explained:

It was a milestone in my life in the sense that I'd achieved a qualification, an Honours in psychology, I had completed the BPsych (RC) training, I'd done an internship and now I had a professional registration. So I was excited about that and I felt like I had accomplished something important.

Furthermore, 11.54% (n=4/26) felt relief about becoming an RC. RC#3 outlined that:

I think it was quite a big relief because I had been studying for quite a number of years, I'd had two children and various other experiences during the time that I was studying. So, it was quite a relief finally being registered and now being able to go forward.

RC#7 summarised the lived experience of becoming saying:

I was excited, happy and I had feelings of relief. I was also thinking to myself that to be registered with the Health Professions Council of South Africa was really a big accomplishment and that it would carry a lot of weight in terms of going out there and being able to offer your skills but also your knowledge and that it could impact the lives of others but it would also allow me to have, somewhat, a voice of authority in certain issues around psychology and counselling.

It should be noted that despite the excitement, happiness, relief described in the above section, many participants described feeling like they had received the second prize. This will be discussed in the following section.

5.2.2.2 *"Becoming" a psychologist.*

It is important to note, that juxtaposed against feelings of happiness, excitement, accomplishment and relief was a dominating sense that becoming a RC was "second prize" (RC#25) or "the silver medal on the way to getting the first prize – becoming a psychologist" (RC#4). Drawing on the findings of the survey research specifically the majority (73.12%; n=370/506) of participants describe how they ultimately aspired to become psychologists. RC#11 explained "I have a passion for working with people and helping them enhance the quality of their lives. My goal is however to further my studies and become a psychologist one day."

Therefore, the lived experience of becoming a RC was not a first choice but because it was a professional qualification it was therefore a step in the right direction on the way to becoming a psychologist. Participants described "As it is very difficult to get into a master's programme for clinical psychology, being a RC is almost a 'mid-point' to the end goal" (p#244) or "an academic stepping stone" (p#150). Participant #604 highlighted "I never planned to become a RC. I wanted to continue with masters however getting through the program was difficult." RC#23 summarised "I was quite happy about becoming a RC but remember this was option B. I could not get into a master's programme. That was what I really wanted. In my opinion every RC wants to be a psychologist."

While satisfaction levels with the HPCSA as a statutory professional body were generally low (this will be addressed under *Reality kicks in*), the research reveals that RCs recognised the benefits of being registered with the HPCSA for professional identity purposes. Participants explained that "being registered as a practitioner with the Health Professions Council of South Africa, having a practice number and being able to charge medical aid rates and claim from medical aid makes you feel like you are a professional" (p#330). Participant #330 described:

> *I see my professional identity firstly as the unique contribution I bring as a RC, secondly I uphold the scope of our profession competently and thirdly I am registered to a greater body that provides me with a set of ethics and a code of conduct (RC#2).*

In the same vein, RC#4 described:

> *I uphold our scope of our profession and I am committed to the ethics and standards of the greater mental health profession. I see myself as being as knowledgeable as a professional because I make sure each year I am CPD compliant. I am involved in short term intervention and psychoeducation as opposed to long term psychotherapy. I know what I can assist with and when I need to refer.*

Participants valued that "potential clients can go onto the HPCSA website and they can check it out – I am actually registered, I have the certificate and I have the degree that all makes me feel like – ok this is it, I am a psychological professional" (RC#6).

5.2.3   Aspiration and Vision

> *"When I thought about this career as a RC it was about me fulfilling my passion" (p#345).*

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5.2.3.1 *Imagining with Aspiration and Vision.*

70% (484/687) of participants described how various elements of *Aspiration and Vision* activated their journey of professional identity construction. Findings demonstrate that participants had four specific aspirations they envisioned. Each of these had a powerful impact on the RCs journey of professional identity construction.

- Firstly, 44.62% (n=216/484) envisioned that their role as RCs would fulfil their passion for helping and empowering people and felt fulfilled when they were doing so.

- Secondly, 21.90% (n=106/484) of participants envisioned being instrumentally involved in providing more accessible psychosocial support and counselling services at a grassroots level to significantly improve the quality of life of people who would not otherwise have access to psychological services and that was what they loved to do more than anything else.

- Thirdly, 16.94% (n=82/484) of participants envisioned that through their work they would make a difference in the world through impacting lives positively.

Please note 16.5% (n=80) did not specifically give reason for why they felt aspiration and vision for being an RC.

Passion for Helping and Empowering People

A key activator in the journey of professional identity construction was participants love (n=38/216) and passion (n=48/216) for helping and empowering (n=130/216) people. Participant #639 explained "Having lost my mother at the age of 14 and being a product of a child headed household, I had a strong passion for helping and empowering others and psychology just seemed like the obvious career choice for me." Participant #345 outlined

> *When I thought about this career as a RC it was about me fulfilling my passion which is coming alongside people to help them to realize their full potential. This has been something I knew from a very young age - that I would be working with people. It is such a privilege to be able to walk alongside people in their journeys of healing and self-discovery.*

Participant #504 expressed "I have a passion for people and their wellbeing, for me, being a RC is about me having the opportunity to live out my passion" (p#504). Participant #261 explained how "this sense of passion makes me come alive inside." RC#7 asserted "More than

anything I love the spaces of empowerment I get to work in as a RC. I have a passion for facilitating positive change offering psycho-social support and helping people."

Aligned to the envisioned role for helping and empowering people participants described a sense of "fulfilment" when they had "been able to help someone else" (p#387). RC#24 illustrated this "I think the rewarding part is when you're actually working with somebody and you can actually see when you have helped shift things and made progress. You know you've actually made a difference." RC#1 summarised this as follows:

> *I think the fact that my passion came from wanting to help people and then to some extent, being a RC has given me that platform to realise my passion so I feel fulfilled and it becomes a rewarding personal process that sustains me. I also know that in this line of work whichever path I take I will be able to make an impact.*

A Desire to Provide More Accessible Psychosocial Support and Counselling Services at a Grassroots Level

Findings show that 21.90% (n=106/484) of participants envisioned that being a RC would allow them to be instrumentally involved as "front line mental health practitioners" (p#17) "offer a vital service to the public and our communities" (p#543). Participant #46 wholeheartedly believed that "RCs provide an invaluable service needed in our country" by making "primary psychological services accessible, available and affordable at a grass root level" (p#252). Participant #505 described "I view myself as a paramedic, conducting the containment and brief interventions to the specialists. I am a primary and secondary interventionist." Participant #251 shared "looking at my colleagues and myself, we are aware of the need in our South African communities and the difference we could make by working together as RCs intervening at a grassroots level." Participants communicated a sense of pride in the contribution they could make in

> *…assisting in providing psychosocial support and counselling services especially in black communities which are often neglected. Our communities are filled with anger and confusion. Psychosocial support is seriously needed and also bereavement support since a lot of people have been through so much trauma (p#489).*

Aligned to the envisioned role to be instrumentally involved in providing more accessible psychosocial support and counselling services at a grassroots level participants explained how

they felt "there is such a great need for our counselling services in the community and providing these services is incredibly rewarding" (p#678). Participant #478 expressed:

> *I've always wanted to be a catalyst for change not the change agent itself so working with individuals and communities is a passion of mine. I love to see people discover and become fully who they were intended to be, and to assist them in that process. It's an honour that I don't take lightly.*

Participant #598 felt:

> *Counselling is a healing profession. We provide a gift and we are given a gift as we are involved in the process of emotional and psycho-social healing of an individual. The giving and receiving of this gift is the giving and receiving of life – is so fulfilling as you wake up in your own senses and start really living.*

The role participants played in providing in providing more accessible psychosocial support and counselling services as well as crisis and trauma counselling was specifically highlighted. RC#19 summarised:

> *I'm helping people all day and most of them are suffering from psychological trauma because of the problems they are encountering in this South Africa, you understand? Their life experiences in their houses, in their neighbourhoods, it's too much you know, psychosocial issues, sexual abuse, rape, substance abuse, HIV, there's just so much, it's overwhelming us and it's because of the problems that we are facing in South Africa that people like us, RCs are in a dire need in our communities.*

Desire to Make a Difference in the World through Impacting Lives Positively

Findings from the survey reveal that 16.94% (n=82/484) of participants envisioned that through their work they "would make a lasting difference in people's lives" (p#377). Participant #261 described a vision of being "a part of social change movement." There was a sense that being a RCs offered a "dynamic pathway into the mental health professions that was a calling and a vocation" (p#622). Participant #505 portrayed this pathway as an "art that would engage individuals struggling with emotional/mental health difficulties." Participant #478 detailed:

> *I have always wanted to make a difference with my life, to be a catalyst for change. Working with individuals and communities is a passion of mine. I*

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> *love to see people discover and become fully who they were intended to be,*
> *and to assist them in that process is an honour I don't take lightly.*

RC#7 described "RCs can assist in facilitating positive change in public and government offices and play a huge role in social development through offering psycho-social support in group processes within NPO's, health / clinic settings and school settings." RC#24 declared "There is a huge need, especially in our rural communities, it is imperative that we embrace the unique call of being RCs." Participant #202 described:

> *I live a community where there was a high rate of abuse, I wished to empower*
> *the young women who were constantly abused there were no psychologists*
> *and I was wondering what could be done about our situation and then I*
> *realised if I became a RC I could be the one to help so let this be my call.*

RC#10 summarised:

> *I am driven by a vision of transformation of society and the township*
> *community in South Africa. I have made this my mission - to transform SA*
> *through psychology and through being a RC, who is working on the ground.*
> *This is my calling; it is what I want.*

Findings of the research also demonstrate that a theme that cut across all of the research was that around a quarter of all participants felt that:

> *RCs have the unique skills to respond to the primary mental health care needs*
> *of the population effectively, through providing basic counselling and*
> *guidance, as well as having the ability to design/implement effective*
> *programmes to provide mental health promotion. In doing this we are able*
> *to engage in preventative mental health promotion and care, before serious*
> *intervention is necessary. Being able to give people the skills to deal with*
> *their primary mental health care needs effectively gives me a sense of*
> *satisfaction (p#659).*

Participant #463 explained

> *You feel like you are really offering a unique service when you provide*
> *foundational psycho educational and psychological care. This is so essential*
> *in a country which has a great need for mental health promotion and*
> *preventative mental health care.*

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RC#7 summed this up by saying:

We are in a unique position – that's a good feeling. We understand communities and are in a versatile position to provide psycho-education, mental health promotion, psychosocial support, one-on-one counselling and containment of trauma. These are the foundations for mental health in communities and they are what we bring.

Participants who recognised the unique contribution they brought were proud of their contribution and this was an activator of the construction of professional identity. Participant #537 explained:

We actually know in our hearts that we are the most important practitioners who are working on the ground with the community. Especially in the absence of psychologists in the community, I am proud to say I am a RC and I wear the badge with pride.

RC#10 described:

RCs are working with the vast array of psychosocial issues faced in South Africa and here I will mention them, teenage pregnancies, HIV, substance abuse, alcohol abuse, bullying in school contexts, gangs, violence against women and children etc. etc. on a preventative level wanting to do this work comes from within, and it's a calling. I will not let this dream stop, even if I don't get paid, the community must receive what they need.

Participant #14 summarised this sentiment saying:

We bring a unique contribution, it's different to clinical psychologists or counselling psychologists. It lies in the significant directive of creating well communities through providing psychosocial support, mental health promotion and psychoeducation. The role of the RC is really critical!

The research revealed that 70% (n=378/541) of those trained to be RCs enjoyed being engaged in the activities they were been trained to undertake regardless of whether they were fully employed as RCs or not. For these participants being a RC was not just a job but a "passion and a calling" (p#597). Many participants felt that they were involved in "dealing with real life issues and the persons overall wellbeing and in that there was a sense of fulfilment that you

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were living out your passion and calling and were not just doing a job" (p#665). Participant #535 reflected:

> *It is my passion, my calling. To support and help individuals is what I am supposed to do with my life no matter what. I believe that every individual has the ability to manage their own problems and deal with them effectively but some needs an objective perspective from someone else to unlock this potential. This is what I am called to do and when I do it I am satisfied.*

5.2.4   Reality Kicks In

"You feel a little bit like oh shoot, where do I go from here - kind of a feeling" (p#3).

Compared to the above descriptions of *Aspiration and Vision*, along the journey of professional identity construction there was a point at which *Reality kicked in*. At this point participants felt they had not been prepared for the realities of "the plight of the RC, the lack of employment opportunities and knowing what else you can do with your training" (p#362). Coming to realise the plight of the RC was considered an inhibitor to the construction of professional identity. RC#6 suggested:

> *You feel so important when you are registered and then you get knocked back down to earth when you realise you can't really do much. I am not speaking about the scope of practice because our scope of practice is broad enough, I'm speaking about job wise, practise wise even. Going out into the world is difficult because you don't really get a lot of experience or attention and people don't take you seriously.*

Participants highlighted:

> *I obtained my practice number and then basically I came to the realisation after that, that I wasn't prepared for anything as a RC, in the fact as I tried to apply for jobs there was nothing and no one even knew what the title RC was (RC#23).*

> *No one has clear or accurate information about the job possibilities and career trajectory of a RC. We don't know how to set up a practice or run one (RC#17).*

> *After registration I guess it was quite an overwhelming and daunting experience, primarily due to the lack of appropriate positions both within the*

> *public and private sectors. It was difficult to find work that would pay for*
> *your services and I guess it's difficult for any graduate entering the work field*
> *but especially for RCs because there just isn't work (RC#14).*

Participants expressed a sense of feeling overwhelmed which "led to despondency and me sitting with this question - how do I move forward now with this chosen profession? No one told us that there were no government opportunities" (RC#24).

In exploring "reality kicking in" in more depth, findings across the research illuminate a number of key "realities" that participants had to grapple with. The majority (85.3%; n=381/469) of RCs found it very difficult to find employment as RCs because of the lack of allowance in the market for the role and the struggle of how to make being a RC a viable career when there were no positions advertised and there were limited job opportunities. Secondly, 18.97% of participants grappled with the challenge that where they were most needed there was the least resource (n=88/469). Finally, the question participants had to answer for themselves - was private practice their only option for survival? Each of these will be unpacked in more detail in the following section and each of these negatively impacted on RCs journey of professional identity construction.

5.2.4.1 *A lack of employment opportunities.*

In terms of employment rates for RCs only 14.7% (n=101) of participants had found it easy to find a job as RCs where as 85.3% indicated it had been very difficult (n=586). At the time of the study 47.90% of participants were employed as RCs (N=329/687) and of those 40% supplemented their income with other work (n=131/329). More than a third (36.6%; n=252/687) of participants were not employed as RCs, however of those 76% (n=192/252) chose to be involved in RC activities none the less and 76% (n=411/541) enjoyed being engaged in RC counsellor activities whether they were employed as RCs or not. Interestingly, 15.4% did not indicate their employment status as RCs (n=106). Figure 5-10 illustrates this data.

47.8% (N=329)

40% (N=131)

36.6% (N=252)

76.19% (N=192)

15.4% (N=106)

| Employed as a Registered Counsellor | Employed as a Registered Counsellor - SUPPLEMENTING INCOME | Not employed as a Registered Counsellor | Not employed as a Registered Counsellor - STILL INVOLVED IN REGISTERED COUNSELLING ACTIVITIES | Skipped the question |
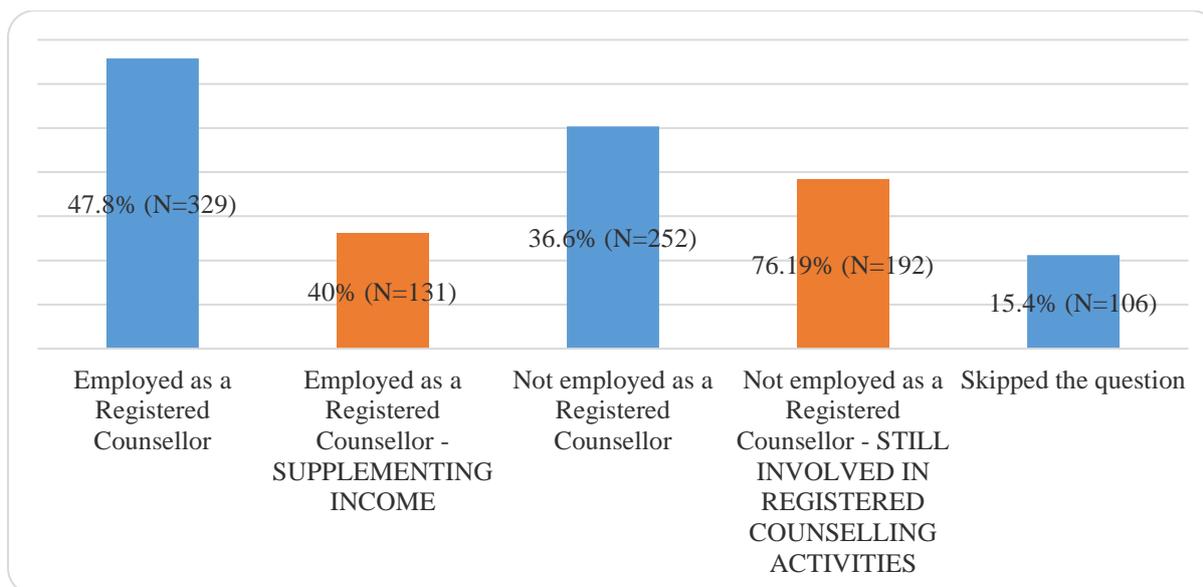
Figure 5-10   Employment rates of participants

The findings show that a significant portion of RCs (85.30% (n=476/558) found it very difficult to find employment as RCs because there were "generally no jobs advertised for RCs and therefore minimal job opportunities" (p#658). Participant #405 illustrated this "There are just no positions advertised, no jobs, we can sit waiting for something but nothing comes along." When participants asked about the lack of employment opportunities there was a sense that "No one has clear or accurate information about the job possibilities and career trajectory of a RC" (RC#17). Emotion around this struggled emerged in the analysis of the qualitative interviews. RC#15 summarised the general sentiment of participants:

> *The work of a RC is fulfilling. Think about it, in South Africa, most people do not have the access of psychologist so it fills my heart to deliver these services. But the issue of not finding a job as a RC is heart breaking.*

Furthermore, earning trends revealed that:

- 15.96% (n=34/329) of participants who were employed as RCs were earning less than R3000 per month;

- 7.98% (n=17/329) were earning less than R5000 per month;

- 13.62% (n=29/329) were earning R5000 – R8000 per month;

- 7.98% (n=17/329) were earning between R8000 – R10 000 per month;

- 18.78% (n=40/329) were earning between R10 000 – R15 000 per month;

- 13.62% (29/329) were earning between R15 000 – R20 000 per month;

- 15.96% (n=34/329) were earning between R20 000 – R30 000 per month;

- 4.23% (n=9/329) were earning R30 000 – 40 000 per month;

- 0.94% (n=2/329) were earning R40 000 – R50 000 per month; and

- 0.94% (n=2/329) were earning more than R50 000 per month.

Findings of the research show that 77.93% (166/213) of participants earned R20k and less. An approximate salary average for participants is R12,502 per month.

Figure 5-11 below illustrates the salary range of the participants in the study and provides evidence for why 60% (n=197/329) of participants were very dissatisfied to dissatisfied with what they got paid, 36.77% (n=121/329) were indifferent about what they earned and only 26.44% (n=87) were satisfied to very satisfied with what they earned. It also helps explain why 39.82% (n=131/329) employed as RCs were supplementing their income with other work.
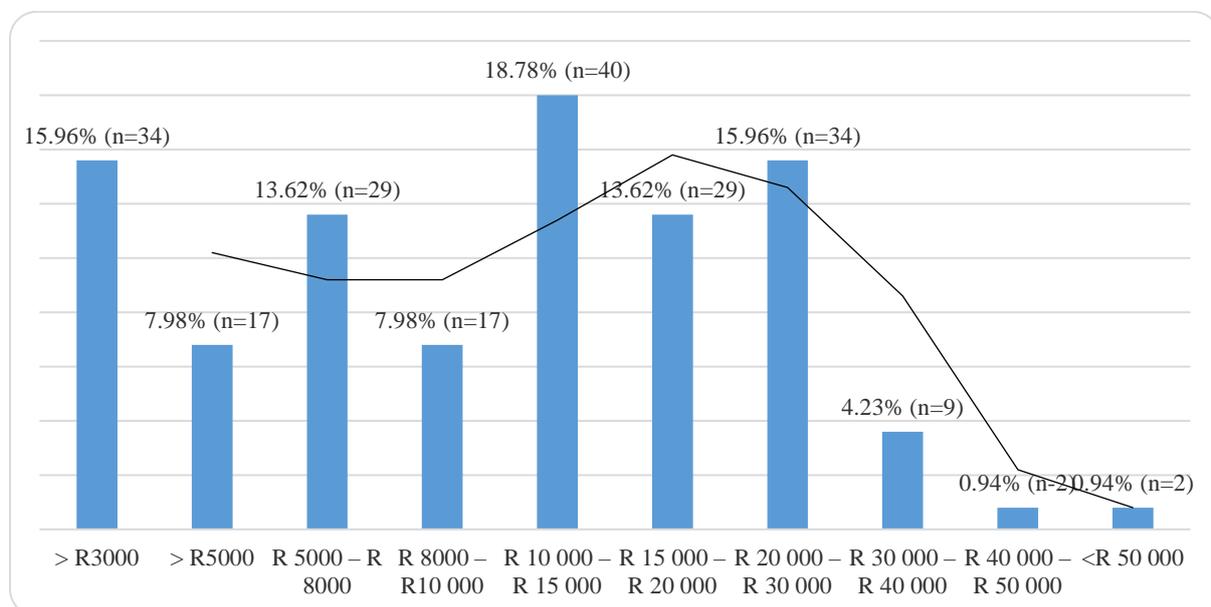

Figure 5-11   Earning trends of participants

RC#7 described "While employment is a big challenge for us as RCs, a bigger challenge is then finally when we do get employed…well the salary is just too low." Participant #483 illustrated this:

There simply aren't many job opportunities for RCs, despite the great need for counselling services. The few jobs available have ridiculously low salaries. I have recently been invited to two job interviews for the position as a counsellor. I was awarded the position both times, but I could not accept the positions due to the salaries. The salaries on offer varied from R 3 500 to R 4 800 per month.

RC#1 outlined:

There's lots to be done on the community side so I have done a lot of voluntary work. One day I want to leave my current job and work in the psychology field but the problem is that there is too little pay or no pay, there's a lot of work with very little pay, I don't see how they can expect somebody with an Honours degree or a BPsych (RC) degree to work for the amount of money that organisations and NPOs pay. So it's hard in that way.

Findings reveal that this inhibited participant's sense of professional identity construction. One participant described "we are at the bottom of the chain" (p#647). RC#22 recalled "A psychologist once mentioned to me he said 'listen, counsellors are at the bottom of the food chain' I know he was making a joke but that's the truth, I'm at the bottom of the psychology profession, I don't earn anything from this work I am doing."

5.2.4.2 *Limited funding to work in the places that really need us.*

Across the study, findings reveal that 18.76% (n=88/469) of participants were grappling with the challenge that "many NGO's and programmes that desperately need our services but cannot afford it" (p#34). Participant #514 suggested "Finding work is easy for a RC but being paid for it is almost impossible. Most work we do, therefore is for voluntary purposes that hold no financial incentive because clients can't afford to pay me." For example, RC#6 explained "I am appointed as a Coordinator for Victim Empowerment by various Community Police Forums. There's no payment involved and I am dependent upon my pension for income." Participant #281 outlined:

I do volunteer work at NPO's that offer counselling to community. I have come to realise that the state grants and positions are only for qualified

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social workers and not RCs. The only way that I will can practice as a RC, therefore, is to work voluntarily.

Participant #601 described the struggle with voluntary work:

I feel that the hurdles one has to overcome in order to do what one loves and feels passionately about do not reap any rewards or benefits. The bottom line is one cannot make a living on volunteering.

RC#26 stated:

You reach a point in your life where you start to think about how you can contribute to your own family. Making sure that you're not in debt, making sure that you can live day to day. You don't go into this profession to become rich, but you do want to make a content lifestyle for yourself and be able to afford to raise a family sufficiently. You don't want to be dependent on the state nor you're not your parents in their old age. These are the socio-economic difficulties that we face as RCs. Do we just give the use of ourselves as personal resources and suffer in every other life area or do we run away from the field and look in other directions? I don't want to be in debt sitting at home crying or worrying or stressed out or burnt out for not knowing if I will survive. I'm left grappling with these questions when all I really want is to be able to make an impact as a RC and have a sustainable life.

Participant described how they felt "the largest barrier has been that government does not fund the salaries of RCs. NGO's receive funding for social workers from the Department of Social Development but not for RCs" (p#362).

An element of the research findings worth noting here was that in addition to participants struggling with the reality that where they were most needed there was the least resource, the research also highlighted that participants felt that "there are few to no RCs who practice in African Languages" (p#565). Participant #565 went on "In my experience this is a challenges for me as many of the children I work with have poorly developed English language skills." Furthermore, findings also show that "culture also plays a critical role in people accessing counselling services and there are not enough counsellors or psychologist to render services to the majority of people in South Africa" (p#357). Participant #186 went on "I find that cultural challenges are a problem especially with the Zulu belief system here in KZN and the stigma attached to going to counselling." Participant #315 explained:

Working in remote areas where people still lack knowledge and information about psychology and people are attached to their beliefs, morals, norms, culture and principles, there is a stigma stuck to seeing a shrink. I work in a small residential community, and people are scared to tell their personal problems and secrets, as they are afraid of what other people may say and think, despite the assurances I give about confidentiality.

5.2.4.3   *How to make being a RC a viable career: Is private practice the answer?*

Findings of the research highlight how participants were employed in a range of employment settings, listed below:

- 38.91% (n=128/329) were working in private practice;

- 24.92% (n=82/329) were working in education;

- 10.94% (n=36/329) were employed in NGO/NPO/Faith Based Organisations;

- 4.86% (n=16/329) were employed in a Counselling Centre;

- 5.47% (n=18/329) were employed in Corporate working in employee wellness;

- 7.29% (n=17/329) were employed in National/Local government agencies/departments.

- Government agencies mentioned including also South African Police Services (n=4/329), the military (n=2/329) and mining (n=1/329);

- 4.86% (n=16/329) were employed in Health at Hospitals/Medical Centres or in Community Health Clinics; and

- One participant was working at the Medical Research Council.

- Nine participants indicated they were employed provided no employment details.

These employment settings were explored further and findings of the research show that 38.91% (n=128/329) of participants felt private practice was their only option for survival. Participants described how after their search for full time employment they decided they "had to start" their own "private practice" and be self-employed. Findings of the qualitative analysis

also reveal that many participants felt that the limited job opportunities for RCs had "forced them into private practice where we cannot really do what we are supposed to do" (p#518). Participant #463 explained "After I had searched for full time employment as a RC and discovered that there were few to no positions on offer. I had to start my own private practice and I am now self-employed." Participant #159 has a similar trajectory:

> *I am not employed as a RC and it has been more than three years without finding employment. I feel like I have wasted my time because our government does not cater for us RCs. I could not find any work as a RC in any of the places I expected to be employed and so I had no choice but to go into private practice.*

The comments of several other interview participants reinforced this pattern. RC#11 avers:

> *There is a great need in our country and our career is often disregarded and undervalued by our government to permanently employ counsellors. We have to make a living off an NGO salary or need to seek opportunities to go into private practice when the need is greatly with those who struggle to afford private practice rates.*

Findings also highlight an internal conflict between what RCs felt they wanted to be doing and what they were actually doing in private practice. RC#11 recounted:

> *I wanted to work in a community setting. This is what the category is geared towards, but I was faced with having to think about going out into private practice and this was a nebulous and grey area for me as I felt like it did not fit my envisaged role as a RC.*

An observation that came through in the findings was the reality that starting a private practice was not easy because "you basically get paid poorly anyway and have to do extra work on the side just to survive" (p#463). RC#1 described:

> *There are no jobs as counsellors out there, or too few, which is a pity as I do feel there is a lot of work to be done so I started my own private practice. The problem with private practice in a poor area is that mental health is a luxury in many people's opinion, it's an extra cost, so what happens is that when money becomes tight, they stop coming for the sessions because people will*

> *never prioritise their mental health above their basic needs, they simply*
> *cannot afford an intervention.*

It should also be noted that there was some nuanced experience that emerged in the qualitative analysis that represent a diversity of experience. Findings from the qualitative interview analysis reveal variables that seemed to activate whether a participant would experience a thriving practice or a struggling practice. These are as follows:

- Personality - Giving it your all and making it work no matter what: Participant RC#13 explained:

   > *I'm making a very good living and I can't say it's because I'm a counsellor*
   > *but I can say it's because I'm energetic and goal orientated and when I want*
   > *something I get it. Yes, I have added to my qualification with short courses*
   > *and specialisation so as to broaden what I offer but it comes down to the*
   > *question, are you innovative? Are you creative? I asked myself the question*
   > *are you prepared to settle for less? The answer for me is no. I have a thriving*
   > *practice seeing about 50 – 60 people at any time. I have a really bombastic*
   > *personality and I just decided I was going to make this work for me.*

- Joining an existing practice with psychologists: Participant RC#2 had joined a practice, with a psychologist and they worked well together depending on the type of client that came through their practice. "As the years have gone by" he explained, "people have become more familiar with what I do as a RC and the purpose of my role" (p#2).

- Socioeconomic context: Participant RC#21 attributed the success of her private practice to working in a wealthy area. She was:

   > *…working in private practice in quite a wealthy area but I cannot even*
   > *imagine how hard it would be if you were working in an informal settlement,*
   > *I mean how do you make that work? That person almost needs a different*
   > *kind of training.*

- Specialisation and becoming an expert: Participant RC#18 had "become a trauma expert and I am working in a wealthy suburb." Participant RC#12 described how specialisation opened a lot of doors for her and allowed her to have a private practice that really supports her.

Focus of a work week

Zooming back out from the findings around private practice, the results of the research highlights the professional activities that RCs reported being involved in. They described the focus of a work week saying that most of the time they were involved in one-on-one counselling, less often psychoeducation and mental health promotion, sometime psychometric screening and assessment and seldom group work. RCs reported spending even less time designing community mental health intervention to address mental health challenges, research and training or presenting workshops for Continuing Professional Development (CPD).

Scope of RCs mental health care and psychological services.

Results of the research revealed the scope of RCs mental health care and psychological services. 86.6% (n=451/521) of participants provided general one-on-one counselling; 67.9% (n=35/521) provided trauma/crisis counselling; 56% (n=292/521) were involved in bereavement counselling; 55.9% (n=291/521) counselled youth; 51.2% (n=267/521) of participants counselled women; 48% (n=253/521) counselled children; 45.3% (n=236/521) provided counselling in groups; 44.3% (n=231/521) counselled men; 23.8% (n=124/521) provided HIV focused counselling; 16.1% (n=84/521) provided community based counselling with FAMSA, life line or other community based counselling services; 15.2% (n=79/521) provided gender/sexuality focused counselling; 12.7% (n=66/521) provided remote counselling services; and 4.8% (n=25/521) were involved in counselling in correctional facilities. This data is illustrated in Figure 5-12.

Type of counselling	Percentage
Correctional services counselling	4.8%; n=25
Remote counselling services via telephone, internet or other means through the internet or other means	12.7%; n=66
Gender/Sexuality counselling	15.2%; n=79
Other	15.5%; n=81
Community based counselling (in service e.g. FAMSA, lifeline, etc)	16.1%; n=84
HIV focused counselling	23.8%; n=124
Counselling Men	44.3%; n=231
Counselling in groups	45.3%; n=236
Counselling Children	48.6%; n=253
Counselling Women	51.2%; n=267
Counselling Youth	55.9%; n=291
Counselling Bereavement	56%; n=292
Counselling Trauma/Crisis	67.9%; n=354
General one on one counselling	86.6%; n=451

Note: The number of different combinations of counselling services by each participant varied the frequency therefore exceeds 100%.

Figure 5-12   Types of counselling participants provide

5.2.4.4   Lack of Public recognition.

The findings of the current study highlight that 93.32% of RCs struggled with it being:

…so evident that people have no idea what to make of us, we lack identity because we haven't been identified. We run around really with our heads cut off because all we have to focus our time and energy into is explaining to people who we are and what we can do. It's very demeaning (RC#1).

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RC#21 outlined:

> *Well people don't know about the category at all in terms of the general public and organisations, even the profession - people are totally clueless. The majority of people don't really know about it, so it's totally hidden and we need to really somehow make it more visible.*

RC#11 described "Having to explain constantly what a RC is does a lot towards to degrading your sense of Professional Identity. A professional identity is not too great when you have to sell it to someone first." Participant #590 explained:

> *It is not easy to find jobs for RCs, there is job scarcity but it's because the role of RC is not well recognise by people hence there are very few opportunities for jobs, what this does to you is it makes you feel like you are nothing. Lack of public recognition was considered problematic for attaining employment.*

Participant #238 outlined:

> *It seems like even the South African government including health sector do not even know that they are RCs in their country. RCs have been prepared to work in the following areas: Clinics, Schools, Correctional services etc. yet no space has been created for these practitioners to be employed in such institutions.*

Participant #639 illustrated this saying:

> *In varsity, I thought that being a RC would get me that job at the Department of Health, were I would be able to work mental health care users. I would also envision myself working at the South African Defence Force or the South African Police services providing personal counselling and trauma debriefing to state employees but now I find that these sectors are not advertising jobs for us.*

Public confusion between psychologists and RCs

One of the reasons for public confusion was attributed to the fact that participants did not feel the public understood the profession of psychology very well. Adding to that participants described not feeling like recognised psychological professionals in their own right relative to psychologists. Participant #662 explained this in more detail:

There is an overall lack of knowledge regarding the profession as a whole, like people don't really understand the different categories of psychologists. To the public you are a psychologist, end of story. Then you add in us as RCs and the public become more confused, this is a major challenge for us RCs.

RC#21 suggested:

Okay, being registered, getting a practice number, that's all very exciting and that does invoke feelings of professionalism and like you are worth something but it's bittersweet because you can do all these things and on the other hand, everybody expects you to be a psychologist and you're not, even though you know pretty much everything but you're not and you can't diagnose and even though you know the info, you can't say anything and it becomes a bit tricky, to be honest.

Public confusion between RCs and lay counsellors

Another reason for public confusion that emerged in the research was the confusion that existed in that participants felt the public struggled to differentiate RCs from lay counsellors and that this had a very negative and inhibiting impact on a RCs sense of professional identity. RC#18 described:

People don't see us with a proper degree, registered with the HPCSA having written a professional board exam. They just see counsellor. You know like you get counsellors at the church and so we always get lumped into that category. So when you say you are counsellor they think either 'oh okay fine I will counsel them for free' or they think this person is not qualified and then they go and see a psychologist.

Participant #627 challenged:

Think about it, if you say you are a RC people focus on the word 'counsellor' and since the term is used mostly by under qualified people e.g., lay counsellors etc. people automatically just think you are the same as them and they don't take time to understand that being a RC has to do with psychology. So due to the fact that the majority of the public is unaware of the difference between a registered and non-RC, and because many members of the community have been 'harmed' by these unqualified counsellors, the public view counsellors in general as incompetent, this is our biggest challenge.

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RC#14 outlined:

Thinking about the name counsellor the problem we have is that lay counsellors are working with a certificate or a 2-year diploma and these counsellors go into private practice and there is a lot of resentment from RCs about this and it gets my back up cos I studied an Undergrad and Honours and a practicum - why did I do all of this. There is no official recognition and acknowledgment of the RC role.

Participant #526 summarised:

…the category of RCs is not well recognised and it is the most undermined category, because we end up being classified as a lay Counsellors and that makes it very it very hard to identify yourself with a healthy professional identity.

5.2.4.5   The inhibiting name "RC".

Findings reveal that 55.71% (n=273) of participants did not like the title Registered Counsellor. A number of the recognition challenges RCs described, they felt were linked to the name RC. RC#9 stated "The title 'RC' has been my biggest hassle, even until today it is a hassle." Both the survey research and the qualitative interviews revealed that participants felt that the name Registered Counsellor needed to be changed to "something that makes reference to our psychological training and doesn't lead to us being confused with lay counsellors who have been trained for 6 weeks" (p#372). Participant#10 described

There is a big problem with the name RC. It has become that it's actually irritating for me. Here is the list of things people ask about: Are you a ward councillor? (this is a problem particularly because I am a social activist); Are you a lay counsellor? Are you a HIV counsellor? Are you a debt counsellor, this whole time I am thinking, no I am a psychological counsellor, but even though that was the initial name given us we are not able to use it now. In meetings I have been told I was out of order because I said we don't even have a name – so it's like being a step child within the field of psychology without a name.

Participants suggested that "the problem with the title of counsellor is that anyone is able utilise the title so it perpetuates a general lack of knowledge of where RCs fit in also where to place their sense of professional identity" (p#83). RC#7 presented the RCs dilemma as follows:

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I feel a bit disillusioned because being a RC because people really don't know what you do. People say to me, oh are you a psychologist? I respond saying no I am a RC, registered with the Health Professions Council of South Africa. Then next bit of the conversation is that they say well if you are not a psychologist are you like a lay counsellor. Then I say no I'm not a lay counsellor, I went to university and I did a BPsych. Once you have been through this conversation enough times you become very frustrated and a little bit nervous actually because you think to yourself, I've gone into this but no one understands me. It just has given me such a sense of disillusionment with being a RC.

Findings of the analysis of potential titles suggested by 254 participants as alternative titles to Registered Counsellor are illustrated in Figure 5-13 below. What is notable is that 52% of participants wanted their title changed back to the original title of Psychological Counsellor. The frequencies for each title are provided outside the bar.
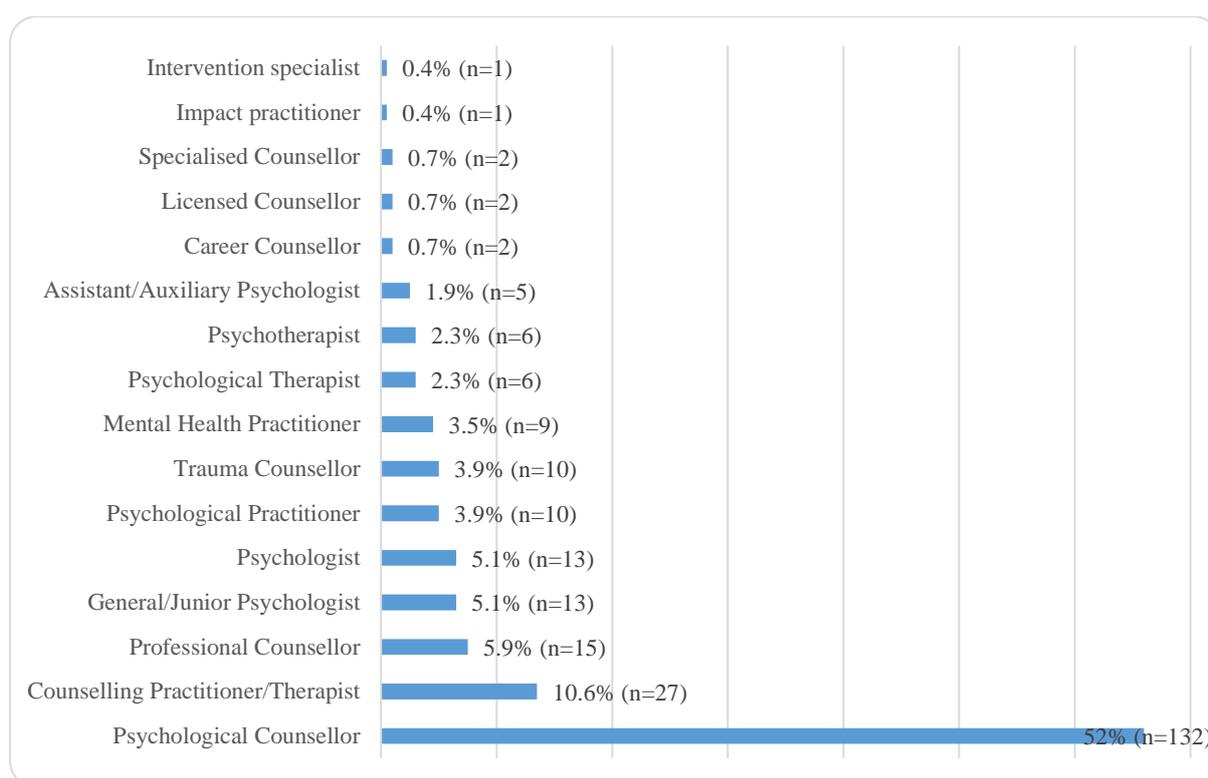

Figure 5-13   Alternative titles to Registered Counsellor

5.2.4.6   *The Relationship of RCs to the HPCSA.*

Registration with the HPCSA.

Findings reveal that 98.25% (n=675/687) of participants were registered with the HPCSA. Twelve of the 687 (.75%) participants were not registered. The year in which participants were registered is illustrated below in Figure 5-14. The blue bar presents the sample group data; the orange bar indicates all RCs registered with the HPCSA in the specific year (HPCSA, 2017a). There were 11 participants who could not remember which year they had registered in.
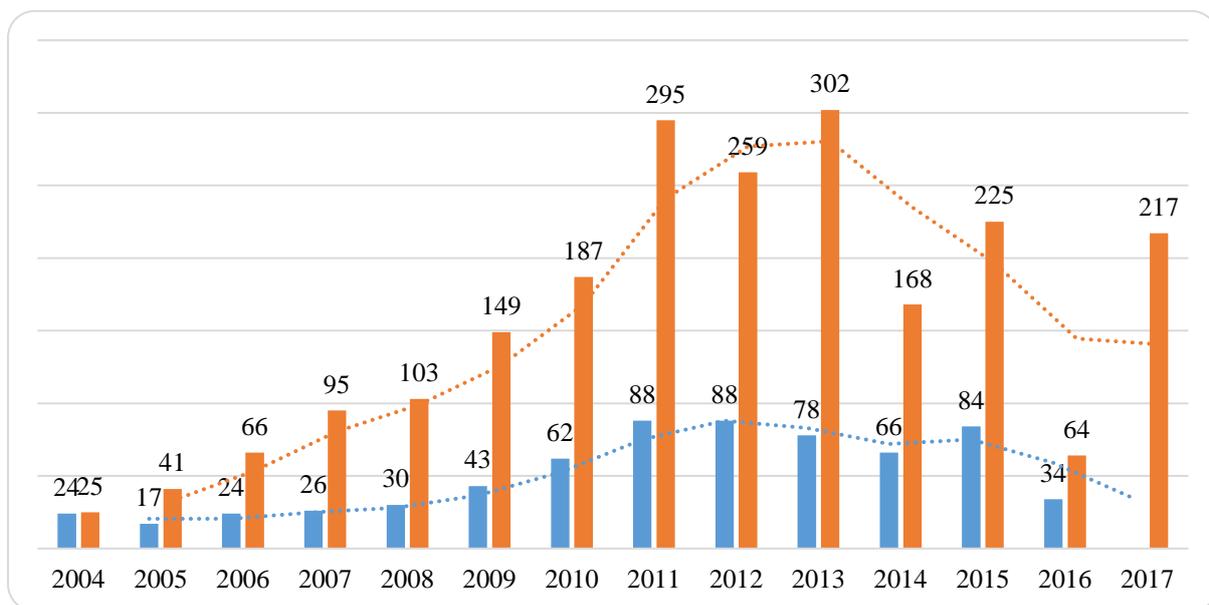
Figure 5-14   Year in which participants were registered with the HPCSA

Satisfaction levels with the HPCSA.

Despite the feelings described above findings of the research show that satisfaction levels with the HPCSA were low. 27.16% (n=135/497) of participants were very satisfied – satisfied in contrast 42.45% (n=211/497) of participants were very dissatisfied – dissatisfied with the HPCSA. 30.38% (n=151/497) participants were indifferent about their levels of satisfaction.

Although participants recognised there were benefits associated to being registered with the HPCSA, less than a quarter (23.20%; n=110/474) of participants described their registration with the HPCSA being an activator of professional identity. Three main reasons were given for why participants were so dissatisfied with the HPCSA.

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Firstly, the biggest reason for participant dissatisfaction with the HPCSA was the expressed communication and administrative challenges they had experienced with the HPCSA. Participants expressed frustration that "communication sometimes lacks or falls through the cracks" (p#204). Participants also felt that "they could be more efficient on admin level, the administrative processes seem to be outdated and slow" (p#261). Participant #345 provided an example "It took them three months to register me as a first time registration, which initially negatively affected my opportunities for employment. I feel that registrations should be an electronic, online process." The issue of the delay in receiving the practice cards was highlighted by participants who said "It takes them months to issue annual practice cards which can leave you feeling unsupported and frustrated" (p#94). Furthermore,

> *…when you phone will an enquiry it feels like they rarely have answers for our enquiries. They struggle to give proper feedback. We struggled to get registered with the HPCSA, then when we do get registered the practice cards are received very late sometimes more than six months after you have become registered and paid your fees (p#672).*

Secondly, participants felt that the "HPCSA could really do a lot more in terms of branding" RCs (RC#7). Furthermore, participants felt that "the HPCSA should advocate on behalf of the RCs to the government to place us in the clinics where we belong because there are no jobs for us, surely the board should protect us and stand up for us?" (p#553). Participant #341 explained "RCs have not been given enough publicity by the HPCSA so that other health care professionals have knowledge about us." Participant #341 described "The HPCSA gives us no support, or publicity nor has it done anything to my knowledge that has helped to make our professional category known in the wider context." In fact, went on RC#11 "the HPCSA doesn't stand by us as RCs, we pay our fees but I have never felt that they have my back. In fact, to a large extent it is as if we don't even exist."

Thirdly, findings of the research reveal that participants felt "the fee for RCs is too high especially since we are not that lucrative" (p#252). Participant #272 went on "It really feels like we do pay too much money for our annual registration fee as RCs as compared to other professions. Our reality is that we tend to see less clients then other professions, and make less money too." Participant #159 explained "I am expected to pay an annual fee, yet the council is aware that I am unemployed as a RC. And I am not assisted by the HPCSA in terms of getting employment." The cost of CPD points was also a key area of frustration for RCs. RC#15 described:

> *We started discussing if it is necessary for RCs to have to pay for CPD points*
> *and to have to maintain the same points as psychologists. We spoke about*
> *how little we get paid and how much we have to pay to registered. We have*
> *to pay almost a R1000 a year for the registration and then CPD points can*
> *cost up to a R4000 for a week. This is a big problem when you are earning*
> *so little and it's the reason why some of my fellow classmates who graduated*
> *with me are not actually registering anymore because it's just too expensive*
> *to maintain the registration.*

Although the findings reveal that 83.7% (n=401/479) of participants were CPD compliant, the cost of CPD was one of the main reasons why some participants (16.3%; n=78/479) were not CPD compliant. 65.38% (n=51/78) of participants agreed that:

> *…the cost of CPD is not being aligned to what we earn, we are required to*
> *obtain the same amount of CPD points, at the same price per point as*
> *psychologists and yet we earn less than a third of what psychologists learn.*
> *This would mean for me that I have to see 3 times as many clients for every*
> *one client a psychologist see's but when it comes to courses and workshops,*
> *we all pay the same amount for the same amount of points (p#106).*

Other reasons included how in the midst of a very heavy workload 14.10% (n=11/78) of participants struggled to keep up with the CPD expectations and 11.54% (9/78) couldn't afford the travel costs to get to the CPD workshops/conferences they actually wanted to attend. Findings show that participants faced similar challenges with supervision compliance. Supervision compliance varied in that 55.3% (n=269/486) received supervision whereas 44.7% (n=217/486) did not receive supervision. In defining the kinds of supervision participants were receiving, 41.63% (n=67/196) of participants were not receiving consistent supervision because of the cost of supervision. 35.68% (n=69/196) were receiving supervision when and if they required it. These participants described usually debriefing with a colleague and 30.11% (n=59/196) were receiving supervision once a month in supervision groups.

5.2.4.7 *Lack of professional recognition.*

Findings of the current study show that within the profession 89.5% (n=447/499) of participants did not feel there was enough recognition and respect of the role of RCs. A small percentage (10.42%; n=52/499) of participants felt there was enough recognition and respect. Three main reasons were provided for this:

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- Participants felt inferior within the Health Professions generally.

- Participants felt psychologists looked down on them; and

- RCs felt that there was professional lack of clarity regarding where the RCs fits in terms of the broader profession.

Participants felt inferior within the HPCSA broadly.

Findings reveal that participants felt that "in the professional hierarchy of psychology, RCs are at the bottom of that hierarchy and when they start differentiating between psychological professionals RCs come out at the bottom of the pile" (p#305). Findings of the research show that participants felt this sense of feeling inferiority was compounded by a feeling that:

- "The medical aid schemes struggled to accept the status of the RC" (RC#17). Although participants were registered with the Board of Healthcare Funders "Medical Aids only allow us to bill for up to 90mins and we are the ones whose funds get cut when medical aids cut down on what they contribute. Furthermore, the fees we get paid out are so low compared to that of a psychologist" (RC#20).

- There was a lack of referrals to RCs from other Health Professionals. Participant #64 explained "Surely, if we were recognized and respected we would have referrals from other professionals, more opportunity for work and we would not always have to work for much lower fees. For me, this indicates that within the profession there is a recognition problem."

- "There is no platform for us to build our identity and no effort on the part of the profession broadly to maximise the importance of our role" (p#474). Participant #536 explained: "We could be the backbone of the profession" but instead we are seen as "failed wanna-be psychologists and a mostly disregarded professional category" (p#23).

Participants felt psychologists looked down on them.

In addition to the above mentioned points, participants described "being looked down on by psychologists" (RC#4). Participant #537 explained:

> *I will mention the example of where I am working now as a RC, my colleagues*
> *who are psychologists think that I am inadequate and they are superior than*
> *me, although they are not stating it but you can hear it when they talk about*
> *RCs.*

Participant #160 described "RCs are seen as people who were not able to become a psychologist. Psychologists look down on us because of this, not realising that it is just that our scope and role is different to the psychologist's scope and role." RC#6 outlined "I have learned very quickly that within the profession of psychology we are at the bottom of the food chain."

RCs felt that there was professional lack of clarity regarding where the RCs fits in terms of the broader profession.

Finally, the findings show that participants felt:

> *The profession is unclear about exactly where the boundaries lie concerning*
> *scope of practice for RCs. Some psychologists I have been in contact with,*
> *have had expectations of me as a RC that are very modest. Others have had*
> *expectations that I would consider beyond my scope of practice (RC#329).*

Participant #269 expanded:

> *The psychologists I worked with always throw the rules book at me. They say*
> *'You can't do this and you can't do that – it's not ethical. Stick to what you*
> *are supposed to do - you are employed in an administrative capacity. I know*
> *that they believe they are justified in saying these things because they believe*
> *we are a second class professionals to a psychologist.*

Participant #86 summarised "I think at the moment I feel a great deal of disappointment. It's really hard to find exactly where we fit into the bigger picture in the field of psychology."

Frustration with scope of practice.

Findings of the research reveal that 97% (n=482/496) of participants were aware of the scope of practice of the RC as stipulated in form 258 (HPCSA, 2013, p. 2). Results across the current research, however, indicated that 73.3% (n=337/460) of participants wanted something changed about their scope of practice. The remaining participants (26.7%; n=123/460) were happy with the scope of practice remaining the same. Emerging from the research were three key findings in relation to changing the RCs scope of practice.

Firstly, participants felt that if they had been "trained to do a test and you have worked under supervision for many hours performing the assessment you should be able to practice using this assessment" (p#250). For example, participants explained:

> *I would like to see that if you were trained in an assessment that you may use it. I was trained in performing the SSAIS and JSAIS but now I'm not allowed to perform this test according to my scope of practice (p#541).*

Specifically regarding the SSAIS and JSAIS participants felt that:

> *Lots of children in schools are high risk and need psychoeducational assessment. It often doesn't get done because of financial constraints. I wish that we could provide this service to schools as part of our scope of practice (p#487).*

Secondly, participants felt their scope of practice should be extended "to allow counsellors to do all types of work they are trained and proficient in" (p#242). The sense was that "depending on education, training and experience RCs scope of practice should be extended" (p#54). Particular reference was given to not having to always refer. Participant #445 outlined "I would like the opportunity to counsel clients without having to refer to psychologists all the time." Participant #109 described "as much as we try to refer out we are still relied upon for containment and ongoing support. This technically doesn't abide by our scope limits but in practise it is very difficult to set a limit." Reference was also made to extending the RC scope of practice so that they were able to diagnose some disorders. For example, participant #216 suggested "RC should be able to diagnose low risk cases of depression or anxiety caused by a situation like death of loved one or a trauma." Participant #251 expanded "I would like to see RCs being allowed to work with psychopathology on a more practical basis to allow us to make correct and appropriate diagnoses and referrals to psychiatrists where necessary." Several participants suggested that RCs could be generalist psychologists who could grow their competencies in key areas so as to broaden their scope of practice. Connected closely to this participant felt they should not be limited to doing short term supportive counselling only and expressed that they would like "more scope given for longer term interventions" (p#38). Participant #109 suggested:

> *It is unrealistic in practise to stick to short term counselling and limit the number of sessions to 6 or so when clients need so much more. Often I am faced with the reality that a client needs more assistance and it would in fact*

> *be unethical to drop them, when the reality of them seeing a psychologist*
> *doesn't exist because of the financial implications of this.*

Finally, participants felt that their scope of practice should be clearer in that it created frustration because it was "restrictive and limiting" (p#612) as well as "confusing and complicated" (p#91). Participant #483 summarised this by saying:

> *Our scope is too vague and should be more descriptive/detailed with regards*
> *to what basic short term supportive counselling/psychological intervention*
> *actually means. At the one end counsellors are expected to refer clients with*
> *symptoms, e.g., psychopathology and organisational dysfunction to an*
> *adequate professional, but at the same time people who enter our offices*
> *already manifest major problems, which according to my interpretation of*
> *our scope of practice means we should see a client once, identify the problem*
> *and immediately make an appropriate referral. This leaves me with the*
> *question what is actually our purpose?*

A sentiment was expressed in the findings that "The Scopes of Practice as promulgated in the Government Gazette Sept 2011 are appropriate and inclusive but it's all these forms that are restrictive and become a disservice to the profession of psychology" (p#50).

5.2.5   Choosing

> *"I think visibility is the most important thing. What are we going to choose?*
> *To be visible or invisible?" (RC#24)*

Choosing was described as a milestone point at which the RC either decided to continue on their journey of professional identity construction or they chose to shift to another career. Results demonstrated that despite the challenges faced by RCs just over half of participants (53.8%; n=307/571) would still choose to become RCs even knowing and understanding the realities of being a RC. Just less than half (47.2%; n=264) indicated that knowing what they now knew about being a RC they would choose a different career. The nuance of this lived experience of "choice to still be a RC" emerged in the thematic analysis of the qualitative interview data. Three features emerged in the findings as catalytic activators of the ability for RCs to choose to continue their journey of professional identity construction.

5.2.5.1   *Learning to love what you do.*

Findings reveal the importance of learning to love being a RC. Participants described how crucial it was to:

> *…love my job and what I'm able to do. It's sometimes frustrating because knowing what your own potential is and that you could be doing more is frustrating but I abide by the rules and I love my job and it's more a calling to me, more than just a job, so I really love it (RC#17).*

Participant #22 described his journey:

> *I just learned to love being a psychological paramedic with the purpose of assisting clients to deal with immediate emotional crises in their lives and referring them to higher qualified professionals when serious psychopathology is suspected. I report to the local and cluster Community Policing Forum boards about my activities on a monthly basis. I work according to a strategic plan which I compile and submit each month. I also liaise with other professionals when I need debriefing after being involved with certain events such as suicides and violent crimes and also consult with higher professions when dealing with complex ethical issues. I love what I do.*

Participant #450 emphasised:

> *I love the fact that I am able to use counselling as a springboard to facilitate change and growth. Unfortunately, this year many medical aids have decided not to support counsellors putting a strain on clients. But due to us having affordable rates, reputation and willingness to accommodate clients it is not a hindrance that has stopped me. It is just unfortunate.*

RC#11 summarised:

> *I enjoy providing a service where there are no mental illnesses, where a normally functional person experiences a time of stress/difficulty/trauma and just needs counselling to go through this in order to move on with their lives. Even though it's not always easy to make this into a viable career for yourself there is a niche for a RC in South Africa to offer support and counselling, it's what I enjoy doing most.*

5.2.5.2   *Standing up for yourself.*

Findings of the research show that participants felt it was important to learn

> *…to stand up for myself and I know I have done miracles, in spite of having basically no back up from the HPCSA, or the medical aids. Standing up for myself – I can feel good like I'm strong in my profession. (RC#4).*

RC#13 described "I just decided one day, let me get my business card printed." RC#5 articulated "I just decided to open a little practice. Put my name of my door and then, I got a few referrals, I feel that there is a little bit of space where I can contribute and fulfil part of my dream." RC#13 summarised the sentiment of many of the participants who had made a choice to continue their journey of professional identity construction:

> *I'm over the whole being seen as less than because I'm not a psychologist. I'm severely over that, I think I've showed to myself and I know in my heart that if I just stand up and do my job I can see an absolutely stunning amount of clients who are willing to just accept me and my qualifications.*

RC#10 expands on this further:

> *What we need to do as RCs is not wait for other people to advocate for us and accept us, no we are not well received and well respected, but one thing that made me very dissatisfied with what's happening within our category is that we have created a sense of 'not belonging' for ourselves. We have somehow accepted being less and we have to stop this. When I speak I say I am one of those proud RCs. The category must have this approach too. I have put my foot down and said I will be visible and I will be respected and I will make a difference. This is what has given me identity as a RC.*

5.2.5.3   *Finding your niche.*

Participants described that in choosing to be a RC they knew they "needed to become an expert, pick their field and become an expert in it" (RC#18). Once participants had found a niche RC#12 explained:

> *The work I do gives me a sense of professional identity. It has really worked well for me because I specialised in EMDR which has given me more of my sense of professional identity. Also being registered with the HPCSA, having*

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a practice number and being able to charge medical aid rates that all helps with my professional identity.

RC#13 described:

…finally I'm making a very good living and I can't say it's because I'm a counsellor but I can say it's because I've added to that qualification a lot, to broaden it and actually get stuff so people actually understand what I've done in terms of specialising. I'm proud of what I've done and I'm very well recognised in my field in Joburg at this point even though it has not always been easy.

It should be noted that participants who were older described how because they were older they were not threatened, "I don't feel intimidated at all and I don't stand back either, I am very much on my feet and I am an expert in my area" (RC#25).

5.2.5.4   *Choosing a different career.*

Findings suggest that 47.2% of participants in retrospect would choose a different career. These participants chose a different career because of an overwhelming number of inhibitors to professional identity construction as RCs. These participants chose a different career because they had been so disappointed and burned by the struggle of the journey of professional identity construction as an RC. RC#11 said:

The RC is like the girl who goes to the party in old fashioned clothes. You don't quite fit in cos there is no pride in being a RC. It is almost shameful to say that you are a RC. You are the lacky who cleans the shoes. The profession looks down on the RC and there is shame. It's not that the RC is just a failed psychologist we should be able to take pride in our profession but it does more often than not feel like I am saying: I'm just a RC! This impacts very negatively on your sense of identity - it comes back to this word shameful and of course a person wants to move away from this feeling (RC#11).

RC#20 described his journey:

Since being registered in 2007 I have never been hired as a RC. Being a RC is totally worthless. Often I have not made enough money through medical aid paid counselling to even cover my registration fees with HPCSA nor BHF (Board of Health Care Funders). I feel disillusioned and burnt. I have been

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unemployed now for three years and am connected to all the online job sites. On the rare occasions when they are advertising, they require an African language. Government institutions don't hire white males – this is doubly crushing for me. I have no aspiration to continue with this category it has been a costly waste of time and money for me and my family. I have never met an unemployed psychologist but so many RCs - whom along with myself often just work for free.

RC#24 highlighted:

To tell people I was a RC in the early years was almost like being invisible in that people didn't understand what the RC was and I couldn't fully articulate what it was because I wasn't sure of it myself. I guess with time I lost confidence and now I really can't remember why I so badly wanted this thing.

Participant #617 explained:

In a country that has such a lack of health services in impoverished areas you would think we would be treated with some respect. These communities cannot afford a psychologist rate so as professional counsellors we are able to assist communities; however, people look at you as if they see straight through you. There is little respect for counsellors within the psychology profession and I just felt, I can do this feeling anymore, so I moved into another line of work.

Finally, RC#7 summarised:

I feel disillusioned, I have become frustrated and nervous. I have no place out there in the job sector and NGOs and community organisations – and this has impacted me with a strong sense of well - just -disillusionment with the RC category.

RC#20 said "It's just dampened my spirit. I started out so positive and really excited to do good work but on the other hand but my self-confidence just got so shaken. I just feel I'm really not that good!" Participants described the impact of these inhibiting factors in their journey of professional identity construction saying "It makes me feel, it does affect the way I feel, I feel like I'm not clever enough, you know. It has a lot to do with self-esteem, I've found, that as an RC you feel like you haven't quite made it. So it does affect you." RC#26 continued:

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Struggling and struggling to find a job, it is extremely frustrating and it has affected me deeply as an individual at the age that I am, where I thought I would be, my own personal accomplishments, my own dreams and things. I don't think any RC can take this struggle without it not affecting how they feel about themselves. I feel demotivated and my self-esteem has taken a knock and I am completely disillusioned and choose to leave the career.

RC#12 presents a cogent summary of this theme of *Choosing*. She asserts:

Let's face it, we are the category of people who were just unable to get in for clinical or counselling psychology and we have nowhere to go. When we introduce ourselves it's like we are saying Ag (Oh Well) we didn't get into masters so we smile and wave. There is no upward mobility in terms of career development at the end of the day our professional identity will be resolved only when we get into our masters and become psychologists which is unlikely...so I have to make a choice here?

5.2.6   Summary of the lived experience of RCs

This section has summarised the key findings that explicate the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa. Five key themes emerged across the survey research and the qualitative interviews as central to the lived experience of being a RC within the profession of psychology in South Africa described as a journey of professional identity construction from *Readying*; *Becoming*; *Aspiration and Vision*; *Reality kicks in* and *Choosing*. To summarise some of the salient quantitative findings Table 5-2 provides an overview of the current status of participants of the study in terms of employment rates, earning trends, employment settings, Professional Activities and professional compliance. The more nuanced elements of the findings will be illuminated in the discussion chapter.

Table 5-2   **Salient Quantitative Findings Regarding the Current Status of the RC category**

Status Indicators		Status of the sample
Satisfaction with training	Training prepared the RC for the work of the RC	54%
Future study aspirations	Aspirations to continue studying	84.20%
Feelings about being a RC or a psychologist	Happiness, excitement, accomplishment and relief at becoming a RC	84.6%
	Desire to rather become a psychologist	73.12%
Aspiration and vision for being an RC	Passion for helping people	70%
	Being instrumentally involved in providing psychological services at a grassroots level	
	Making a difference in the world	
Unique skills	Yes	25%
Vocational satisfaction levels	Enjoy being engaged in the work of a RC regardless of employment status	76%
Easy to find a job as an RC	Yes	14.70%
Employment rates	Employed as a RC	48%
	Not employed as a RC	37%
Earning trends	Supplementing income	40%
	Earning less than 20k p/m	77.93%
	Average earning	R12.502
Professional Recognition	Lacked professional recognition of the role	89.5%
Public Recognition	Lacked of public recognition of the role	93.32%
Satisfaction with the HPCSA as a statutory body	very satisfied – satisfied	27.16%
	very dissatisfied – dissatisfied	42.45%
	Indifferent	30.38%
Do you like the name RC?	Yes	44.29%
	No	55.71%
Change of the name	Title change to Psychological Counsellor	52%

Status Indicators		Status of the sample
Employment settings for the 48% of RCs who were employed	Private practice	38.91%
	Education	24.92%
	NGO/NPO/FBO	10.94%
	Counselling Centres	4.86%
	Employee Wellness	5.47%
	National/Local Government	7.29%
	Health	4.86%
Professional Activities	One-on-one counselling	Most of the time
	Psychoeducation and mental health promotion	Often
	Psychometric screening and assessment	Sometimes
	Group Counselling	Seldom
	Other Activities	Empowerment workshops, Support Groups, Administration, Lecturing, Research.
Professional Compliance	scope of practice (SOP)	97% aware of SOP
	SOP provides a coherent definition of work	52.4%
	CPD Compliance	83.7%
	Supervision Compliance	55.3%
Knowing what you know now would you still choose to be an RC?	Yes	53.8%
	No	47.2%

5.3 Research Objective Three: Investigating the realities and challenges for training RCs

This section addresses the realities and challenges of training (or not training) RCs looking at three key themes that emerged in the research including: General institutional recognition of the need to train RCs; the (non) viability of offering BPsych (RC) training and the institutional strength those who were running the BPsych (RC) believed they had. In presenting the findings throughout this section I will draw on the voices of the participants to express elements of the realities and challenges for training RCs that came through in the

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research. The section will begin by providing an overview of the profile of participants who participated in this research.

5.3.1   The Realities and Challenges for Training RCs - The Importance of Training RCs

> *Our initial motivation in offering the programme was relevance and quality...We are interested in playing a transformative role in our society and we believed that there was a need for a midlevel psychology professional (A#5).*

Findings of the research reveal one important, overarching and dominant theme that there was "institutional recognition of the need to train RCs" (A#6). Findings indicate two main reasons for this that are addressed as subthemes of this overarching theme. Firstly, all of the participants described the importance of training RCs because of the categories alignment to governments vision to improve accessibility to mental health services (n=13). Secondly, 12 of the 13 participants spoke about the importance of training RCs because of the ability of RCs to fill a mental health treatment and services gap.

5.3.1.1   *Aligned to Government's vision to provide greater access to psychological services.*

Results of the research demonstrated that institutions were motivated and activated by government's vision to improve the quality of life and wellbeing of all South Africans. Participant A#3 explained:

> *When this programme was initially started, it was aligned with the Department of Health's vision to create RCs to act as first line service providers at the coal face providing psychological services to South Africans that would not otherwise have access to it.*

Most HEIs were initially quick to respond to offering additional training for RCs as they felt that "training RCs by adding a practicum on to an Honours degree in Psychology was a great option" (A#12). Participants described how:

> *In an Honours year we have between 50 – 70 students in the programme. When it comes to master's selection we take between 6 – 14 students. Providing Honours graduates, therefore, who did not get selected for a master's programme students with another professional route to registration with the HPCSA as RCs could create the groundswell needed to address the mental health service gaps that have existed for so long in South Africa (A#6).*

Participant A#1 expressed:

> *Our initial motivation in offering the programme was relevance and quality*
> *but not setting a bar that's exclusionary, we encouraged all our Honours*
> *students to take this route. We have always been interested in playing a*
> *transformative role in our society and we believed that there was a need for*
> *a midlevel psychology professional.*

5.3.1.2 *First line providers of mental health services.*

Findings of the survey demonstrate that almost all participants recognised that the contribution of RCs was invaluable in "filling the gaps where we don't have psychology at the coal face" (A#5). Results showed participants believed that RC had an invaluable role to play in "servicing the vast range of mental health needs we have in South Africa that remain unserved" (A#13). Participants described:

> *RCs need to be trained because they are the first line mental health service*
> *providers in offering psychological services (whether individual or*
> *community orientated) to communities who would otherwise not have access*
> *to mental health services (A#6).*

These mental health services primarily were cited to include "psychoeducation, mental health promotion and counselling intervention in community contexts" (A#5). Participants felt that "there is a gap in the communities in South Africa and this gap could be closed by RCs who would ideally be trained to work in the community and provide short term preventative counselling as well as providing interventions on a community level" (A#1). Participant A#6 summarised saying "Training RCs is necessary and it makes sense. It offers a meaningful way to fill the gap in mental health services that is being increasingly filled by social workers, lay counsellors, coaches."

5.3.2 The viability of offering BPsych (RC) Training

While the first major theme highlighted in the research regarding "institutional recognition of the need to train RCs" (p#6), the second major theme that emerged in the research immediately overshadowed the first. Findings reveal that there was concern expressed by all participants regarding the viability of offering BPsych (RC) training. Viability was addressed as three different levels. Firstly, results of the research revealed a significant concern expressed by all participants about training RCs - for what? Secondly, findings show the challenge institutions faced in understanding the HPCSA requirements for training (n=11/13).

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Finally, the resource intensity of the programme was highlighted (n=10/13). These themes will be discussed further in order to explore in more depth the research results regarding the viability of offering BPsych (RC) training.

5.3.2.1   *Challenge in offering training for a position that lacks posts and jobs.*

Results of the research revealed a significant concern about training RCs - for what? Participant A#12 highlighted "there appeared to be major challenges in getting work as a RC." Participant A#4 continued "the role of RCs had been poorly embraced by the profession and within the Department of Health and the Department of Labour." This led to concern and caution around training RCs for a career that had not been carved out for them. Participant A#1 explained:

> *RCs shouldn't have to carve their own roles. Jobs need be created for them. The reassurance was that the Department of Health and the Department of Labour said that the mid-level worker should be developed and posts would be secured. In reality, however, we have yet another category with confusion regarding scope and jobs. There have not been the posts created in the way we thought they would be, which leaves RCs having to move into private practice and having to make it on their own.*

Participant A#3 expressed:

> *…with the creation of the category the message was that this is needed in our over-burdened public health system; but without the adequate posts and opportunities being developed, a terrible cycle has begun where RCs cannot find employment within the public sector, and a deprivation trap occurs.*

Participant A#7 summarised:

> *…the challenge in offering training is poor job prospects, ill-defined roles and difficulty adhering to scope of practice because they are trained for community contexts but these contexts are often heavily under resourced and there is no one to refer clients to.*

Participant A#5 added:

> *RCs end up working for a minimum wage, or voluntarily or they end up having to leave the profession and find other work because they struggle to carve for themselves a viable career path.*

Participant A#4 summarised:

…the day I went to the shops and found a brilliant BPsych (RC) graduate working as a shop attendant at the local supermarket was the day I thought that the HPCSA has failed to broaden awareness of the importance of this role in the community.

Participants recommended that it was essential that training of RCs include:

- How to deal with the challenges of creating a viable career being a RC;

- "Entrepreneurial skills training, including how to run your own business" (A#5).

- "How to get work and student need to know how to market themselves" (A#1).

- How RCs should conduct "research on what RCs are actually doing because this would enhance their profile in the literature and possibly lead to them attracting more funding" (A#4).

5.3.2.2   *Challenge in understanding HPCSA requirements for training.*

Findings reveal that 12 out of 13 participants expressed general frustration with understanding what was expected of them from the Professional Board for Psychology (HPCSA). There was a sense that "ambiguous and contradicting requirements were communicated by the HPCSA, Board for Psychology to Higher Educational Institutions according to form 258" (A#4). This form was also cited as a frustrating one because:

…it seems like expectations are always changing and one is never certain whether one is working with the most current information. For example, with form 258 it's difficult to know whether one is working with the most current version of Form 258? Like I have two copies with the same review date on them, but the content isn't the same in terms of certain aspects (A#9).

Participants described how some of them (n=4) had gone through the institutionally damaging experience of having their BPsych (RC) training de-accredited during 2012 (n=2) and 2013 (n=2) without really understanding what they had done wrong. Participant A#4 summarised this process:

Our BPsych (RC) training was de-accredited in 2013 but we were allowed a teach out period which ended in 2016. The department then made a

submission to the HPCSA for accreditation of a new BPsych (RC) training programme and it was rejected outright. At the end of 2014, I approached the Board for guidance regarding the recurriculation of our BPsych (RC) training and was literally chased away. I begged for a contact with whom I could consult and even that was met with reluctance. The Department and faculty then decided at a meeting to stop offering BPsych (RC) training.

For institutions wanting to reapply for BPsych (RC) training, there was a general cry for clearer guidelines (n=11/13). Participants described "There is not even an application form for applying for the BPsych. The professional board for psychology has high expectations but don't give sufficient direction and they also send very ambiguous messages" (p#1). Participant A#2 continued saying "much clearer communication of the HPCSA's expectations of universities needs to happen. Every time a new board gets elected changes are made, but these are not clearly communicated to the universities, this is a key challenge to training RCs."

5.3.2.3 *Resource intensity of the programme.*

The resource intensity of the programme emerged as a key element of the challenge for training RCs. There was a sense expressed by 11 of 13 participants that "The BPsych training is resource intensive and consequently there was a question regarding the financial rewards for this for the institution" (A#5). Participant A#10 described "It is that a very intensive training, and the HPCSA requirements seem excessive and unclear." A number of institutions:

…had made a decision to stop offering the training because the HPCSA had required that all supervision of students in practicum had to be provided by the institution. The institution felt that they lacked capacity to do this, that it made no financial sense and in any case their experience with graduates had informed a sense that the training was not worthwhile because there were no jobs available for RCs (A#12).

Another participant described: "Offering BPsych training is too labour intensive - our mental health division in the psychology department is poorly staffed and supported we simply cannot do it" (A#7). Another example that was given was that "the cost of human resource" that had to be put into "the recurriculating of a BPsych is because it took a whole team to try to make sense of what it is that the profession wants in terms of training RCs" (A#5). Furthermore, "the costs of institutional setup for offering the BPsych (RC) degree e.g., the cost of psychometric tests is excessive and the capacity for supervision limited" (p#8). Participants

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explained how "there is clear subsidy from the DHET for academic qualifications but it is not as clear for a professional qualification like the BPsych (RC) degree and then the programme is very costly" (p#5).

All of these issues meant that as a programme the viability of the BPsych (RC) training was questionable.

5.3.3   The Challenges of Training RCs

Added to the above mentioned challenges cited by participants across HEIs that were offering the BPsych (RC) training, two other challenges were highlighted. Findings demonstrate that for all institutions offering the BPsych (RC) training participants described the struggled with how to align the BPsych with the business requirements of Higher Education. Findings also highlight the challenge these institutions (n=4/6) faced in serving two regulators.

5.3.3.1   *How to align the BPsych (RC) training with the business requirements of HEIs?*

Results of the research revealed that for all the institutions that were offering BPsych (RC) training there was challenge experienced in aligning the programme with the business requirements of HEIs. Participants from both public and private HEIs described that HEIs are increasing "required to adopt a business model for the way Higher Education is done" (A#6). Business requirements included: Target student numbers, class sizes and student retention targets. Each of these business requirements were a struggle in offering BPsych (RC) training. Participant #5 described how "as an institution you have to reach sales targets but from a professional perspective you have to employ a stringent selection process." Participant A#8 explained:

> It is difficult the HPCSA has only allowed us to accept 20 students into our BPsych (RC) degree. From a business perspective a cohort needs to be comprised of a certain amount of students to make it financially viable for the institution.

Participants expressed having had a "constant battle with the HPCSA over numbers and as such are considering no longer offering the programme as this is not something that has been established as a sustainable model for training" (A#1). Participants felt this limitation on student numbers into the BPsych (RC) training programme was contradictory to the mandate from the DHET:

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At a time when Higher Educational Institutions are being asked to increase their capacity to provide Higher Education to a greater numbers of students the HPCSA and the Professional Board of Psychology want to put a cap on the number of students we can train in the BPsych (RC) degree. These kinds of debates are happening in our university currently and are also happening elsewhere. Many Higher Educational Institutions have started following a business model where you have to consider how resource intensive the offering might be and the financial rewards for the institution are becoming increasingly important (A#1).

The knock on effect of having small cohorts of students studying in the BPsych (RC) training was also problematic because of attrition which impacts on overall retention and throughput numbers which is something institutions watches carefully. Participant A#8 summarised this sentiment saying "if students drop out of the BPsych, there is then no option of filling their spot with another student because these students are selected at the outset of a programme and are expected to move as clean cohorts through the programme."

5.3.3.2   *Serving two regulators.*

Findings of the research demonstrate the challenge of serving two regulators "trying to align to both what the board wants as well as what the CHE wants is very difficult" (A#3). Participant A#6 asked the question:

In psychology, who is your quality assurer? Is it the CHE? Or is it the HPCSA, Professional Board of Psychology. The Higher Educational Institutions struggled with this 'dance' here at our university there is a real difference in opinion regarding who makes the final call? Is it the CHE or is it the Professional Board?

One participant summarised:

A university can't ignore the CHE processes of accreditation so what it has ended up being is that there are two bodies we have to please with different narratives, different criteria and different processes and the accreditation of programmes in which both of these bodies are involved become drawn out and exceptionally long processes (A#5).

5.3.4 Institutional Strength for Training RCs

Findings reveal that within institutions who were running the BPsych (RC) training these institutions believed they had "institutional strength" to offer training that prepared the student for the work they would do as RCs (p#3). Four specific areas of strength emerged in the research and were identified by all participants offering the BPsych (RC) training. The first was the practicum and supervision elements of the BPsych (RC) training which participants felt were intrinsic components of training. The second was that the BPsych (RC) curriculum was taught in such a way that it intentionally built counsellor competencies that were aligned to the RC scope of practice. The third was the strength that students were equipped with a broad range of psychological theories. The final strength cited was that participants believed their training was aligned to the professional training requirements as described in Form 258. Each of these institutional strengths will be discussed further.

5.3.4.1 *Practicum and supervision as intrinsic components of training.*

Findings of the research show that the BPsych (RC) practicum was considered "an extremely significant, intrinsic component of training" (A#4) "and the climax of the BPsych (RC) training curriculum allowing for exposure to diverse community settings" (A#13). Participants described how the practicum provided "experience in predominantly community orientated placements that allowed students a broad but comprehensive opportunity to build their competencies as RCs while in the field and having group and individual supervision" (p#4). Findings from this research reveal that institutional strength in this area was a result of institutions understanding that they were responsible for the placing students in practicum sites for the duration of the BPsych (RC) practicum and providing supervision for the student throughout the duration of their practicum. Findings also demonstrate that participants understood the importance of the range of practicum sites being aligned to the work RCs were ultimately envisaged to do. In the research the range of sites provided by institutions were grouped and then aggregated to demonstrate the distribution of practicum sites BPsych (RC) students were placed at. This analysis demonstrated that BPsych (RC) students were placed at a diverse range of settings: 26.6% of students were placed in education in Primary, Secondary and Remedial schools, 41.5% of students were placed in NGO/NPO/Faith Based Organisations, 3.5% were placed in Counselling Centres; 10.3% of students were placed in government institutions; 10.3% of students across programmes were place in Community Health Clinic's; 3.5% of students were placed at Community Based Organisations and 10.3%

of students across programmes were place in Health at Community Health Clinic's. These settings are illustrated in Figure 5-15.
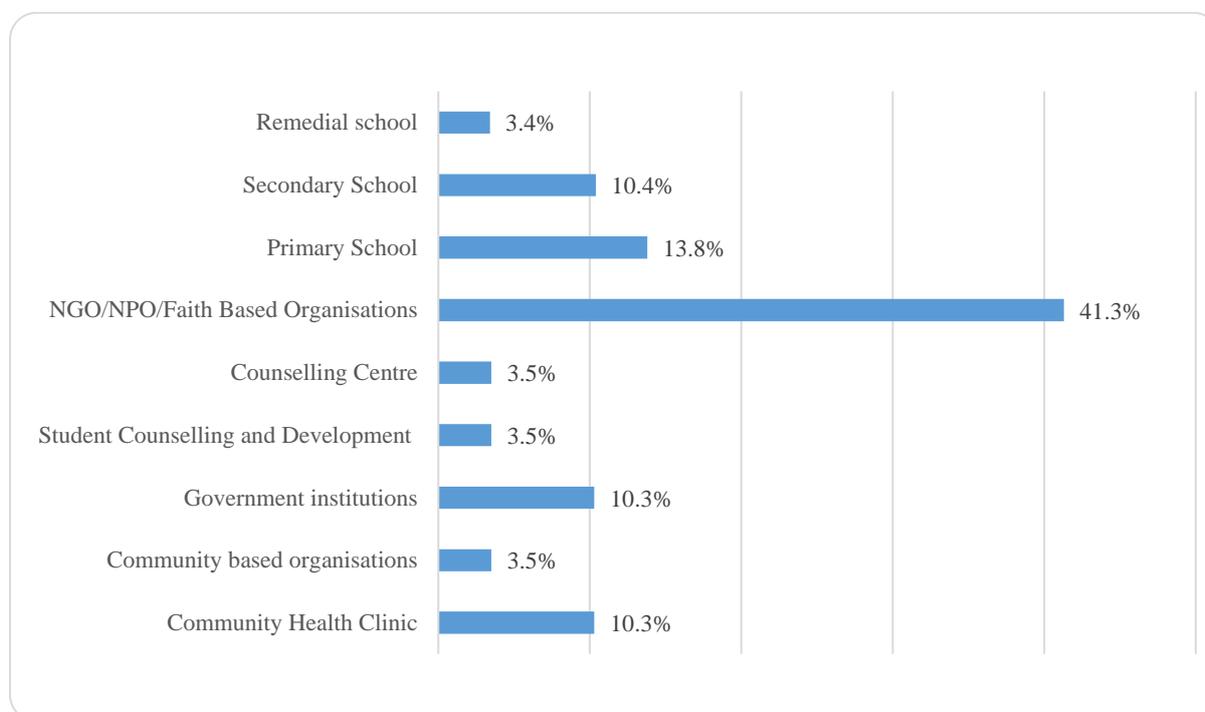

Figure 5-15   Practicum sites BPsych (RC) students were placed at

Within the practicum institutions ensured that students spent their time engaged in a range of activities prescribed by the scope of practice of the RC. Once again the range of activities provided by HOD's were grouped and then aggregated to demonstrate the distribution of time spent engaged in the various activities. Results of the research showed that it was intended that students spend 37.5% of their practicum time providing short term counselling services under supervision; 18.75% of their time designing and implementing Community Mental Health Intervention to address mental health challenges; 18.75% of their time engaged in Community Mental Health Promotion and psychoeducation; 12.5% of their time conducting screening and psychometric assessment; and 12.5% of their time in case management and referral. Figure 5-16 provides a distribution of these activities.
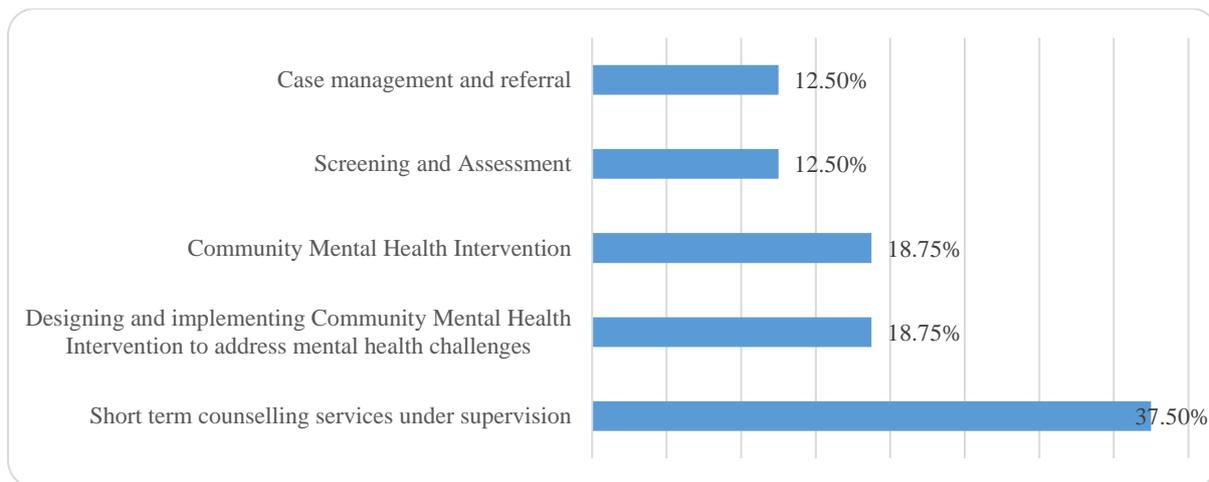
Figure 5-16   *Activities students engaged in during their practicum*

5.3.4.2   *Building counsellor competencies.*

Findings of the research demonstrate that during the BPsych (RC) training institutions place importance on building specific counsellor competencies. Three specific counsellor competencies were outlined. Firstly, findings show that BPsych (RC) students were given "in-depth training in counselling and interpersonal communication skills, including referral and management strategies" (p#13). Secondly, the results revealed the essential role of training students "in accordance with the guidelines for good practice of the HPCSA for this category of professional registration" (p#2). Thirdly, the importance of training building multiculturalism and diversity competencies was highlighted. Participant #2 explained "the curriculum and the hidden curriculum play an important role in exposing students to a variety of different age groups and cultures." This "depth of understanding of diversity and cross cultural dynamics within the South African context" was considered a fundamental counsellor competency that BPsych (RC) training was addressing (p#13).

5.3.4.3   *Equipping students with a broad range of psychological theories.*

Results of the research showed that another institutional strength was that the curriculum for BPsych (RC) training provided "vast coverage of theoretical modalities" (p#2). Participant #13 outlined how "a depth of understanding of psychology, mental health and people in a social context including personality and developmental paradigms for understanding individual and group behaviour" was a key strength of the BPsych (RC) training curricula. It was in this area a weakness in BPsych (RC) training was also identified. Half of the participants described feeling that "because the BPsych is so intense and there is no second major, essentially students

have no other option but to complete their BPsych" (p#13). These participants felt this potentially posed a threat to employability once students completed their qualification because they had no second major to fall back on (p#8).

5.3.4.4   *Alignment to HPCSA requirements for training.*

Findings demonstrate that all participants whose institutions were training RCs indicated that they were aware of the scope of practice for RCs in Form 258 and believed the BPsych (RC) training in their respective departments was aligned to the HPCSA training requirements and form 258 (HPCSA, Professional Board for Psychology, 2013). Participant #4 highlighted this by saying:

> *We have a focus on community intervention and development and have very high standards for screening and identifying at risk clients. This aligns to the HPCSA's training requirements for the programme and builds competencies for the role of RC. Two participants' specifically addressed how their department had had to build the curriculum for the BPsych (RC) training around the scope of practice principles as listed in form 258 for accreditation purposes and therefore the curriculum was very specific in training students for the scope of practice of the RC (A#1; A#13).*

Participant A#1 emphasised this saying "Modules had been developed in line with HPCSA requirements, training RC competencies and included a practicum training component."

5.3.5   Summary of the Realities and Challenges of Training RCs

Findings of the research show that three themes emerged in light of the realities and challenges of training RCs. The first theme revealed that was there was general "institutional recognition of the need to train RCs." Results revealed that in this regard participants felt that the training aligned to Government's vision to scale up the delivery of accessible mental health care through the provision of supportive counselling services and community based psychological interventions. These interventions include supportive counselling services, the promotion of mental health and wellbeing, psychological screening and assessment, psychoeducation, empowerment and advocacy with individuals and groups living in diverse contexts in South Africa. Results also showed that participants felt that training RCs was necessary because they could be the first line providers of mental health care, supportive counselling services and psychological interventions. Despite the first theme, however, the

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second major theme was that concern was expressed by all participants regarding the viability of offering BPsych (RC) training. Viability was explored at a number of levels. The third theme that emerged in the findings was the theme of "institutional strength." Within institutions who were running the BPsych (RC) training these institutions believe they have "institutional strength" to offer training that prepares the student for their work as RCs.

5.4   Chapter Summary

This chapter has presented the findings of the current research in three sections. The first section provided an overview of the demographic status participants of the study as well as the RC category as a whole addressing gender, ethnicity and geographical distribution. The section added an additional layer of data that reflected on the demographic distribution of psychological practitioners generally (HPCSA, 2017a) relative to the populations these psychological practitioners are envisaged to service (Stats SA, 2016).

The second section summarised the key findings of the current study that illuminate the lived experience of RCs as they navigate their journey of professional identity along a continuum of *Readying*; *Becoming*; *Aspiration and Vision*; *Reality kicks in* and *Choosing*.

Finally, the realities and challenges of training RCs within Higher Educational Institutions in South Africa were examined. Three key themes were explored that emerged and illuminate the realities and challenges for training RCs. The first was general "institutional recognition of the need to train RCs." The second was concern expressed by all participants regarding the viability of offering BPsych (RC) training. The third theme was that for those who offered BPsych (RC) training these institutions believed they had "institutional strength" to offer training that prepared the student for the work they would do as RCs.

The following chapter will synthesise and discuss the findings of the research providing a coloured, textured and nuanced understanding of the lived experience of the RC within the profession of psychology in South Africa.

CHAPTER SIX

DISCUSSION

Given the overall aim and research objectives of the current study, this chapter synthesises the findings of the research. These findings are described using the analogy of a journey of the lived experience of RCs journey of professional identity construction. The journey is contextually embedded and relationally orientated and demonstrates how the dichotomy of ecosystemic realities (outlined in Table 6-1) mediates the choice RCs ultimately have to make about whether they will choose to continue along the journey of RC professional identity construction or choose an alternative career. The journey follows a group of travellers (the RCs) as they construct their professional identity within the profession of psychology in South Africa. The journey will draw on the realities and challenges for training RCs as these realities and challenges impact on the RCs own journey of professional identity construction. Given the layers of findings the current study produced, it is evident that the study adds significantly to what is known about RCs to date and locates the RC within the broader ecosystemic context within which they are embedded, and reflects on the impact of the ecosystemic realities in the construction of professional identity within this context. This journey draws on salient research findings and anchors them within the broader theoretical frameworks and literature within which the study is grounded.

6.1 Introducing the Journey

The analogy of travel is an apt one to facilitate this section of the discussion. Botton (2003, p. 9) suggests that travel for most is about a deeper construction of meaning for our lives and "nothing reveals as much about the dynamics of this in all its ardour and paradoxes than our travels." The journey we will take through this discussion chapter follows the pilgrimage of Stephen Kumalo, a character in Alan Paton's *Cry the Beloved Country* (1944). Kumalo's journey starts in rural simplicity and innocence on the lovely road that runs from Ixopo into the hills. Kumalo, however, is summoned to the city Johannesburg in search of his sister and his son where he is confronted with the complexity of human suffering and injustice in Johannesburg, suffering and injustice that ultimately claim the lives of both his sister and his son (Foley, 1999). And, yet, Kumalo is able to choose and to reflect on how far he had travelled and to once again climb from Ixopo back into the mountains. When he reaches the summit he looks out over the great valley, to the mountains of Ingeli and East Griqualand over his beloved

country. In a similar vein, the Figure 6-1 below provides a visual representation of a symbolic journey we will take during this discussion chapter.

Figure 6-1   Travellers on the journey

The group with whom we travel are the six hundred and eighty-seven (687) RCs who participated in this research. It is their journey that we will join. Given that their journey comprises a central focus within the body of this research, sometime will be given at the outset of this discussion chapter to reflect upon the current status of the RC. At times the chapter positions the discussion relative to the RC category broadly. The reason for this is the study accessed 35% (n=687) of the total population of RCs and hence assumes similarity of the sample relative to the total RC population (N=1979). Thirteen academics from HEIs will join us as sojourners for parts of this journey during which their expressed realities and challenges for training RCs will also be explored.

6.2   The Current Status of the RC Category

At the time of the study RC category itself has 1,979 RCs registered to service a population of 54,956,900 people (HPCSA, 2016c, Stats SA, 2016). The size of the category, relative to the population the RC was supposed to increase accessible mental health services for, is of concern. The findings suggest that based upon size alone, there is very little chance that RCs have scaled up primary mental health care, supportive counselling services and community based psychological interventions, given that the number of RCs relative to the South African population is so disproportionate.

Findings of the study highlight that in an education environment where HEIs are being requested to increase student intake into studies, since 2009 there has been increased regulatory tightening of BPsych (RC) training. The reasons given for this was that the Professional Board for Psychology (HPCSA) clamped down on Honours programmes in psychology that had an 'add-on' practicum/internship component, as they did feel these programmes offered enough specialised training for the scope of practice of the RC. The result of this institutional regulatory tightening is in that the number of institutions now offering RC training has decreased dramatically. The HPCSA national survey highlighted this showing that BPsych (RC) degree training was at an all-time high across public and private institutions between 2000 - 2009 but a decline is evidenced between 2010 - 2016 (HPCSA, 2017b). Similarly training in a BPsych Equivalent has seen a sharp decline between 2010 - 2016 (HPCSA, 2017b). In the national survey each of the institution highlighted in the study for their BPsych (RC) training have since abandoned the training of RCs.

Findings of the current study show that selection and intake of RCs into the BPsych (RC) degree now more closely reflects selection and intake of students into professional Masters'

programmes which means less students are now being accepted into BPsych (RC) degree. So despite the intention that RC training would provide opportunity for more graduates to enter the profession, with the 'knock-on' effect of larger numbers and greater opportunity for transformation of the profession, this has not been the case and in fact findings show a drop off in RC registrations in recent years (see Figure 5-14).

Drawing on the HPCSA 2017 demographic statistics of the RC category as a whole, the category is predominantly female (85.60%) with just 14.40% of RCs being male (HPCSA, 2017a). In terms of population ethnicity, the RC category is predominantly White (45.83%). African RCs represent 37% of the RC category with Coloured and Asian/Indian representing 9.75% and 6.67% of the category respectively (HPCSA, 2017a).

This racial disproportion relative to the racial distribution of South Africa, is of concern. To be specific, South Africa is a country of 54,956,900 with a black majority of 80.50%. If one considers the racial distribution of the profession of psychology as a whole there are a total of 1,988 African psychological practitioners (psychologists and RCs) able to serve 80.50% (n=44,228,000) of the population with their own language and from their own cultural perspectives.

Drawing on the recent HPCSA National Survey to add some more depth to this the survey revealed a strong linking of ethnicity between practitioner and client (HPCSA, 2017b). For example, HPCSA survey highlighted that

> *Black African practitioners have a client base of 74% black Africans, and only 8 or 9% of each of the other ethnic groups – White practitioners' client base is 37% white and 35% black African – Coloured practitioners have 37% coloured clients, 36% black African, 17% white and 10% Indian/Asian – Indian or Asian practitioners have 46% black African clients, 25% Indian or Asian, 17% white and 11% coloured (HPCSA, 2017b, p. 28)*

What is also interesting to note is that the recent HPCSA National Survey highlighted how "RCs have a stronger contingent of black African clients, compared to other ethnic groups" (HPCSA, 2017b, p. 27). Looking at the geographical distribution of RCs, the majority of RCs are located in Gauteng (32.84%) and the Western Cape (23.40%). It is of concern that RCs have gravitated toward urban city centres. The HPCSA National Survey reported that this is to be expected, given larger majorities of the population live in these areas, however, skewing

of the profession in this way is problematic when one considers the reality that Limpopo has more or less the same size as the Western Cape (HPCSA, 2017b).

The gravitation of RCs away from rural community contexts most in need of services of the RC demonstrates that the RC category is incapable of fulfilling the intention for which the category was originally created. Also as RCs become used to offering mental health care, supportive counselling services and community based psychological interventions in city centres, where the practice of psychology is more prevalent, RCs are at risk of developing a mainstream bias for more individualised counselling in private practice (Pillay 2016). This is evident in the findings where slightly less than 38.91% of all RCs were working in private practice and across the category 86.6% of RCs spent the majority of their work week providing general one-on-one counselling. This trend has been explicated in other related research and mirrors the findings of that of its predecessors (Abel & Louw, 2009; du Preez & Roos, 2008; Elkonin & Sandison, 2006; Elkonin & Sandison, 2010; Kotze & Carolissen, 2005; Rouillard et al., 2016).

As RCs get used to this style of psychological praxis, the RC as a CP practitioner is undermined because they become increasingly detached from the expanse of the interventions they are trained to offer across the psychological intervention continuum (Naidoo et al., 2008). Furthermore, the potential RCs possess to supply community based psychological interventions i.e. primary intervention for psychological difficulties, mental health promotion, life skills and psychoeducation for individuals and groups in diverse community contexts remains untapped.

Findings of this study would thus suggest that rural and/or less urban areas continue to lack access to mental health care, supportive counselling services and community based psychological interventions and the distribution of RCs across ethnicity and geography mirror the trends of the profession of psychology more broadly showing that the category has not diversified or transformed the representation of psychology (albeit that the RC category has the strongest representation from Black Africans in all other registration categories) but rather has replicated the endemic trends of the profession broadly (HPCSA, 2017b).

Findings of this study show that the current demographic status of RC category runs contrary to CP's mandate and the mandate of the RC to respond to the ever-growing psychosocial needs of marginalised communities and groups in living in diverse settings. The category is inequitable relative to its ability to deliver accessible mental health care, and

community based psychological interventions to the majority of South African's (Duncan et al., 2007).

At a macro level this impacts on the professional identity construction of the category as a whole. Findings of the study reveal that RCs felt that there was professional lack of clarity regarding where the RCs fits in terms of the broader profession.

As we take this journey with RCs in their endeavours to carve out a professional identity we will see that RCs continue to be passionate about answering the call to meet the demands of this honourable vocation but are inhibited in their ability to do so due to a range of realities within the ecosystemic context in which they are embedded.

6.3   Readying

> *"There is a lovely road that runs from Ixopo into the hills. These hills are*
> *grass-covered and rolling…" (Paton, 1944, p. 7).*

We join our travellers – RCs on their journey on the road into the hills, grass-covered and rolling, to the place called *Readying*. *Readying* is a place of preparation, guidance and gearing up. A place where 54% of RCs felt they acquired the theoretical knowledge, practical skills and experienced personal growth all which emerged in the research as activators of professional identity construction. From an ecosystemic perspective, *Readying* is the RCs microsystem and the proximal process and personal interactions within their day to day world that impacts on the journey of construction of professional identity as they train towards their aspirational professional identity. Specific interactions that emerged in the research as activators of professional identity construction during (and beyond training) were relationships with academic staff, faculty member, lecturers, peers, supervisors and supportive family and friends.

The place of *Readying* is located within BPsych (RC) training providers, accredited HEIs. Initially graduates with an Honours (psychology) degree were eligible to complete a practicum/internship (at the discretion of the institution), then write the Professional Board for Psychology (HPCSA) examination upon successful completion of which they could then register with the HPCSA as a RC. Institutions therefore felt that this programme (an academic Honours followed by a practicum) provided a great platform for graduates in terms of facilitating the objectives of the NQF (2009) in providing better access to, and mobility and progression through Higher Education towards professional registration (NQF, 2009) as well

as creating the necessary groundswell to address the mental health service gaps where psychology was not working at the coal face of social need.

Research findings indicate there was general institutional recognition of the need to train RCs. HEIs believed that training RCs aligned to governments vision to improve accessibility to mental health services through the provision of community based psychological interventions including supportive counselling services, the promotion of mental health and wellbeing, psychological screening and assessment, psychoeducation, empowerment and advocacy with individuals and groups in diverse settings (HPCSA, 2013).

Findings of the research reveal that during their training 25% of RCs felt they were being uniquely trained for positions where they would be able to provide a service that was really needed in South Africa, namely mental health care, supportive counselling services and community based psychological interventions at a grassroots level.

Findings of this research, however, indicate that many institutions had abandoned offering the BPsych (RC) training due to a number of factors including:

- Regulatory tightening of the BPsych (RC) training - at a stakeholder meeting in 2014 the Professional Board for Psychology (HPCSA) was adamant that they were no longer comfortable with the Honours and then a practicum/internship model and HEIs wanting to offer BPsych (RC) training should put in a formal application for a Bachelor Honours Degree that incorporated an approved 6 month/ or 720-hour face-to-face practicum.

- The Professional Board for Psychology (HPCSA) exerting undue control over student intake numbers into the BPsych (RC) training;

- The ethical dilemma of training students for a category that is fraught with employment challenges;

- The resource intensity and financial viability of the programme given the requirements the Professional Board for Psychology (HPCSA) was now placing on BPsych (RC) training;

- The lack of clarity about the expectations of the Professional Board for Psychology (HPCSA) for training the RC. Efforts to get guidance were frequently unclear, with demands made that appear to be unreasonable and excessive;

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- Unrealistic controls of the Professional Board for Psychology (HPCSA) in terms of intake numbers into the BPsych (RC) degree. This created a credibility crisis for HEIs concerning the numbers that the Professional Board for Psychology (HPCSA) allowed into the programme at a time when Higher Educational Institutions were being asked to increase their capacity to provide Higher Education to a greater numbers of students.

- Lesser funding subsidies being allocated by the DHET for professional qualifications compared to academic qualifications; and

- Having to serve two regulators with the CHE and the HPCSA having different narratives, different criteria and different processes of accreditation. Furthermore, the application for programme accreditation is a drawn out and exceptionally long process.

These tensions are not new tensions. For example, Louw (cited in Henderson, 2004, p. 22) stated that:

> *…substantial tension had arisen with many academic psychologists and psychology departments viewing prescribed professional/practical training programmes as an encroachment on the autonomy of the university to teach psychology as an academic discipline.*

The problem is that the work of the regulators has become a drag anchor to transformation. Instead of the Professional Board for Psychology (HPCSA) working developmentally with HEIs, research revealed that HEIs were imploring the Professional Board for Psychology (HPCSA) to assist them in aligning their curriculum to the Professional Board's aspirational standards but with little forthcoming assistance. What has happened in the process is that many HEIs weighed things up and decided against offering the BPsych (RC) training. Some HEIs were, however, still trying to get approved to offer the training. Nel (2015) summarised:

> *Despite this qualification being fraught with difficulties this is a category that is intended as a 'mental health promoter', which is a very well established category in the health sector and where Psychology, too, should be making its stand; that is, in the training of RCs. It's a necessary qualification. History will judge the profession harshly if we don't rise to the occasion and make sense of how to offer this training in a meaningful way so as to fill the gap in*

mental health services (Personal Communication, Juan Nel, 20th August 2015).

Given that so many institutions have discontinued their BPsych (RC) training, findings of the research show how between 2004 – 2013 there was consistent growth in category of RCs, however, since 2013, there has been a significant drop off in registration with the HPCSA as a RC. Dwindling numbers of RCs was described as negatively impacting on RCs sense of confidence that the category is alive and thriving. This in turn impacts was described as impacting on a sense of pride in being. This research showed that RCs felt there was little confidence in being an RC because the category was seen to be always changing in its scope and participants worried about it failing. It may be for this reason (amongst others) that 84.20% of RCs aspired to continue studying and 73.12% desired to rather be a psychologist than an RC.

Nonetheless, in the process of *Readying* students were expected to meet a requisite set of exit level academic and professional training outcomes as outlined in Form 258 as well as complete an approved 6 month/ or 720-hour face-to-face practicum (HPCSA, Professional Board for Psychology, 2013). Owing to many of the top public HEIs in South Africa (such as University of Johannesburg, Stellenbosch University, University of Pretoria and University of Kwazulu Natal, UWC and UNISA who have trained the most psychological practitioners over the years and who initially offered BPsych (RC) training) no longer offering training of RCs, the research demonstrated a lack of public exposure of the BPsych (RC) qualification and the competencies of RCs and 93.32% of RCs experienced this lack of public recognition of their roles an inhibiting factor that negatively impacted their journey of professional identity construction. RCs described findings themselves constantly having to explain their qualification and competencies which impacted negatively on their sense of being a professional. This trend mirrors the findings of that of its predecessors (Abel & Louw, 2009; du Preez & Roos, 2008; Elkonin & Sandison, 2006; Elkonin & Sandison, 2010; Kotze & Carolissen, 2005; Rouillard et al., 2016).

Readying, however, offered positive contributions to RCs journey of professional identity construction. As previously mentioned, findings of the research show that 54% of RCs were generally satisfied that their studies had prepared them be RCs. The elements of BPsych (RC) training cited as particularly helpful include:

- Building a robust theoretical knowledge base;

- Hands on experience while training and learning practical counselling skills; and

- The BPsych (RC) practicum/internship and supervision.

These findings support those of du Preez (2005) who suggested that professional identity is developed when RCs are not just exposed to theoretical knowledge but when they are given skills and provided with the opportunity to apply these skills. These findings are also supported by Stoltenberg and Delworth's (1987) integrated development model of professional counsellor identity where, during the first level of professional identity development, counsellors who have learned skills require opportunity to put these skills into practice.

In this vein the research reveals that the BPsych (RC) practicum is a key strength of BPsych (RC) training. Both HEIs and RCs described it as an intrinsic component of training. RCs describe importance of their BPsych (RC) practicum in preparing them for their work as RCs.

All HEIs that offered the BPsych (RC) training felt this element of experiential learning was a distinctive of the BPsych (RC) degree. Lazarus et al. (2014, p. 2) state that "within Higher Education circles in South Africa there has been a growing emphasis on community engagement which is an umbrella term that includes various professional and academic activities pursued in partnership with local communities". The BPsych (RC) practicum is a good example of Community Engagement (CE) and findings of the current study affirm that community engagement enriches the learning experience because of the incredible opportunities it creates "for students to learn from engagement with organisations and communities and in particular from the action of reflecting on the service" (Fluks, 2017, p. 24). Pillay and Kometsi (2007) indicate "a critical need for programmes to move in this direction" (p. 368).

In-service training like a practicum has dual benefits in that students have a richer learning experience and communities welcome the mental health care, supportive counselling services and community based psychological interventions they have been deprived of all their lives (Fluks, 2017).

Findings of the study emphasise the importance of the function of the BPsych (RC) practicum in supporting the professional identity construction of the RC. The practicum is intimately linked to the depth of growth RCs in training personally experienced, mediated by the interactions they engaged in at their placement site and the relationship they built with their

supervisors over the period of the practicum. Findings of the research show that as RCs gained skills during training and their practicum, they achieved a sense of confidence that they had something to offer. This was considered an activator in the journey of professional identity construction. As previously mentioned 25% of RCs felt they were being trained to be specifically and uniquely positioned to provide a service that was really needed in South Africa – mental health care, supportive counselling services and community based psychological interventions.

Conversely, there were training elements within the BPsych (RC) training that were considered unhelpful. These included:

- Training that becomes too academic without reference to the practical;

- Research and statistics components of the degree being too weighty;

- Too many unnecessary core modules within the degree;

- Problems within the BPsych (RC) practicum that are not adequately dealt with;

- Not enough training in psychometric assessment is provided.

In reflecting on these unhelpful training elements within the BPsych (RC) training the research demonstrates that RCs enter into the BPsych (RC) training expecting to become practitioners. They do not want or require a purely theoretical focus within the programme. The findings of the current study also show that the academic components of the RCs training contribute less to the construction of professional identity than the practitioner-based training, primarily because RCs want to identify with being practitioners and are therefore looking for a practitioner based training that will provide them with the skills and competencies they need to be working within community contexts. These findings echo the findings of Aspenson and Gersh (1993) that if psychology students perceived themselves to be clinicians they then responded negatively to a traditional academic style approach to training. What is interesting about these findings, however, is that while RCs did not feel the academic competencies were as important as the practical competencies required of practitioners HEIs have largely been training RCs within the BPsych (RC) degree/ BPsych Equivalent (RC) programmes with traditional psychology curricula. For example, the theoretical training requirements listed in form 258 (HPCSA, Professional Board for Psychology, 2013) at the NQF 8 level of the BPsych, include the following modules: Psychopathology; Developmental Psychology;

Therapeutic Psychology; Research Psychology; Psychometric and psychological assessment and Personality Psychology. As a result, what happens in training is that RCs find themselves being primed for traditional mainstream psychology that promotes individualistically orientated psychological thinking as opposed to CP thinking. Whilst the RC category is firmly located within a CP theoretical framework, the chances of CP being integrated into each of these traditional subject areas is unlikely and the need for a collective rather than individualistic practice of psychology has not been sufficiently prioritised within the curriculum. This was evidenced in the practice of psychology RCs ultimately went on to engage with. RCs described the focus of the work saying that most of the time they were involved in one-on-one counselling, less often psychoeducation and mental health promotion, sometime psychometric screening and assessment and seldom group work. RCs reported spending even less time designing community mental health intervention to address mental health challenges, research and training or presenting workshops for Continuing Professional Development (CPD).

These research findings show that the RC really is a nascent enactment of CP and has still to step into the full potential of all that the category has to offer in terms of mental health care, supportive counselling services and community based psychological interventions such as the promotion of mental health and wellbeing, psychological screening and assessment, psychoeducation, empowerment and advocacy with individuals and groups living in diverse contexts in South Africa (HPCSA, Professional Board for Psychology, 2013; Pretorius, 2013, para.7).

6.4   Becoming

> *"and they are lovely beyond any singing of it. The road climbs seven miles*
> *into them, to Carisbrooke"* (Paton, 1944, p. 7).

In describing *Becoming,* 84.6% of RCs interviewed explained that this was a place of happiness, excitement, accomplishment and relief that accompanies the milestone moment in the construction of professional identity when RCs knew they had accomplished status in the profession of psychology.

This place is "lovely beyond any singing of it" (Paton, 1944, p. 7). The research describes this moment of *Becoming* while at the same time acknowledging that *Becoming* is a dynamic, continuous and fluid process. The moment of *Becoming* is by no means the goal of the journey of the RC but is a moment that serves as a catalyst to propel the RC into active engagement.

This description of the place of *Becoming* aligns beautifully to Rogers' description of the fully functioning person. Rogers describes the fully functioning person as someone who is in a process of "becoming and changing" but in this process believes they can become fully functioning (even fully functioning is described in the literature not as a destination but a journey). Kegan brings this idea to bear in his work of the evolving self (discussed earlier in this dissertation) suggesting that the self-actualising/evolving self is keenly engaged in "ever progressive motion, in giving itself a new form" (Kegan, 1989, p. 1).

In this place of *Becoming*, fully functioning people who are in the process of "becoming and changing" attain the dreams they have for their life (students who become RCs) and then continue to embark on the journey in which they go about actively engaging to continue their goals (Rogers, 1961). This 'journeying with identity' was given momentum when the RC recognised they were registered i.e. they had status in the profession. Now their professional identity would truly begin to evolve as they engaged new proximal processes and personal interactions toward *Becoming*. The research indicated that the majority of those who graduated as RCs and were registered as a RC with the HPCSA felt a new level of excitement and accomplishment about becoming RCs.

While satisfaction levels with the HPCSA as a statutory professional body were generally low (42.5% were dissatisfied with the HPCSA), the research reveals that RCs recognised the benefits of being registered with the HPCSA for professional identity purposes. These benefits included being listed on the HPCSA website; having a Practice number; being able to charge medical aid rates as well as being able to claim from Medical Aid agencies, and being connected to a broader professional body that has a clear set of ethics and standards. It should also be noted that the research reveals that almost all RCs maintained scope of practice compliance (97%) and CPD compliance (83.7%) and just over half of all RCs maintained supervision compliance (55.3%).

The research shows that maintaining professional compliance was an activator of the construction of professional identity. These findings are supported by Stoltenberg and Delworth's (1987) integrated development model of professional counsellor identity. In this model, a 'Level 2' counsellor experiences a high motivation to overcome uncertainty and anxiety in their efforts to become a counsellor, and feels comfort and security about being aligned to a professional group with which they can personally identify - although there is a struggle with a dependency versus autonomy conflict in which they shift between being overly confident and being overwhelmed.

It is important to note that along with the excitement of becoming, feelings about becoming a RC were tempered by the sobering truth that the overwhelming majority of RCs (73.12%) ultimately aspired to become psychologists. *Becoming* was therefore accompanied by a sense of receiving "second prize" or "the silver medal on the way to getting the first prize of becoming a psychologist." This trend has been explicated in other related research and mirrors the findings of that of its predecessors i.e., that for almost all RCs, their ultimate aspiration is to become a psychologist (Abel & Louw, 2009; du Preez & Roos, 2008; Elkonin & Sandison, 2006; Elkonin & Sandison, 2010; Kotze & Carolissen, 2005; Rouillard et al., 2016).

Findings of the research are almost contradictory in this regard. Where 83.5% of RCs expressed a sense of excitement about their aspiration and vision to be a RC, 73.12% also expressed a desire to continue their training towards becoming a psychologist. These findings raise questions as to what fuels the aspiration of so many RCs to become psychologists when so many are as equally excited about their role as RCs? Perhaps it is that psychologists are more employable than RCs? Perhaps it is the perceived high levels of status, respect and admiration for the place and position of the fields of clinical and counselling psychology within the profession? Maybe it is the allure of the ivory tower of private practice? Maybe these research findings just reflect the good old fashioned philosophy of sticking to what you know – and the work of psychologists is more 'knowable' than the work of RCs.

The research itself does provide some answers.

- RCs are a passionate group of people who have become RCs because of a driving desire to be involved in enhancing access to mental health care, supportive counselling services and community based psychological for individuals and groups in diverse community (70% of participants across the study described a sense of aspiration and vision for being an RC); however

- In an effort to carve out for themselves a healthy professional identity within the profession of psychology in South Africa, the journey to become a RC is and the ecosystemic context within which RCs engage the journey of professional identity construction is filled with obstacles and inhibitors to professional identity development.

The research perhaps suggests (this is my belief) that if the RC was better positioned within the profession of psychology in South Africa, with a more esteemed status and access

to employment opportunities upon which RCs could build a viable career, most RCs may be content and pleased to remain RCs. This is further supported by the finding 76% of those trained to be RCs enjoyed being engaged in the activities they were been trained to undertake regardless of whether they were fully employed as RCs or not. For these participants being a RC was not just a job but a passion and a calling.

Although the findings do not shed light on why the desire of so many RCs to become a psychologist is so great, this desire must to some extent negatively impact on the journey of professional identity construction of the RC. Botton (2003) in his book the Art of Travel, posits:

> *In so far as we are constantly longing to be somewhere else we cannot fully embrace where we are and if while we are in one place, we are pining for somewhere else, we overlook this place as if it is not prompting us to conceive of it as worthy of appreciation (p. 187).*

We could therefore imply that in becoming a RC if the dominant thought is also about becoming a psychologist this thought will impact on the journal of professional identity construction for the RC.

6.5 Aspiration and Vision

> *"…and from there, if there is no mist you look down on one of the fairest valleys of Africa. About you there is grass and bracken and you may hear the forlorn crying of the titihoya, one of the birds of the veld. Below you is the valley of the Umzimkulu, on its journey from the Drakensberg to the sea; and beyond and behind the river, great hill after great hill and beyond and behind them, the mountains of Ingeli and East Griqualand" (Paton, 1944, p. 7).*

The journey moves on and up through the rolling hills to the place of *Aspiration and Vision*. This is a place where 70% of RCs expressed a sense of *Aspiration and Vision* about being a RC as they "look down on one of the fairest valleys of Africa" (Paton, 1944, p. 7).

Aspiration and Vision refers to RCs being driven by a sense of aspiration around how they envision their role in fulfilling the intended purpose of RCs, namely:

> *To render psychological services that are focused on prevention and primary intervention for psychological difficulties in diverse community context as*

well as promotion of psychosocial health, within the scope of practice for
Registered Counsellors (HPCSA, Professional Board for Psychology, 2013).

Given the research findings regarding RCs aspirations and vision, the research revealed that 76% of those trained to be RCs enjoyed being engaged in the activities they were been trained to undertake regardless of whether they were fully employed as RCs or not. For these participants being a RC was not just a job but a passion and a calling.

These findings are supported by Rouillard et al. (2016) that RCs "have consistently wanted to work with people and help people in the field of mental health with a specific focus on assisting others with psychological challenges" (p. 67). Having a sense of *Aspiration and Vision* as well as a sense that work is purely a job but a passion and calling, is highlighted in the literature as an activator in the journey of professional identity construction. Rogers (1951) describes the process of imagining and envisioning the "ideal self" as fundamental to developing personal identity. This is also supported by various theorists suggesting that a professional identity is under construction where individuals imagine themselves (or envision themselves) as aspiring to a professional self with a particular professional identity (Gazzola et al., 2011; Vivekananda-Schmidt et al., 2015). As highlighted in Section 6.3, RCs described the place of *Becoming* as a catalyst that served to propel them into active engagement with what they really wanted to do.

In the place of *Aspiration and Vision* there RCs engaged with the idea that they could live out their passion and this is what fuels the excitement about the potential of that they could do with their lives what they had dreamed of doing.

Two features of the research findings are highlighted to illustrate the *Aspiration and Vision* elements of the journey of the RC and its impact on the journey of professional identity construction.

6.5.1   Engaging in meaningful core activities

The findings reveal that RCs felt that their professional category would offer them a dynamic pathway into the mental health professions that is both a calling and a vocation and they felt most fulfilled when they were engaged with what they had a passion for. This is evident in the findings that 76% of RCs enjoyed being engaged in the work of a RC regardless of their employment status as an RC. The reasons for this may be that when RCs experience strong alignment between their envisioned role as RCs (the ideal self) and the fulfilment of this when, in their day to day lived experience there is a deep sense of congruence felt and the

activity of being an RC 'on the ground engaging in the work of being a RC' was described as a phenomenally positive contribution to the journey of professional identity construction.

6.5.2   Recognising the Unique Contribution RCs Bring

Similarly, the findings show that when RCs recognise the unique skills that differentiated them from other psychological practitioners and when they were engaged in actively 'doing the skills' this also positively impacts the journey of professional identity construction.

- Examples of unique skills that were highlighted are as follows:

- To respond to the primary mental health care needs of the population;

- Having the ability to design/implement effective programmes to provide preventative mental health promotion;

- Providing foundational psycho educational and psychological care; and

- Working with the vast array of psychosocial issues faced in South Africa.

Throughout the literature RCs are affirmed for their unique skills in being able to effectively respond to the primary mental health care needs of the population through the provision of short term supportive counselling and guidance, as well as psychological interventions that have the ability to design/implement effective psychoeducation programmes and to provide mental health promotion (Abel & Louw, 2009; du Preez & Roos, 2008; Elkonin & Sandison, 2006; Elkonin & Sandison, 2010; HPCSA, 2017b; Kotze & Carolissen, 2005; Rouillard et al., 2016). Rouillard et al. (2016) found that RCs themselves acknowledged the huge need for their services. RCs grasped their valuable contribution to mental health-care development in South Africa (Abel & Louw, 2009).

In his description of the fully-functioning person, Rogers (1962) describes how when individuals actively engage with activities that align the ideal self with the professional self, a sense of congruence or satisfaction that "realness exists" emerges. Rogers (1962) suggests that the more the ideal self is able to express itself in daily activities that make up the 'lived experience' of an individual, the higher one's sense of congruence is. Congruence facilitates personal growth and contributes positively to professional identity construction (Rogers, 1962). The findings of the current study show that RCs have aspirations of, and a vision for, what they want to do. They are engaged in meaningful core activities in which they both recognise and

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are recognised for the unique contribution they bring. This in turn should feed a stable sense of professional identity. Sadly, however, for many RCs this is not the case.

The findings discussed in Section 6.4 are a reminder of the how the focus of RCs on mental health care and community based psychological services truly makes the work of the RC a distinct psychology. The RC is embedded within a "rights-based, strengths-oriented" CP that concerns itself with empowerment, issues of prevention, resilience and health promotion that is unlike any other category within the profession of psychology, engaging in proximal processes and interactions that take professional identity construction to the next level (Tebes, 2017, p. 23). The activities mentioned throughout this section (6.4) reflect an expression of CP that is tangible and palpable. It is evident that the RC category, both in terms of *Aspiration and Vision*, represents a dramatic and unique departure from a biomedical individualistically orientated model of addressing mental distress towards an empowerment-based space of mental health innovation focused on mental health prevention, promotion and wellness. In this regard the findings of the current study reiterate the words of Elkonin and Sandison (2006) "the worth of RCs is undeniable, and the services they can offer within their competency range are a valuable contribution towards the provision of primary psychological health care" (p. 611).

If RCs could engage and fully realise their aspirations and visions the construction of professional identity of the RC category as a whole could become a consolidated professional counsellor identity in which counsellors begin to feel more stable, and autonomous and have a greater sense of self-assurance as a counsellor (Stoltenberg & Delworth, 1987).

6.6   Reality Kicks In

> *"From Ixopo the toy train climbs up into other hills. This is a new country, a strange country, rolling and rolling away as far as the eye can see. There are new names here, hard names for a Zulu who has been schooled in English. For they are in the language he had never heard spoken and as the buildings get higher and the streets more uncountable how does one find one's way in such confusion?" (Paton, 1944, p. 16).*

RCs speak about a '*Reality kicks in*' stage of the journey towards an integrated and healthy professional identity. This is the point at which many RCs realised they were not prepared for the realities of the plight of the RC. *Reality kicks in* stage mirrors the findings of earlier studies (Abel & Louw, 2009; du Preez & Roos, 2008; Elkonin & Sandison, 2006; Elkonin & Sandison, 2010; Kotze & Carolissen, 2005; Rouillard et al., 2016) that highlight the

extent of the problem of building a professional identity for RCs. The findings of the current study identify a number of strands of the professional identity crisis facing RCs, namely:

- Lack of employment opportunities for RCs;

- Lack of recognition within the public and professional domains of the role and value of the RC; and

- Lack of confidence regarding the ability of RCs to fulfil the intended purpose for which the RC category was created.

Each of these elements will be discussed below.

6.6.1   Lack of Employment Opportunities for RCs

The research shows that an overwhelming majority (85.3%) of RCs found it very difficult to find employment as RCs because of a lack of understanding in the marketplace of the role. This is a staggeringly high percentage given the extent of the mental health needs within South Africa.

There are minimal job opportunities for RCs because generally no jobs for RCs are advertised. The research demonstrates RCs struggle both with the lack of awareness of their role and lack of opportunity to work. This experience left RCs feeling overlooked compared to other professionals such as psychologists and social workers. This experience undermined their sense of *Aspiration and Vision* for building a meaningful career for themselves. In a social context that exemplifies so much need the findings suggest that RCs felt it was an injustice that they had to struggle to find work.

Findings of the current study reveal that 48% of those trained as RCs are employed as RCs. Of those who are employed, most were earning salaries that did not make being a RC a viable career. An alarming statistic is that 40% of RCs have to supplement their income with other work as 78% of those employed as RCs earned R20k or less per month (the average salary of RCs is R12,502 per month). The research revealed that earning such poor salaries had a profound impact on RCs sense of personal professional identity. RCs describe how if you get paid nothing you feel as if you are nothing.

The findings also demonstrate that in addition to the factors already mentioned in the section entitled *Readying* one of the main reasons many HEIs stopped offering the BPsych (RC) training was that in the absence of any demonstrative commitment on the part of the

Department of Health, Labour or other HEIs were concerned about RCs having to carve out their own roles. Due to an evident lack of jobs as well as low earning capacity for RCs. Many HEIs questioned the ethics of training professionals over a long period of time for a career where there are virtually no employment opportunities. The research findings also indicate that although RCs have been prepared to work in clinics, schools, correctional service agencies etc. no space has been created for RCs to be employed in such institutions. In 2003 Naidoo et al. cautioned that it would be critical that the profession of psychology engage national and local government to create employment opportunities for RCs. To date however, the findings of this study suggest that this has not happened and as a result the study shows that many RCs are either volunteering in community settings, earning suboptimal salaries, supplementing their income or have been forced into private practice or another field. The HPCSA National Survey showed how RCs were the category involved in the most voluntary community work (62.2%) compared with the other categories of psychological practitioners (HPCSA, 2017b, p. 4).

For those working in a voluntary capacity or earning suboptimal salaries this negatively impacted and inhibited their sense of professional identity because they didn't earn anything even though they were so well qualified. None the less, unemployed RCs or under-employed RCs continued to provide community services within their scope of practice because they realised that where they were most needed often there was the least financial resource capacity available. The findings of the study highlight that RCs have a perception that state grants and government funded positions are not available for RCs. Therefore, they have little option but to work in low income communities where there is a lack of resources and support and that low salaries are the inevitable consequence of this state of affairs. This trend mirrors the findings of that of its predecessors (Abel & Louw, 2009; Elkonin & Sandison, 2006; Elkonin & Sandison, 2010; Kotze & Carolissen, 2005; Rouillard et al., 2016).

On a positive note, the CP orientation of RCs emerges very strongly at this level. RCs actively thought about the under-resourced and disadvantaged communities they longed to serve, as well as the lack of access these communities experienced in relation to adequate mental health care, supportive counselling services and community based psychological interventions at a grass roots level and continued to sacrificially offer services to these communities.

In addition to the research finding that where there was the most need, there was the least resource RCs highlighted an additional challenge that they faced which was that where there was the most need there were also the greatest obstacles in terms of the language and cultural

barriers, as well as the stigma attached to seeking out counselling services in these community settings. Findings of the study, therefore, support the notion that stigma and discrimination remain significant barriers to accessing mental health care services and that there is a need for an increased focus on mental health promotion, prevention programmes, public awareness and stigma and discrimination in South Africa (Talatala, 2015).

What is evident in these findings is that despite the envisioned role of RCs broadening psychological service delivery nationally enacting a Community Psychology (CP) agenda in which they visibly give expression to the practice of psychology within community settings whether in schools, or rural communities, or via the South African police services (SAPS), or through the variety of prison services, to name a few (HCPSA, Professional Board for Psychology, 1999) this is not the case. Despite the stated intention of the Professional Board for Psychology (HPCSA) that "RCs should mostly work in group and community contexts including schools, children's' homes, prisons, police services, Non-Government Organisations and communities, to mention but a few" (Pretorius, 2012), findings of the current study demonstrate that this is not the case. Elkonin and Sandison (2006) expressed their concern that the obstacles RCs would need to overcome are such that they would result in "the swelling of the ranks of private practitioners and the undesirable outcome of further exclusive services for privileged clients at the expense of those for the registration category was created in the first place" (Elkonin & Sandison, 2006, p. 609). It is not surprising then that the findings of the current research demonstrate that this has now happened. Naidoo et al. (2003) voiced concern over the large numbers of RCs working in private practice and felt that it suggested the category had not been "meaningfully directed at preventive and developmental interventions, aimed at broader macro levels of society" (p. 424). To add to this problem, findings of the current research show that 86.6% of RCs are providing one-on-one counselling compared to the 16.1% of RCs provided community based counselling with FAMSA, Life Line or other community based counselling services. The focus of the kinds of counselling RCs were offering are listed below in order of frequency were as follows:

- General one on one counselling

- Trauma/Crisis

- Bereavement

- Youth

- Women

- Children

- Groups

- Men

- Community based counselling

- Gender/Sexuality counselling

- Remote counselling services via the phone or internet

- Correctional services counselling

These are illustrated in Figure 5-12 and correspond to the recent HPCSA National Survey which indicated that RCs were primarily involved in the following counselling activities (HPCSA, 2017b):

- Trauma/Crisis Counselling

- Life skills counselling

- Bereavement

In summary, the impact of lack of employment on RCs journey of professional identity construction is devastating in that after *Readying*, *Becoming*, *Aspiration and Vision*, *Reality kicks in* and knocks RCs down. In the research RCs reflect on this pain describing feelings of despondency, stuckness and disillusionment. The research indicates that the market has not been sufficiently primed to employ the RC and much more advocacy and branding of RCs needs to be done in order to create jobs for RCs in order to ensure the survival of the category.

6.6.2 Lack of recognition

In addition to the lack of employment opportunities, the research highlights that 94% of RCs struggled with the lack of public recognition and acknowledgment of their role. Furthermore, within the profession 89.5% of RCs felt that there was not enough recognition and respect of the role of RCs. Findings of the current research also reveal that HEIs expressed

significant concern about training RCs for a role that had been poorly embraced by the profession, by government and by the public.

The discussion regarding lack of recognition will span across two domains, namely the lack of recognition within the public domain, and the lack of recognition within the professional domain.

6.6.2.1 *Lack of recognition of the RC within the public domain.*

Research outcomes have indicated that 94% of RCs struggled with the lack of public recognition and acknowledgment of their role. A number of reasons were given for the public lack of recognition and acknowledgement of the role of the RC?

- RCs are invisible to the public – this is evidenced in the inability of RCs to find work;

- The public already struggles to understand the internal complexities of the profession of psychology and the various registration categories of psychologists, let alone then trying to work out where the RC fits within the profession.

- RCs have to contest with the public perception that only psychologists are registered to help people deal with their diverse life challenges;

- RCs are confused with 'lay counsellors' and therefore are not quickly identified as psychological practitioners and are expected to provide a free counselling service; and

- The scope of practice and competencies of RCs are not understood by the public;

- Public ignorance of the RC category leaves RCs feeling undermined.

These challenges have a degrading impact on RCs journey of professional identity construction and were identified as key inhibitors to healthy professional identity construction.

6.6.2.2 *Lack of recognition of the RC within the professional domain.*

Within the profession of psychology in South Africa 89.5% of RCs felt there was not enough recognition and respect of the role of RCs. Three main reasons were provided for this:

- Participants felt inferior within the Health Professions generally;

- Participants felt psychologists looked down on them; and

- RCs felt that there was professional lack of clarity regarding where the RCs fits in terms of the broader profession.

These findings are better understood against Henderson's (2004) critical discourse analysis of professional policy and its impact on professional relationships within psychology. As discussed in the literature review, Henderson (2004) was concerned about the power and status implications of the binary positioning of the RC relative to the psychologist (Henderson, 2004, p. 2). She felt that the impact of this the impact of this on the positionality of the RC and the relational politics within the profession could be devastating.

The findings of this research show that this positioning act and its implications for the RCs sense of professional identity has played out as Henderson forecast (2004). Findings of the research show that in the professional hierarchy of psychology RCs come out at the bottom of the pile. Henderson's (2004) research continued to express concern regarding how the positioning act and resulting superordinate-subordinate relationship would leave the RC feeling subjugated (p. 33). Once again the findings of the current study show that RCs consider themselves second rate citizens of the profession of psychology, the step son, the illegitimate daughter or the failed wanna-be psychologists. Findings of the research reveal that this was considered the biggest obstacle to professional identity construction for RCs.

These findings continue to perpetuate the esteemed biomedical model to which traditional psychology in South Africa has aligned itself since its inception within which the clinician is the revered superordinate and the mid-level worker the subjugated. What makes this worse for the RC category is that the RC category is someone with an undergraduate qualification in psychology, an academic Honours degree in psychology and 720-hours of in service training in the. In 2012 Pretorius called for psychology to "open up its boundaries and should adapt its identity to what is needed in this country" (p. 518). This call needs to be sounded again. In line with CP's psychological intervention continuum (Naidoo et al., 2008) RCs were intended to be a competent graduate workforce who would provide accessible mental health care and community based psychological intervention like psycho-education and mental health promotion to individuals and groups living in diverse contexts. This scope of practice was a move away from standardised medicalised psychological practice to a value based praxis approach of understanding how mental distress and suffering are experienced in contextually influenced and relationally embedded systems. RCs were to be CP practitioners who could find innovative ways to mediate these realities (Walker et al., 2012, p. 3).

Findings of the research suggest that the RC category understand they have been given a profound task nationally, and they should be highly regarded for undertaking such a task. In reality though, there is little inter-category collaboration evidenced between RCs and the rest of the profession compared to clinical, educational, counselling and industrial psychologists (HPCSA, 2017b). The status of all individuals within the professional group to which they belong is an activator of healthy professional identity. Collaboration builds a sense of belonging and this is something the research suggests RC have very little of (Cruess et al., 2015, p. 1).

It must be noted that in relation to the lack of belonging RCs experienced within the profession of psychology in South Africa findings of the current study reveal that the title Registered Counsellor is a major hindrance to RCs feeling accepted within the profession of psychology in South Africa.

More than half of all RCs (55.71%) dislike the name RC and more than half (52%) of RCs would prefer their title to be changed to 'Psychological Counsellor' in order for their title to connect them as psychological practitioners more meaningfully into the profession of psychology. Research conducted by the newly formed Association for Registered Counsellors in South Africa also showed that of their sample 84% of respondents felt the title RC should be changed as it was not meaningful and 53% of those who wanted the title changed wanted to be called psychological counsellors (Wentzel, 2017). A number of other alternative titles were provided in the current study and are illustrated in Figure 5-13. Henderson (2004, p. 36) suggested that the term 'counsellor' would serve to ensure a lower status for the RC relative to a higher status of psychologist within the profession of psychology in South Africa. Add the awkward differentiation between 'lay counsellor' and Registered Counsellor and one can understand why there is a lack of recognition regarding where the category fits. Henderson (2004) reflected that the very naming of the RC category represents a possible "subversive strategy of subordination" that is at work within the profession that has implications for power relations and the construction of professional identity for RCs. The findings of the current study support this position and reveal that there has been a subversive subordination of RCs by psychologists (whether intended or unintended) that has undermined the RCs sense of professional identity (Henderson, 2004).

Consequently, there is a real challenge in terms of coherence in social relations related to the registration categories provided by the Professional Board for Psychology (HPCSA) and a lack of coherence within the profession of psychology as a whole in South Africa. Winslade,

Crocket, Monk and Drewery (2000) stated how critical it is for individual members to experience coherence in social relations related to the wider professional group to which they belong (or wish to belong) in terms of feeling connected professionally. Winslade et al. (2000) also stated how devastating it is when the wider professional group to which one wishes to belong is rejecting of the individual member.

6.6.3   Lack of confidence around whether RCs can fulfil their intended purpose?

Given the lack of employment opportunities, lack of public and professional recognition as well as a lack of professional belonging and a sense of professional inferiority it is therefore no surprise that in this confluence RCs begin to question their ability to fulfil their intended purpose.

Pillay (2016) asserts that whereas the RC category is one of the few innovations in the profession during the last 30 years. Nevertheless, while psychology created the category of RC they have "failed to develop and encourage the appropriate job market and employment opportunities" (2016, p. 149). He suggested that:

> *the ideal would have been a plethora of positions created around the country within the Department of Health to enable the provision of basic mental health services for the multitudes of indigent communities reliant of government health services (Pillay, 2016, p. 149).*

I am challenged here by Pillay's caution (2016) that South African psychology should not somehow 'morph' into just a "marketable academic commodity." I want to underline the fact that creating more jobs for RCs is about more than creating comfortable careers for these practitioners; it is about prioritising a relevant psychology that serves as a catalyst for the mobilisation of many RCs who have a passion for providing accessible mental health services. This accessibility will extend psychological services to disadvantaged South African communities who remain oppressed and whose lived experience continues to be one of "exclusion, poverty, broken political promises, and (lack of) privilege" (Pillay, 2016, p. 156).

The stage of *Reality kicks in* has demonstrated that within the profession of psychology in South Africa, RCs currently continue to struggle with lack of employment opportunities, a lack recognition, a lack of coherence in social relations related to the HPCSA, a lack of belonging within the profession of psychology, and a lack of confidence that they can fulfil their intended purpose.

The sadness accompanying the stage of *Reality kicks in* is how much of a struggle it continues to be for RCs to meaningfully construct their professional identity. It is helpful to note how Rogers (1962) critically appraises the impact of environment on individuals, and how this feeds in to the identity dilemma facing RCs in South Africa. Rogers (1962) describes how individuals grow toward becoming fully functioning based on the environment they find themselves in. Rogers (1962) suggests that in this place where the individual experiences pain and denial they move into a state of despair and incongruence. This is evident in the results of the current study. In a professional environment such as psychology in which RCs should be supported to thrive, the research has shown that RCs experience a lack of connection, belonging, acknowledgement, work and purpose. Given this reality, the results suggest that one can assume how this environment has a profoundly negative impact on RCs journey of professional identity construction. Young et al. (2016) have also addressed the tension around perceptions of counselling generally within the context of the profession of psychology in South Africa generally which further adds to the RCs struggle to meaningfully survive their journey of profession identity construction.

Cruss et al. (2015) describe how professional identity construction is impacted negatively when the collective domain to which an individual wish to belong or join rejects an individual. Vivekananda et al. (2015) suggest "the self is so profoundly influenced by the implicit and explicit ways in which others identify and treat you" (p. 7). In concluding this stage of *Reality kicks in* I have selected a few quotes that highlight the kinds of pain that RCs experience because of the hostility of the environment in which they find themselves having to work:

- **Coherence in social relations related to the HPCSA and a lack of belonging in the profession of psychology in South Africa** - "The HPCSA could really do a lot more in terms of branding us. One of our biggest challenges is that the HPCSA doesn't advocate for RCs" (RC#7). "RCs are not recognised as Health Professionals, there is no platform or effort to maximize our importance and role. If there was more recognition within the profession, the government and job market would be more geared to create positions for RCs" (#474). "I have learned very quickly that within the profession of psychology we are at the bottom of the food chain" (RC#6). "Psychologists and other health care practitioners look down on RCs and are convinced we are not sufficiently educated or trained. It feels like they do not see our value or ability to contribute to the field of psychology" (p#601).

- **A general lack of acknowledgement** – "The category of RCs is not well recognised and it is the most undermined category, because we end up being classified as a lay counsellors and that makes it very it very hard to identify yourself with a healthy professional identity" (p#526). "Having to explain constantly what a RC is does a lot towards to degrading your sense of Professional Identity" (RC#11). "It is so evident that people have no idea what to make of us, we lack identity because we haven't been identified. We run around really with our head cut off because all you have to focus your time and energy into is explaining to people who you are and what you can do. It's very demeaning" (RC#1).

- **Lack of employment opportunities** - "It is not easy to find jobs for RCs, there is job scarcity but it's because the role of RC is not well recognise by people hence there are very few opportunities for jobs, what this does to you is it makes you feel like you are nothing" (p#590). "Job opportunities are very scarce for us and income is really minimal. The Departments have not yet opened many vacancies for RCs especially the Department of Health and Department of Correctional services and as a result many RCs are unemployed and have been forced to move into other fields" (p#629). "The work of a RC is fulfilling. Think about it, in South Africa, most people do not have the access of psychologist so it fills my heart to deliver these services. But the issue of not finding a job as a RC is heart breaking" (RC#15).

- **Can RCs fulfil their intended purpose?** "We could be the backbone of the profession" but instead we are seen as "failed wanna-be psychologists and a mostly disregarded professional category" (#474). "There is a great need in our country and our career is often disregarded and undervalued by our government to permanently employ counsellors. We have to make a living off an NGO salary or need to seek opportunities to go into private practice when the need is greatly with those who struggle to afford private practice rates" (p#672).

6.7 Choosing

Kumalo came to himself with a start and realised how far he had travelled since that journey to Johannesburg. The great city had opened his eyes. He had climbed back up into the mountains. The rain had stopped. It was cool, and the breeze blew gently from the great river and the soul of the man was

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> *uplifted as he stood there looking out over the great valley to the mountains*
> *of Ingeli and East Griqualand looking over his beloved country he cried as*
> *the dawn came (Paton, 1944, p.196).*

The final theme that emerged from the research regarding the lived experience of RCs and their journey of professional identity construction was *Choosing*. *Choosing* was a critical cross road in the journey of professional identity construction. It was at this point in the journey that the impacts of the eco-systemic realities reached a critical mass. The place of *Choosing* was the place where critical decisions were made regarding professional identity construction and how the self will continue to evolve into the future. At this point RCs chose either to be visible in the profession or move away from the profession and find an alternative career path.

Findings of the current research show that 53.8% of RCs still chose to continue on the journey of professional identity construction as a RC, despite both knowing and understanding the realities of what this meant.

For RCs who were fuelled by this powerful sense of societal contribution, the findings highlighted that at the point of *Choosing* RCs felt a significantly increased sense of professional identity. The findings of the study therefore show that if the sense of vision for being a RC was strong enough RCs were more likely to focus on the activators of professional identity construction rather than the inhibitors to professional identity construction. These RCs were able to engage and re-engage in progressively and systematically constructing and reconstructing their professional identity.

In contrast to this group 47.2% of RCs indicated that they wanted to choose a different path. These participants chose a different career because of an overwhelming number of inhibitors to professional identity construction as RCs and having been so disappointed and disheartened in the journey of professional identity construction as a RC that left their vocation carrying feelings of anger, disappointment and disillusionment.

Considering the reality that there are still many RCs in this place of *Choosing* it is imperative that RCs are provided with fresh levels of psychosocial support; that the psychology profession improves its response to the status of the RC and learns to embrace the category as one that is embedded firmly within the psychology profession

6.8   Reflecting on the Journey

As I have explored with the travellers along this journey I have realised that out of their journey an ecosystemic view of professional identity formation has emerged on the horizons of this current journey that could apply to any individual's journey of professional identity construction. The ecosystemic environment of the individual predicates the potential for the individual to become fully functioning. Drawing on Rogers (1957), Macleod (2014) describes the influence of the ecosystemic environment as follows:

> *like a flower that will grow to its full potential if the conditions are right, but which is constrained by its environment, so people will flourish and reach their potential if their environment is good enough (para.4).*

Within the ecosystemic view of professional identity formation informed by this research, the ecosystemic model of professional identity formation espouses the importance of interactions and proximal processes within each active layer of the ecosystem and acknowledges that certain interactions and proximal processes activate professional identity construction, and others inhibit professional identity construction. Both activators and inhibitors have a powerful impact upon the journey of professional identity construction through several stages as follows:

Readying - Training towards a professional identity;

Becoming – Inner realisation of future vocation in building a professional identity;

Aspiration and Vision - Excitement for the impact of working as a professional;

Reality kicks in - Environmental activators vs. inhibitors of professional identity construction;

Choosing– Finding fulfilment in the ongoing construction of professional identity.

This ecosystemic model of professional identity construction asserts that in order for an individual to achieve their original professional aspirations the journey of professional identity construction should be filled with more activating factors than inhibiting factors.

Individuals who experience more activators in their environment than inhibitors are better equipped to deal with the various stages along the journey and ultimately still choose to remain committed to their chosen career or vocation. Conversely, for an individual whose environment is dominated by active inhibitors of professional identity construction the

outcome is likely to be one of ultimate disillusionment and abandonment of their chosen career or vocation.

Table 6-1 below presents a dichotomy of possible ecosystemic realities that exist that act either as activators of professional identity construction or inhibitors of professional identity development.

Table 6-1   **A Dichotomy of Ecosystemic Realities that Impacts on Professional Identity Construction**

	Activators of professional identity construction	Inhibitors of professional identity construction
Microsystem Activators & Inhibitors of professional identity construction	The University/PHEI and its educational philosophy and ethos supports the aspirational professional identity; • Training provides the individual with the opportunity to: • Build a robust theoretical and knowledge base; • Engage with hands-on experiences while training and learning practical skills; • Make meaningful connections with department, faculty, supervisors, peers, all of whom are motivated towards shared professional aspirations.	• Training is restrictive for the individual by virtue of an overly theoretical curriculum that provides limited opportunity to engage in with experiential learning activities. • The individual experiences poor or superficial engagement with department, faculty, supervisors who are negatively motivated towards supporting their professional aspirations.
	The immediate family actively support and encourage the individual's aspirational professional identity.	The immediate family discourages the individuals chosen path of study and does not support the individual's aspirational professional identity.
Mesosystem Activators & Inhibitors of professional identity construction	• There are opportunities for Engagement and collective practices with broader professional associations that contribute to an emerging collective identity • The individual makes a concerted effort to engage with these professional associations to affirm their professional identity; inspire vision and aspiration for professional identity, and gain a sense of belonging to a community or professional collective that has goals and	• There are few opportunities for engagement and collective practices • The individual struggles to connect into a broader professional association/body with very little sense of inspiration and vision are towards gaining a professional identity. • The individual experiences a lack of support from colleagues, friends, family and peers in the journey of

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	Activators of professional identity construction	Inhibitors of professional identity construction
	practices that enhance professional identity. • Colleagues, friends, family and peers actively support the individual in their journey of professional construction even if the journey is difficult the midst of adversity.	professional identity construction. • The individual becomes discouraged, de-motivated and disillusioned in their career aspirations.
Exosystem Activators & Inhibitors of professional identity construction	• Mass media's active engagement in promoting the work of the professional so that the market is primed to understand its need for the professional and consequently there is community reciprocity to the professional; • Finding work in the community that leverages on the strengths and competencies of the individual. • Developing a strong sense of professional identity within both the professional association and the community to which one aligns. • Encouragement and admiration from colleagues, friends, family and peers all who have supported the journey of professional construction.	• A dearth of understanding of the role of the professional which results in the individual struggling to find work and therefore being unemployed or underemployed. • Struggling with a sense of failure and doubt that the choice of professional identity has been worth the investment of time, energy and finances. • Poor support from the professional association/body. • Poor sense of professional identity. • Community-based ignorance of the professional category. • The professional association/body is focused around regulatory elements rather than professional support and development. • Poor alignment of experiential work to scope of practice within the profession. • Poor support and interest of colleagues, friends, family and peers.
Macro system Activators & Inhibitors of	• Professional and public support of the role	• The profession and public are unprepared and resistant to the work of the individual.

	Activators of professional identity construction	**Inhibitors of professional identity construction**
professional identity construction	• Political and cultural support for the role and what it contributes to society. • The cultural environment is appreciative, supportive and open to the work of the professional. • Cultural and political networks of support are maintained and developed. • Language and culture is understood by the individual and the work is able to be comprehensively aligned with cultural forces at work in the community. • Strong engagement with the professional body to which one aligns for the purpose of grappling with the realities and challenges a professional may face as a part of ongoing professional development.	• Political and cultural barriers within the work environment and in the community at large block or impede the work of the individual. • The individual experiences a lack of support from political and community agencies. • Superstitions and stigmas may lead to communities resisting the work of the individual. • Language and culture is a barrier to the effective work of the individual. • Poor levels of ongoing professional development and education by the professional body to which one is aligned are experienced by the individual.
Chronosystem Activators & Inhibitors of professional identity construction	• The narrative associated with the contribution the profession has provided throughout history is strong and there is a strong belief that the professional field the person has chosen is valuable to society broadly; • Economic realities do not impact on the individual's ability to do their job and engage with their chosen professional identity. • Social conditions support the work of the professional and society believes this work will enhance and improve the conditions people live with. • A belief in the possibility of changing public and macro	• History and legacy issues related to the profession interfere with the effective work of the individual. • Economic realities hinder the work of the individual and no advocacy work undertaken by the professional association/body. • Social conditions are adverse and the community is unable to see the value the professional can bring. • Cultural values, norms and standards hinder the role of the professional and the status quo of community life interferes with the role and function of the individual's work in the community.

	Activators of professional identity construction	Inhibitors of professional identity construction
	level perceptions of the profession to which one is aligned and the scope of the individual's role within that profession as well as the time and space continuum through advocacy and education.	• National customs hinder the role of the professional e.g. for RCs the role of traditional healers, sangoma's and pastors.

When this model is applied to the RCs' journey of professional identity construction the research reveals the nuances of the power of activators and inhibitors within each of the layers of the system within which the RC is embedded as well as within the journey of RCs professional identity construction. The nuanced power of the activators and inhibitors within each of the layers of the ecosystem ultimately mediate how RCs cope through their journey and ultimately the choice they make about continuing the journey of professional identity construction as an RC or not. My sense, however, is that this ecosystemic view of professional identity formation and the journey of professional identity construction provides remarkable insights that extend beyond the RCs journey, perhaps into other terrains.

Figure 6-2 illustrates the ecosystemic view of professional identity formation and the journey of professional identity construction within this context.

An ecosystemic view of professional identity formation
The journey of Professional Identity Construction

The lived experience of professional identity construction is an organic, dynamic and continuous journey embedded within a multi-layered ecosystemic context that activates or inhibits the aspiring professional's ability to meaningfully construct their professional identity.

CHRONOSYSTEM
The patterning of socio-cultural and political history within which individuals are located and meaning is made

MACROSYSTEM
Attitudes and ideologies of culture (professional and public)

EXOSYSTEM
Links and interactions between the mesosystem and the broader ecosystem that facilitate the journey of professional identity construction

MESOSYSTEM
Proximal processes and immediate interactions and interconnection that impact professional identity construction

MICROSYSTEM
The basic unit of personal interactions within the lived world of the individual that impact professional identity construction

THE INDIVIDUAL
Aspirational Professional Identity

STAGE 1: Readying
STAGE 2: Becoming
STAGE 3: Aspiration and Vision
STAGE 4: Reality
STAGE 5: Choosing

Professional history and emerging professional theory

Political history and emerging political philosophy/ perceptions as a result of that history

Professional perceptions of the professional identity

Public perceptions of the professional identity

Mass Media and advocacy that highlights and promotes the role of the professional

Encouragement and admiration from significant others

Culture, language, discourse and politics within the profession

Culture, language, discourse and politics within the community

Quality of relationships with academic faculty and supervisor's and opportunity for collaborative engagement.

Family views of the status of the University in the construction of Professional Identity interactions and collaboration

National customs

Economic realities

The markets readiness for employing the professional

University its educational philosophy and ethos

Community's / employment environments

Quality family and peer support

Culture, language, discourse and politics within the community

The professions appreciation and support of the work of the professional

Universities promotion of the professional identity

Community understanding of the aspirational professional identity

Communities reciprocity to the professional

The market embrace of the professional identity and unique contribution the professional brings

Ways in which universities support the construction of Professional Identity interactions and collaboration

Ongoing quality of family and peer support in the construction of Professional identity

Engagement and collaborative practices with the broader profession as a collective

The professional association to which one belongs embraces the individual in their own right

Active engagement and advocacy from stakeholders in promoting the role

Ongoing professional development and education by the professional body

Cultural values, norms, and standards

Social conditions

The point on the historical, socio-cultural and political continuum where the professional finds fulfilment in their ongoing construction of professional identity and are able to bring a unique and significant legacy to the world through their being-in-the-world.

An adaptation of Bronfenbrenner's ecological systems theory (1979).

Figure 6-2   ***An ecosystemic view of professional identity formation***

6.9   Chapter Summary

This chapter has mapped all of the research findings from this study together describing the lived experience of RCs journey of professional identity construction is contextually embedded and relationally orientated. The journey was also explored in light of broader ecosystem realities that impact upon the professional identity construction of RCs. How these realities mediate the choice RCs ultimately have to make about whether they will continue along the journey of RC professional identity construction or move away from the field were addressed. The chapter has integrated the findings of the research within the theoretical frameworks and literature that were useful for providing greater depth of understanding to the current study. The study has also intimated that the ecosystemic view of professional identity formation and the journey of professional identity construction discussed in this chapter may provide insights that extend beyond the RCs journey, perhaps into other terrains.

The following chapter highlights the research objectives of the study and addresses the implications of the findings. Action orientated recommendations are made and the limitations and strength of the research is considered. A reflection on the limitations and strengths of the current study will be also be provided.

CHAPTER SEVEN
IMPLICATIONS OF THE STUDY, RECOMMENDATIONS AND LIMITATIONS

The overarching aim of the research was to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. This chapter will reflect on implications of the finds of the research for the heuristic purposes of, theory development, application and praxis, as well as policy and advocacy. Stemming from the discussion of the implications pertinent action based recommendations will be highlighted aligned to the three interrelated research objectives of this study, namely: Understanding the current status of the RC; Exploring the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa; and investigating the realities and challenges of training for the RC category. A reflection on the limitations and strengths of the current study will be also be provided.

7.1   Implications of the Research for Theory Development

7.1.1   Implications for Theory Development of CP in South Africa

The most seminal contribution the current study brings for theory development its findings that RCs are well positioned to be an enactment of CP (albeit this is largely not well recognised in the theory of CP in South Africa currently). The RC, therefore is currently, a nascent enactment of CP in South Africa in its very vision and mission to provide more accessible mental health care, supportive counselling services and community based psychological interventions. Recognising the RC category within the profession of psychology in South Africa as an innovative enactment of CP that has implications for CP theory development. As the theory and practice of CP is made visible in the work of the RC, perceptions of CP as a sub-discipline become tangible. This is the kind of shift that is needed in South Africa: i.e. a shift away from a traditional bio-medical (or clinical) paradigm of the practice of psychology to a CP with its value based community orientation and transformed praxis (Ahmed & Suffla, 2007; Nelson & Prilleltensky, 2010). The implications of the findings of the current study undoubtedly serve as a catalyst in providing a more palpable sense how CP looks in practice particularly when one examines the RC through the lens of CP. RCs have

the potential to powerfully serve a social justice agenda through their role in enhancing accessibility to mental have care through the provision of psychological services in diverse community settings as well as providing, primary prevention, mental health promotion and empowerment and psychoeducation (HPCSA, Professional Board for Psychology, 2013). Furthermore, there is a reciprocal benefit in that if CP theory highlights and develops how the RC is significantly embedded within a CP paradigm the RC category will achieve a greater sense of belonging to a group that is fundamentally grounded within a commonly held value set that influences and impacts theory and practice specifically the theory and practice of addressing mental health needs and how to more effectively provide mental health care, supportive counselling services and community based psychological interventions, with diverse individuals and groups who have varying needs in the South African context.

7.1.2 Implications for Theory Development towards a Greater Understanding of Professional Identity Construction of the RC and Professional Identity Formation Generally

Findings of the study also add significantly to a theoretical understanding of the lived experience of RCs and their professional identity construction within the psychology in South Africa. The ecosystemic context within which a RC embarks on a journey of professional identity construction provides a theoretical framework for understanding the journey of professional identity construction. This ecosystemic model of professional identity construction proposed in this study asserts that in order for RCs to achieve their original professional aspirations the journey of professional identity construction the context within which they are embedded should be filled with more activating factors than inhibiting factors. When this is the case the RC is more likely to have a profoundly positive journey towards their construction of a professional identity that is in alignment with their original professional identity aspirations and are more likely to become fully functioning and leave a mark at a point in the historical, socio-cultural and political continuum where they have made sense for themselves of their journey of professional identity construction and they place a unique and significant legacy of their being in the world. This ecosystemic theory of professional identity formation provides theoretical insights that extend beyond the RCs journey, perhaps into other the theory of professional identity development more broadly. Figure 6-2 illustrates the ecosystemic view of professional identity formation and the journey of professional identity construction within this context.

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7.2   Implications of the Research for Application/Praxis

7.2.1   Implications of the Findings for Application/Praxis: The Profession should more Adequately Attend to the Current Status of the RC Category

This makes a critical contribution to understanding the application and practice of psychology and its relevance to South Africa broadly being the first. The implications for the application and practice of psychology current study makes a critical contribution to an understanding of the application and practice of psychology and its relevance to South Africa broadly. The first study of its kind to bring a breadth of perspective to the current status of the RC category. Findings of the study reveal trends in terms of the demographic characteristics of the RC category nationally incorporating size, gender, ethnicity and geography of the category. If we assume that the size of the category, racial representation, and geographical distribution are key indicators of whether South Africa's strategic community mental health priorities are being met, then the findings of this research are alarming and highlight how the application and practice of psychology remains inequitably distributed relative to its potential to deliver mental health care, supportive counselling services and community based psychological interventions that are accessible to the majority of South Africans.

The implications of these findings suggest that the introduction of the RC category to date has largely created a replication of the demography of the profession of psychology in South Africa rather than be transformative in terms of relevance to community mental health realities and needs.

Implications of the findings for the practice of psychology is that the stratification of the professional practice of psychology in South Africa and the positioning of the RC within the profession has generated unsettling uncertainty and lack of belonging to the profession of psychology for many RCs in South Africa. This is further compounded by the lack of employment opportunities that has played into the constraining of RCs to fulfil their intended purpose to be active and transformative agents in the application of a relevant psychology in South Africa. Other implications of the findings for application/praxis in this area is that attention must be given to the following:

- Ensuring that the RC category is more meaningfully empowered to enact CP in South Africa broadly and is better utilised in serving its intended purpose;

- Showcasing the work of the RC with a view to improving the status of the RC within the profession of psychology nationally;

- Re-envisioning the aspirations of RCs particularly with the Professional Board for Psychology (HPCSA) but also with other member-led associations such as the Registered Counsellor division of PsySSA and the recently established Association of Registered Counsellors of South Africa;

- Examining why the profession remains inequitably distributed in the South African context and how this can be redressed;

- Considering implications for the future work of the RC category given both demographic patterns, provincial indicators and practice preferences as highlighted in the research.

7.2.2 Implications of the Research for Praxis: The Profession of Psychology should be Informed of the Significance of the RC Category and Embrace RCs as Legitimate and Important Psychological Practitioners

Findings of the study illuminate the texture and colour of the lived experience of RCs and their professional identity construction within the profession of psychology in South Africa that has implications for the current application and praxis of psychology in South Africa. Young (2013) has emphasised that the broader counselling domain in South Africa suffers from "confusion and inertia" because counsellor professional identity is unresolved and "nebulous" (p. 422). This study reveals that the truth of Young's view, evidenced by RCs who feel inferior within the profession. Taylor (cited in Nelson & Prilleltensky, 2010) posits that: "When we affirm people's identities, we help them affirm themselves. When we respect their defining human qualities, we help them respect themselves" (p. 62). However, if we do not respect individual identities or somehow reflect demeaning or oppressive subjugating views of individuals, it will undoubtedly negatively impact upon their sense of wellbeing (Taylor, cited in Nelson & Prilleltensky, 2010).

Findings of this research reveal that unless something changes in the proximal processes and immediate interactions of RCs with the profession of psychology this category within the profession is unlikely to survive. This is already evidenced that since 2013, there has been a significant drop off in registration of RCs with the HPCSA. Dwindling numbers impact on a

sense of confidence that the category that the RC category is alive and thriving which in turn impacts on one's sense of pride in being a RC.

Furthermore, several of the larger public universities have terminated their BPsych programmes. These indicators undermine the professional status and confidence that the RC category is alive and thriving, impacting on the sense of pride in being a RC. Urgent attention needs to be given to addressing the concerns of the BPsych graduates that the RC category was seen to be failing.

Pertinent findings of the research are that the reality that 55.71% of participants strongly dislike the title Registered Counsellor must be urgently addressed. Based on the findings of the research, 52% of RCs felt the title should be changed to 'Psychological Counsellor' because at least then, they would have some acknowledgement that they were psychological practitioners within the profession of psychology. Unless this issues around title is urgently addressed the present title will continue to serves as an inhibitor to the healthy professional identity of this category of mental health professional within the profession of psychology in South Africa.

The findings of the current study highlight the credibility gap between the expressed policy intentions of government to enhance accessibility to mental health care and the provision of resources and posts to achieve this at community level. While this can be achieved through the provision of community based psychological interventions including supportive counselling services, the promotion of mental health and wellbeing, psychological screening and assessment, psychoeducation and other interventions, the poor prospect of jobs for RCs in the primary health must be tackled head-on. This requires direct engagement between the Professional Board of Psychology and the relevant government departments including Health, Education, Social Development, Correctional Services and others whose mandate intersect with community mental health. Intersectoral collaboration is needed to attain the objective of mental health for all. What is worrying is how this will actually happen when, in the recent HPCSA National Survey of all psychology practitioner's, findings showed that only 3.9% of psychology practitioners "serve on regulatory or policy-making entities in South Africa" (HPCSA, 2017b, p. 36).

The implications of the findings of the current study are also broader, in that it is critical for the Professional Board for Psychology (HPCSA) to develop a more focused public advocacy strategy and actively engage in sourcing meaningful employment opportunities for RCs within the economy generally. If these implications are ignored, findings of the current

study would suggest that more and more RCs will leave the profession. If such a tragedy takes place the current study will concur with Abel and Louw (2009) that these kinds of "rates of attrition can only be described as a serious loss to the profession" (p. 106).

Failure to address this credibility gap has implications for the profession of psychology broadly in terms of the perception that psychology continues to be not relevant to the needs of the majority of South Africans. Furthermore, the implications are that despite efforts to transform and re-focus psychology around proactive contribution to addressing the mental health needs of the South African society at large living in diverse circumstances (Rock & Hamber, 1994), and particularly the context of poor and marginalised communities (Anonymous, 1986; Naidoo, 2000), the practice of psychology still has a lot to answer for in terms of the extent to which, according to Prilleltensky and Walsh-Bowers (1993):

- The current psychological practice model promotes human wellbeing for the population broadly?

- Psychology within the South African context supports or challenges the status quo?

- Psychology promotes "distributive justice" for South Africans?

7.2.3 Implications of the findings for praxis: Professional Identity Development and the application of training

Findings of the current study confirm the importance of building a healthy and robust professional identity and showed how the RCs sense of professional identity impacts on the practice of psychology. Those RCs who experience more activators in their environment than inhibitors are better equipped to deal with the various stages along the journey and ultimately still choose to remain committed to their chosen career or vocation which is important for the practice of psychology in South Africa. Conversely, for RCs whose environment is dominated by inhibitors of professional identity construction - the outcome is likely to be one of ultimate disillusionment and abandonment of their initial aspirational professional identity.

To this end, the findings of the research assert that preparation and training for a career is an important part of the construction of a professional identity and that the theory and skills that RCs are taught during their training inform their journey of professional identity construction and ultimately inform their application and practice of psychology (Stoltenberg & Delworth, 1987).

The implications of this are that during RCs training an intentional focus on building professional identity is necessary in assisting RCs to be more effective in terms of role and function, and to work with greater efficiency and greater ability to cope with the diversity of situations they may face. Research findings also highlight the importance of the role of HEIs in helping to create a meaningful professional identity for RCs in their ability to adequately engage with training that equips the RC for application and the practice of psychology within community contexts. Implications stemming from this research suggest that training, firstly, must be sufficiently transformed in exhibiting a clear departure from traditional mainstream psychology. Currently, this does not appear to be the case though further research should interrogate the emphases of BPsych curricula. BPsych (RC) students are routinely taught traditional modes of counselling and psychological intervention with a very 'individualised' therapeutic approach serving the ends of mainstream psychology. Reflecting on the curricula elements listed in Form 258 (HPCSA, Professional Board for Psychology, 2013) courses at an NQF level 8 for the standard BPsych (RC) training include: Psychopathology; Developmental Psychology; Therapeutic Psychology; Research Psychology; Psychometric and Psychological Assessment and Personality Psychology amongst others. The findings of the current study then indicate that the BPsych (RC) practicum provided opportunities to implement theory in practical ways. However, one is left wondering how RCs are able to apply this theory in the range and variety of practical counselling settings in which RCs are required to be engaged.

Attention should also be given as to who provides the training within the RC training space. For example, if psychologists from a clinical orientation are involved in training for the RC category, this may confuse the RCs ability to envisage themselves as CP practitioners. Students replicate what they have learned. Roles modelled for them in training may not align to the RC scope of practice. The RCs ability to fulfil their intended purpose is compromised because they may not be given sufficient and appropriate training of how to applying theoretical knowledge in a way that fits their scope of practice along the continuum of psychological intervention (Naidoo et al., 2008). Bruss and Kopala (cited in Gazzola et al., 2011) argue that professional identity construction originates primarily from within the training domain and is based on two realities. First, by the ways in which professional identity construction are based on assumptions of faculty members' own sense of professional identity. Second, by the biases of professional identity construction that are reflected in the training paradigm.

Other implications of the findings for application/praxis in this area is that attention must be given to the following:

- The extent to which BPsych (RC) training curricula reflects mainstream psychology in its understanding human behaviour together with the types and variety of psychological interventions taught within HEIs currently offering the BPsych (RC) degree.

- Ways in which HEIs can be assisted to align their curriculum to best practice models for training RCs.

- How the BPsych (RC) degree curricula can transition towards a more evident CP base with greater emphasis on the psychological intervention continuum reflected in BPsych (RC) curricula (Naidoo et al., 2008).

- Reflections on the hidden curriculum replicating in terms of biomedical/clinical discourse in psychology.

- The qualifications and experience of faculty who teach within the BPsych (RC) programme together with the impact of using CP practitioners rather than clinical practitioners to train RCs.

- The kinds of professional identity aspects that are reflected within a typical BPsych (RC) curriculum.

- Ways in which RCs see themselves growing in their sense of professional identity during training.

- The degree of integration of professional identity of RCs in training with community-based mental health needs and realities and taking into consideration the navigation of exosystemic realities that impact upon the ability of RCs the meaningfully build a healthy professional identity.

7.3   Implications of the current study for policy and advocacy

7.3.1   Generating policy and advocacy to enhance the RC category in South Africa

Findings of the current study support the position posited by Henderson (2004) that there has been a subversive subordination of RCs by the profession (whether intended or

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unintended). The implication of these findings for policy and advocacy is that the voices of the RCs need to move from the margins of the profession into the spot light. RCs have a passion for being the hands and feet of a relevant psychology at work in community contexts.

The aspirational intent of most of the RCs who contributed to the findings of the study are aligned to the National Mental Health Policy Framework and Strategic Plan 2013-2020 (Department of Health, 2013) is a healthy one, namely to fulfil the mandate of "a long and healthy life for all South Africans" (Motsoaledi, cited in National Mental Health Policy Framework and Strategic plan 2013 – 2020, p. 1). Findings of this research imply that the RC category is meaningfully positioned to contribute to the mental health and wellness of all South Africans. Yet, in terms of employment trends of RCs, in the current study, the findings suggest that this has not been the case.

The implications of present employment trends are that they serve as a significant barrier to meaningfully addressing the plethora of mental health challenges the country currently faces. The gainful employment of RCs to provide more accessible mental health care, supportive counselling services and community based psychological interventions lies at the heart of the fulfilment of the National Mental Health Policy Framework and Strategic Plan 2013-2020. Implications of the current findings are that the RC category is best positioned to assist in the roll out of the National Mental Health Policy Framework and Strategic Plan 2013-2020 and could contribute significantly to the realisation of the values and principles upon which the National Mental Health Policy Framework and Strategic Plan 2013-2020 was built. Sadly, at a policy level, the RC category is not mentioned in the National Mental Health Policy Framework and Strategic Plan 2013-2020 nor in the Resourcing for Health document (Department of Health, 2011).

In 2003 Naidoo et al. cautioned that it would be critical that the profession of Psychology engage national and local government to create employment opportunities for RCs. To date however, this has not happened and as a result the research shows that RCs are either volunteering in community settings, earning suboptimal salaries, supplementing their income or have been forced into private practice or another field.

Pillay has asserted that a lack of jobs for RCs within the Department of Health across the country is a missed opportunity that must still be pursued. If these jobs were opened up there would be "immense benefits for health and social upliftment in general" (2016, p. 150). Moreover, other government departments (such as the Department of Social Development,

Department of Education, Correctional Services, Youth Development) should also be conscripted to provide opportunities for RC employment to operationalise the National Mental Health Policy Framework and Strategic Plan 2013-2020.

Advocacy implications of the current findings are that the Department of Health and other intersecting departments should be actively engaged in addressing the lack of adequate access to mental health care, supportive counselling services and community based psychological interventions compounded by the reality that those who have been trained to be RCs struggle to find jobs and make viable careers out of the profession. Within the human rights mandate of the context of South Africa's constitution (Constitution of the Republic of South Africa, 1996), this must surely change.

Implications of the findings of the current study are, that if RCs are not included at a government policy and practice level, and particularly in the strategic planning of the roll out of the Department of Health and other intersecting departments, RCs will continue to struggle to find jobs in the public sector and make viable careers out of the profession and may well decide to pursue alternative avenues of making a living. Given the findings of the research regarding the inequitable distribution of RCs relative to the South African mental health challenges and the South African population broadly, the implication of this would continue to be a travesty.

Specific policy implications stemming from the findings of the current study are that consideration should be given shaping national policy towards more meaningful acknowledgement of the importance of the RC category as part of National Development goals including the National Mental Health Policy Framework and Strategic Plan 2013-2020 (Department of Health, 2013). Once again I reiterate that it is worrying is how this will actually happen when, only 3.9% of psychology practitioners "serve on regulatory or policy-making entities in South Africa" (HPCSA, 2017b, p. 36). This may explain why psychology is generally underrepresented in these sorts of policy documents and discussions. Further advancing in the area of RC scholarship and contextually driven research focused on advocacy and action that informs mental health policy development nationally is also necessary.

7.4   Recommendations

Stemming from the above implications pertinent action-based recommendations will be highlighted aligned to each of the research objectives of the study, namely:

- Understanding the current status of the RC;

- Exploring the journey of professional identity construction for RCs within the profession of psychology in South Africa, and

- Investigating the realities and challenges for training RCs.

In Pillay's (2017) provocative article "Cracking the fortress", "he wondered aloud about whether our research dissertations ever actually create real change for the populations studied" (Pillay, 2017, p. 135). I am resolved that this dissertation will create change for RCs and in light of this resolve, recommendations are action focused on innovations in the RC space that are tangible, practical and aligned with the idea that "small-scale resistances" have "revolutionary potential" (cited in Pillay, 2017, p. 135).

7.4.1 Recommendations for the Current Status of the RC Category

The following action based strategies are recommended:

- Increase the size of the RC category. If HEIs are to be encouraged to open their doors again to training RCs this will require serious attention to mediating the challenge of serving two regulators (CHE & HPCSA). To this end the Education Committee of the Professional Board for Psychology (HPCSA) will need to be actively engaged as part of the Heads of Departments (HOD) forum of PsySSA.

- Honours (Psychology) degrees offered by HEIs nationally be adapted to include RC training and the Professional Board for Psychology (HPCSA) should assist HEIs in this regard.

- Strategies developed by the Professional Board for Psychology (HPCSA) be designed and applied to attract more Black (African) applicants into BPsych training.

- More advocacy and branding of the BPsych (RC) degree should be undertaken by the Professional Board for Psychology (HPCSA) in order to enhance the viability of studying for the BPSych (RC) degree.

- In the same vein more advocacy on the part of the Professional Board for Psychology (HPCSA) should take place to enhance employment opportunities for RCs. Pillay (2016) suggests that if there were more employment opportunities created for RCs this

would result in universities who had "abandoned this training" because of the lack of employment opportunities "resuscitating their training of this category of professionals" (Pillay, 2016, p. 150).

- RCs should become more involved in social justice projects that promote mental health and wellbeing through psychoeducation and advocacy as well as contextually driven research that engages advocacy and policy development.

- The work of RCs needs to be researched to form an evidence base that validates the role RCs play so that their role is more than an ideological notion of what they can do and much more grounded in evidence based practice.

7.4.2   Recommendations for Professional Identity Construction

Viewing professional identity construction through the lens of an ecosystemic view of professional identity formation, the study has highlighted the need to address the impact of a dichotomy of experiences within each of the active layers of the ecosystem in terms of mediating RCs choice about whether to stay as RCs or leave the profession. The following action based strategies are recommended:

- CPD workshops be designed to improve the awareness of RCs of the journey they are on and the impact of their lived experience in context of professional identity. The overarching purpose of these workshops would be to mobilise RCs to come together as a socially cohesive whole in order to rethink, relook, and regenerate their profession and promote the RC category in South Africa (Mascari & Webber, 2013). Such social cohesion leads to a stronger sense of professional identity (Kaplan & Gladding, 2011; Luke & Goodrich, 2010).

- CPD workshops should also focus on professional identity construction for the RC category so as to inspire and propel RCs to be self-promoting and to act collectively by engaging strategic planning that will guide the construction of their professional identity within the profession of counselling in this country (Kaplan & Gladding, 2011; Luke & Goodrich 2010).

- CPD workshops should actively create awareness of the journey of professional identity construction with a view to assisting RCs to better recognise the contributors to professional identity within an ecosystemic framework of thinking. In the age of digital

activism and crowd sourcing movements such platforms can be harnessed to activate for example a #Innovate Counselling South Africa movement.

Figure 7-1 provides an illustration of one way that can be used to create social cohesion among RCs.


Figure 7-1   *Innovate Counselling South Africa*

7.4.3   Recommendations for Training RCs

The study has highlighted the importance of a critical review of the BPsych (RC) curriculum currently adopted by those HEIs involved in the training of RCs. The following action based strategies are recommended:

- CP theory and praxis should inform both the foundation and focus of RC training.

- Training needs to focus more intentionally into the scope of practice of the RC within a psychology that is grounded in a CP theoretical framework (Naidoo et al., 2004; The Ekurhuleni Declaration on Mental Health - April 2012).

Currently, a task team of the Professional Board for Psychology (HPCSA) and HOD's of HEIs is working on a "Minimum Requirements for RC Education" document. This team has been engaged in unpacking the scope of practice of the RC as well as investigating key

competencies with a view to ensuring that the curriculum be aligned to these competencies and the intended purpose of this category. Table 7-1 below provides an example of a rubric that could further guide this task team in assisting future training providers to ensure that scope of practice of the RC remain central and reflected in all aspects of BPsych curricula (HPCSA, Professional Board for Psychology, 2017a).

Table 7-1   **Aligning BPsych (RC) Curriculum more Fully with the Intended Purpose of the RC Category**

Core Competency Area	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)	Check list for HEIs	Action Items to begin to transition curriculum	Ideas
CORE COMPETENCY AREA 1: The construction of Professional Identity.	At all times the RC was expected to practice according to the regulations defining the scope of the profession of psychology (South Africa, 2011, p. 4)	Working in a context appropriate, multi-professional team.	How does your BPsych (RC) training build into the construction of Professional Identity?	Fill in some specific action items that your department will follow up with to begin to more intentionally build into the construction of Professional Identity.	Hold quarterly departmental workshops that explore the professional identity of RCs.
	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)	Check list for HEIs	Action Items to begin to transition curriculum	Ideas

Core Competency Area	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)	Check list for HEIs	Action Items to begin to transition curriculum	Ideas
CORE COMPETENCY AREA 2: Psychological assessment	Performing psychological assessment excluding projective, neuropsychological and diagnostic tests;	Performing basic psychological screening for the purpose of mental health as a preliminary screening tool in order to refer appropriately; Use the following basic assessments for screening purposes: Draw-a-person (DAP), Kinetic Figure Drawings (KFD), incomplete sentences, reading, and spelling however excluding the projective aspect of these tests).	Does the psychometric training your students receive align to Form 258? Are students given the opportunity to become competent at administering the tests and writing up reports that as assistive within community spaces.	List modules that teach psychometric assessment. Are these modules evenly distributed across the BPsych (RC) training? Is psychometric assessment training theoretically based or is it practical? Does the training excite students with the knowledge that they can have an impact in a variety of contexts by applying this competency? For example, students can go into schools (under supervision) and assist a remedial department by providing scholastic aptitude assessment for high risk learners who need to be assessed but whose parents can't afford an educational psychologist.	Brain storm ideas for making psychometric training more of a feature of the BPsych (RC) training as well as how to make it applicable and relevant.

Core Competency Area	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)	Check list for HEIs	Action Items to begin to transition curriculum	Ideas
CORE COMPETENCY AREA 3: Psychological Intervention	Performing psychological screening, primary mental status screening, basic assessment, and psychological interventions with individuals aiming at enhancing personal functioning;	being the first line of community based psychological support psychological screening and basic assessment of mental health challenges; Containment of presenting difficulties; Provide preventative, supportive and developmental counselling services and interventions aimed at enhancing personal functioning and mental wellbeing in a variety of contexts. Report writing and providing feedback to clients on interventions	What sort of modules build this competency for students through their BPsych (RC) training? What is the theoretical underpinning of the psychological Intervention strategies being taught?	List modules that address Psychological Intervention. Candidly decide if the modules are applicable in training RCs for psychological across the psychological intervention continuum (Naidoo et al., 2008).	Short term idea: Introduce monthly workshops for RCs into their training. During these workshops RCs can engage with the traditional psychological interventions they are being taught in their theory and grapple with the applicability of these for their scope of practice as RCs Long term idea: Transition the curriculum away from a traditional bio/medical psychological intervention discourse.

Core Competency Area	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)	Check list for HEIs	Action Items to begin to transition curriculum	Ideas
	identifying clients requiring more sophisticated or advanced psychological assessment and referring clients	Referral to appropriate professionals or other appropriate resources (know when to refer to a psychiatrist or psychologist).			
CORE COMPETENCY AREA 4: Psychoeducation, Mental Health advocacy, mental health promotion.	Enhancing personal functioning; performing supportive, compensatory, and routine psychological interventions.	Design, implement and monitor preventative and developmental programmes appropriate for all systems levels; Psycho-education and training; Promotion of primary psychosocial wellbeing.	How much exposure are students getting to CP's psychological intervention continuum so that they fully grasp where their work is positioned along this continuum (Naidoo et al., 2008).	List modules that teach: Psychoeducation, Mental Health advocacy, mental health promotion Psychological Intervention. Candidly reflect on the presence of this core competency in the curriculum.	Get innovative around how to get students engaged in Psychoeducation, Mental Health advocacy, mental health promotion. Initiate some group projects within modules that get students to explore their role in this area and begin to get excited about the practical application of this competency in community contexts.

Core Competency Area	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)	Check list for HEIs	Action Items to begin to transition curriculum	Ideas
	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)	Check list for HEIs	Action Items to begin to transition curriculum	Ideas
CORE COMPETENCY AREA 5: Policy and standards implementation and project implementation and management	Participating in policy formulation based on various aspects of psychological theory and research; participating in the design, management, and evaluation of psychologically-based programmes in the organisations including but not limited to health, education, labour, and correctional services; Training, and supervising other	Manage complete sub-elements of intervention programmes with associated interventions; Design sub-elements of intervention programmes and processes; Execute less advanced, more structured interventions.	Reflect on the question: Are students being taught how to be active participants in policy formulation based on various aspects of psychological theory.	List ways policy formation is being taught in the curriculum. Create opportunities in the BPsych (RC) training to connect policy to advocacy and the role RCs should play in both policy formulation and advocacy.	Create working groups of RCs who can identify departmental policy that RCs could work on to align better to a more relevant psychological training model. Get RCs to advocate for the changes and to build confidence for advocacy. Encourage RCs to be involved in current affairs; Activate them to become deeply invested in the need for social relevance. Encourage them to engage in individual or mass action to effect change.

Core Competency Area	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)	Check list for HEIs	Action Items to begin to transition curriculum	Ideas
	RCs and practitioners;				
	Regulations defining the scope of the profession of psychology (South Africa, 2011).	Form 258 (HPCSA, Professional Board for Psychology, 2013)	Check list for HEIs	Action Items to begin to transition curriculum	Ideas
CORE COMPETENCY AREA 6: Research	Conducting, and reporting on research projects; and providing expert evidence and/or opinions.	Involvement in research community based research projects.	What kinds of research projects are RCs involved in during their BPsych (RC) training? Does the curriculum encourage students to get excited about the power of Community Based Research?	Consider how RCs can be drawn into more community based research in the department.	Research faculty should draw RCs into conducting community based research about the work of RCs and publish this work to create more presence in the literature of the role of RCs.

7.5   Limitations and Strengths of the Current Study

All research studies have their peculiar strengths and limitations and this study is no exception. The study's use of non-probability purposive sampling to recruit "information rich participants" was deemed to provide the greatest insight into the topic being studied, however, the concomitant limitation hereof is that the sample is not necessarily representative of the total population that is being studied. The findings reflect the data and experiences of those RCs who chose to participate and may thus not reflect the population's experiences and sentiments. For example, deeply disaffected RCs may have declined to participate in the study and hence their particular experiences are not reflected in the findings. It can, however, be stated that the study sample of six hundred and eighty-seven RCs included a meaningful representation (35%) of the RC population.

A further limitation is that the survey was an online web based survey which may have resulted in some non-response error in accessing populations of RCs who were out of internet reach (Creswell, 2009). Methodological limitations include the challenges that survey research brings and the limitations that qualitative interviewing brings. These are outlined in Table 4-1 and Table 4-2. One of the ways to improve the validity of the research in this area is using a multimethod design which was employed in this study in order to bring greater contextual understanding of the research question. Methodological triangulation has been acknowledged for its ability to provide greater breadth, depth and texture in understanding the research objectives because of the diversity of voices that can be heard through a multimethod approach (Carolissen, 2008; Creswell, 2009).

Despite the methodological limitations, the research methodology applied in this study was considered appropriate for achieving the aims of the research. The research also has a number of key strengths which will be briefly addressed.

7.5.1   Breadth

The intention with the research objectives of the study was one of the breadth of the research where I engaged in a systematic process of working through the research aim, operationalising questions that could guide the research process, adapting/creating research instruments, collecting the data, managing the data, analysing the data and then ultimately pulling the data together in a such a way that in the writing up of the dissertation the current status of the RC category, the lived experiences of the RCs and the perspectives of BPsych

trainers could be triangulated. The research processes have been explicated to assist the reader in analysing the context of the RC from both a quantitative and qualitative perspective and in understanding their constructions of their professional identity within the profession of psychology in South Africa.

7.5.2   Depth

Depth of insight can easily be sacrificed in the process of aiming to provide breadth of insight into the current status of the RC category. I was intentional in ensuring that while breadth of insight was a desired outcome of the study, depth of insight was equally important. The 'lived experience' of the RC, a quality that is rich in meaning can only be engaged in the tangible spaces of human interaction. It was in this space of 'lived experience', through qualitative interviews with participants that I was really able to come to grips with the depth of the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with training realities and challenges.

7.5.3   Texture

Depth and texture are closely linked. Whereas 'depth' speaks to being able to see something from the top to the bottom, 'texture' is being able to tangibly feel something close to your skin. A strength of this research is that it has allowed me to interact with RCs in a valued intimate manner, i.e. to gain a textured sense of the nuances, the struggles, the complexities of the lived experience of the RC. A strength of this research is its focus on bringing the textured layers of meaning to bear in the findings and discussions sections. Weaving it all together into a narrative that addresses the current status of the RC category, including the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with training realities and challenges has been such a privilege. The participants shared their stories with me. These stories were rich in texture and their descriptions and intonations as they articulated their lived experience allowed me to feel the nuances of their stories. The texture is emotive and revealing and is a strength of the research.

7.6   Summary of the Chapter

This chapter has provided the findings and discussion of the current research and addresses the implications of the study and recommendations. Recommendations have been

made in terms of the three objectives of the study. Firstly, recommendations are made regarding advocacy and building the profile of BPsych (RC) training and the RC category, secondly the implementation of CPD workshops for RCs in which a specific focus will be given to the enhancement of healthy professional identity, and, finally a recommendation is made that working groups of HOD's be brought together to grapple with BPsych (RC) curriculum so as to align curriculum more fully with the intended purpose of this category and to what extent the curriculum is grounded in CP.

The following chapter will provide a conclusion of the main findings relative to the overarching aim of the study and the research objectives.

CHAPTER EIGHT
CONCLUSION

In providing a structural overview of the chapters of the research study, aspects of the research have been addressed as follows:

- The background to the study in the context of national government aims and objectives and in relation to the envisioning and implementation of the RC category is reflected upon in Chapter 1.

- Theoretical paradigms and literature salient to understanding and conceptualising the current study as well as anchoring the research objectives of the study within undergirding theoretical frameworks are provided in Chapters 2 and 3.

- The interpretivist social phenomenological research paradigm that undergirded the current study and outlined all elements of the multimethod research design employed to address the research objectives is presented in Chapter 4.

- The main findings for each of the three core research objectives together with discussion of the findings have been presented in Chapter 5 and 6.

- Implications of the research study for the future implementation and realisation of RC category effectiveness, including limitations of the study are presented in Chapter 7.

This concluding chapter provides a summary of the main findings relative to the overarching aims of the study and the three interrelated research objectives. Concluding remarks are made and a personal reflection is provided.

8.1   Overarching Aims of the Study in Context of Three Interrelated Research Objectives

RCs were envisaged to broaden psychological service delivery nationally, enacting a Community Psychology (CP) agenda in which RCs would express the practice of psychology in a way that represented a major shift from traditional mainstream psychological practices with their individually-oriented interventions to a community-based psychology in terms of intervention strategies (Naidoo et al., 2004). The goal of the South African government is to work towards "a long and healthy life for all South Africans" (Motsoaledi, cited in National

Mental Health Policy Framework and Strategic plan 2013 – 2020, p. 1). This requires a concerted enactment of CP at work in community contexts, in which the RC category is a vital, profound and dynamically relevant expression of the practice of psychology, promoting social justice through the scaling up of the delivery of accessible mental health care and psychological services through the provision of community based psychological interventions along the psychological intervention continuum (Naidoo et al., 2008). Relevant, community-based psychological interventions include supportive counselling services, the promotion of mental health and wellbeing, psychological screening and assessment, psychoeducation and advocacy with individuals and groups living in diverse contexts in South Africa (HPCSA, Professional Board for Psychology, 2013).

Given this background, and given the profound role the RC category was envisaged to play in its fulfilment, the overarching aim of the current study was to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. The study set out three interrelated research objectives that ensured the overall aim of the study would be met:

Research Objective One: To gain a better understanding of the current status of the RC category. This objective was explored across a number of domains that included demographic profile (size, gender, ethnicity and geography); training experiences; professional activities; the relationship of RCs to the HPCSA, and the professional identity of RCs.

Research Objective Two: To explore the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa.

Research Objective Three: To investigate the realities and challenges of the current training foci applied by HEIs for the RC category in relation to current community mental health realities nationally.

8.1.1 Research Objective One: To Gain a Better Understanding of the Current Status of the RC Category

The research study has endeavoured to provide a macro perspective of the current status of the total population of RCs in South Africa. At the time of the study there were 1979 RCs registered in the category to service a population of 54,956,900 people (HPCSA, 2016c; Stats SA, 2016). Even when the total number of psychological practitioners (including psychologists and RCs) to service the South African population is considered, in 2017 there are only a total

of 10,671 psychological practitioners to service the broad-based mental health needs and requirements of the South African population (54,956,900) (HPCSA, 2017a; Stats SA, 2016). In surveying this macro perspective in context of the demographic representation of the RC category, a number of concerns relative to the categories ability to deliver on its intended purpose are raised. First, the category remains small relative to the size of population it was envisaged to service. Second, the RC category is disproportionate to the racial profile of the country and is not significantly transformed. The profile of RCs appears to be mimicking that of the profile of psychologists with a disproportionately higher proportion of white females. Third, the category has become increasingly urbanised and is skewed toward being located in urban centres around the country utilising a predominantly one-on-one individualised counselling modality. Most RCs within the urban centres are engaged in private practice work that tends to confirm the predilection towards mainstream traditional psychology service delivery. This is profoundly adrift of RCs potential to enact a CP agenda the RC is well positioned to represent.

8.1.2 Research Objective Two: To explore the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa

Findings of the current study reflect on the lived experience as RCs describing their story of navigating a necessary journey of professional identity construction within the profession of psychology in South Africa. The theoretical paradigm utilised to aid this organic, dynamic and continuous journey was a multi-layered ecosystemic contextual focus. This has provided the type of lens required to examine the forms of influential power that either can activate or impede the aspiring professional's ability to meaningfully construct their professional identity and become fully functioning as RCs. The five key stages of this journey of professional identity construction symbolically followed the pilgrimage of Stephen Kumalo, a character in Alan Paton's classic "Cry the beloved Country" (1944). Features of this journey were described along a continuum of stages:

8.1.2.1 *Stage 1: Readying - Training towards a professional identity.*

Professional identity construction begins with *Readying*. Findings of the research highlight that professional identity began to be formed at the outset of their BPsych (RC) training. Participants described four aspects training experiences including:

- Participant routes towards becoming RCs;

- Participant study aspirations in preparation for their vocation as RCs;

- Helpful and unhelpful elements of the BPsych (RC) training; and

- Participant satisfaction levels in the adequacy of the BPsych (RC) training in preparing them to be an effective RC.

The findings regarding helpful and unhelpful elements of BPsych (RC) training are particularly insightful in light of understanding the lived experience of RCs with a focus on professional identity construction. Findings reveal how the type and focus of training exert a primary influence in the construction of professional identity. The findings of the current study highlights how critical it is that RCs construction of professional identity be grounded within a CP value base so that RCs better understand their role as an innovative enactment of CP. The research revealed that the forms of professional identity construction that formed part of training to become a RC appeared to gravitate towards traditional modes of counselling and psychological interventions. Although RCs were able to identify useful/positive aspects of their training e.g., the opportunity to build a robust theoretical knowledge base; to engage a 'hands-on' experience while training and learning practical counselling skills, and to complete the BPsych (RC) supervised practicum, nonetheless the research found that the skills-based interventions taught were both inadequate and misrepresented their scope of practice.

8.1.2.2 *Stage 2: Becoming – Inner realisation of future vocation in building a professional identity.*

The second stage of professional identity construction is *Becoming*. The research describes this moment of *Becoming* as a dynamic and continuous process. *Becoming* was by no means the goal of their journey but rather a moment that served as a catalyst to propel them into active engagement with what it now meant to become a RC. The research indicated that the majority of those who graduated as RCs and were ultimately registered as a RC with the HPCSA felt a new level of excitement and accomplishment about becoming RCs. Participants described how maintaining professional compliance with the HPCSA was a positive activator in their construction of professional identity. At the same time, many RCs viewed the place of Becoming as a stepping stone to something else, namely becoming a psychologist. In other words, even becoming a RC was a stage in a longer journey. Many RCs viewed RC registration as being the "silver medal". In this regards, findings of the research were confusing and contradictory. In *Becoming* a RC there was a juxtaposed relationship where 80% of participants

describing feelings of happiness, excitement, accomplishment and relief that accompanies the completion of the *Readying* process while at the same time the majority (73.12%) expressed a desire to continue on the longer journey to become psychologists. Nonetheless, the research outcomes do provide meaningful, even profound insights. RCs are a passionate group of people who have become RCs due to a driving desire to be involved in making a difference by

> *…enhancing access to mental health care and psychological services focused on prevention and primary intervention for psychological difficulties, as well as counselling support, mental health promotion and psychoeducation for individuals and groups in community settings (70% participants across the study described a sense of Aspiration and Vision for being an RC).*

However, given the obstacles and inhibitors along the journey of professional identity construction for RCs, these impediments created disappointment, disillusionment and despair in their role and functions as RCs.

A concluding remark, here, is that it appears that if the RC was better positioned within the profession of psychology in South Africa, with a more esteemed status and access to employment opportunities upon which RCs could build a viable career, most RCs would likely be content and pleased to remain RCs. This is further supported by the finding that 86.69% of those trained to be RCs enjoyed being engaged in the activities for which they had been trained regardless of whether they were fully employed as RCs or not. For these participants being a RC was not just a job but a passion and a calling.

8.1.2.3 Stage 3: Aspiration and Vision - Excitement for the impact of working as a professional.

The third stage of professional identity construction is the excitement that is engendered in anticipation of working as a professional RC. Findings of the current research reveal that 70% participants had a sense of *Aspiration and Vision* about their future roles as psychological practitioners. *Aspiration* and *Vision* was a remarkable activator in the journey of professional identity construction for RCs. RCs described this as being comprised of three core ideas. First, they envisioned that their role as RCs would fulfil their passion for helping and empowering people and create a sense of fulfilment when they were doing so. Second, they envisioned being instrumentally involved in providing more accessible psychosocial support and counselling services at a grassroots level to significantly improve the quality of life of people who would not otherwise have access to mental health care and psychological services and that was what

they loved to do more than anything else. Third, they envisioned that through their work they would make a difference in the world through impacting lives positively. Two features of the research highlighted the catalytic impact *Aspiration* and *Vision* had on the journey of professional identity construction for RCs. The research highlighted how, by engaging in meaningful core community activities, a phenomenally positive contribution to the journey of professional identity construction is forged. Furthermore, when RCs were able to recognise their unique contribution to the lives of fellow South Africans this also positively impacted their journey of professional identity construction.

8.1.2.4   Stage 4: Reality Kicks in - Environmental activators vs. inhibitors of professional identity construction.

The fourth stage of the journey towards the construction of a professional identity is how the RC responds to the harsh realities of RC professional practice. Findings of the current research reveal that *Reality kicks in* was the place where RCs realised they were not prepared for the realities of working as a RC within the South African context. This plight was described on three levels.

- Lack of employment opportunities for RCs;

- Lack of recognition within both the public and professional domains of the role and value of the RC; and

- Lack of confidence regarding the ability of RCs to fulfil the intended purpose for which the RC category was created.

In the first instance, most (85.3%) RCs found it very difficult to find employment as RCs, because of a lack of allowance in the market for the role; minimal job opportunities for RCs because generally no jobs for RCs are advertised. The current research revealed that only 48% of those trained as RCs were employed as RCs, and of those most were earning salaries that did not make being a RC a viable career with 40% of them having to supplement their income with other work. The research also highlighted how 78% of those employed as RCs earned R20k or less per month with an approximate salary average of R12,502 per month. In an economically constrained climate it is no wonder that RCs are choosing to change career direction.

In the second instance, 93.2% of RCs struggled with the lack of public and professional recognition and acknowledgment of their role. Findings from the current study reveal public

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confusion between the roles of psychologists and RCs. Furthermore, RCs expressed that there was public confusion over the difference in role between RCs and "lay counsellors". RCs described how this had a very negative impact in consolidating their sense of professional identity. 89.5% of RCs also indicated that they did not feel there was inadequate professional recognition and respect for the role and function and provided three main reasons for this:

- Participants felt inferior within the categories of professional psychology as defined by the HPCSA, Professional Board for Psychology;

- Participants felt professionally marginalised by psychologists who looked down on their professional category and work;

- RCs felt that there was a lack of clarity regarding their role within the profession of psychology and that this exacerbated the problem of their professional identity.

In the third instance, given the lack of employment opportunities, the lack of public and professional recognition, the lack of professional belonging and a sense of professional inferiority, it is therefore no surprise that within such a confluence RCs question their ability to fulfil their intended purpose. Furthermore, for those who were employed as full-time RCs, findings of this study show that the small numbers of RCs endeavouring to meet an enormous national need. Only 4.86% of RCs were employed in a Community Counselling Centres, 5.17% were employed in Health at Hospitals/Medical Centres and Community Health Clinics, 7.29% were employed in government agencies like SAPS, the military, and mining, 10.94% were employed in NGO/NPO/Faith Based Organisations, 24.92% were working in education and 39.81% of RCs were working in private practice. This provides evidence that there has not been allowance made for positions in the very places RCs were intended to work.

Given the confluence of the stated negative aspects at work within the ecosystemic environment of the RC in terms of influence and effect upon professional identity construction, it is hardly surprising that due to such harsh realities many RCs have opted to abandon their vocation and calling. The emergent ecosystemic model of professional identity construction proposed in this study asserts that in order for an individual to achieve their original professional aspirations the journey of professional identity construction should be filled with more activating factors i.e. the enabling support of the psychology profession and government, than inhibiting factors. In context of the *Reality kicks in* stage it is evident that for many RCs their environment is dominated by a range of significant impediments that undermine their

sense of confidence in their professional identity and stymie their career aspirations. The nuanced power of the activators and inhibitors within each of the layers of the ecosystem, therefore, mediate how RCs cope through their journey and ultimately the choice they make about continuing the journey of professional identity construction as an RC or not.

8.1.2.5 *Stage 5: Choosing– Finding fulfilment in the ongoing construction of professional identity.*

The final stage of the journey of professional identity construction of the RC was described as a place of *Choosing* - milestone point whereby the RC either decided to continue on their journey towards a consolidation and acceptance of their professional identity or they chose to shift to another career. The place of *Choosing* is the determination either to be visible in the profession or remain invisible. Findings of the current research demonstrate that, despite the challenges faced by RCs, 53.8% of them still would choose to become RCs even knowing and understanding the realities of being a RC. The dichotomy of ecosystemic realities that mediated the RCs choice to be visible (or otherwise) is illustrated in Table 6-1.

Three features emerge in the research as catalytic activators of the ability for RCs choice to continue their journey of professional identity construction and include:

- Learning to love what you do;

- Standing up for yourself; and

- Finding your niche.

Fuelled by this powerful sense of meaningful contribution to society, these RCs revealed that the nuanced power of the activators within these RCs environments ultimately mediated how they coped through their journey - ultimately the point of *Choosing* to continue on the journey of professional identity construction as a RC – or otherwise.

By contrast, almost half (47.2%) of RCs indicated that they wanted to follow a different career path. Many of these RCs had already abandoned the journey of becoming a RC. These participants chose a different career because of the overwhelming number of impediments that undermined their developmental journey of professional identity construction as a RC. Sadly, many left their vocation carrying feelings of anger, disappointment and disillusionment.

8.1.3 To Investigate the Realities and Challenges of the Current Training Foci Applied by HEIs for the RC Category in Relation to Current Community Mental Health Realities Nationally.

One of the expressed objectives of this study was to engage with academic faculty from HEIs nationally who are actively involved in RC category training. The objective was to more fully understand the realities and challenges for training RCs. Three key themes emerged in the research including:

Theme one: General institutional recognition of the need to train RCs;

Theme two: The viability of offering BPsych (RC) training; and

Theme three: Institutional strength to offer BPsych (RC) training.

8.1.3.1 *Theme one - General institutional recognition of the need to train RCs.*

Findings of the research reveal one important, overarching, and dominant view of an "institutional recognition of the need to train RCs". The main reasons given were that the RC category training was in alignment with the vision of the current government to improve accessibility to mental health services. Furthermore, that it was important to be involved in training for the RC category because of the current credibility gap in the provision of mental health services and treatment. HEIs felt a responsibility to provide and supply graduates for front line mental health care and psychological services. HEIs also believed that the provision of a training model that allowed Honours (psychology) graduates to complete a practicum after the completion of their degree and write the Professional Board for Psychology (HPCSA) board exam for the RC category "made a lot of sense" given the 20 000 enrolments in undergraduate programmes in psychology annually, as well as the large numbers nationally who continue on with their studies to complete a Honours (psychology) degree. HEIs also believed that training RCs would increase the numbers of psychological practitioners and thus create the necessary groundswell to address the mental health service gaps that have existed for so long in South Africa.

8.1.3.2 *Theme two: The viability of offering BPsych (RC) training.*

The second major theme that emerged from the study related concerns expressed by HEIs nationally as to the viability of running a BPsych (RC) degree programme. Viability of the training surfaced at three different levels of concern. First, a concern about the employment context into which RCs were headed after their training. In the absence of any demonstrative

commitment on the part of government departments such as Health, Social Development, Education and Labour to find employment for RCs, HEIs were concerned about RCs were left stranded having to carve out their own roles. Second, HEIs were finding the restrictions of training for the RC category overwhelming. These restrictions included:

- Regulatory tightening of the BPsych (RC) training on the part of the HPCSA that prohibited HEIs from allowing their Honours (psychology) students to complete a practicum/internship after the completion of their degree.

- A number of HEIs had gone through the institutionally damaging experience of having the BPsych (RC) training de-accredited.

- The lack of clarity about the expectations of the HPCSA, Professional Board for Psychology of training for the RC category. Efforts to get guidance were frequently unclear, with demands made that appear to be unreasonable and excessive.

- Lesser funding subsidies being allocated by the DHET for professional qualifications as compared to academic qualifications.

- Having to serve two regulators in order to gain programme accreditation for the BPsych (RC) degree with the CHE and the HPCSA having different narratives, different criteria, and different processes of accreditation.

- The resource intensity and financial viability of the BPsych (RC) degree programme given the restricted annual intake of students set by the HPCSA, Professional Board for Psychology.

For HEIs offering the BPsych (RC) training these findings reveal the struggles they have faced. This has created a credibility crisis for HEIs at a time when HEIs nationally are under enormous pressure. Nonetheless, the findings also highlight the determination of a number of departments of psychology within these HEIs to continue with the BPsych (RC) training.

8.1.3.3   *Theme three: Institutional strength to offer BPsych (RC) training.*

The findings of the study reveal three specific areas of strength these institutions believe they possess:

- The first was the strength to offer an integrated practicum and supervision as an intrinsic components of training for the RC category.

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- The second was a commitment to ensure that the BPsych (RC) curriculum remains aligned to the RC scope of practice and to the professional training requirements as described in form 258 (HPCSA, Professional Board for Psychology, 2013).

- The third was the strength to ensure that students were suitably equipped with a balance of adequate theory and praxis to meet the challenges of working as a RC in the diverse psychological contexts required of this category of professional.

8.2   Implications of the Study, Recommendations and Limitations

The implications of the findings of this study were discussed in Chapter 7. Action orientated recommendations are made and the limitations and strength of the research were considered. These included:

- Implications of the research for theory development that encompasses:

- How CP theory development in South Africa is impacted by the current study in terms of recognition of the RC category within the profession of psychology in South Africa as an innovative enactment of CP that has implications for CP theory development.

- The journey of Professional identity construction in relationship to the lived experience of RCs and their professional identity construction within the psychology in South Africa as well as providing an ecosystemic view of professional identity formation.

- Implications of the research for application/praxis that addresses:

- How the profession of psychology in South Africa should more adequately attend to the current status of the RC category?

- Ways in which the profession of psychology should become better informed of the significance of the RC category and embrace RCs as legitimate and important psychological practitioners.

- The importance of building a healthy and robust professional identity as a critical component of BPsych (RC) training.

- Implications of the current study for policy and advocacy that should generate:

- Improved policy and advocacy to enhance the RC category in South Africa.

- Active engagement on the part of the Department of Health and other intersecting departments to address the lack of adequate access to mental health care and psychological services and how to provide employment for RCs.

- A re-shaping of national policy towards more meaningful acknowledgement of the importance of the RC category as part of National Development goals including the National Mental Health Policy Framework and Strategic Plan 2013-2020 (Department of Health, 2013).

- The promotion of a type of RC scholarship and contextually driven evidence based research in which the RC category continually and dynamically informs mental health policy development nationally.

Stemming from the above implications action based recommendations are provided aligned to the three interrelated research objectives of this study. Finally, a reflection of the limitations and strengths was addressed.

8.3   Conclusion

The dissertation provides rich descriptions of the current status of the RC category in terms of the journey of professional identity construction along a symbolic continuum of *Becoming, Aspiration and Vision, Reality kicks in* to *Choosing*. Realities and challenges for training RCs were drawn into the narrative of the journey in recognition of the impact of these realities and challenges on the professional identity of the RC. The journey is ecosystemically embedded and these ecosystemic realities mediate to some degree the journey of RC professional identity construction. The research was undergirded by the theoretical paradigms and literature useful for understanding and conceptualising the current study as well as anchoring the research objectives. The findings of the current study illuminate the RC category and provide new insights and innovative recommendations that are envisaged to propel the category forward.

8.4   Personal Reflections

As I reflect on our 'Beloved Country' and the South African realities within which we live and daily face, I find myself asking the question: "What fuels optimism in a land so shadowed by inequity, in-access to basic services, injustice and human suffering?"

Reverting to Stephen Kumalo's pilgrimage in Alan Paton's profound book, "Cry the Beloved Country" (1944) the narrator reflects that there is fear in the land and in the hearts of all who live there. He goes on to explain how fear puts an end to understanding and the need to understand (Paton, 1944). The question asked is: How we shall fashion such a land when there is fear in the heart?

Kumalo, the centre-piece of the narrative, is forced to question the purpose of his life's journey. He asks:

> *Who knows for what we live, and struggle, and die? Who knows what keeps us living and struggling, while all things break about us? Who knows why the warm flesh of a child is such comfort, when one's own child is lost and cannot be recovered? Wise men write many books, in words too hard to understand. But this, the purpose of our lives, the end of all our struggle, is beyond all human wisdom (Paton, 1944, p.57).*

Kumalo ultimately learns that one can find comfort even in a world of desolation.

In reflection of the journey of Kumalo there are similar cries and manifestations of desolation in the category and work of the RC in South Africa. Listening to the stories of RCs has at times brought me to tears, at other times these stories have brought tears of joy, at other times tears of sorrow, and occasionally, even tears of excitement. The professionals who make up this category have a depth of passion for South Africa's mental health challenges that is unrivalled to anything I have seen in my years working as a professional academic. It is the intention of this dissertation to allow some of this passion to surface through the pages with colour and life. A strength of this research is its ability to create a narrative in the visual and metaphorical space that really provides a depth of understanding of the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa.

This category is well positioned to fulfil its intended purpose but it is critical that the obstacles that are in its way are swiftly and quickly removed. This country desperately needs the services of the RC professional category. If RCs are impeded from applying their skills and

abilities, South Africa is deprived of a depth of resource that is desperately needed in our country at this time. RCs are the hands and feet, the first contact points, of a relevant psychology positively at work the everyday lives of South Africans.

Cry the beloved country is a call action – a call restoration against the odds in which, at the end of the journey, the land is washed by a deafening downpour of rain after a long time of drought and dead rivers came to life with the rush of the rain and the valley was full of sounds of streams and rivers (Foley, 1999).

> *Cry the beloved country for it is the dawn that has come, as it has come for a thousand centuries, never failing. But when that dawn will come of our emancipation from the fear of bondage and the bondage of fear, why that is a secret (Paton, 1944, p. 236).*

If the RC is in some way hindered in their role, psychology in this country is hindered in its ability to be meaningfully relevant to the context in which it expresses itself and if this is the case then something needs to be done to change this and restore the status and untapped potential of the RC category. If the recommendations emerging from the current study, to reposition the professional status and training priorities for the nascent RC category are not urgently addressed, I fear we will have to once more "Cry the beloved country" (Paton, 1944).

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APPENDICES

Appendix A

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

"Enhancing the visibility of Registered Counsellors"

Survey

You are invited to participate in a research study conducted by Mrs. L.D. Fisher (PhD Candidate at Stellenbosch University). The study seeks to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. The study, of which this survey is a part, is a meaningful attempt to enhance the visibility of Registered Counsellors in South Africa.

Please be aware that participation in the survey is voluntary and you may choose to withdraw at any time. You are under no obligation to complete the survey and you may also choose not to answer any specific question in the survey. This survey consists of a series of questions relating to your experiences as a Registered Counsellor. The survey has 5 sections and consists of 40 questions. The survey will take around 15 - 20 minutes to complete.

The answers supplied in the survey are collected anonymously and the researcher will maintain the confidentiality of the research records and data collected and no attempt will be made to identify respondents. The final item of the survey asks if you would like to receive a report of the main findings. To receive this report, you are asked to provide an email address.

At the end of this survey you will be asked to indicate your willingness to participate in a follow up interview and upon completion of this survey you will be asked to provide your email address if you would like to be entered into a lucky draw. The winner will receive a cash prize of R1200.

The lucky draw will take place on the 5th of December. Please note that ALL email addresses will be extracted from the datasheet before analysis and stored separately. No attempt will be

made to identify respondents directly to their completed survey. Your participation in this survey is critical because your voice is important!

Please click on the "Next" button below to begin the survey. Please be advised that by clicking on this button you indicate that you consent to participating in the research.

This survey is being conducted as part of a study intended to fulfil the requirements for the degree of Doctor of Philosophy (Psychology) at Stellenbosch University. Ethical approval from the Stellenbosch University: Research Ethics Committee (Humanities) has been granted (proposal number SU-HSD-001081; National Health Research Ethics Committee (NHREC) registration number REC-050411-032).

Demographic Information

- What is your gender?

- How old are you?

- What is your race?

- Which province are you currently living in?

- Highest Qualification

- Currently Registered with the HPCSA

- Year in which you were registered

Training experiences

- Do you feel satisfied that your studies prepared you for the work you do as a Registered Counsellor?

- Please indicate your overall level of satisfaction with your practicum/internship

- If you think back to your studies - which elements were most helpful in preparing you for your work as a Registered Counsellor?

- If you think back to your studies - which elements were least helpful in preparing you for your work as a Registered Counsellor?

- If you think back to your studies - Is there anything that was missing from your training that would have been valuable?

- Do you intend to continue studying?

Professional Activities

- Are you currently employed as a Registered Counsellor?

- Was it easy to find a job as a Registered Counsellor?

- Do you enjoy working as a Registered Counsellor

- Please indicate the salary bracket that best describes how much you earn

- Do you work elsewhere to supplement your income?

- How would you describe where you work as a Registered Counsellor?

- Describe the focus of your work

- Describe the type of counselling you provide

- What do you feel makes the work of Registered Counsellors unique?

- For the following question, please indicate your level of satisfaction with:

- What you earn working as a Registered Counsellor

- The work you to do as a Registered Counsellor

- Job opportunities generally as a Registered Counsellor

- If you were to start over again knowing what you know now about being a Registered Counsellor, would you choose a different career?

Professional Identity

- Why did you want to become a RC?

- Has being a RC lived up to your expectations?

- Is there enough recognition and respect of your role within the profession of psychology?

- Do the public understand the role of Registered Counsellors?

- How do Registered Counsellors view their professional identity

- List some of the key hindrances to professional identity for Registered Counsellors

- What do you believe is the main purpose of Registered Counsellors?

- What are the obstacles (if any) that prevent Registered Counsellors from accomplishing this purpose?

- Do you like the title Registered Counsellor?

- If you could change the title what would you prefer to be called?

- The HPCSA prescribes a scope of practice for RC in Form 258. Are you aware of this scope of practice?

- Does this scope of practice give you a coherent understanding of the kind of work you are allowed to do?

- Would you like to see anything changed about the Registered Counsellors scope of practice?

Ongoing career development

- Are you CPD compliant?

- Do you get supervision?

- Is there anything you would like to add that you feel would enhance the visibility of the Registered Counsellor in South Africa?

Appendix B

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Invitation to participate in research

"Enhancing the visibility of Registered Counsellors"

You are invited to participate in a research study conducted by Mrs L.D. Fisher (PhD Candidate at Stellenbosch University. The study seeks to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. The study, of which this survey is a part, is a meaningful attempt to enhance the visibility of Registered Counsellors in South Africa.

Please be aware that participation in the survey is voluntary and you may choose to withdraw at any time. You are under no obligation to complete the survey and you may also choose not to answer any specific question in the survey. This survey consists of a series of questions relating to your experiences as a Registered Counsellor. The survey has 5 sections and consists of 40 questions. The survey will take around 10 minutes to complete.

The answers supplied in the survey are collected anonymously and the researcher will maintain the confidentiality of the research records and data collected and no attempt will be made to identify respondents. Any published articles or reports will include only aggregated data. All original data will be destroyed once the study is complete. The final item of the survey asks if you would like to receive a report of the main findings. To receive this report, you are asked to provide an email address. At the end of this survey you will be asked to indicate your willingness to participate in a follow up interview and upon completion of this survey you will be asked to provide your email address if you would like to be entered into a lucky draw. **The winner will receive a cash prize of R1200**. The lucky draw will take place on the 5th of December. Please note that ALL email addresses will be extracted from the datasheet before analysis and stored separately. No attempt will be made to identify respondents directly to their completed survey.

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Your participation in this survey is critical because your voice is important!

Please click on the "Next" button below to begin the survey. Please be advised that by clicking on this button you indicate that you consent to participating in the research.

Appendix C

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Interview schedule with Registered Counsellors

Title of the research:

The current status of the Registered Counsellor Category and construction of professional identity, along with training realities and challenges

INTRODUCTIONS

The purpose of this interview is to explore the lived experience of being a RC in the profession of psychology in South Africa. While the survey provides some broad brush strokes in terms of understanding professional identity this interview will provide opportunity for me to get a closer to your personal and nuanced experience of being a RC and the construction of your professional identity within the profession of psychology in South Africa.

PART A

Tell me a little bit about yourself?

PART B

1. If you can start by thinking back to the moment when your registration with the HPCSA as a RC was all official…How did you feel?

2. How does it feel to be a RC within the profession of psychology in SA?

    a. What do you think other professionals in psychology think about your role?

    b. What do you think the public thinks about your role?

    c. How do you feel about what other people think about your role as a Registered Counsellor?

    d. How do you think this affects the way you feel about yourself?

    e. How do you think this affects the way you work?

3. What gives you a sense of professional identity – what makes feel like ok this is it…I am a registered professional?

a. What are some things that may contribute to your sense of professional identity?

b. What do you feel is a hindrance to the construction of your professional identity?

4. Do you feel the Registered Counsellor Category has been adequately provided for? How? Why? Why not?

5. What do RCs really want or need?

6. Do you have anything else you would like to add or any questions?

PART C

Closing remarks, thanks and encouragement of the RC.

APPENDIX D

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Informed consent to participate in a one-on-one interview

Title of the research:

The current status of the Registered Counsellor Category and construction of professional identity, along with training realities and challenges

You are invited to participate in a research study conducted by Mrs L.D. Fisher (PhD Candidate at Stellenbosch University). The study seeks to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. This study is being conducted to fulfil the requirements for the degree of Doctor of Philosophy (Psychology) at Stellenbosch University. Ethical approval from the Stellenbosch University: Research Ethics Committee (Humanities) has been granted (proposal number SU-HSD-001081; National Health Research Ethics Committee (NHREC) registration number REC-050411-032).

PROCEDURES

If you volunteer to participate in this study, you will be required to: Participate in a one on one interview comprised of open questions and probes to encourage and enable rich descriptions that enable the researcher to critically examine the current status of the Registered Counsellor category, training realities and the lived experience of Registered Counsellors within the Profession of Psychology in South Africa.

POTENTIAL RISKS AND DISCOMFORTS

No potential risks and discomforts are envisaged from your participation in the study. If you feel a strong sense of uneasiness as a result of having participated in the study you can report this to the researcher who will ensure that you are provided with an opportunity to debrief from the study.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Given the profound role the Registered Counsellor category was intended to play in scaling up human resources to provide psychological services for the South African population in diverse contexts (HPCSA, Professional Board for Psychology, 2013) it is critical that, the Registered Counsellor Category is better understood so that current status of the Registered Counsellor category, training realities and professional identity of Registered Counsellors within the profession of psychology in South Africa are illuminated.

PAYMENT FOR PARTICIPATION

Participation in this study is voluntary and as such participants will not be remunerated for their involvement in the study.

CONFIDENTIALITY

The interview will be recorded using a smart voice recorder device and transcribed by the researcher. Transcripts will be imported into excel where they will be analysed. Any information that is obtained in connection with this study and that can be identified with you will remain. Confidentiality will be maintained by means of coding procedures and plans to safeguard data, by using data analysis software which only the researcher will have access to.

PARTICIPATION AND WITHDRAWAL

You can choose whether or not you would like to be a part of this study. If you volunteer to be a part of the study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

IDENTIFICATION OF RESEARCHERS

If you have any questions or concerns about the research, please feel free to contact:

Mrs Laura Fisher (074 174 5092; laura@sacap.edu.za) OR Professor A.V. Naidoo (0027-21-808 3461

avnaidoo@sun.ac.za).

SIGNATURE OF RESEARCH SUBJECT

I hereby consent voluntarily to participate in this interview.

_____   _____

Name of Subject/Participant   Date

SIGNATURE OF RESEARCHER

I declare that I explained the information given in this document to _____.

_____   _____

Signature of Researcher   Date

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This survey is being conducted as part of a study intended to fulfil the requirements for the degree of Doctor of Philosophy (Psychology) at Stellenbosch University. Ethical approval from the Stellenbosch University: Research Ethics Committee (Humanities) has been granted (proposal number SU-HSD-001081; National Health Research Ethics Committee (NHREC) registration number REC-050411-032).

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Appendix E

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Invitation to participate in research

Training Realities Survey

You are invited to participate in a research study conducted by Mrs L.D. Fisher (PhD Candidate at Stellenbosch University). The study seeks to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. I believe your input into this survey is invaluable given your academic role in training professionals for the field of psychology.

This particular survey aims to explore the realities and challenges associated to training (or not training) Registered Counsellors! The survey has 3 sections and will take no longer than 10 – 15 minutes to complete. Participation in the survey is voluntary and you may choose to withdraw at any time. You are under no obligation to complete the survey and you may also choose not to answer any specific question in the survey.

The answers supplied in the survey are collected anonymously and the researcher will maintain the confidentiality of the research records and data collected and no attempt will be made to identify respondents. Any published articles or reports will include only aggregated data. All original data will be destroyed once the study is complete. The final item of the survey asks if you would like to receive a report of the main findings. To receive this report, you are asked to provide an email address.

Please note that ALL email addresses will be extracted from the datasheet before analysis and stored separately. No attempt will be made to identify respondents directly to their completed survey.

Please click on the "Next" button below to begin the survey. Please be advised that by clicking on this button you indicate that you consent to participating in the research.

Laura Fisher

Lf fisher

Researcher

This survey is being conducted as part of a study intended to fulfil the requirements for the degree of Doctor of Philosophy (Psychology) at Stellenbosch University. Ethical approval from the Stellenbosch University: Research Ethics Committee (Humanities) has been granted (proposal number SU-HSD-001081; National Health Research Ethics Committee (NHREC) registration number REC-050411-032).

Institutional Details

1. What institution are you from?

2. What department do you work for?

3. What position do you hold within the department?

4. Does the department train RCs?

Training RCs

5. What route of training is offered to become a RC?

6. What Minimum entrance requirements does an applicant need for entrance into your institutions BPsych training?

7. What is the motivation for offering training?

8. What are some of the key challenges to offering this training?

9. What does the institution understand the role of the RC to be?

10. Do you feel the training prepares the RC for the work they do?

11. The HPCSA prescribes a scope of practice for Registered Counsellors in Form 258. Are you aware of this scope of practice?

12. Does the curriculum align to teach the student the scope of practice of the RC?

13. Does the curriculum build student competencies for the envisaged role of the RC?

14. If yes, in what way?

15. What are some of the key strengths of the curriculum?

16. What are some of the weaknesses in the curriculum?

17. What role does the practicum play in the programme?

18. What sorts of practicum sites are the students sent to?

19. What roles do they play at the practicum sites?

20. Does the institution take responsibility for the students' practicum?

21. Given what you know of the current marketplace for RCs what aspects (if any of training should be modified?

22. Describe any key experiences that stand out relating to training RCs;

23. What kinds of jobs do your graduates end up getting?

24. The role of training in building the RCs sense of professional identity.

25. Would you like to add any further comment?

Not training RCs

26. Has the institution had been trying to get approval to train RCs?

27. What have some of the key challenges been in gaining approval to train RCs?

28. Did the institution used to offer training for RCs?

29. Why is training for RCs no longer offered

30. What were some of the key challenges in offering training for RCs

31. Why did your institution opt not to train RCs

32. Describe any incidents that stand out with regards to RCs

33. Would you like to add any further comment

34. The Professional Identity of RCs

35. To what extent do you feel the profession has embraced this role?

36. To what extent do you feel the public has embraced this role?

37. To what extent do you feel RCs have embraced their role

38. In your opinion, what are some of the unique challenges for RCs?

39. Do you feel the RC category has been adequately provided for?

40. Is there anything you would like to add that you feel would enhance the visibility of the RC in South Africa?

41. Would you like to add any further comment?

Appendix F

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Invitation to participate in research

"Training Registered Counsellors: Realities and Challenges"

You are invited to participate in a research study conducted by Mrs L.D. Fisher (PhD Candidate at Stellenbosch University). The study seeks to explore the current status of the RC category and the lived experience of RCs with a focus on their journey of professional identity construction within the profession of psychology in South Africa, along with an investigation into realities and challenges for training RCs. I believe your input into this survey is invaluable given your role in training professionals for the field of psychology.

This particular survey aims to explore the realities and challenges associated to training Registered Counsellors. The survey has 3 sections and will take no longer than 10 – 15 minutes to complete. Participation in the survey is voluntary and you may choose to withdraw at any time. You are under no obligation to complete the survey and you may also choose not to answer any specific question in the survey.

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Please click on the "Next" button below to begin the survey. Please be advised that by clicking on this button you indicate that you consent to participating in the research.

Laura Fisher

Lfsher

Researcher

 This survey is being conducted as part of a study intended to fulfil the requirements for the degree of Doctor of Philosophy (Psychology) at Stellenbosch University. Ethical approval from the Stellenbosch University: Research Ethics Committee (Humanities) has been granted (proposal number SU-HSD-001081; National Health Research Ethics Committee (NHREC) registration number REC-050411-032).

Appendix G

Ethics Approval 2015 – 2016

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Approval Notice

Stipulated documents/requirements

07-Dec-2015

Fisher, Laura LD

Proposal #: SU-HSD-001081

Title: THE DEVELOPMENT AND CURRENT STATUS OF THE REGISTERED COUNSELLOR CATEGORY, TRAINING REALITIES AND PROFESSIONAL IDENTITY OF REGISTERED COUNSELLORS WITHIN THE PROFESSION OF PSYCHOLOGY IN SOUTH AFRICA.

Dear Mrs Laura Fisher,

Your Stipulated documents/requirements received on 29-Oct-2015, was reviewed and **accepted.**

Please note the following information about your approved research proposal:

Proposal Approval Period: 23-Sep-2015 - 22-Sep-2016

General comments:

Please take note of the general Investigator Responsibilities attached to this letter.

If the research deviates significantly from the undertaking that was made in the original application for research ethics clearance to the REC and/or alters the risk/benefit profile of the study, the researcher must undertake to notify the REC of these changes.

Please remember to use your **proposal number** (**SU-HSD-001081**) on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2015 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 218089183.

Sincerely,

Clarissa Graham

REC Coordinator

Stellenbosch University https://scholar.sun.ac.za

Appendix H

Ethics Approval 2016 - 2017

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Approval Notice
Progress Report

17-Feb-2017
Fisher, Laura LD

Proposal #: SU-HSD-001081

Title: THE DEVELOPMENT AND CURRENT STATUS OF THE REGISTERED COUNSELLOR CATEGORY, TRAINING REALITIES AND PROFESSIONAL IDENTITY OF REGISTERED COUNSELLORS WITHIN THE PROFESSION OF PSYCHOLOGY IN SOUTH AFRICA.

Dear Mrs Laura Fisher,

Your **Progress Report** received on **05-Jan-2017**, was reviewed by members of the **Research Ethics Committee: Human Research (Humanities)** via Expedited review procedures on **15-Feb-2017** and was approved.
Please note the following information about your approved research proposal:

Proposal Approval Period: **15-Feb-2017 -14-Feb-2018**

General comments:
Extension of ethical clearance is granted. Conditions for the research during the original application for ethical clearance remains in place with regard to the interview phase of the research. Data referred to during the first phase that was gathered after the period of clearance transpired may be used under condition that it has been gathered according to the same requirements as set out by the Research Committee during the clearance process.

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your **proposal number** (**SU-HSD-001081**) on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external

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