

PERCEPTIONS OF COMMUNITY PSYCHOLOGY AMONG HONOURS/BPSYCH
STUDENTS IN THE WESTERN CAPE

KIM JOHNSON

Thesis presented for the Degree Master of Arts (Psychology) at the University of
Stellenbosch



Supervisor: Mrs. R.L. Carolissen

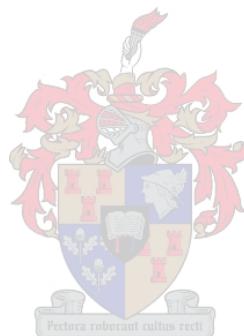
April 2006

DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis is my original work, and that I have not previously in its entirety or in part submitted it to any university for a degree.

.....

...April 2006



ABSTRACT

In South Africa, a dire need exists for a psychological approach that would be appropriate and adequate for all South Africans while opposing remaining historical inequalities. Psychological services are saturated within the predominantly white private sector but scarce for the predominantly disadvantaged who are dependant on public services. The aim of the present study was therefore to investigate the perceptions of Community Psychology among psychology Honours/Bpsych students. A combination of qualitative and quantitative research methods were employed in this study. A self-constructed questionnaire was used for obtaining data. A convenience sample was obtained from the universities of Cape Town, Stellenbosch and the Western Cape. Qualitative data were analysed using thematic content analysis. The outcomes of this study are firstly, that there is no significant relationship was established between race and tendency to study community psychology with the exception of the first year. Secondly, the relationship between gender and tendency to study community psychology was also non-significant. The results of the qualitative findings did however suggest that negative perceptions of community psychology are evident among students thus suggesting that they are deterred from pursuing it as a career.

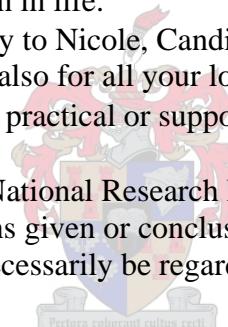
ABSTRAK

In Suid-Afrika bestaan daar ‘n dringende nood vir ‘n sielkundige benadering wat geskik en bevoegd vir alle Suid-Afrikaners sal wees terwyl dit terselfdetyd die oorblywende historiese ongelykhede opponeer. Sielkundige dienste is gesatureer in die oorhesende wit, private sektor, maar skaars onder die meerderheid van die onbevoordeelde wie hoofsaaklik op publieke dienste afhanklik is. Dus was die doel van die huidige studie om die persepsies van gemeenskapsielkunde onder Honeurs/BPsig studente te ondersoek. ‘n Kombinasie van kwalitiewe en kwantitatiewe navorsingsmetodes is in hierdie studie gebruik. ‘n Selfsaamgestelde vraelys was gebruik om data te verkry. ‘n Toevallige steekproef vanaf die universiteite van Kaapstad, Stellenbosch en Wes Kaapland was in die studie gebruik. Kwalitiewe data was deur middel van tematiese inhouds analise verwerk. Die resultate van hierdie studie was eerstens, dat daar geen opvallende verhouding tussen ras en die neiging om gemeenskapsielkunde te studeer, geïdentifiseer is nie, met die uitsondering van die eerste jaar. Tweedens, is die verhouding tussen geslag en die neiging om gemeenskapsielkunde te studeer ook onbeduidend. Die resultate van die kwalitiewe bevindinge het nietemin aangedui dat negatiewe persepsies van gemeenskapsielkunde wel onder studente bestaan, wat dus aandui dat hulle huiver om dit as ‘n loopbaan te volg.

ACKNOWLEDGEMENTS

I would hereby like to thank the following people for their various contributions and assistance in the completion of this study:

- A sincere thanks goes to Ronelle Carolissen, my supervisor, for the opportunity of doing this thesis and for her guidance, support and patience during the completion thereof.
- Marianna le Roux, for her help, advice and patience
- Lynn Kotze, for her assistance, support and shoulder to lean on whenever I needed her. Her guidance and motivation really helped me through this year.
- My parents for their unending love, support, advice and motivation. My brother and my sister for their love and support.
- Lance, my best friend and boyfriend, for his love and inspiration and especially his patience throughout the years.
- To the most important person in my life, my beautiful daughter, Kaylee: you are my main motivation and inspiration in life.
- To all my friends and especially to Nicole, Candice, Rene and Tracey. Thanks for always being there for me and also for all your love, support and guidance.
- All other parties who have in a practical or supportive way contributed to the completion of this thesis.
- Financial assistance from the National Research Foundation for this research is hereby acknowledged. Opinions given or conclusions reached in this work are those of the author and should not necessarily be regarded as those of the National Research Foundation.

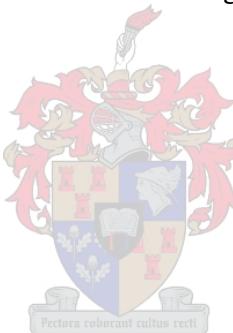


To My Heavenly Father, without whom none of this would be possible.

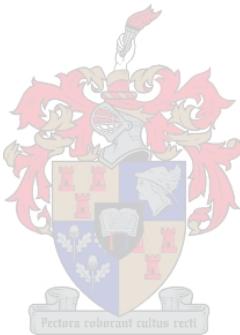
CONTENTS

| | PAGE |
|--|-------------|
| 1. INTRODUCTION | 1 |
| 1.1. Motivation for the study | 2 |
| 1.2. Aims of the study | 4 |
| 1.3. Overview of chapters | 5 |
| 2. THEORETICAL OVERVIEW | 6 |
| 2.1. Introduction | 6 |
| 2.2 The history of mental health care in South Africa | 6 |
| 2.3. The Current Mental Health Status in South Africa | 9 |
| 2.4. The Community Psychology Approach | 12 |
| 2.4.1. What is Community Psychology | 12 |
| 2.4.2. The emergence and development of Community Psychology | 14 |
| 2.4.3. Community psychology- Critiques | 17 |

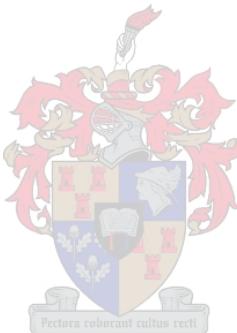
| | |
|--|----|
| 2.5. Traditional Psychology –Critiques | 18 |
| 2.6. Race and gender in psychology | 21 |
| 2.6.1. Conceptualising race and racism | 21 |
| 2.6.2. Conceptualising Gender | 23 |
| | |
| 3. LITERATURE REVIEW | 25 |
| 3.1. Gender and Race in community psychology | 25 |
| 3.1.1. Gender and community psychology | 25 |
| 3.1.2. Race and community psychology | 28 |
| 3.2. Attitudes, training and employment trends among psychology students | 31 |
| 3.2.1. Students attitudes | 32 |
| 3.2.2. Employment Trends | 33 |
| 3.2.3. Training patterns of students | 35 |



| | |
|----------------------------------|-----------|
| 4. RESEARCH METHODOLOGY | 38 |
| 4.1. Aims of the study | 38 |
| 4.2. Research Questions | 38 |
| 4.2.1. Quantitative questions | 39 |
| 4.2.1 Qualitative Questions | 39 |
| 4.3. Research Design | 39 |
| 4.4. Target Population | 42 |
| 4.5. Sample | 42 |
| 4.6. Instrument | 43 |
| 4.7. Data Analysis | 43 |
| 4.8. Ethics | 45 |
| 4.9. Significance of the study | 45 |
| 5. RESULTS | 46 |
| 5.1. Introduction | 46 |
| 5.2. Quantitative results | 46 |
| 5.2.1. Description of the sample | 46 |



| | |
|--|----|
| 5.2.2. Race and tendency to study community psychology | 48 |
| 5.2.2.1. Year 1 | 49 |
| 5.2.2.2. Year 2 | 50 |
| 5.2.2.3. Year 3 | 51 |
| 5.2.2.4. Year 4 | 52 |
| | |
| 5.3. Gender and tendency to study community psychology | 52 |
| 5.3.1. Year 1 | 52 |
| 5.3.2. Year 2 | 54 |
| 5.3.3. Year 3 | 55 |
| 5.3.4. Year 4 | 56 |
| 5.4. Qualitative Results | 57 |
| | |
| 6. DISCUSSION | 63 |
| 6.1. Quantitative Results | 63 |
| 6.2. Qualitative Results | 66 |
| | |
| 7. CONCLUSION | 73 |
| 7.1. Summary and conclusion | 73 |
| 7.2. Recommendations and implications for future | 74 |
| 7.3. Limitations and shortcomings of this study | 74 |

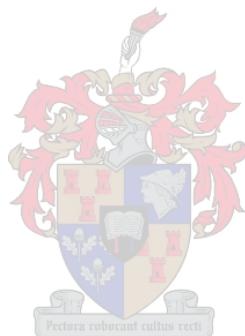


APPENDICES:

Appendix A: English Questionnaire

Appendix B: Afrikaans Questionnaire

Appendix C: Letters of permission



LIST OF TABLES

Page numbers

| | |
|--|----|
| Table 1: Description of the sample | 46 |
| Table 2: Cross tabulations of race and tendency to study community psychology in the first year | 48 |
| Table 3: Cross tabulations of race and tendency to study community psychology in the second year | 49 |
| Table 4: Cross tabulations of race and tendency to study community psychology in the third year | 50 |
| Table 5: Cross tabulations of race and tendency to study community psychology in the fourth year | 52 |
| Table 6: Cross tabulations of gender and tendency to study community psychology in the first year | 53 |
| Table 7: Cross tabulations of gender and tendency to study community psychology in the second year | 54 |
| Table 8: Cross tabulations of gender and tendency to study community psychology in the third year | 55 |
| Table 9: Cross tabulations of gender and tendency to study community psychology in the fourth year | 56 |

CHAPTER ONE

1. INTRODUCTION

Academic training programmes have been diversified to view psychology not only from an individualistic approach but to include group and community interventions (Kagee, Naidoo & Van Wyk, 2003). Even though community psychology is viewed as a means of effectively addressing many of the psychosocial problems in South Africa from a multi-leveled perspective, it is still unlikely that students pursue it as a career (Pillay, 2003). Studies also suggest that students do not view community psychology as a viable area of work (Kriegler, 1993; Lesch, 1998; Viljoen, Beukes & Louw, 1999) thus resulting in the sub-discipline being marginalised. Viljoen, Beukes and Louw (1999) have suggested that students offer poor remuneration as one of the major reasons for not engaging in community work. The above reasons may contribute to the current trend where psychology and clinical psychology, in particular, are unable to provide adequately trained psychologists for the South African context and in so doing to deliver meaningful mental health human resources into the public services (Ahmed & Pillay, 2004; Richter & Griesel, 1998). However, few, if any studies, have explored the dynamics of race and gender within perceptions of community psychology (and the impact thereof on continued work in the field) despite the fact that some authors argue that race and gender are central to community psychology (Ngonyama ka Sigogo, Hooper, Long, Lykes, Wilson & Zietkiewicz, 2004; Suarez-Balcazar, Durlak & Smith, 1994).

1.2. Motivation for the study

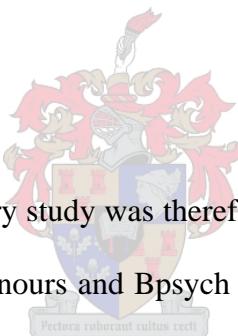
Many transformations have occurred in South Africa since the election of a democratic government in 1994. Mental health care was identified as one of the sectors that needed to undergo the most dramatic changes (Freeman & Pillay, 1997). The implementation of a more collaborative community-based mental health system that is integrated into primary health care was identified as crucial to transformation required (Gibson, Sandenbergh & Swartz, 2001; Dept of Health, 2002; Kagee, Naidoo & Van Wyk, 2003; Strachan, 2000). It was argued that policies should reflect lessons from the past and aim to meet the needs of the present (Naidoo, Van Wyk & Carolissen, 2004). The cardinal needs of the majority of South Africans as emphasised in the Strategic Health Framework of the Department of Health (2002) are adequate mental health services, community care and psychosocial rehabilitation within the primary health care framework. In the policy document it is also stated that children, adolescent and womens' health; prevention of teenage pregnancies; HIV/AIDS treatment and prevention; violence against women and the prevention of smoking and substance abuse are the areas that will be receiving particular focus (Dept of Health, 2002). Yet, a shortage of psychologists trained to work in communities still exists and studies suggest that psychology in South Africa is perceived as irrelevant to the nature and needs of the majority of the population (Ahmed & Pillay, 2004; Berger & Lazarus, 1987; Hickson & Kriegler, 1991). The majority of mental health professionals work in private practice while those working in the public sector are mainly concentrated in the Western Cape and Gauteng (Naidoo, Van Wyk & Carolissen, 2004). The Western Cape as site for this study is therefore important for two

reasons. It is the province with the second largest concentration of psychologists in the country and the dynamics of race are historically significant in this province. The socio-historical context of the Western Cape has also been moulded by several peculiarities that did not occur in other areas of South Africa (De la Rey & Boonzaaier, 2002). The hierarchy of apartheid preferential treatment according to racial classification gave whites preferential treatment over coloureds¹, which in turn had preferential treatment over black Africans. The government therefore turned the Western province into a “coloured preferential” area for labour (De La Rey & Boonzaaier, 2002). The implication was that coloureds were given preference to work, housing, education and health. This socio-economic context created a complex relationship between blacks and coloureds, where coloureds regarded themselves as racially superior to Black Africans (De la Rey & Boonzaaier, 2002). These racial hierarchies still appear to be perpetuated in the minds of the inhabitants of the Western Cape today (Stevens, 1998). However, research suggests that on the whole an oversupply of psychologists for the privileged predominantly white population still exists (Hickson & Kriegler, 1991; Kriegler, 1993) while only a few professional psychologists are working in the public sector (Freeman & Pillay, 1997). Here the services are generally inadequate, particularly for the black population (Kriegler, 1993; Wilson, Richter, Durrheim, Surrendorff & Asafo-Agyei, 1999). This skewed allocation of services is a reflection of how professional psychology contributed to the perpetuation of racist ideology (Suffla, Stevens & Seedat, 1999). Therefore a need for more research within this area is important. If community psychology is then not a popular choice in the employment market, we need to examine what students perceptions

¹ During apartheid “classified as a ‘coloured’ according to the provisions of the Population Registration Act; or pertaining to such a person or group” (Silva, Dore, Mantzel, Muller & Wright, 1996)

are that may contribute to the paucity of engagement with community psychology. If misunderstandings about community psychology are perpetuated, it is unlikely that the number of psychologists in the primary mental health care field will grow. According to Seedat, Mackenzie and Stevens (2004) the relatively low representation of gender and race specific issues in the literature suggests that silences still exist with respect to racialised and sexist forms of domination within community psychology. Silences in the literature therefore seem to suggest that a link between race, gender, community psychology, and the skewed distribution of service delivery needs exploration and it is precisely this that this thesis sets out to do.

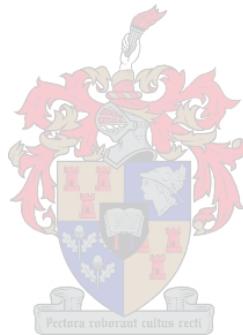
1.3. Aims of the study



The primary goal of this exploratory study was therefore to investigate the perceptions of community psychology among Honours and Bpsych students in the Western Cape. The study also aimed to establish if a relationship exists between students' perceptions of community psychology and their willingness or unwillingness to pursue it as a career.

1.4. Overview of chapters

This thesis will commence with a chapter discussing the basic theoretical framework that informed the study and the central concepts utilised throughout this study. Chapter three will examine the empirical literature surrounding the research question. The following chapter 4, will provide an explanation of the methodology and methods that were used in the present study, while Chapter five will present the results. Chapter six consists of a discussion of the findings, a conclusion and implications for future training.



CHAPTER TWO

THEORETICAL OVERVIEW

2.1. Introduction

When conducting research it is vital that all the research decisions are based on theoretical grounds (Mason, 2002). The purpose of this chapter is therefore to highlight the theoretical assumptions that informed this study. Firstly, the history of mental health will be discussed which will be followed by the current South African mental health status. The different approaches to psychology, namely community psychology and traditional psychology will also be examined.



2.2 The history of mental health care in South Africa

The effects of the apartheid era in South Africa have been widespread. The repercussions of this period was that South Africa had sustained a lengthy history of human rights abuse, racial segregation, forced removals, laws preventing interracial marriages, violence, alcohol related problems, malnutrition and poverty (Kale, 1995). These factors all have detrimental effects on the mental health of South Africans and it is due to this that the mental health of South Africans is expected to be poorer than that of other countries (Kale, 1995). The health services during the Apartheid years developed in such a manner that the predominantly white groups were given preference and favoured access to health care (Pillay & Petersen, 1996; Van Rensburg, 2004a). As a result, health care

services were not equally distributed and accessible to all sectors of the population leaving the majority of the South African population with inadequate and unfavourable services (Ahmed & Pillay, 2004; Pillay & Petersen, 1996). More emphasis was placed on curative services and institutional care with not enough focus on the prevention of disease or community-based care (Van Rensburg, 2004a). Health services were provided for those who held power and not for those who had the need, irrespective of social category (Van Rensburg, 2004b). Under the apartheid regime separate authorities, hospitals, clinics and consulting rooms were established for “whites” and “blacks”² (Van Rensburg, 2004b). It was due to these reasons that the role of organised professional psychology was seen to mirror the socio-historical developments within South Africa (Suffla, Stevens & Seedat, 2001). Cooper, Nicholas, Seedat and Statman, (1990) argue that psychology was used to legitimise white domination and to maintain the oppression and exploitation of blacks in South Africa. Psychologists perpetuated the industrialist and segregationist ideologies of the government by using their expertise to portray blacks as inferior and primitive (Suffla et al., 2001). Regardless of all these factors many psychologists are in denial about the acts of racism and maintain that their contribution was of a scientific nature (Murray, 2002). They failed to recognise and acknowledge the role psychology played in supporting apartheid (Cooper, Nicholas, Seedat & Statman, 1990; Duncan, Stevens & Bowman, 2004).

² When utilising the term “black” in this thesis, it refers to all people that were historically not labelled as white. This concept is used in a unifying manner as opposed to the divisive and racist population classification system which dominated during the apartheid. It is a concept that was derived from the black consciousness movement in South Africa (Ramphele cited in Stevens, 2003).

However, major transformations have been occurring in all sectors of South Africa since a democratic government came into being in 1994 (Pillay, 2003). These changes were applicable to the discipline of psychology as well because prior to the 1994 elections the practice of psychology served largely the interest of whites thereby maintaining the exploitation and oppression of blacks in South Africa (Pillay, 2003; Suffla, Stevens & Seedat, 1999). Durrheim and Mokeki (1997) further highlight the fact that many South African psychologists actually unwittingly condoned the apartheid ideology with their failure to speak out against the apartheid and racial status quo. On the other hand it is common knowledge that some South African psychologists actively supported apartheid and this was reflected in the style in which they practiced, formed professional organisations and trained psychologists (Foster, 1999; Durrheim & Mokeki, 1997). Despite the fact that at governmental level the policy seems to be intact but the delivery seems hampered (Petersen, 1998), the ideal is for all South Africans to be playing a role in converting the policy and declarations of the national government into programs that are theoretically dependable and can be maintained (Duncan, Stevens & Bowman, 2004; Stevens, 2003).

In view of the intense psychosocial character of apartheid and social transformation, many questions have been raised pertaining to the role of the psychologist (Suffla et al., 2001). Prior to South Africa's democracy, psychologists were seen as solely attempting to relieve problems instead of motivating sufficient social change (Prilletensky & Nelson, 2001; Seedat, Duncan & Lazarus; 2001). During the post apartheid years and more recently as well, it has been argued that the role of the psychologist and main objective of

psychology is to act as empowering agents by tackling the consequences of the apartheid policies and particularly focusing on the historically oppressed communities (De la Rey & Ipser, 2004; Seedat, 1998).

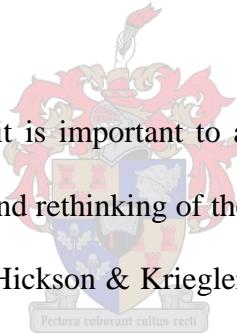
2.3. The Current Mental Health Status in South Africa

According to the World Health Organisation (2001), the basis on which to form a good understanding of mental disorders is to firstly have a thorough understanding of the term mental health. There is no consensus as to what exactly constitutes a sense of well-being, but the ideal is for it to be understood as the implementation of services that aims to strengthen an individuals' physical, spiritual and emotional state of well-being which is determined by physical disease as well as social, cultural and material circumstances (Freeman & Pillay, 1997). It is estimated that in South Africa one in five experience disruptive social functioning due to them suffering from a mental disorder (Van Wyk, 2002). Psychological distress rather than biological causes is deemed as the cause of 25% of illness among patients of general practitioners (Van Wyk, 2002). When looking at mental health from this view it is understood as a much broader concept than the absence of psychiatric disorders (Petersen, 1998).

Mental health plays an integral role in the total well-being of individuals, societies and countries (Van Wyk, 2002). Regardless of international improvements in health and living standards, The World Health Organisation (2001) indicated that mental health has not received adequate attention. In South Africa mental health issues are wide-ranging

and is impacted by negative social factors such as unemployment, high incidence of HIV/AIDS, crime, violence, and alcohol and substance abuse (Dawes et al., 1997; Ahmed & Pillay, 2004). It is also important to heed the fact that South Africa consists of a population of over 40 million people and almost 90% of this figure constitutes the black majority (Statistics South Africa, 2002). One of the crippling effects of the apartheid era is that it resulted in the black majority living in apartheid - designated townships and also limited their access to mental health care resources (Ahmed & Pillay, 2004; Van Rensburg, 2004). A few of the black people have the so-called advantage of being situated in some of the well-resourced areas and have some access to mental health services (Ahmed & Pillay, 2004) but this is primarily government facilities which are mainly inadequate as they are overcrowded and under-resourced (Kriegler, 1993; Dawes et al., 1997). Hickson & Kriegler (2001) highlight the fact that the ultimate role and mission of psychology in South Africa is to make all the people of its' country psychologically healthier and to improve the current crisis of mental health. It is further emphasised that mental health projects should not be limited to the clinic and health sector (Foster & Swartz, 1997). However, it is still evident that psychology in South Africa is immensely inadequate to serve the needs of the majority black population (Lazarus, 1988) as the mental health services are under utilised by the black population because facilities are generally poorly developed and inaccessible (Hickson & Kriegler, 2001). In addition, there is still a huge stigma attached to utilising mental health services, particularly in black poor communities (Berger & Lazarus, 1987).

It is further highlighted that the government of a country is not only responsible for the physical health of a country but for the mental health as well (WHO, 2001). Therefore it is crucial that services rendered should be decentralised, culturally relevant, includes an integrative approach and should be sustainable (James & Prilleltensky, 2002; Petersen, 1998; Strachan, 2000). In order to achieve this the literature maintains that vast changes need to be made in the provision of mental health services in South Africa (Freeman & Pillay, 1997; Pillay & Petersen, 1996; Pretorius-Heuchert & Ahmed, 2001) such as including mental health care as part of primary health care services (Lenihan & Iliffe, 2000; Petersen, 1998). This kind of service will also need to address the stigma attached to mental health service utilisation.



In view of the factors discussed, it is important to acknowledge that the profession of psychology is in need of changes and rethinking of theory so that it can meet the needs of the communities in South Africa (Hickson & Kriegler, 2001; Wilson, Richter, Durrheim, Surrendorff, & Asafo-Agyei, 1999). James and Prilleltensky (2002) suggest that adopting an integrative approach to mental health is particularly vital when working with a population from the diverse cultural backgrounds.

2.4. The Community Psychology Approach

2.4.1. What is Community Psychology?

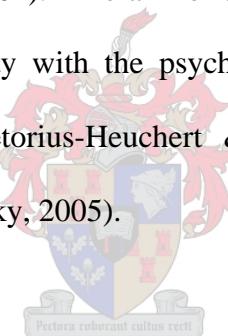
Community Psychology cannot easily be defined and is therefore often referred to as “complex” and “vague” (Lesch, 1998; Seedat, Duncan & Lazarus, 2001). This is not only because of its expansiveness but also because it is still a developing branch of psychology (Lewis, Lewis, Daniels & D’Andrea, 2003; Seedat, Duncan & Lazarus, 2001). It is often regarded as both a sub-discipline and paradigm in psychology that is constantly evolving (Seedat, Duncan & Lazarus, 2001). Community psychology is an approach that aims to work with and across many disciplines (Van Wyk, 2002). This approach is also characterised by many different components, namely; the mental health, social action, ecological and organisational models which each have different emphases (Seedat, Duncan & Lazarus 2001; Van Wyk, 2002). Emphasis is placed on the fact that it is important not to limit interventions for mental health only to therapy because these different components have much to offer at improving community mental health (Prilleltensky & Nelson, 1997). Community psychology focuses on the individual within his or her context and societies as a whole (Prilleltensky & Nelson, 1997; Petorius-Heuchert & Ahmed, 2001) and as such also constitutes a new paradigm in psychology. Community psychology therefore views human behaviour from an ecological perspective, acknowledging that all human behaviour occurs in settings (Scileppi, Teed & Torres, 1999). As experts of their own lives community members should be enabled to identify the needs they perceive as important in their community (Biglan & Smolkowski, 2002). The community is motivated to adopt the role of the expert, whereas community

psychologists perceive themselves as merely facilitators within the process of empowerment and prevention (Prilleltensky & Nelson, 1997).

When taking South Africas' history of colonialism and apartheid into consideration it has become clear that the political meaning of community within community psychology is no longer in use. Paradoxically, the term has been equated with economically disadvantaged black communities and as such has been associated with racial and class connotations (Ngoyama ka Sigogo & Modipa, 2004). Carolissen (in press) argues that the concept of community centrally defines the theory and praxis of community psychology in South Africa today. In South Africa, a dire need existed for a psychological approach that would be appropriate and adequate for all South Africans while opposing the consequences of remaining historical inequalities (Swartz, 1998 & Van Wyk, 2002). The new sub-discipline of community psychology was to transform crucial premises related to our understanding and treatment of mental health problems. While clinical psychology defined problems in terms of individuals, community psychology adopted ecological principles that encompassed various levels of analysis (Prilleltensky, 2001).

2.4.2. The emergence and development of Community Psychology

Community psychology's emergence in South Africa, like the USA, was rooted in political struggle towards social equality (Naidoo, 2000; Naidoo, Shabalala & Bawa, 2002). In the United States, community psychology was moulded by institutional policies and practices such as deinstitutionalisation, community control and preventative approaches to health and mental health (Levine and Perkins, cited in Ngonyama ka Sigogo, Hooper, Long, Lykes, Wilson & Zietkiewicz, 2004). The institutional policies and practices discussed here, form the basis of the community mental health perspective (Pretorius-Heuchert & Ahmed , 2001). The aim of this approach is to treat and prevent mental disorders in the community with the psychologist providing expert advice to individuals and communities (Petorius-Heuchert & Ahmed, 2001; Prilleltensky & Nelson, 1997; Nelson & Prilleltensky, 2005).



During the 1970's and 1980's community psychologists in South Africa found themselves in opposition to mainstream psychologists as well as dominant political and social institutions (Ngonyama ka Sigogo et al., 2004). Presently many of these professionals are working in co-operation with each other due to the dramatic changes that took place within government policies and practices (Ngonyama ka Sigogo et al., 2004) as a response to the needs of the majority of the population (Petersen, 1998).

The emergence of community psychology was catalyzed by the inadequacies of mainstream psychology and the unanswered needs of many of South Africa's previously

disadvantaged communities (Berger & Lazarus, 1987; Swartz & Gibson, 2001). It was specifically designed to shift power from the professionals and in turn empower ordinary people and help build the capacity of communities to address problems in their social and political environments (Gibson & Swartz, 2004). Therefore community psychology became known for challenging oppression as well as the various disciplines that developed beside it during the apartheid era (Seedat, Duncan & Lazarus, 2001). However, the individualistic psychological approach more prevalent in South Africa in both service and training are still criticised for not being appropriate or accessible to the entire society (Freeman & Pillay, 1997; Petersen, 1998). Studies also suggest that psychological services are saturated within the predominantly white private sector but scarce for the predominantly disadvantaged who are dependent on public services (Freeman & Pillay, 1997).



Community psychology did however struggle to develop an identity in South Africa (Ngonyama ka Sigogo & Modipa, 2004). When South Africa had its national elections in 1994 government-sponsored preventative and public health policies were implemented to address the needs of the diverse populations within the country (James & Prilleltensky, 2002; Seedat, Duncan & Lazarus, 2001). This situated community psychology in an ideal position to accept the challenge of prevention within a new national health system (Seedat, Duncan & Lazarus, 2001). Yet community psychology is not even a registerable professional category in South Africa (Pillay, 2003) as is the case in Australia (Bishop, Sonn, Fisher & Drew, 2001).

Pretorius-Heuchert & Ahmed (2001) reviewed various underlying reasons for a need of community psychology. These factors included not only the deficits of traditional psychology, focus was placed on the multitude of people subjected to mental health problems, lack of caregivers to provide an appropriate service as well as the lack of human and material resources (Pretorius-Heuchert & Ahmed , 2001). Even though community psychology has been offered as a course in many universities for years now, it has been established that the typical student majoring in psychology might have difficulty defining the topic (Carmoney et al., 2000). The above- mentioned factors imply that there has to be several changes in the training of psychologists particularly in South Africa (Gibson, Swartz & Sandenbergh, 1998). According to several writers, training has to prepare prospective psychologists to function within an ecosystemic framework that focuses on prevention (Gibson, Swartz & Sandenbergh, 1998; Seedat, 1997; Seedat, Duncan & Lazarus, 2001) while simultaneously developing theory and research particularly in the context of oppressed and disadvantaged communities (Berger & Lazarus, 1989).

Community psychology has made great contributions in including context when understanding people in their environments (Riger, 2001) but South Africa has yet to meet its aim for equal dispersion of mental health services to the whole population especially the previously oppressed and disadvantaged (Seedat, Duncan & Lazarus, 2001). Training of community psychologists and the sub-discipline's professional status in the country are issues closely connected to the ambivalent position of community

psychology in South Africa today. It is important in this context of ambivalence, therefore, to focus also on the broader critiques of community psychology.

2.4.3 Community Psychology-Critiques

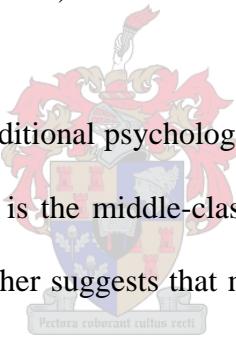
As mentioned earlier in this thesis, community psychology has no single approach and therefore consists of four models; the mental health model, social action model, the ecological model and the organisational models. These approaches, however do not remain uncriticised. According to Pretorius-Heuchert & Ahmed (2001), one of the main obstacles with the mental health model is that its postulations are grounded too closely to the mainstream medical discourse and can therefore not sufficiently relate to social change. Regardless of the fact that this model expands its perspective concerning change to the environment, its primary focus remains on the individual (Pretorius-Heuchert & Ahmed, 2001). Within this model the mental health worker is still considered as the expert (Pretorius-Heuchert & Ahmed, 2001; Van Wyk, 2002). According to Pillay and Lockhat, (2001) a shift in emphasis has occurred from treatment to prevention but it is important to bear in mind that any changes that occur are by chance and does not bring about a transformation. The critiques held against the social action model is that it confines variation to constituencies particularly due to the fact that social change can be seen as an attempt to make social institutions respond more to the demands of the communities (Pretorius-Heuchert & Ahmed, 2001). It is further criticised for not adequately addressing the broader issues of mental health but instead placing its focus on service orientation (Pillay & Lockhat, 2001). The primary intention and focus of community psychology was that it be seen as more than a shift from mainstream

psychological approaches (Painter & Terreblanche, 2004; Pretorius-Heuchert & Ahmed, 2001). Regardless of these premises, the main aims of community psychology were only partially granted (Painter & Terreblanche, 2004). In South Africa, community psychology continues to be seen as a product of the American psychological approach that is situated mainly in academic clinical programmes (Painter & Terreblanche, 2004). Consequently, community psychology in America and the rest of the Northern hemisphere have been criticised for merely trying to relieve problems instead of motivating sufficient social change (Prilleltensky & Nelson, 2001; Seedat, Duncan & Lazarus, 2001). According to Painter and Terreblanche (2004), white middle class practitioners and traditional approaches remain to be dominant particularly in research and intervention and minimal attention has been given to issues of race, class and political violence and collective social action. This thesis also contributes to some of the critiques of community psychology as it has been criticised for not sufficiently integrating diversity in terms of race and gender, as a value. The concepts of race and gender are discussed in further detail in the literature review.

2.5. Traditional Psychology -Critiques

In order to evaluate traditional psychology and its role in addressing the mental and psycho-social needs of South Africa, it is crucial to view it from a historical perspective as well as its present role (Hook, 2004). Historically, South African psychology was criticised as being uninspired, restricted, Euro-centric and ill-equipped to deal with the

demands and needs of the South African society (Durrheim & Mokeki, 1997; Stevens, 2003; Swartz & Gibson, 2004). Traditional psychology acted as a catalyst in creating shortcomings within the lives of the majority of South Africa's population by serving the apartheid system (Ahmed & Pillay, 2004). The integration of psychology and politics consequently influenced the manner in which mental health and other problems were perceived (Cooper, Nicholas, Seedat & Statman, 1990). The result was that it disabled the country from functioning optimally either socially or economically (Seedat, 1998) and it also had long term psychological effects in terms of psychologists' professional practice and training. These factors were compromised due to psychologist's active role in the oppressive system (Lazarus, 1988).



Due to its Eurocentric approach traditional psychology is considered only suitable for the minority of South Africans which is the middle-class white population (Naidoo, 1996; 2000 ; Van Wyk, 2000). This further suggests that mainstream psychology is unable to adequately tend to the needs and issues of the marginalised and particularly those who are not categorised within the dominant Euro-American 'Western' framework in terms of race, ethnicity and religion (Ahmed & Pillay, 2004). Mainstream psychology does not acknowledge the influences of social inequalities on individuals, communities or society as a whole (Hook, 2004; Naidoo & Van Wyk, 2003). It is also considered to be inappropriate in the sense that it does not embrace all the different cultures within South Africa and how it subsequently influences peoples lives in terms of perception of mental well-being and their manner of life approach is also condemned for its' reactive and remedial nature instead of being proactive and preventative (Naidoo, 1996; Naidoo &

Van Wyk, 2003). Community psychology differs in this respect by attempting to change contexts or stressors acting on individuals within communities (Dalton, Elias & Wandersman, 2001; Rappaport & Seidman, 2001). While traditional applied psychology concentrated on professional help, community psychology focused on self-help and mutual help organizations taking place in natural settings. While clinicians operated very much as experts, community psychologists saw themselves as collaborators. Community psychologists would build on the strengths of individuals and groups, and not just concern themselves with diagnosis of pathologies (Prilleltensky, 2001). An increasing number of non-western psychologists are coming to realise that the international acceptance and popularity of western psychology and its emphasis on “individual, objectivity, quantification, narrow disciplinary specialisation and universal truths ” may be irrelevant and unimportant for non-western people and their life contexts (Marsella, 1998, p1280). Seedat (1997) further argues that in the South African context where there is social oppression, cultural and ideological differences existing in traditional psychology it results in a sense of division and disempowerment for progressive psychologists.

The focus of this thesis will now shift to the concepts of race and gender within psychology and community psychology which tend to be neglected to differing degrees in traditional and community psychology.

2.6. Race and gender in psychology

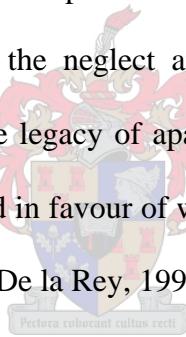
2.6.1. Conceptualising race and racism

Race can be defined as “a group of people who are believed to share certain physical traits and to be genetically distinct” (Popenhoe, Cunningham & Boult, 1998). Bhugra and Kamaldeep (2002) describe racism as “an ideology or belief that helps maintain the status quo and also refers to the belief that one race is superior to other races in significant ways and that the superior race is seen as being entitled, by virtue of its superiority to dominate other races and enjoy a share of society’s wealth and status” (p115). Racism has the potential of affecting a society as it could considerably hinder integration and harmony among people of different races and cultures (Moore, 2000). It is also known to give support to and justify the economic, political and social exploitation of certain social groups by others (Stevens, 1998). This is similar to Duncan (2002) who highlights racism as an ideology that attempts to justify the domination over the marginalisation of certain races. The preferences that were given to the superior race included health care, education, employment, wealth and power (Bhugra & Kamaldeep, 2002; De la Rey & Boonzaaier, 2002). Racism has played a pivotal role in the perception of social group differences and social group identities in South Africa. This is mainly applicable when taking the mainstream psychological explanation such as individual attitudes of racism into perspective as it is considered to be conservative and individualistic and therefore seen as contributing to and maintaining racism as an ideology (De la Rey, 1991). For the purposes of this study it is important to acknowledge

the different types of racism. It is argued that racism cannot only be located within individual attitudes and behaviour (ie. essentialist racism) but is located primarily at the institutional level (Williams & Williams-Morris, 2000). Institutional racism can be conceptualised as “enforcement of racism and maintenance by the legal, cultural, religious, educational, economic, political, environmental and mental institutions of society” (Bhugra & Kamaldeep, 2002, pp.112-113). In other words it is the level of racism that ensures structural privilege for dominant white groups in society. In South Africa it is this type of racism that has inspired and authorised discriminatory laws, enforcement of certain laws as well as restricted certain economic opportunities and outcomes (Kriegler, 1993). Another type of racism is cultural racism that refers to the fact that cultural attributes of dominant race groups and nations are regarded as inherently superior to others (Bhugra & Kamaldeep, 2002). The individual, institutional and cultural levels of racism are central to this study as they reflect the many ways in which racism is perpetuated, transmitted and maintained (Coll, 2002). If community psychology is seen to be a psychology for black people by black practitioners (Ngonyama Ka Sigogo & Modipa, 2004) then it absolves all of mainstream psychology from meaningfully tackling racism within the discipline. This, in turn, allows the psychology profession, as a whole, to maintain its racist status quo. Racism is often poorly understood due to the fact that it is seen as an object of socio-economic oppression and that it serves those in power to hide its nature (Moore, 2000). Undoubtedly, the ideology of racism accompanied by its principles and legacies, has been one of the most significant phenomena to influence social structures locally and internationally (Stevens, 1998).

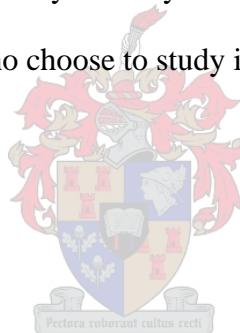
2.6.2. Conceptualising Gender

According to West and Zimmerman (1991), gender can be conceptualised as “the activity of managing situated conduct in the light of normative conceptions of attitudes and activities appropriate for one’s sex category” (p14). They define sex as “a determination made through the application of socially agreed upon biological criteria for classifying persons as male or female” (p14). Gender discrimination, like racism, occurs on both individual and institutional levels. Mama (1995) argues that gender discrimination is particularly evident on an institutional level as is evident in men’s domination of the academies and the process of knowledge production. Feminist intellectuals have also emphasized the neglect and omission of women from theory (Mama, 1995). In South Africa, the legacy of apartheid not only resulted in the South African health services being skewed in favour of whites but also resulted in the majority of academics being white and male (De la Rey, 1999).



Today, gender receives much attention as an independent topic in the construction of a comprehensive mental health policy for South Africa and this is not only a reflection of how it has been omitted in the past but also because of its progress in the field of psychology (De la Rey & Eagle, 1997). It has been acknowledged that psychology supported the ideology that men and women exist in unequal relations of power in which women are oppressed (Kiguwa, 2004; Shefer, 2004).

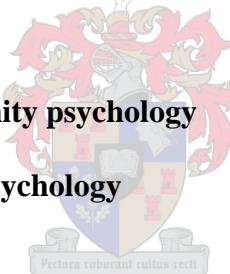
Against this background, it seems important to determine psychology students' perceptions of community psychology as it will access aspects of context that individuals experience as impacting upon them and will provide a richer picture of the manner in which individuals interpret the nature of their relationships within their contexts (Cohen, Duberley & Mallon, 2004). The advocacy and implementation of the values and beliefs of the previous regime have influenced peoples' perceptions regarding race and gender (Suffla, Stevens & Seedat, 2001). It is therefore important to link the concepts of race, gender and community psychology because the consequent perceptions of race and gender are relevant factors that may influence attitudes towards community psychology. For the purposes of this study, tendency to study community psychology will specifically be understood as those students who choose to study it as an optional course.



CHAPTER THREE

LITERATURE REVIEW

Internationally, and particularly within the South African context, there is a considerable body of literature pertaining to community psychology. However a gap exists in community psychology research in terms of what the perceptions of university students are toward community psychology. These silences will be addressed in relation to race, gender and professional training which are three aspects that are pertinent to community psychology (Ngonyama ka Sigogo et al., 2004; Suarez- Balcazar, Durlak & Smith, 1994).



3.1. Gender and Race in community psychology

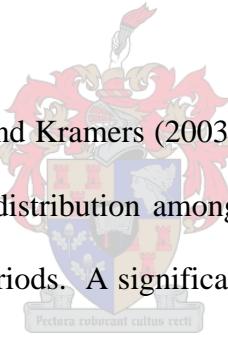
3.1.1. Gender and Community Psychology

The literature suggests that psychology has been complicit in race and gender inequalities within the discipline (De la Rey & Eagle, 1997; Shefer, 2004). It is argued that internationally community psychology appears not to have integrated human diversity meaningfully (Carolissen, in press). The thorough analysis of gender in South African psychology can provide critical insight into the complex ways in which professionalism intersects with different forms of social stratification (gender, race ,class) (Henderson, 2004). Feminist writers (Bond, Hill, Mulvey & Terenzio, 2000; Bond & Mulvey,2000) further highlight the fact that gender issues are marginalised within community psychology. Similarly, it is maintained that racial identity also receives minimal attention

within community psychology (Suarez-Balcazar et al., 1994; Ngonyama ka Sigogo et al., 2004). Durrheim and Mokeki (1997) suggests that the discipline of psychology played a role in perpetuating racism under the apartheid regime by their remaining inactive and not speaking out. It has been established that women and particularly black women are underrepresented within psychology in South Africa (De la Rey & Eagle, 1997; De la Rey & Ipser, 2004; Potgieter & De la Rey, 1997). Community psychology and feminism have striking similarities but community psychology has not embraced feminist perspectives fully (Bond & Mulvey, 2000).

A common issue that is emphasised by both community and feminist theories is the importance of understanding the experiences of oppressed groups (Bond, Hill, Mulvey & Terenzio, 2000). Suarez-Balcazar, Durlak and Smith (1994) found that despite the “feminization of psychology” in America, management positions are dominated by white males. The same appears to apply to community psychology. This concurs with a study by Bond, Hill, Mulvey and Terenzio (2000) who argue that feminist writers and their contribution towards community psychology have been marginalized. The same pattern is evident in South Africa as it is clearly shown that white males have dominated in psychology both practically and theoretically particularly as authors whereas black and female psychologists have been underrepresented (Shefer, 2004). The same trend appears to be occurring where knowledge production is concerned as the vast majority of contributors to all journals continue to be white males (Seedat, 1997; Stevens, Seedat & McKenzie, 2004). Most of the current feminist literature in South Africa is written by white middle-class women (Seedat, 1997; Stevens, Seedat & McKenzie, 2004) and it is

therefore important for black women to not only realise their exploitation but they should also examine how and why they have been excluded (Seedat, 1997; 1998). This is a reflection of how the categories of race and class may influence the manner in which women experience gender, as for example, a poor black womens' experience may be dramatically different from that of a middle class white females experience (Kiguwa, 2004). Therefore one of the major priorities of the liberatory agenda in psychology is to centralise the position of blacks and women at the level of producing knowledge (Seedat, 1997; Shefer, 2004) because attention has been paid to these gender inequalities in the international arena but little focus still remains in South Africa (Shefer, 2004).



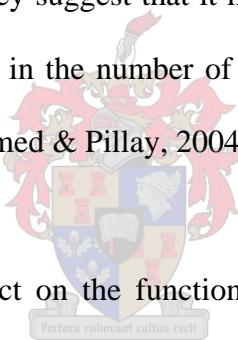
Contrary to these findings, Pillay and Kramers (2003), suggested that interesting patterns have developed regarding gender distribution among psychologists in South Africa for the apartheid and post apartheid periods. A significant increase in female interns at state hospitals and those that were registered psychologists was revealed (Pillay & Kramers, 2003). This is consistent with the findings of Richter and Griesel (1999). They examined the numbers of women entering the field and noted that during the 1990's the number of females in all registration categories were much higher than the number of males. The findings indicate that women are numerically dominant in the counselling, clinical and research category. Women were however outnumbered by men in the industrial psychology category. The counselling category was considered to be the most feminised as women constituted 80% of those who were registered. Other gendered trends arose in the study as it was established that women were more likely than men to work in part-

time practice rather than the public sector. Richter and Griesel (1999), also noted an interesting pattern where women indicated a preference for working with individuals than groups, organisations or communities. Gender however, is not the only inequity present in society as mental health services in South Africa reflect broader inequalities such as race, class, sexual orientation, cultural and ethnic background (Berger & Lazarus, 1987; Suarez Balcazar, Durlak & Smith, 1994).

3.1.2. Race and Community Psychology

Until 1994 after the introduction to a democracy in South Africa, blacks were significantly under-represented in academic and professional psychology (Duncan, 1997; Foster, 2004). Ngonyama ka Sigogo, Hooper, Long, Lykes, Wilson and Zietkiewicz (2004) furthermore maintain that racial marginalisation is occurring within tertiary institutions as they found that the majority of the staff disseminating information and training the students are white. Most facilitators were trained within an educational system aimed at educating predominantly white psychologists for future employment as individual or group therapists for fee-paying clients (Ngonyama ka Sigogo et al., 2004). Pillay and Kramers (2003) indicated that blacks constituted 27,3% of the total number of interns that were trained over a twenty year period in South Africa. They argue that despite seven years of democracy in South Africa at the time, there has been no significant increase in the number of black interns despite the fact that the majority of the population is black (Pillay & Kramers, 2003). This is why the need to train more black

psychologists has been consistently echoed (Pillay & Kramers, 2003; Pillay & Petersen, 1996; Stevens, 2001). The domination of the academic process by whites is both an effect of and the objective mechanism with which racial privilege is maintained (Alcade & Walsh-Bowers, 1996). However, it appears as if training institutions have responded more seriously to this area as they are increasing their intake of black students every year (Pillay & Petersen, 1996). A good example is that during the period of 1975-1990 only twelve black trainees completed training at UCT (Swarts & Kleintjies, cited in Ahmed & Pillay, 2004) whereas the intakes of the period 2002-2004 period were 11 black trainees in a three year period. Similarly the intake of black students at UWC for the 2002-2004 period were 11 black trainees. They suggest that it may be reflective of national trends, showing a relative steady increase in the number of black students enrolled for clinical programs in the last few years (Ahmed & Pillay, 2004).



Racism has had a profound impact on the functioning and production of psychology (Duncan et al., 1997). According to Duncan et al., (1997), a long period existed in South Africa, where the majority of academics that were allowed to review submissions to mainstream journals came from well established , historically white institutions. Many authors argue that black scholarship is now helping to begin to combat racism in South African psychology (Duncan, 1997; Duncan, Van Niekerk & Townsend, 2004; Ahmed & Pillay, 2004). According to Seedat (1998), more than 75% of the articles published in the South African Journal of Psychology during the last four decades were written by white South Africans. Less than 25% of the articles were written by black South African

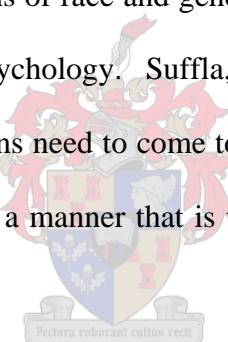
scholars and authors from other countries. In those instances where articles were written by multiple authors, blacks were the most underrepresented group.

According to Duncan, Van Niekerk & Townsend (2004) changes in the demographic profile of psychology have been given priority and particularly to assess the ‘relevance’ of psychology in South Africa. In a study pertaining to authorship trends in South Africa following the apartheid era, it was found that only 18% of the psychologists registered with the Health Professions Council of South Africa for whom group membership is known is black. Despite the fact that this statistic is so low blacks are considered to be reasonably well represented where publication is concerned as 22% of the papers published in the South African Journal of Psychology during the period of 1994-2003 were by black writers (Duncan, van Niekerk & Townsend, 2004). However the drastic increase in black authorship can largely be attributed to an increase in the number of male as opposed to female authors. So it appears that while racial domination is being addressed, the combination of raced and gendered domination is still ignored, thus leaving black women to be underrepresented group in publications.

Racial identity remains to be marginalised within the academic psychology as Suarez-Balcazar et al., (1994) and Ngonyama ka Sigogo et al., (2004) emphasise the fact that the representation of black staff within the academic departments are generally poor. There are also many problems related to the increase in the intake of black students while maintaining a predominantly white staff (Ngonyama ka Sigogo et al., 2004). Black

students are generally expected to be well informed on issues regarding diversity and are also expected to represent their group and as a result of this experience the course to be racist (Ngonyama ka Sigogo et al., 2004; Pillay, 2003). It has also been argued that community psychology is mainly for black people and should preferably be delivered by a black person (Painter & Terreblanche, 2004). This is the manner in which certain teaching practices entrenches these perceptions and further contribute to the marginalisation of community psychology (Carolissen in press).

In order to change the manifested attitudes towards community psychology it is important to review the underlying perceptions of race and gender that play such a pertinent role in the lives of people engaging in psychology. Suffla, Stevens and Seedat (1999) further highlight the fact that South Africans need to come to terms with race issues so that they can mould their future direction in a manner that is truly focused on the needs of South Africans.



3.2. Attitudes, training and employment trends among psychology students

In South Africa as well as internationally there has been some paucity in research on the training of psychologists (Viljoen, Beukes & Louw, 1999). This research is particularly necessary when considering the diversity of the South African society and the demands they place on psychologists (Ahmed & Pillay, 2004; Gibson, Sandenbergh & Swartz, 2001) resulting in a concern that the training of future psychologists is not adequate and

relevant (Ahmed & Pillay, 2004; De la Rey & Ipser, 2004; Viljoen, Beukes & Louw, 1999). According to Pillay (2003) a gap exists in the literature as to what training should encompass and it has become more widely recognised that in South Africa, prospective clinical psychologists should be trained in a more community-orientated manner (Gibson, Swartz & Sandenbergh, 2001).

3.2.1. Student Attitudes

Existing research that has focused on students' perceptions regarding community psychology and whether their knowledge and attitudes influence their decisions regarding their future field of expertise is largely descriptive and has focused on postgraduate students as participants (Carolissen, in press). It is also important to acknowledge the fact that in South Africa postgraduate students have historically been exclusively white (Ahmed & Pillay, 2004). According to Gibson, Sandenbergh and Swartz (2001) students suffer from anxiety and feelings of incompetence when exposed to community work and this appears to deter them from this important work. In most clinical programmes students appear to have the same feelings toward research. The idea that community psychology is represented by low financial remuneration and limited employment opportunities also repels students from engaging in such work and also affects their ability to learn (Gibson, Sandenbergh & Swartz, 2001). Lesch (1998), investigated why psychology honours students experienced community psychology training to be difficult and demanding. She suggested that students were so focused on understanding and helping with individual problems that they found it difficult to grasp working or thinking

in terms of communities and ecological principles. Many of these students believed that community psychology was the equivalent of social work and therefore a lesser degree of helping. Other identified themes were that certain students felt unsuitable for the job and some thought that psychology was not suitable to attend to the needs existing in disadvantaged communities. The tendency for students to equate community psychology with social work is particularly due to the fact they are both broad fields (Nelson & Prilleltensky, 2005). However, community psychology is regarded as more of a research orientation whereas social work is seen as more of a professional orientation. Another distinguishing factor that is mentioned by Nelson and Prilleltensky (2005) is that more emphasis is placed on clinical intervention with individuals, families and groups in social work training. An interest that is shared by both fields is that of community development and social policies (Nelson & Prilleltensky, 2005). What is neglected in these understandings of attitudes towards social work and community psychology is the fact that students see social work as a lesser degree as it occupies lower occupational status within the professional mental health hierarchy.

3.2.2. Employment Trends

In a study on the practice patterns of clinical and counselling students and their attitudes to transforming mental health issues, a high percentage (68%) of students felt that they needed to learn a black language and 50,4% of them indicated that they needed an understanding of black cultures (Pillay & Petersen, 1998). In a study by Viljoen, Beukes and Louw (1999), it was established that only 16,7% of respondents held the view that

they were well trained in community work, 38,3% indicated their training as poor and 45% regarded their training as average. Some students indicated that in their Masters level of study more emphasis should be placed on community psychology as a module and also that they should include more practical programmes so the services they render will be more applicable to the South African context (Viljoen, Beukes & Louw, 1999). These findings suggest that a preoccupation with individual oriented Eurocentric models of understanding human behaviour remains (Naidoo, Shabalala & Bawa, 2002).

It has also been established that clinical and counselling psychology were the more popular choices of practicing because the majority of psychologists in South Africa were registered as clinical and counselling psychologists (Seedat, 1998). He argued that this choice of career within psychology was mainly due to the individualistic themes and constructions of psychology inherent in training. Viljoen, Beukes and Louw (1999) examined the training patterns of psychologists at the University of Free State. They found that almost half of the participants (43,3%) were engaged in full-time private practice. The results of this study were that 56,6% were involved in the private practice on a full-time or a part-time basis (Viljoen, Beukes & Louw, 1999). Pillay and Petersen (1996) also reported that 47,7% of the clinical and counselling psychologists who responded to their questionnaire worked in either full-time or part-time private practice. It appears therefore that clinical training prepares students for roles in private practice as opposed to generalising their interest to community psychology and research. This is a clear indication that enormous inequalities exists between private and public and urban

and rural mental health care resources (Pillay & Petersen, 1996). According to Richter & Griesel (1998), therapeutic psychologists consist of more than 60% of professional psychologists and this included the clinical and counselling psychologists. The result is a ratio of therapeutic psychologist to the population is 1:13 996 (Richter & Griesel, 1998). The consequences of this are that the minority of the population who do have access to the mental health services are likely to be white and they can afford it or live in areas in which private psychologists are located (Ahmed & Pillay, 2004).

3.2.3. Training Patterns of Students

One of the major reasons for the inadequacies of psychology to address the needs of the majority of the South African population is related to the shortcomings in training (Kriegler, 1993). In South Africa the training should reflect the needs existing in the constantly evolving society (Hickson & Kriegler, 2001). There was a degree of consensus on training requirements to meet the needs of the black communities in South Africa. In South Africa most universities offer professional training in counselling, clinical and educational psychology (Naidoo, Shabalala & Bawa, 2002) but very few offer post- graduate programmes in community psychology.

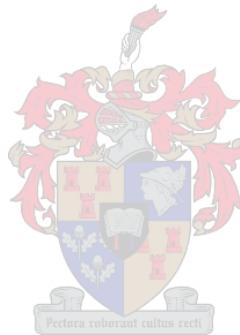
Bernal and Castro, cited in Suarez-Balcazar (1994) found that many clinical programs in the USA failed to train their graduate students to work with multicultural populations within the framework of clinical psychology. This is consistent with the findings of Quintena and Bernal, cited in Suarez-Balcazar, (1994), comparing multicultural training

in clinical and counselling psychology, found that counselling psychology programs showed more emphasis and a higher commitment to multicultural training than clinical programs did. However both authors agree that both the programs have to undergo transformations in order to adequately prepare students with regards to multicultural training. This marginalising of community psychology suggests that the manner in which community psychology is been taught in institutions has the ability to develop students perceptions of community psychology that are inherently raced, gendered and classed (Carolissen, in press). The repercussions of this are that students devalue community psychology as a legitimate discipline. It has also resulted in students been criticised for engaging in knowledge production that does not accommodate the needs of all South Africans (Seedat, 1997). On the other hand Lesch (1998) argues that academic staff experience difficulty with incorporating the culture and context of the students when they design and implement training curricula in community psychology. She further maintains that training in community psychology should be diverse so that it can attend to the needs of the diverse students in the country. It is therefore critical that prospective psychologists be adequately trained and equipped to practice community psychology so that students are empowered to make a meaningful contribution to South Africa by providing a service that is relevant to the nature and needs of the South Africans (Lesch, 1998; Pillay, 2003).

Pillay and Petersen (1996) found in their survey of clinical and counselling psychologists that 92.4% of their respondents were white and spoke English or Afrikaans. Their clients were also mainly white and what this means is that the majority of the population does

not have access to psychological help and those who do are likely to receive help from someone who does not speak their language.

It is evident from the above-mentioned findings that in order for community psychology to be relevant in South Africa, it is critical that prospective psychologists be trained and skilled to practice community psychology (Gibson, Swartz & Sandenbergh, 2001; Pillay, 2003; Naidoo, Shabalala & Bawa, 2002).



CHAPTER FOUR

RESEARCH METHODOLOGY

This chapter presents the methodology employed in the present study. It commences with the layout of the broad aims of the study and then the specific research questions will be discussed. It will then be followed with the research design, target population, sample, instrument, proposed analysis, ethics and the significance of the study.

4.1. Aims of the study

The aims of the study were as follows:

- 1) to establish what the perceptions of community psychology among psychology Honours and BPsych students are. ie. How do students perceive community psychology?
- 2) to establish if perceptions of community psychology are linked to perceptions of race and gender.
- 3) to establish whether perceptions of community psychology determine whether students continue to pursue it as a career.

4.2. Research Questions

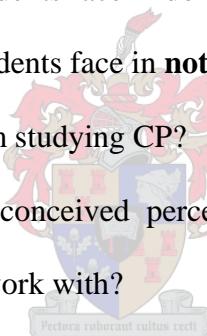
The research questions will be divided into quantitative and qualitative questions.

4.2.1. Quantitative questions

1. Is there a relationship between race and the tendency to study CP?
2. Is there a relationship between gender and the tendency to study CP?

4.2.1 Qualitative Questions

1. What are the reasons for studying CP?
2. What are the reasons for **not** studying CP?
3. What are the challenges students face in doing CP?
4. What are the challenges students face in **not** doing CP?
5. What did students gain from studying CP?
6. Do students have any preconceived perceptions about client populations that community psychologists work with?
7. What discourages students from working in CP?
8. What will encourage students to engage in CP?



4.3. Research Design

A combination of both qualitative and quantitative research methods were employed in this study. Quantitative and qualitative research is combined in order to provide a complementary methodology (Punch, 1998). This method is often referred to as a sequential mixed method design and is very popular among social scientists (Gorard,

2003). Quantitative studies enable the researcher to produce standardised comparisons and allow an overall description of phenomena in a systematic and comparable manner. The quantitative component of this study will also provide contextual information (Kiecolt & Nathan, 1985) regarding students' perceptions of community psychology. The design will indicate how the variables are arranged conceptually in relation to each other (Punch, 1998). It is widely acknowledged that the quantitative approach is given more respect in the scientific field (Berg, 1998), yet it can be argued that it provides one particular view of data (Gorard, 2003). Therefore a complementary approach was also employed for a number of reasons.

The use of qualitative methods has increased significantly in recent years (Giles, 2002). A qualitative approach has the potential to supplement and enhance our insight (Mason, 2002) into participants' perceptions of community psychology. Qualitative orientations are more diverse as it uses multiple methods allowing one to gain a holistic view (Punch, 1998). One of the major distinguishing characteristics of qualitative research is the fact that the researcher attempts to understand people in terms of their own definition of the world (Giles, 2002) thereby increasing the accuracy of the research (Marsella, 1998). This is particularly relevant in this study as the focus is to establish students' subjective views about community psychology. According to Mouton (2001) the focus is on the insider perspective rather than the outside. It is also found that the qualitative approach is deemed more scientific for certain topics in psychology as they are more sensitive to the influence that the researcher has on the topic of discussion (Smith, cited in Giles, 2002). Weber (1985) further maintains that the essential point of qualitative research is that the

researcher attempts to learn about the experiences of the participants in order to provide an accurate description of these experiences. They do this by using the actual data the participants provided. There are many differences between the two approaches but this should however not hide the similarities in logic which makes combining the two possible (Punch, 1998).

A survey will be used in this study and the primary function of a survey is to collect information which can later be analysed to produce descriptive information (Moore, 1983). This method of data collection has for some time been central to the investigation of social scientists (Neuendorf, 2002). Despite certain discrepancies (Gorard, 2003) survey research is most probably the most frequently used research design in the social sciences (Babbie & Mouton, 1998). It is probably the best method available to social scientists interested in collecting data to describe a population that is too large to observe directly (Tashakkori & Teddlie, 1998). It is an excellent tool for measuring attitudes and orientations in a large population (Babbie & Mouton, 1998). Surveys can also help explain phenomena by identifying the causes of changes which have occurred or through analysis of the relationship between facts which have arisen from descriptive surveys (Weisberg & Bowen, 1977). A survey is indicated when the data required does not already exist (Gorard, 2003). In this study the survey served all these purposes.

A cross-sectional design was employed. This involves studying a phenomenon at one time only. This means that the survey will be administered only once to a sample and then comparisons will be made (Graziano & Raulin, 2004).

4.4. Target Population

The sampling frame in this study included all psychology Honours and BPsych students (approximately 140) from the universities of Cape Town, Stellenbosch and the Western Cape. The procedure was follows: permission to recruit students for this study was requested from the registrars of the three universities. A list of all registered Honours and BPsych students was obtained from the institutions' psychology departments and from there a sample was retrieved. Respondents then completed the questionnaires at a mutually suitable time. The completion time for the questionnaire was approximately 30 minutes. Students took home the questionnaires in order to complete it and returned it to the secretaries in the respective departments.



4.5. Sample

A convenience sample was utilised in this study and it included all Honours and Bpsych students who were present in class on the day of data collection ($N=128$). A total of 43 students completed the questionnaires, thus yielding a response rate of 34% which is deemed as a moderate response rate (Berg, 1998). This method of sampling is more commonly used by qualitative researchers as they rarely use probability sampling (Punch, 1998). The motive for this is mainly because the researcher has a particular focus in mind and also has the advantage of the participants close at hand (Punch, 1998). Another reason why social scientists opt for a non-probability sample is due to necessity (Gorard, 2003). However, a major obstacle of a small sample size is that it decreases the

likelihood of obtaining a significant result, whereas a larger sample size increases the probability (Tredoux & Smith, 2002).

4.6. Instrument

A self-constructed questionnaire was used for obtaining data in this study. The questionnaire was semi-structured with closed questions that are largely demographic in nature and open-ended questions. The demographic component consisted of closed questions such as age, race, gender and language. The open-ended questions allowed respondents to communicate their experiences and opinions about certain issues in their own words by placing no limitation on the respondent (Mouton, 1998). The questionnaire was presented in English (Appendix 1) and Afrikaans (Appendix 2). To enhance the face and content validity of the questionnaire, the questionnaire was given to three subject specialists (the research supervisor and two psychology lecturers) in the psychology department for review. They were asked to reflect on various aspects of the instrument, including but not limited to, clarity of instructions, ease of use, layout, face validity etc.

4.7. Data Analysis

Terreblanche and Kelly (2002; p140) describes data analysis as a process that “*involves reading through your data repeatedly and engaging in activities of breaking the data down (thematising and categorising) and building it up again in novel ways (elaborating and interpreting)*”.

Quantitative data was analysed using a computer based statistical package (SPSS). Frequencies and cross-tabulations were performed on the quantitative component of the questionnaire to determine whether any relationship existed between the variables. In the quantitative component a code of 1 was attracted to the yes/optional category and a code of 2 was attracted to the alternate categories. The thematic content analytical tool was utilised in the qualitative part of this study because it allows the researcher to examine texts for the presence of themes (Welman & Kruger, 1999). Content analysis can be defined as a research method that produces “replicable and valid inferences from data to their context” (Krippendorf, 1980, p21). It is also a research methodology that utilises a set of procedures to make valid inferences from a given text (Weber, 1985). Content analysis has been utilised for years within social science research and has been widely used as a quantitative approach (Giles, 2003) until recently when a number of qualitative researchers have re-evaluated the approach as a qualitative method (Berg, 1998). This was also the methodology that was successfully employed by Lesch (1998) within community psychology research. A qualitative content analysis will involve summarising and categorising responses from open-ended questions to establish the themes that exist (Davids, 2003). This is in accordance with Krippendorf (1980) as he established that content analysis is a scientific method that has the ability to produce inferences from verbal, symbolic or communicative data.

4.8. Ethics

The necessary ethical considerations were taken into account. All respondents were ensured of confidentiality and anonymity. Informed consent was obtained from respondents before the administering of the questionnaire and they were granted the right to withdraw from participation. The respondents were ensured the right to privacy and to protection from physical and psychological harm. In all possible ways the dignity and worth of respondents were respected.

4.9. Significance of the study

This study is likely to be beneficial to academics and mental health professionals as well as those utilising mental health services. An awareness of perceptions of community psychology may assist academics in reviewing the psychology curriculum and possibly finding better means of presenting modules on community psychology. It may also impact on how services are delivered in surrounding communities.

CHAPTER FIVE

RESULTS

5.1. Introduction

This chapter presents the results of the present study. Firstly, a description of the sample will be discussed which will be followed by the quantitative findings of the variables race and gender and the tendency to study community psychology. Lastly, the qualitative results will be discussed which consists of the main themes that emerged from this study.

5.2. Quantitative results

5.2.1. Description of the sample

Table 1

The broad demographic data about the sample:

| Variables | Classification | Frequency |
|------------------|-----------------------|------------------|
| Age | 19-33 | |
| Race | White | 23 |
| | Coloured | 15 |
| | Black | 1 |
| | Other | 4 |
| Gender | Male | 8 |
| | Female | 35 |
| Language | English | 27 |
| | Afrikaans | 15 |
| | Xhosa | 1 |

Of the 43 respondents who returned the questionnaires approximately 8 (18,6%) were male and 35(81.4%) were female. This is fairly reflective of the gendered distribution of Honours/Bpsych students in the Western Cape. The ages of the respondents ranged from 19-33 years. The majority 27(62,8%) of the students were English speaking, 15(34,9%) were Afrikaans speaking and 1(2,3%) was Xhosa speaking. 23(53,5%) of the students were white, 15(34,9) were coloured and 1(2,3%) was black. A total of 4(9,3%) of the respondents labelled themselves as the ‘other’ category. There were two missing values in the data set pertaining to tendency to study community psychology.

Table 2.

Cross tabulations of race and tendency to study community psychology in Year 1

| | | Yes/optional | Yes/compulsory | No | Total |
|-------|----------|--------------|----------------|-------|----------------|
| Race | White | Count | 0 | 3 | 23 |
| | | % of total | 0% | 7.3% | 48.8% 56.1% |
| | Coloured | Count | 3 | 5 | 6 14 |
| | | % of total | 7.3% | 12.2% | 14.6% 34.1% |
| | Black | Count | 0 | 1 | 0 1 |
| | | % of total | 0% | 2.4% | 0% 2.4% |
| | Other | Count | 0 | 0 | 3 3 |
| | | % of total | 0% | 0% | 7.3% 7.3% |
| Total | | Count | 3 | 9 | 29 41 |
| | | % of total | 7.3% | 22% | 70.7% 100% |

5.2. Race and tendency to study community psychology

5.2.1. Year 1

In the first year of study 3(7,3%) of students chose the yes/optional category, 9(22%) studied it because it was compulsory and 29(70,7%) did not do community psychology at all. The students who did the course as an optional choice were coloured students. The results of the cross tabulations between the two categories were as follows: $X^2=(df=6, n=43)=14,72, p=0.23$. This indicates that there is a significant relationship between race and tendency to study community psychology in the first year of study. The Cramers V=0.424 which indicates that the strength of the relationship was moderate. This can be seen in table 2.

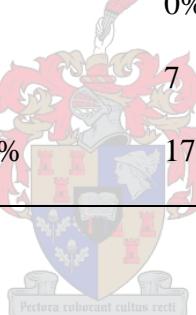


Table. 3.

Cross tabulation and tendency to study community psychology in the second year

| | | Yes/optional | Yes/compulsory | No | Total |
|----------|-------|--------------|----------------|-------|----------------|
| Race | White | Count | 1 | 20 | 23 |
| | | % of total | 2,4% | 4,9% | 48.8% 56.1% |
| Coloured | Count | 2 | 4 | 8 | 14 |
| | | % of total | 4,9% | 9,8% | 19,5% 34.1% |
| Black | Count | 0 | 1 | 0 | 1 |
| | | % of total | 0% | 2.4% | 0% 2.4% |
| Other | Count | 0 | 0 | 3 | 3 |
| | | % of total | 0% | 0% | 7.3% 7.3% |
| Total | Count | 3 | 7 | 31 | 41 |
| | | % of total | 7.3% 17,1% | 75.6% | 100% |

*p>0.05

**5.2.2. Year 2**

In year two a total of 3(7,3) students chose the yes/optional category. Of these students 2(4,9%) were coloured and 1(2,4%) was white. Seven (17,1%) students indicated that in the second year of study community psychology was compulsory. Two (4,9%) of these students were white, 4(9,8%) were coloured and 1(2,4%) indicated that they were black. A total of 31(75,6) students indicated that they did not do the course at all. The results of the cross tabulations were as follows: $X^2=(df=6, n=43)=10.084$, $p=0.121$. The results were therefore non-significant indicating that there was no relationship between race and

tendency to study community psychology in the second year of study. This is illustrated in table 3.

Table. 4.
Cross tabulation and tendency to study community psychology in the third year

| | | Yes/optional | Yes/compulsory | No | Total |
|------|----------|--------------|----------------|-------|-------|
| Race | White | Count | 2 | 11 | 10 |
| | | % of total | 4,9% | 26,8% | 24,4% |
| | | | | | 56.1% |
| | Coloured | Count | 5 | 4 | 5 |
| | | % of total | 12,2% | 9,8% | 12,2% |
| | | | | | 34.1% |
| | Black | Count | 1 | 0 | 0 |
| | | % of total | 2,4% | 0% | 0% |
| | | | | | 2.4% |
| | Other | Count | 0 | 0 | 3 |
| | | % of total | 0% | 0% | 7.3% |
| | | | | | 7.3% |
| | Total | Count | 8 | 15 | 18 |
| | | % of total | 19,5% | 36,6% | 43,9% |
| | | | | | 100% |

*p>0.05

5.2.3. Year 3

The cross tabulations of the category race and third year of study revealed the following results: $X^2=(df=6, n=43)=12.476, p=0.052$. This once again illustrates a non-significant

relationship between race and tendency to study community psychology. However an increase was noted in the number of students that selected to study community psychology as an optional choice. Eight (19,5%) did it as an optional choice and 15(36,6%) did it because it was compulsory and 18(43,9%) did not do the module at all. This is presented in table 4.

Table. 5.
Cross tabulation of tendency to study community psychology in the fourth year

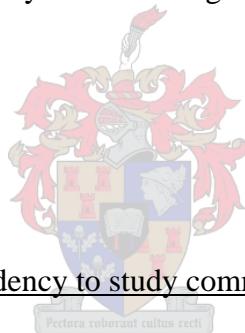
| | | | Yes/optional | Yes/compulsory | No | Total |
|------|----------|------------|--------------|----------------|-------|-------|
| Race | White | Count | 5 | 4 | 14 | 23 |
| | | % of total | 12,2% | 9,8% | 34,1% | 56.1% |
| | Coloured | Count | 6 | 0 | 8 | 14 |
| | | % of total | 14,6% | 0% | 19,5% | 34.1% |
| | Black | Count | 0 | 0 | 1 | 1 |
| | | % of total | 0% | 0% | 2,4% | 2.4% |
| | Other | Count | 1 | 0 | 2 | 3 |
| | | % of total | 2.4% | 0% | 4,9% | 7.3% |
| | Total | Count | 12 | 4 | 25 | 41 |
| | | % of total | 29,3% | 9,8% | 61% | 100% |

*p>0.05

5.2.4. Year 4

The results that were yielded from the fourth year of study was that 12(29,3%) of the students did community psychology as an optional choice. Of these 12 students, 5(12,2%) were white, 6(14,6%) were coloured and 1(2,4%) was labelled as other. 4(9,8%) of the respondents followed the community psychology course because it was compulsory. Twenty-five (61%) of the respondents indicated that they did not do it at all. The results of the chi-square test were as follows: $X^2=(df=6, n=23)=5.068, p=0.535$. This indicates a non-significant relationship between race and tendency to study community psychology in the fourth year of study. These findings are presented in table 5.

Table 6.



Cross tabulation of gender and tendency to study community psychology in the first year

| | | Yes/optional | Yes/compulsory | No | Total |
|--------|--------|--------------|----------------|-------|-------|
| Gender | Male | Count | 0 | 2 | 6 |
| | | % of total | 0% | 4.9% | 14.6% |
| | | | | | 19.5% |
| | Female | Count | 3 | 7 | 23 |
| | | % of total | 7.3% | 17.1% | 56.1% |
| | | | | | 80.5% |
| | Total | | 3 | 9 | 29 |
| | | | 7.3% | 22.0% | 70.7% |
| | | | | | 100% |

*p>0.05

5.3. Gender and tendency to study community psychology

5.3.1. Year 1

In the first year of study 3(7,3%) of the students engaged in community psychology as an optional course. Nine(22%) of the students did community psychology as a compulsory course. Of these 9 students 7(17,1%) were female and 2(4,9%) were male. 29(70,7%) indicated that they did not follow the course at all. Of these respondents 23(56,1%) were female and 6(14,6%) were male. The results of the cross tabulations were as follows: $\chi^2=(df=2, n=43)=0.795, p=0.672$. This indicates a non-significant relationship between gender and tendency to study community psychology. This is indicated in table 6.

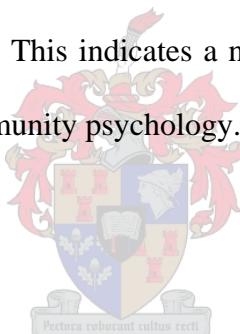
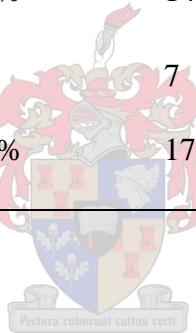


Table 7.

Cross tabulation of gender and tendency to study community psychology in the second year

| | | Yes/optional | Yes/compulsory | No | Total |
|--------|-------|--------------|----------------|-------|-------|
| Gender | Male | Count | 0 | 1 | 7 |
| | | % of total | 0% | 2,4% | 17,1% |
| | | Female | Count | 3 | 6 |
| | | % of total | 7,3% | 14,6% | 58,5% |
| | Total | | 3 | 7 | 31 |
| | | | 7,3% | 17,1% | 75,6% |
| | | | | | 41 |
| | | | | | 100% |

* $p>0.05$



5.3.2. Year 2

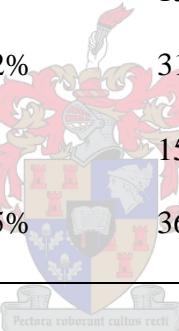
The second year of study revealed the following results: 3(7,3%) of students engaged in community psychology as an optional course. Two (4,9%) of these students were coloured and 1(2,4%) was a white student. Seven (17,1%) of the students indicated that they pursued the course in this specific year because it was compulsory. A further 31(75,6%) did not do the community psychology module at all. The chi-square tests yielded the following results: $X^2=(df=6, n=43)=10.084, p=0.121$, therefore no significant

relationship was established between the variables gender and tendency to study community psychology in the second year. This is illustrated in table 7.

Table 8.

Cross tabulation of gender and tendency to study community psychology in the third year

| | | Yes/optional | Yes/compulsory | No | Total | |
|--------|------------|--------------|----------------|-------|-------|-------|
| Gender | Male | Count | 3 | 2 | 3 | 8 |
| | % of total | | 7.3% | 4.9% | 7.3% | 19.5% |
| Female | Count | 5 | | 13 | 15 | 33 |
| | % of total | 12,2% | | 31,7% | 36,6% | 80.5% |
| Total | | 8 | 15 | | 18 | 41 |
| | | 19.5% | 36,6% | | 43,9% | 100% |



*p>0.05

5.3.3. Year 3

In the third year study a total of 8 (19.5%) of participants did community psychology as an optional course. Of these respondents 5(12.2%) were female and 3(7.3%) were male. A further 18 (43.9%) did not pursue the community psychology course at all. The result of the chi-square tests were as follows: $\chi^2=(df=2, n=43) = 2.106, p= 0.349$ thus

illustrating that there is no significant relationship between gender and the tendency to study community psychology. These findings are presented in table 8.

Table 9.

Cross tabulation of gender and tendency to study community psychology in the fourth year

| | | Yes/optional | Yes/compulsory | No | Total |
|--------|--------|--------------|----------------|------|----------------|
| Gender | Male | Count | 0 | 1 | 8 |
| | | % of total | 0% | 2,4% | 17.1% 19.5% |
| | Female | Count | 12 | 3 | 18 33 |
| | | % of total | 29,3% | 7,3% | 43,9% 80,5% |
| | Total | | 12 | 4 | 25 41 |
| | | | 29,3% | 9,8% | 61% 100% |

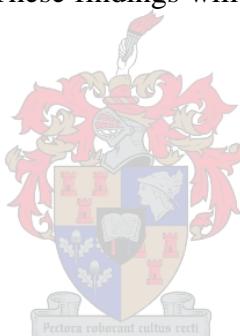
*p>0.05

5.3.4. Year 4

The results of the fourth year study were as follows: 12 (29.3%) of students followed the community psychology module as an optional choice. The entire 12 (29.3%) that selected to take it were female. Four (9.8%) participants did community psychology due

to the fact that it was compulsory. Twenty-five (61%) indicated that they did not do it at all. The chi-square test yielded the following results: X^2 (df=2, n =43) = 4.133, P = 0.127. This indicates that there is no significant relationship between gender and the tendency to study community psychology in the fourth year of study. This information can be viewed in table 9.

The above mentioned findings suggest that no significant relationship existed for the variables race and gender and tendency to study community psychology. The only exception was in the first year when there was a significance between race and tendency to study community psychology. These findings will be discussed in further detail in the discussion section of this thesis.



5.4. Qualitative Results

The qualitative component of the questionnaire consisted of open-ended questions that served to provide an understanding of students' perceptions of community psychology. The responses to the open-ended questions were analyzed using thematic content analysis. Upon analysis meaning units were identified and these meaning units were organized into themes. This process involved the following steps that were identified by Terreblanche & Kelly (2002):

Step 1: Familiarisation and immersion

This step involved the development of ideas and theories about the research topic that was under investigation. It included reading through the text or responses of the open-ended questions a few times while simultaneously making notes. Once this was completed the researcher was familiar with the data in a manner that she knew what kind of themes were arising as well as what kind of interpretations were likely to be supported by the data and what would not be supported.

Step 2: Inducing themes

Here the researcher had to go beyond summarising the content of the responses and attention was paid to the processes, functions and contradictions of the responses. Themes were also arranged so that a smaller number of themes with several sub-themes under each were established.

Step 3: Coding

The data was broken down so that it could be analysed. Responses were coded, thereby identifying important texts that pertained to the themes that emerged.

Step 4: Elaboration

This involved exploring the themes in more intense detail. The purpose of this was to capture the finer aspects of meaning.

Step 5: Interpretation and Checking

In this step the phenomenon that was studied was reported using thematic categories as well as sub-headings.

The themes that emerged were: Similarity to Social Work, Viewing psychology from a Eurocentric perspective, Community Psychology is about the Other and employment opportunities are sparse, Race, Class and Gender as the Other, Limited exposure to community psychology and lack of experience, Language Barriers and Patience, Understanding and compassion. These will be discussed in turn.

Similarity to Social Work

According to the students a factor that deterred them from engaging in community psychology was the fact that it was regarded as an equivalent to social work. They are also under the impression that social work is not as highly regarded as psychology and is a lesser form of helping within the professional hierarchy of mental health service delivery.

“It is a lesser profession like social work”

Viewing psychology from a Eurocentric perspective

Students hold the perception that the accepted form of psychology is clinical or counselling psychology where psychotherapy is used as the primary source of treatment. They believe that community psychology is not a recognised form of psychology and should they engage in community psychology they would not be regarded as “real psychologists”. They feel that the best manner in which to tend to people’s needs is on a client-therapist basis.

“The main interest lies in clinical psychology”

“Community psychology is a pseudoscience”



Community Psychology is about the Other and employment opportunities are sparse

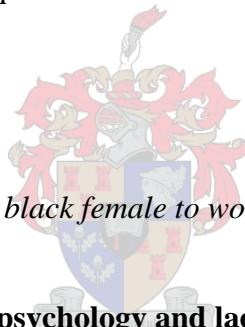
The respondents were of opinion that they were not appropriately suited to work in communities. Not only did they mention that they experience anxiety about working in the community but also experience guilt when working with disadvantaged groups. They are also not comfortable working in poorer communities but particularly black communities.

“Community Psychology is the application of an elitist practice and is for people at the grassroots level”

“Community psychology is applicable for the formerly disadvantaged, low class populations (non-whites) and those who are less educated”

Race, Class and Gender as the Other

Students held the view that they were not suited to work in communities and felt that the person suited to work in communities should preferably be a middle class, black female that is patient and hardworking. They also mentioned that the female should have a husband that holds a financially rewarding occupation. They further highlighted the fact that community psychology is adequate to address the needs of only poor, black people that cannot afford treatment.



“It is preferable for a middle class black female to work in the communities

Limited exposure to community psychology and lack of experience

The students revealed that the exposure they have to community psychology is very restricted. It was also offered to them on an optional basis and a few mentioned that the course was not offered to them at all. They were therefore not familiar with the principles of community psychology and were trained in a more individualistic approach. It was also mentioned that the training they receive does not equip them to work in communities.

“Students can’t relate to working with different cultural backgrounds”

“There is not enough training in community psychology”

“Never heard of it before”

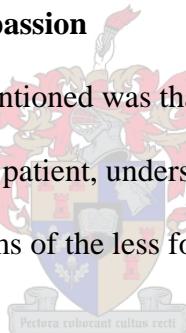
Language Barriers

A common theme that arose was that the students felt that they were not suitable to work in communities. They substantiated this by adding on that they were not familiar with an African language and would therefore not be able to communicate with people in the communities as most of the clients are “poor, black people”.

“It will maybe be better if we could learn an African language”

Patience, Understanding and compassion

Another common theme that was mentioned was that when someone engages in a community, that individual has to be patient, understanding and compassionate because they are “burdened” with the problems of the less fortunate.



“A hard-working and patient person should engage in Community psychology”

“It can be very stressful working in communities”

CHAPTER SIX

DISCUSSION

The main objective of this exploratory study was to investigate what the perceptions of community psychology among psychology Honours and BPsych students are and to establish if perceptions of community psychology are linked to perceptions of race.

In the survey about perceptions of community psychology among psychology Honours/Bpsych students in the Western Cape it is clear that a specific set of opinions about community psychology exist. The findings of the quantitative data will therefore be discussed first and will then be followed by the discussion of the qualitative findings.



6.1. Quantitative Results

In the first year of study a significant relationship was established between race and tendency to study community psychology. This is consistent with suggestions by Painter and Terreblanche (2004) and Ngonyama ka Sigogo and Modipa (2004) when they mention that community psychology has become known as the psychology that is applicable for mainly poor, black persons and is delivered by predominantly black service providers. Given the history of apartheid in South Africa it is not surprising that professional psychology has had to deal with matters of race and racism (Durrheim & Mokeki, 1997; Suffla, Stevens & Seedat, 1999). The results of the cross tabulations

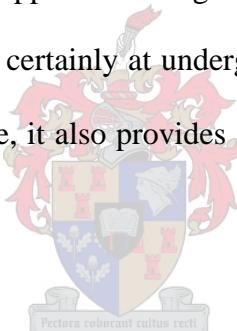
between race and tendency to study community psychology suggest that the majority of white students at first year level chose not to do the community psychology module at all. This can be related to the fact that they find it difficult and demanding (Lesch, 1998) and experience feelings of guilt (Gibson, Sandenbergh & Swartz, 2001).

The cross tabulations between the categories of race and tendency to study community psychology in the second year was non-significant. However, in table 3 it was still established that more coloured students (7,3%) than whites students (2,4%) chose to pursue community psychology as an optional choice. This finding is indicative of the marginal attention given to the discipline of community psychology (Hickson & Kriegler, 1993; Kriegler, 1993) as much more focus has been placed on the more conventional areas such as clinical, counselling, psychometrics, research methodology, industrial psychology and educational psychology (Seedat, 1998). It is also a reflection of students preference for engaging in counselling and clinical psychology which would eventually secure employment in the private practice setting (Pillay & Petersen, 1996).

In the third year of study a different trend arose in the results of the cross-tabulations between the two categories. Although the relationship between race and tendency to study community psychology was non-significant, more students followed the module. In the fourth year which forms the final year for Bpsych students and the postgraduate year for Honours students, there was a slight increase in the number of students that engaged in community psychology on an optional basis. This can perhaps be due to the

perception that students hold that this will facilitate their entry into the clinical/counselling Masters programme.

These findings suggest that after the first year of study, both black and white students' appear to be unwilling to engage in community psychology but the same pattern follows for black students. This is in accordance with Lesch (1998) where she found that students believe that they are not the right people for the work. They experience feelings of guilt when working with formerly disadvantaged and feel that their own privilege is being highlighted. It also appears that where it is taught it is often an optional choice. The organisation of the university appears to marginalise the sub-discipline or paradigm by not offering it as a core course, certainly at undergraduate level in the Western Cape. By offering it as an optional course, it also provides students with strong messages as to what desirable psychology is.



When glancing at the totals of year 1-4 the majority of students did not do the course in community psychology at all. It was in the third year of study where it was indicated that the course was compulsory. For those participants the majority were coloured students.

When the cross tabulations between gender and tendency to study community psychology was conducted the results were non-significant for year one to year four.

Despite this non-significance females were more likely to follow the course as an optional choice. Regardless of this finding it is imperative to bear in mind that not all women are equally represented within the discipline (Potgieter & De la Rey, 1997).

Black women remain underrepresented within psychology in South Africa. Bond and

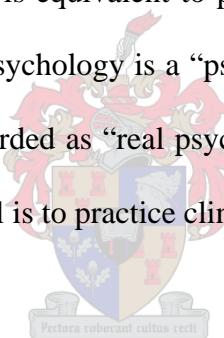
Mulvey (2000) highlighted the fact that the field of community psychology has sometimes delayed and simplified the incorporation of feminist perspectives. They have particularly been attentive to the fact that the discipline has been increasingly successful in supporting women's professional development and entry into leadership roles.

6.2. Qualitative Results

Similar themes as those identified by (Gibson, Swartz & Sandenbergh, 2001; Lesch, 1998; Ngonyama ka Sigogo et al., 2004) have emerged. The sentiments that community psychology is too similar to social work, that it is viewed from a Eurocentric perspective, that it is about the Other and that employment opportunities are sparse, were reiterated in this study. However, this study was useful as the Other was more specifically racialised, classed and gendered in terms of who provided community psychological services and who the target populations of community psychology are perceived to be. The themes that were identified are: Similarity to Social Work, Viewing psychology from a Eurocentric perspective, Community Psychology is about the Other and employment opportunities are sparse, Race, Class and Gender as the Other, Limited exposure to community psychology and lack of experience, Language Barriers and Patience, Understanding and compassion. These will be discussed in turn.

Similarity to Social Work

Students tend to view community psychology on the same continuum as social work and feel that social work is less prestigious than psychology. Both Lesch (1998) and Nelson & Prilleltensky (2005) identify this perception but fail to explain how this perception is engineered within the context of mental health service delivery where the professional hierarchy of mental health service delivery dictates that social work is a lesser form of helping and that valid psychology is equivalent to psychotherapy. Furthermore, certain students believe that community psychology is a “pseudoscience” and when engaging in community work they are not regarded as “real psychologists”. It is also due to this fact that many students believe the ideal is to practice clinical and counselling psychology.



Viewing psychology from a Eurocentric perspective

Community psychology remains to be understood within a social and political context that results in its marginalization (Alcalde & Walsh-Bowers, 1996). This is particularly evident when students believe that community psychology is the application of psychotherapy or psychoanalysis (individual psychology) in the community. A repetitive theme that emanated from the study was that students engaged in community psychology due to the fact that “it would be a bonus for entry into the clinical/counselling programme”. Community psychology is thus used as a stepping stone to individual

psychology with the intention never to engage in broader community interventions. This finding is consistent to that of Pillay & Petersen (1996) where many psychologists indicated a preference for private clinical practice. They also find it complicated to think about psychology ecologically.

Community Psychology is about the Other and employment opportunities are sparse

It has been suggested that community psychology has become a particular psychology for poor, black service users and is delivered by mainly black service providers (Painter & Terreblanche, 2004). Students maintain that community psychology entails working with groups of different cultural backgrounds and is of opinion that this can be “difficult and demanding”. This theme is consistent with those that were established by Lesch (1998) and Gibson, Swartz and Sandenbergh (2001). Students typically think that they are not the right people to work in communities. They experience feelings of guilt when working with marginalized populations and therefore feel powerless in the face of client disadvantage as it has the ability to highlight their own privilege (Gibson, Swartz & Sandenbergh, 2001). Another critical factor that deters students from engaging in community psychology is that they think that it is not financially rewarding. This also contributes to why they have a preference for clinical and counseling psychology as they think that public service salaries for psychologists appear to be poor in comparison to those offered in industry and private practice settings (Ahmed & Pillay, 2004). Employment opportunities are one of the central human resource difficulties within state

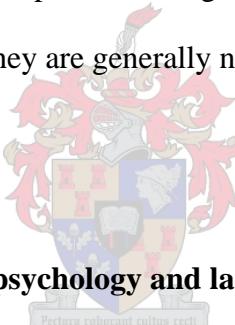
civil services today (Dept. of Health, 2002). Yet this is based on the view that community psychology applications occur in public service settings. Yet, it appears that employment opportunities have also existed within non-governmental organizations for psychologists. It might therefore be true that in some ways community employment opportunities have been scarce within the hospital and other civil service sectors, but an evaluation needs to be done as to whether the same employment and remuneration conditions exist within the non-governmental research and service delivery sectors.

Race, Class and Gender as the Other

In the South African context very few studies within community psychology have touched on issues of race and gender (Seedat, Mackenzie & Stevens, 2004). Ngonyama ka Sigogo et al. (2004) has briefly highlighted issues on multiculturalism and simultaneously argues that the discussion of racial identity is marginalized within community psychology. The current study, unlike previous studies on student perceptions, reflects the raced, gendered and class perceptions inherent in perceptions of “the Other” for whom community psychology exists. This is consistent with the theme that emanated from this study where students assumed that the typical person that should engage in community psychology should be a middle class black woman and that those who receive services via community psychology are black and poor.

Students experience feelings of anxiety and guilt

Students believe that they are not suitable for working in communities particularly Black communities. They hold the assumption that black persons are more suitable as they are more familiar with the communities and also familiar with an African language. This subtle racism in the assumptions of both white and black students is what (Ngonyama ka Sigogo et al., 2002) refers to when he talks about community psychology being equated to blackness. This once again places black students in a position where they are expected to know issues of culture as well as represent their group whereas white students continue to have the white privilege where they are generally not expected to speak for the group.



Limited exposure to community psychology and lack of experience

Another theme that emerged was that students were not exposed to or had very little access to community psychology. Some students found that the course work was too theoretical and there was no practical work at all. This theme was also identified by Pillay (2003). This is reflected in the sample as in the first year of study it was established that 70,7% of students did not do community psychology at all, in the second year 75,6% of students did not pursue the module, in the third year 44% did not do the module and in the fourth year 61% of the students did not do the community psychology module at all.

Language Barriers

A common theme that arose as a challenge for engaging in community psychology was that of language. Students think that they need to be equipped with an African language in order to engage in communities. This however remains a challenge because South Africa's political history has resulted in the marginalising of all languages with the exception of English and Afrikaans (Swartz and Drennan, 2000).

Patience, Understanding and compassion

A repetitive theme that was revealed in this study was that the individual who engages in community psychology should be extremely hardworking, patient, kind and possess unlimited time. This is mainly because their perception is that working in communities can be very "difficult" and "demanding" which was also a theme that arose in both Lesch (1998) and Gibson, Sandenbergh and Swartz (2001).

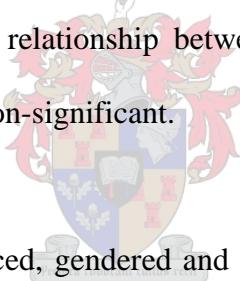
The results of both the quantitative and qualitative findings suggest what the researcher anticipated. It is consistent with the findings of Gibson, Sandenbergh and Swartz, 2001; Pillay and Petersen, 1996; Richter and Griesel, 1998; Viljoen, Beukes and Louw, 1999, where it was established that students express little interest in community psychology. Students continue to hold the perception that community psychology is not a potential area of work. This is mainly due to the fact that they think that community psychology is

not financially rewarding and employment opportunities are sparse. They also perceive clinical/ counselling psychology to be more prestigious as well as an area in which the earning potential is far greater than that of community psychology. This is a reflection of the hierarchical status present within mental health relations as students continue to see community psychology as a profession that occupies lower occupational status. They also believe that community psychology is for poor, black people and should preferably be delivered by a middle class, black female. This indicates that community psychology remains to be understood within a social and political context that results in its marginalisation (Carolissen, in press). Negative perceptions of community psychology appear to be evident among students thus deterring them from pursuing it as a career. These negative perceptions about community psychology held by students may contribute to the fact that South Africa will continue to produce poor mental health psychological service delivery in communities and psychologists who are poorly trained to deliver services in settings broader than individual settings.



7.1. SUMMARY AND CONCLUSION

In South Africa, a desperate need exists for a psychological approach that would be appropriate for all South Africans. Despite this fact mental health services remain to be skewed in favour of the predominantly white private sector. Even though community psychology is viewed as a means of effectively addressing the needs of South Africans, students do not perceive it as a viable area of work. This study therefore aimed to investigate the perceptions of community psychology among Honours/Bpsych students in the Western Cape. The research methods that were employed in this study included both quantitative and qualitative methods. The findings were that there was no significant relationship between race and tendency to study community psychology with the exception of the first year. The relationship between gender and tendency to study community psychology was also non-significant.



This study also highlighted the raced, gendered and classed perceptions that both black and white, male and female students hold about community psychology. They also regard psychology as different from mainstream psychology that they see as valuable and professionally superior to social work. It is crucially important that we take heed of these perceptions and look at ways in which to shift them via curriculum and service delivery in order to avoid the extinction of community psychology and therefore impoverished psychological practice models.

7.2 RECOMMENDATIONS AND IMPLICATIONS FOR FUTURE TRAINING

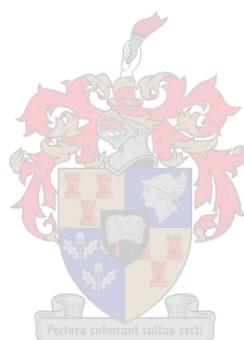
If we intend to be successful in addressing the psychological needs of the majority of the South African context, we need to focus on multi-modal interventions that cater for individuals, groups and communities and move away from an exclusive individualistic approach to psychological intervention. The following recommendations may therefore be considered.

- Community psychology should be implemented from the first year of study and not only be introduced at a postgraduate level
- A shift should be made regarding theory as more practical work should be introduced. Students should gain experience in working directly with communities through fieldwork, projects and case studies
- Students should be familiarised with the idea that intervention sites are not confined to poor black communities but extends to other communities such as campus communities as well

7.3. LIMITATIONS AND SHORTCOMINGS OF THIS STUDY

When embarking on research it is highly probable that the researcher will encounter limitations (Gorard, 2003). In this study, one of the constraints that were placed on the researcher was a stipulation from one of the institutions' involved in the study. This stipulation was that no comparisons bearing the institutions name could be made.

Therefore the research design had to be changed before the commencement of the study. Another shortcoming that tends to be quite common in survey research was that of generalisability (Neuendorf, 2002). Students were not eager to participate in the study and therefore only a moderate response was achieved limiting the representativeness of the findings.



8. REFERENCES

- Ahmed, R., & Pillay, A. (2004). Reviewing clinical psychology training in the post-apartheid period: Have we made any progress? *South African Journal of Psychology*, 34(4), 630-656.
- Alcalde, J., & Walsh-Bowers, R. (1996). Community psychology values and the culture of graduate training: A Self-Study. *American Journal of Community Psychology*, 24(3), 389-412.
- Berg, B.L. (1998). *Qualitative Research Methods for the Social Sciences*. United States of America: Allyn and Bacon.
- Berger, S., & Lazarus. (1987). The views of community organisers on the relevance of social practice in South Africa. *Psychology in society*, 7, 6-23.
- Bhugra, D., & Kamaldeep, B. (2002). Racism in psychiatry: Paradigm lost- Paradigm regained. In B. Kamaldeep (Ed.), *Racism and mental health: prejudice and suffering*. (pp.111-129). London: Jessica Kingsley Publishers.
- Biglan, A., & Smolkowski, K. (2002). The role of the community psychologist in the 21st century. *Prevention & Treatment*, 5(2).
- Bishop, B.J., Sonn, C.C., Fischer, A.T., & Drew, N.M. (2001). In M. Seedat, N. Duncan & S. Lazarus (Eds.), *Community Psychology. Theory, method and practice*. (pp.371-382). Cape Town: Oxford University Press.
- Bond, M.A., Hill, J., Mulvey, A., & Terenzio, M. (2000). Weaving feminism and community psychology: An introduction to a special issue. *American Journal of Psychology*, 28(5), 585-597.

Bond, M.A., & Mulvey, A. (2000). A history of women and feminist perspectives in community psychology. *American Journal of Community Psychology*, 28(5), 599-630.

Carmony, T.M., Lock, T.L., Crabtree, A.K., Keller, J., Szeto, A., Yanasak, B., & Moritsugu. (2000). teaching community psychology: A brief review of undergraduate courses. *Teaching of psychology*, 27(3), 214-216.

Carolissen, R. (In Press). Teaching community psychology into obscurity: a reflection on the value of human diversity in community psychology in South Africa. Article submitted to the Journal of Psychology in Africa.

Cohen, L., Duberley, J., & Mallon, M. (2004). Social constructionism in the study of career: Accessing the parts that other approaches cannot reach. *Journal of Vocational Behavior*, 64, 407-422.

Coll, X. (2002). Please don't let me be misunderstood. Importance of acknowledging racial and cultural differences. In B. Kamaldeep (Ed.), *Racism and mental health: prejudice and suffering*. (pp.129-139). London: Jessica Kingsley Publishers.

Cooper, S., Nicholas, L.J., Seedat, M., & Statman, J.M. (1990). Psychology and apartheid: The struggle for psychology in South Africa. In L.J. Nicholas, & S. Cooper (Eds.), *Psychology and apartheid* (pp.1-21). Vision Publications.

Dalton, J., Elias, M., & Wandersman, A. (2001). *Community Psychology: Linking individuals and communities*. United States of America: Wadsworth.

Davids, C.I. (2003). *Race and space at the University of the Western Cape as experienced by third year psychology students*. Unpublished Masters thesis: University of the Western Cape.

Dawes, A., Robertson, B., Duncan, N., Eynsink, K., Jackson, A., Reynolds, P., Pillay, A. & Richter, L. (1997). Child and adolescent mental health policy. In D. Foster, M, Freeman, & Y. Pillay (Eds.), *Mental health policy issues for South Africa*. Medical Association of South Africa, (pp. 193-215). Multimedia Publications, Pinelands.

De la Rey, C. (1999). *Career narratives of women professors in South Africa*. Unpublished doctoral thesis, University of Cape Town.

De la Rey, C., & Boonzaier, F. (2002). Constructing race: Black women activists in the Western Cape. In Duncan, N, Dineo Gqola,P, Hofmeyer, M, Shefer, T, Malunga, F & Mashige,M (Eds.), *Discourses on difference, Discourses on oppression*. (pp77-91). South Africa: Creda Communications.

De la Rey, C., & Eagle, G. (1997). Gender and mental health policy development. In D.Foster, M,Freeman, & Y.Pillay (Eds.), *Mental health policy issues for South Africa*. Medical Association of South Africa, (pp. 143-165). Multimedia Publications, Pinelands.

De la Rey, C., & Ipser, J. (2004). The call for relevance: South African psychology ten years into democracy. *South African journal of psychology*, 34(4), 544-552.

Department of Health, (2002). Health Sector Strategic Framework 1999-2004.

Retrieved February 14, 2005 from the World Wide Web:
<http://www.196.36.153.56/doh/doc/index.html>.

Duncan, N. (2002). 'Listen here, just because you think I'm coloured ...' Responses to the construction of difference in racist discourses. In Duncan, N, Dineo Gqola,P, Hofmeyer, M, Shefer, T, Malunga, F & Mashige,M (Eds.), *Discourses on*

- difference, Discourses on oppression.* (pp.113-138). South Africa: Creda Communications.
- Duncan, N., Seedat, M., Van Niekerk, A., De la Rey, C., Simbaya, L.C., & Bhana, A. (1997). Black Scholarship: doing something active and positive about academic racism. *South African Journal of Psychology*, 27(4), 201-206.
- Duncan, N., Stevens, G., & Bowman, B. (2004). South African psychology and racism: Historical determinants and future prospects. In D.Hook (Eds.), *Critical psychology*, (pp.360-388). Lansdowne: UCT Press.
- Duncan, N., Van Niekerk , A., & Townsend, L. (2004). Following apartheid: Authorship Trends in the South African Journal of Psychology after 1994. *South African Journal of Psychology*, 34(4), 553-575.
- Durrheim, K., & Mokeki, S. (1997). Race and Relevance: A content analysis of the South African Journal of Psychology. *South African Journal of Psychology*, 27(4), 206-214.
- Foster, D. (1999). Racism, Marxism, Psychology. *Theory and psychology*, 9(3),331-352.
- Foster, D., & Swartz, S. (1997).Introduction: Policy considerations. In D.Foster, M.Freeman, & Y.Pillay (Eds.), *Mental health policy issues for South Africa*. Medical Association of South Africa, (pp.1-23). Multimedia Publications, Pinelands.
- Freeman, M., & Pillay, Y. (1997). Mental health policy-plans and funding. In D.Foster, M.Freeman, & Y.Pillay (Eds.), *Mental health policy issues for South Africa*. Medical Association of South Africa, (pp.32-54). Multimedia Publications, Pinelands.

- Gibson, K., Sandenbergh, R., & Swartz, L. (2001). Becoming a community clinical psychologist: integration of community and clinical practices in psychologists training. *South African Journal of Psychology*, 31(1), 29-36.
- Gibson, K., & Swartz, L. (2004). Community psychology: Emotional processes in political subjects. In D.Hook (Eds.), *Critical psychology*, (pp.465-486). Lansdowne: UCT Press.
- Giles, D.C. (2002). *Advanced Research Methods in Psychology*. New York, Routledge.
- Graziano, A.M., & Raulin, M.L. (2004). *Research Methods* (5th Edition). USA: Pearson Education Group, Inc.
- Gregory, R.J. (2001). The spirit and substance of community psychology: Reflections. *Journal of Community psychology*, 29(4), 473-485.
- Gorard, S. (2003). *Quantitative Methods in Social Science: The role of numbers made easy*. New York: Continuum/ British Library books.
- Henderson, J. (2004). *Getting “laid”: New Professional Positions in South African Psychology*. Unpublished Masters Thesis, Rhodes University.
- Hickson, J., & Kriegler, S. (2001). The mission and role of psychology in a traumatised and changing society: The case of South Africa. *International Journal of Psychology*, 26, 783-793.
- Hook, D. (2004). Critical Psychology: The basic co-ordinates. In D.Hook (Eds.), *Critical psychology*, (pp.10-23). Lansdowne: UCT Press.
- Hook, D. (2004). Frantz Fanon, Steve Biko, ‘psychopolitics’ and critical psychology. In D.Hook (Eds.), *Critical psychology*, (pp.84-114). Lansdowne: UCT Press.

- James, S., & Prilleltensky, I. (2002). Cultural diversity and mental health. Towards integrative practice. *Clinical Psychology Review*, 22, 1133-1154.
- Kagee, A., Naidoo, A.V., & Van Wyk, S.(2003). Building communities of peace: The South African experience. *International Journal for the advancement of counselling*, 25(4), 225-233.
- Kale, R. (1995). South Africa's Health: New South Africa's mental health. *Education and Debate*, 310,1254-1256.
- Kiguwa, P. (2004). Feminist critical psychology in South Africa. In D.Hook (Eds.), *Critical psychology*, (pp.278-315). Lansdowne: UCT Press.
- Kriegler, S. (1993). Options and directions for psychology within a framework for mental health services in South Africa. *South African Journal of Psychology*, 23(2), 64-70.
- Krippendorf, K. (1980). *Content analysis: An introduction to its methodology*. Beverley Hills: Sage Publications.
- Lazarus, S. (1988). *The role of the psychologist in South African society: In search of an appropriate community psychology*. Unpublished doctoral dissertation, University of Cape Town.
- Lehtonen, R., & Pakkinen, E. (2004). *Practical Methods for design and analysis of complex surveys*. San Francisco: John Wiley and Sons.
- Lesch, E. (1998). Selling community psychology to South African psychology students. *South Africa beyond transition. Proceedings of the third annual congress of the Psychological Society of South Africa* (156-159). Pretoria: Psychological Society of South Africa.

Lewis, J.A., Lewis, M.D., Daniels, J.A., & D'Andrea, M.J. (2003). *Community Counselling: empowerment strategies for a diverse society*. California: Brooks/Cole- Thompson Learning.

Mama, A. (1995). *Beyond the masks: Race, Gender and subjectivity*. New York: Routledge.

Marsella, A. (1998). Toward a “Global-Community Psychology”: Meeting the needs of a changing world. *American psychologist*, 53(12), 1282-1291.

Mason, J. (2002). *Qualitative Researching*. London: Sage.

Moore, L.J. (2000). Psychiatric contributions to understanding racism. *Transcultural psychiatry*, 37(2), 147-183.

Moore, N. (1983). *How to do Research*. London: Library Association.

Mouton, J. (1998). *Understanding social research methods*. Pretoria: Van Schaik Publishers.

Murray, B. (2002). Psychology tackles apartheid's aftermath. Retrieved February 15, 2003 from the World Wide Web: <http://www.apa.org>.

Naidoo, A.V. (1996). Challenging the hegemony of Eurocentric psychology. *Journal of community and health sciences*, 2(2), 6-9.

Naidoo, A.V. (2000). *Community Psychology: Constructing community, reconstructing psychology in South Africa*. Inaugural lecture. University of Stellenbosch.

Naidoo, A.V., Shabalala, N., & Bawa, U. (2002). Community Psychology. In L. Nicholas (Ed.), *Psychology: An Introduction*. Cape Town: Van Schaik Publishers.

- Naidoo, A.V., & Van Wyk, S.B. (2003). Intervening in communities at multiple levels; Combining curative and preventative interventions. *Journal of intervention and prevention in communities*. Haworth Publishers.
- Naidoo, A.V., Van Wyk, S.B., & Carolissen. R. (2004). Community Mental Health. In L. Swartz, C. De la Rey & N. Duncan (Eds), *Psychology an Introduction*, pp. 513-526.
- Nelson, G., & Prilleltensky, I. (Eds.) (2005). *Community Psychology: In pursuit of well-being and liberation*. London: Palgrave Macmillan.
- Neuendorf, K.A. (2002). *The content analysis guidebook*. London: Sage Publications.
- Ngonyama ka Sigogo, T., Hooper, M., Long, C., Lykes, M.B., Wilson, K., & Zietkiewicz, E. (2004). Chasing Rainbow Nations: enacting community Psychology in the Classroom and beyond in post-1994 South Africa. *American Journal of Community Psychology*, 33(1), 77-89.
- Ngonyama ka Sigogo, T., & Modipa, O. T. (2004). Critical reflections on community and psychology in South Africa. In D. Hook (Eds.), *Critical psychology*, (pp.316-334). Lansdowne: UCT Press.
- Painter, D., & Terreblanche, M. (2004). Critical Psychology in South Africa: Looking back and looking ahead. *South African Journal of Psychology*, 34(4), 520-543.
- Pillay, A.L., & Kramers, A.L. (2003). South African clinical psychology, employment (in)equity and the “brain drain”. *South African Journal of Psychology*, 33(1), 52-60.

Pillay, A., & Lockhat, R. (2001). Models of community mental health services for children. In M. Seedat, N. Duncan & S. Lazarus (Eds.), *Community psychology: Theory, method and practice*, (pp.87-106). Cape Town: Oxford University Press.

Pillay, J. (2003). “Community psychology is all theory and no practice.” Training educational psychologists in community practice within the South African context. *South African Journal of Community Psychology*, 33(4), 261-268.

Pillay, Y.G., & Petersen, I. (1996). Current practice patterns of clinical and counselling psychologists and their attitudes to transforming mental health policies in South Africa. *South African Journal of Psychology*, 26(2), 76-80.

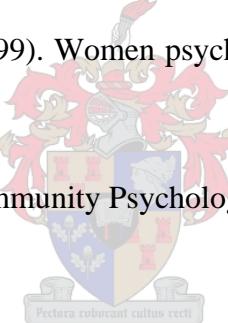
Petersen, I. (1998). Comprehensive integrated primary mental health care in South Africa. The need for a shift in the discourse of care. *South African Journal of Psychology*, 28(4), 196-204.

Popenhoe, D., Cunningham, P., & Boult, B. (1998). *Sociology*. South Africa: Prentice Hall.

Potgieter, C., & De la Rey, C. (1997). Gender and Race: whereto psychology in South Africa? *Feminism & Psychology*, 7(1), 138-142.

Pretorius-Heuchert, J.W., & Ahmed, R. (2001). Community Psychology: Past, Present and Future. In M. Seedat, N. Duncan & S. Lazarus (Eds.), *Community Psychology. Theory, method and practice*. (pp.17-36). Cape Town: Oxford University Press.

Prilleltensky, I. (2001). Value-based praxis in community psychology: Moving towards social justice and social action. *American Journal of Community Psychology*, 29(5), 747-778.

- Prilleltensky, I., & Nelson, G. (1997). Community Psychology, reclaiming social justice. In D.Fox & I. Prilletensky (Eds), *Critical Psychology: An Introduction* (pp166-184). London: Sage.
- Punch, K.F. (1998). *Introduction to Social Research : Quantitative and Qualitative approaches*. London: Sage Publications.
- Rappaport, J., & Seidman, E. (Eds.) (2000). *Handbook of community psychology*. New York: Kluwer Academic Publishers.
- Richter, L.M., & Griesel, R.D. (1998). Employment opportunities for psychology graduates in South Africa: A contemporary analysis. *South African Journal of Psychology*, 28(1), 1-8.
- Richter, L.M., & Griesel, R.D. (1999). Women psychologists in South Africa. *Feminism & Psychology*, 9, 134-141.
- Riger, S. (2001). Transforming Community Psychology. *American Journal of Community Psychology*, 29(1), 69-81.
- 
- Scileppi, J.A., Teed, E.L., & Torres, R.D. (1999). The ecological model; Person-in-context. *Community Psychology*. New Jersey: Prentice Hall.
- Seedat, M. (1998). A Characterisation of South African Psychology (1948-1988): The impact of exclusionary Ideology. *South African Journal of Psychology*, 28(2), 74-85.
- Seedat, M., Duncan, N., & Lazarus, S. (2001). Community Psychology: Theory,method and practice. In M. Seedat, N. Duncan & S. Lazarus (Eds.), *Community Psychology: Theory, method and practice*. (pp.3-14). Cape Town: Oxford University Press.

- Seedat, M., MacKenzie, S., & Stevens, G. (2004). Trends and redress in community psychology during ten years of democracy (1994-2003) : A journal-based perspective. *South African Journal of Psychology*, 34(4), 595-612.
- Shefer, T. (2004). Psychology and the regulation of gender. In D.Hook (Eds.), *Critical psychology*, (pp.187-209). Lansdowne: UCT Press.
- Silva, P., Dore, W., Mantzel, D., Miller, C., & Wright, M. (Eds), (1996). *A dictionary of South African English on historical principles*. New York: Oxford University Press Inc.
- Stevens, G. (1998). 'Racialised' Discourses: understanding perceptions of threat in post-apartheid South Africa. *South African Journal of Psychology*, 28(4), 204-215.
- Stevens, G. (2003). Academic representations of 'race' and racism in psychology: Knowledge production, historical context and dialectics in transitional South Africa. *International Journal of intercultural relations*, 27, 189-207.
- Strachan, K. (2000). Mental health legislation- the new mental health care bill. *Health Systems Trust Update*, 50, 5-6.
- Suarez-Balcazar, Y., Durlak, J.A., & Smith, C. (1994). Multicultural Training Practices in Community Psychology Programs. *American journal of Psychology of Community Psychology*, 22(6), 275-798.
- Suffla, S., & Seedat, M. (2004). How has psychology fared over ten years of democracy? Achievements, Challenges and questions. *South African Journal of Psychology*, 34(4), 513-519.
- Suffla, S., Stevens, G., & Seedat, M. (1999). Mirror Reflections : the evolution of organised professional psychology in South Africa. In N. Duncan, A. van Van

- Niekerk, C. de la Rey & M. Seedat (Eds.), *Race, Racism, knowledge production and psychology in South Africa* (pp27-36). New York: Nova Science Publishers.
- Swartz, L. (1998). *Culture and Mental Health: A Southern African View*. Cape Town: Oxford University Press.
- Swartz, L., & Drennan, G. (2000). Beyond Words: Notes on the ‘Irrelevance’ of Language to Mental Health in South Africa. *Transcultural Psychiatry*, 37(2), 1363-4615.
- Swartz, L., & Gibson, K. (2001). The ‘old’ vs ‘new’ in South African community psychology: the quest for appropriate change. In M. Seedat, N. Duncan & S. Lazarus (Eds.), *Community Psychology. Theory, method and practice*. (pp.37-50). Cape Town: Oxford University Press.
- Tashakkori, A., & Teddlie, C. (1998). *Mixed Methodology: Combining Qualitative and Quantitative Approaches*. London: sage Publications.
- Tredoux, C., & Smith, M. (2002). Jumping to conclusions: an overview of inferential statistical methods. In M. Terreblanche & K. Durrheim (Eds), *Research in Practice: Applied methods for the social sciences*, pp.331-354, Cape Town: University of Cape Town Press.
- Van Rensburg, H.J.C. (2004a). The history of health care in South Africa. In H.J.C. Van Rensburg (Ed.), *Health and health care in South Africa* (pp.52-103). Pretoria: Van Schaik Publishers.
- Van Rensburg, H.J.C., (2004b). Primary health care in South Africa. In H.J.C Van Rensburg (Ed.), *Health and health care in South Africa* (pp.412-454). Pretoria: Van Schaik Publishers

- Van Wyk, S. (2002). *Locating a Counselling internship within a community setting*. Unpublished masters thesis, University of Stellenbosch.
- Viljoen, D. J., Beukes, R. B. I., & Louw, D. A. (1999). An evaluation of the training of psychologists at the University of the Free State. *South African Journal of Psychology*, 29(4), 201-208.
- Vogelman, L., Perkel, A., & Strebel, A.. (1992). Psychology and the Community: Issues to consider in a changing South Africa. *Psychology Quarterly*, 2(2), 1-9.
- Weber, R.P. (1985). *Basic content analysis*. Iowa: Sage Publications.
- Weisberg, H.F. & Bowen, B.D. (1977). *An introduction to survey research and data analysis*. San Francisco: Library of Congress.
- Wellman, J.C. & Kruger, S.J. (1999). *Research methodology for the business and administrative sciences*. New York: Oxford University Press
- West, C., & Zimmerman, D.H. (1991). Doing Gender. In J. Lorber & S.A. Farrell (Eds.), *The social construction of gender*. United states of America: Sage publications.
- Williams, D.R., & Williams-Morris, R. (2000). Racism and mental health: the African American experience. *Ethnicity and Health*, 5(3/4): 243-268.
- Wilson, M., Richter, L.M., Durrheim, K., Surrendorff, N., & Asafo-Agyei, L. (1999). Professional psychology: where are we headed? *South African Journal of Psychology*, 29(4), 184-190.
- World Health Organisation. (2001). The world health report 2001. Mental health: new understanding, new hope. Retrieved February 02, 2002 from the world wide web:
<http://www.who.int/whr/2001>.

APPENDIX A

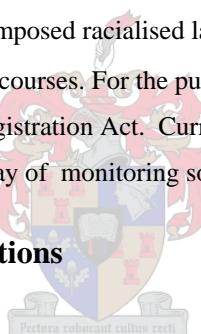
Dear Participant

I am a Masters student in psychology at the University of Stellenbosch. I am interested in determining the perceptions of community psychology among fourth year psychology students. It will therefore be appreciated if you will participate in my study. You need not identify yourself and in this way your anonymity will be safeguarded. The information you provide is treated with confidentiality. Should you wish to participate please complete the enclosed forms. If you are interested in obtaining the research results of this study, please enclose your e-mail address only at the end of this questionnaire.

Thank you for your time and assistance.

* While I in no way ascribe to historically imposed racialised labels, race has been and to a large extent still seems to be central to South African discourses. For the purposes of this study racial terms will be used as originally described in the Population Registration Act. Current research in South Africa often includes racial labels as it constitutes an important way of monitoring social changes.

Please complete the following questions



1. Age

***2. Race**

White

Coloured

Black

Indian

Other

3. Gender

Male

Female

- 4. Language**
- | | |
|----------------------------------|--------------------------|
| English | <input type="checkbox"/> |
| Afrikaans | <input type="checkbox"/> |
| Xhosa | <input type="checkbox"/> |
| Other Indigenous African Lanauge | <input type="checkbox"/> |
| Other Foreign Language | <input type="checkbox"/> |

5.a. Please complete the following table:

| | Highest occupational level | Occupation | Annual Income |
|-----------|-------------------------------|------------|---------------|
| Father | | | |
| Mother | | | |
| Sibling 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

b. Which university are you currently attending?

.....

6. What do you understand by the term “Community Psychology?”

.....

.....

.....

.....

.....

.....

.....

.....

.....

7. Level at which Community Psychology was studied during training

| Level | Yes | No | Optional | Compulsory |
|--------------|-----|----|----------|------------|
| Year 1 | | | | |
| Year 2 | | | | |
| Year 3 | | | | |
| Hons/ BPysch | | | | |



8. If Community Psychology was optional:

a. Why did you choose to study Community Psychology?

.....

.....

.....

.....

.....

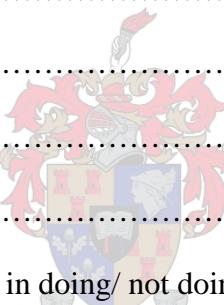
.....

.....

.....

b. Why did you choose not to study Community Psychology?

9. What are the challenges you face in doing/ not doing community psychology?



10. What kind of populations do Community Psychologists work with?

.....

.....

.....

.....

.....

.....

.....

.....

11. Describe the typical person who would engage in Community Psychology. You can be as specific as you wish to be (individual qualities, social categories such as race, gender, class)

.....

.....

.....

.....

.....

.....

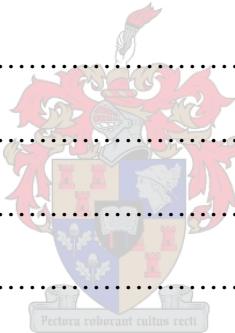
.....

.....

.....

.....

.....



12. What would deter you from engaging in practising Community Psychology?

.....

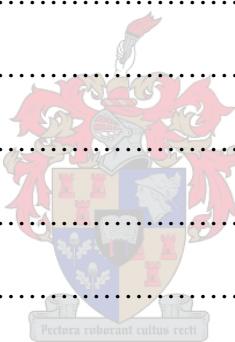
.....

.....

.....

.....

13. What would encourage you to engage in Community Psychology?



APPENDIX B

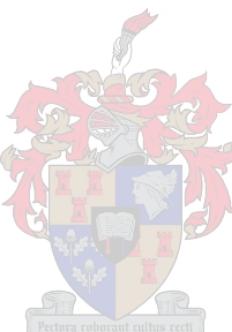
Beste deelnemer

My naam is Kim Johnson. Ek is tans besig om my Meesters tesis in sielkunde te voltooi aan die Universiteit van Stellenbosch. Ek bestudeer die persepsies van vierde jaar sielkunde studente teenoor gemeenskapsielkunde en sou dit waardeer as u asseblief die vraelys voltooi. Alle inligting bekom deur hierdie vraelys word as streng vertroulik beskou. Daar word nie van u vereis om u naam op die vraelys te plaas nie, derhalwe bly u anoniem. Dankie vir u deelname. As jy belang stel daarin om die resultate van die studie te bekom, sluit asseblief jou e-pos adres in aan die einde van die vraelys.

Dankie vir jou tyd en belangstelling.

* Terwyl ek rasse klassifikasie ten strengste afkeer, vorm ras identiteit nog steeds 'n belangrike deel van die Suid-Afrikaanse diskouers. Die aanduiding van ras is tans ook belangrik in navorsing om sosiale verandering te monitor.

Voltooi asseblief die volgende vrae



1. Ouderdom

*2. Ras

Wit

Kleurling

Swart

Indiër

Ander

3. Geslag

Manlik

Vroulik

4. Huistaal

Engels

Afrikaans

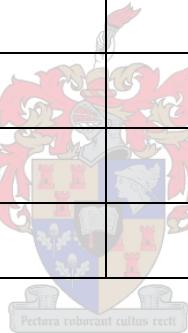
Xhosa

Ander inheemse taal _____

Ander tale _____

5. Vul asseblief die volgende tabel in

| | Hoogste opvoedkundige vlak | Beroep | Jaarlikse inkomste |
|---------|----------------------------|--------|--------------------|
| Vader | | | |
| Moeder | | | |
| Sibbe 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |



b. Aan watter universiteit studeer jy tans?

.....

6. Wat verstaan jy onder die term "Gemeenskapsielkunde".

.....

.....

.....

.....

.....

.....

7. Vul die volgende tabel in en dui aan op watter vlak in jou sielkunde studies jy aan gemeenskapsielkunde blootgestel is

| Vlak | Ja | Nee | Opsioneel | Verpligtend |
|-------------|----|-----|-----------|-------------|
| jaar 1 | | | | |
| jaar 2 | | | | |
| Jaar 3 | | | | |
| Hons/ BPsig | | | | |

8. Indien Gemeenskapsielkunde opsioneel was:

a. Hoekom het jy besluit om Gemeenskapsielkunde te bestudeer?



b. Hoekom het jy besluit om nie Gemeenskapsielkunde te bestudeer nie?

.....

.....

.....

.....

9. Wat is die uitdagings om gemeenskapsielkunde te neem / nie te neem?

.....

.....

.....

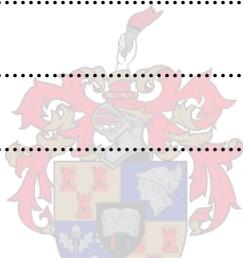
.....

.....

.....

.....

.....



10. Met watter tipe gemeenskappe werk gemeenskapsielkundiges?

.....

.....

.....

.....

.....

.....

.....

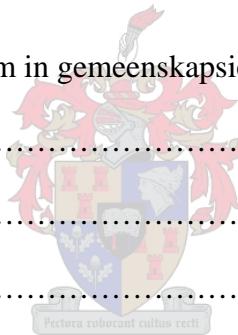
.....

.....

11. Beskryf die tipe persoon wat by gemeenskapsielkunde betrokke sou raak.

Indien jy so verkies, mag jy spesifieke besonderhede gee soos: individuele kwaliteite; sosiale kategoriee soos ras, geslag, klas.

12. Wat sou jou ontmoedig om in gemeenskapsielkunde te praktiseer?



The image shows a detailed university crest or coat of arms. The central shield is divided into four quadrants: the top-left quadrant is blue with a white cross; the top-right quadrant is red with a white cross; the bottom-left quadrant is blue with a white cross; and the bottom-right quadrant is red with a white cross. In the center of the shield is a small emblem. Flanking the shield are two red lions standing on their hind legs. Below the shield is a rectangular banner with the Latin motto 'Pectora ruborant cultus recti' written on it.

13. Wat sou jou aanmoedig om by gemeenskapsielkunde betrokke te raak?

A faint watermark or background image of a heraldic crest. The crest features a lion and a unicorn standing back-to-back, holding a shield between them. A torch or flame is positioned above the shield. Below the crest, there is some Latin text.