Perceptions that social workers and occupational health nurses in the Pietermaritzburg region have, of clinical psychologists, counselling psychologists, psychiatrists, physicians, and priests

By

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ABSTRACT

This study involved an investigation of the perceptions that social workers and occupational health nurses have, of clinical and counselling psychologists, psychiatrists, physicians, and priests. The present study includes a sample of social workers and occupational health nurses in the Pietermaritzburg region. Subjects were required to **i)** rate their confidence in the ability of each of these professionals to treat 5 clinical cases, **ii)** rate their confidence in each of the professionals to help them with their own problems **iii)** rate each of the 5 cases in terms of the severity of each case, **iv)** rate each of these practitioners on 11 personal qualities developed by Webb and Speer (1986), and **v)** choose from a list of 10 professions the one they would like their off-spring to persue. Repeated measures anovas, Tukey's HSD test, and descriptive statistics, were used to analyse the data. The results indicated that the sample **i)** was moderately confident in the abilities of psychologists to treat 5 cases **ii)** was moderately confident in the abilities of psychologists to treat their own problems, **iii)** rated case 3 as being most severe and psychiatrists as being more competent to treat this 'severe' case, **iv)** rated psychologists quite favourably in terms of personal qualities, and **v)** chose engineers and accountants above psychologists. Further analysis revealed that in certain instances, the sample appeared to have a preference for counselling

psychologists over clinical psychologists, and rated mental health professionals more favourably than non-mental health professionals. The results also indicated that the sample appeared to lack clarity about the roles, functions and skills of psychologists. Implications for the job security of psychologists, and the need for educational and public relations efforts are discussed.

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CHAPTER 1 INTRODUCTION

1.1 Background to the study

Since World War 2, members of various mental health professions have experienced dramatic shifts in their respective roles, responsibilities and public image (Schindler, Berren, Hannah, Beigel and Santiago, 1987). During the early postwar era, the roles of psychiatrists, clinical psychologists and other mental health professionals within the service delivery network, were rigidly defined: psychologists provided testing; psychiatrists "treated " the patient with psychotherapy and psychotropic drugs; nurses dispensed medication; and psychiatric social workers and aides " worked with" patients to support networks within and outside of the treatment setting (Schindler et al ., 1987). With the advent of the community mental health centre movement of the 1960's and the concurrent demise of custodial institutions, these professional stereotypes changed (Blum and Redlich, cited in Schindler et al., 1987). The emergence of alternative psychotherapeutic regimens, such as the improved application of psychotropics and behaviour modification techniques, led to a decrease in the use of psychoanalysis and to the rise of the non-psychiatrist as therapist. The shift in focus from inpatient to outpatient care, along with the successful struggle by psychologists and allied mental health professionals to join psychiatrists in private

practice, has unfortunately engendered a significant amount of rivalry among those professionals who were impacted by these changes (Schindler et al., 1997).

Schindler et al. (1987) cite numerous studies (Brill, Huber, Kiesler, Schindler, Berren & Beigel, and Wallace & Rothstein), in which a great deal of scrutiny has been paid to the purportedly conflict-laden relationship between psychiatrists and psychologists. It seems likely that such interdisciplinary jealousies, if they do exist, have arisen in part from the forced sharing of prestige and areas of expertise that these two disciplines have faced in recent years (Schindler et al., 1987).

In a review of research dealing with psychology's public image,Wood, Jones,and Benjamin (1986) noted that in the majority of earlier studies (eg., studies by Grossack, and Guest, cited in Wood et al., 1986), most respondents failed to correctly differentiate the roles of psychiatrists and psychologists, although later studies, including Wood et al.'s own, revealed clearer distinctions.

Commenting that " the patient pays the price" for interprofessional rivalry, Schectman and Harty (cited in Schindler et al., 1987) contended that the distinguishing features of the various specialists should be de-emphasized altogether; rather the focus should be on the collaborative efforts that should and do occur among mental health teams. On the other hand, interdisciplinary conflict

is seen as inevitable because of the sharing of identical treatment roles among professional groups who are, nonetheless, awarded salary and status in unequal proportions (Blum and Redlich, cited in Schindler et al.,1987). There are others who offer a basis for optimism regarding the current state of interprofessional relations: for example, in a survey of coordinators of psychiatric residency training, the majority of respondents expressed considerable respect for the clinical and academic skills of psychologists (Schindler et al., 1987). Similarly,Folkins, Wieselberg and Spensley (cited in Schindler et al., 1987) found that the attitudes of psychiatrists, clinical psychologists and psychiatric social workers toward 5 mental health disciplines (including one another's), were positive. Schindler et al. (1987) argue that regardless of the current condition of professional relationships, the trend toward increased role diffusion among mental health professionals is likely to continue.

The professional area that has undergone perhaps the most significant change in the past two decades is that of psychotherapy. Psychiatrists no longer rule the practice of psychotherapy, with psychologists limiting their activities to assessment. Rather, psychiatrists and psychologists, as well as social workers, each perform the same amount (30%) of the total number of " self- defined" psychotherapy hours, whereas primary care physicians report doing 10% (Beitman, cited in Schindler et al., 1987). Even these figures are not truly

representative of the actual diffusion of psychotherapeutic practice, because several other professions (the ministry, psychiatric nursing and the counselling profession) are also actively involved in such activities, and many professionals are currently providing psychotherapeutic services (ie., "growth groups") without labelling such care as "psychotherapy". Nor do the different professionals necessarily treat vastly different patient types (Schindler et al., 1987). Schindler et al. (1987) cite Webb's comparison of the patient populations of psychiatrists and psychologists, which suggested that the two patient groups are strikingly similar both in terms of demographic data and in terms of the type and severity of psychopathology.

While this merging of roles and shifting of mutual perceptions was taking place, researchers as well as practitioners themselves, developed a renewed concern over the public's evaluation of the various professional groupings (Schindler et al., 1987). Psychologists, in particular, have taken steps in recent years to correct the poor public image and inaccurate information that seems to plague their profession (Wood, Jones, and Benjamin,1986). This is with good reason. For example, Trautt and Bloom (1982) found that undergraduate psychology students rated psychiatrists more positively than counsellors, and that both these groups were evaluated more highly than psychologists on a number of dimensions.

In sum, increased role sharing and diffusion have triggered a need for investigations into the nature and quality of inter-relationships among mental health workers, and also an increased concern regarding the public's perceptions of the qualities and competencies of the various practitioner groups (Schindler et al., 1987).

1.2 Aims of the study

The purpose of the present study is to assess how social workers and occupational health nurses perceive the abilities and personal qualities of clinical and counselling psychologists, psychiatrists, physicians, and priests. The study will attempt to ascertain **i)** their confidence in the ability of each of the above-mentioned practitioners to treat 5 clinical cases, **ii)** how they perceive all these practitioners in terms of personality characteristics, **iii)** their confidence in each of these practitioners to help them with their own problems, and **iv)** which one of a number of professions they would like to see their off-spring persue. This study specifically aims to investigate how clinical and counselling psychologists are perceived in relation to these other practitioners i.e., whether they are perceived as competent to treat a range of psychological problems of varying severity, whether they are perceived as competent to treat the respondents' own problems, whether attitudes toward them are favourable or positive, and whether the psychology

profession can be regarded as a popular choice. The study will further attempt to determine whether the severity of a case has a bearing on the type of practitioner chosen to treat the case.

1.3 Rationale of the study

One rationale for conducting a study in this area, is that while numerous studies suggest that psychology's image is favourable (Guest, 1948; McGuire and Borrowy, 1979; Montin, 1995; Murray, 1962; Nunnally and Kittross, 1958; Sanchez et al.,1995; Tallent and Reiss, 1959; Webb and Speer, 1986; Wood, Jones, and Benjamin, 1986), others (Benjamin, 1986; Friedlmayer and Rossler, 1995; Harnett et al., 1989; Janda, England, Lovejoy, & Drury,1988; Warner and Bradley,1991; *and* even Wood et al's 1986 study) have cast doubt on the image of psychology and psychologists. Furthermore, Persson's (1995) study, found that although the overall image of psychology in Sweden was favourable, respondents had still displayed ambivalent attitudes towards psychologists. The inconsistency in the results, has suggested a need to investigate the perceptions of psychologists by a selected group of local health professionals. The rationale for selecting a sample of social workers and occupational health nurses, was that these professionals are directly involved in making referrals to mental health practitioners. Seeing that one of the central aims of this study, is to investigate how favourably psychologists (i.e. clinical psychologists and counselling psychologists)

are perceived in comparison to other practitioners in the helping fields, it was thought to be interesting to find out how *these* professionals perceive psychologists. Their perceptions could have an effect on to which of the practitioners they choose to refer cases.

Furthermore, in their study, Warner and Bradley (1991) argue that the public image of clinical psychologists could have implications for job security (or lack thereof), as psychologists continue to face competition from other professionals that offer treatment for psychological problems. Hence, in light of the fact that the image of psychology and psychologists could have implications for the job security of psychologists, a study in this area, albeit a small-scale study conducted within a specific geographical area, was deemed useful. Finally, in order to develop a strategy for promoting the psychology profession and marketing psychological services, we must acquire a detailed knowledge of its image.

The results of the present study will shed some light on the image that social workers and occupational health workers have, of psychologists. The outcome could thus have implications for whether or not clients will be referred to clinical and counselling psychologists by social workers and occupational health workers. If psychologists are shown to be viewed in a less than positive light, this could have implications for their role, and possibly their job security, in the

Pietermaritzburg region.

CHAPTER 2 LITERATURE REVIEW

There have been numerous studies that have specifically set out to investigate the public's perception of professionals involved in the provision of mental health services. In particular, many of these studies have focused on assessing how psychology and psychologists are perceived by the general public. Growing concern about the image of psychology and psychologists, has sparked a number of studies in America, Australia and more recently in Europe. Some of the most recent and relevant American studies to date include those by Dixon, Vrochopoulos, and Burton (1997), Farberman (1997), Harnett, Simonetta, and Mahoney (1989), Janda, England, Lovejoy, and Drury (1998), Schindler et al. (1987), Warner and Bradley (1991), Webb and Speer (1986), andWood et al. (1986). Early Australian studies in this area include those by Small and Gault, and Wilkinson et al. (cited in Webb and Speer, 1986), as well as the much more recent study by Hopson and Cunningham (1995). There have also been some recent studies conducted in Europe (Friedlmayer and Rossler, 1995; Montin, 1995; Persson, 1995; Sanchez, Contri and Pardo, 1995), which have assessed the image of psychology and its professionals.

2.1 Distinguishing between psychology and psychiatry

Interest in the public's attitude toward psychologists dates back as far as the 1940's, with the American study by Guest (1948) setting the stage for the

numerous American studies that were to follow. Guest (1948) conducted a survey in Pennsylvania, which compared public understanding of psychology and psychiatry. Respondents were asked whose help they would seek if they were selecting workers for a particular job. Surprisingly, economists and engineers were chosen more often than psychologists. As further evidence of respondents' confusion about psychology, it was reported that little distinction was made between psychologists and psychiatrists (Guest, 1948). However, out of the five occupations listed, psychologists were correctly selected most often as the professional to consult when conducting an attitude survey or deciding a profession for one's child. These somewhat inconsistent results concerning respondents' knowledge of psychology, were accompanied by an even greater inconsistency in opinions. Although the majority of respondents (61,7%) reported a positive overall impression of the field, many registered negative opinions on specific questions. When asked which of the five occupations they would least like their children to choose, respondents named psychologists most often (Guest, 1948).

Webb and Speer (1986) offer a critique of Guest's (1948) study, arguing that in addition to the fact that this study is dated, the methodology used might also be a limiting factor in interpreting the study's results. They state that the investigator determined the dimensions along which psychologists were to be evaluated, using

a list of 20 fixed-alternative questions, thus introducing the possibility of experimenter bias. Furthermore, they argue, the other professionals chosen for comparison (architect, engineer, chemist and economist) are of questionable value for that purpose (Webb and Speer, 1986).

A fair amount of research, including the above- mentioned study by Guest (1948), has focused on the extent to which people are able to distinguish between the mental health professions of psychology and psychiatry. Wood et al. (1986) cite two surveys that attempted to determine this distinction ie., a survey conducted by Murray in 1962, and a survey conducted by Tallent and Reiss in 1959. The respondents in the 1959 survey were non-psychology students in adult education courses, while the respondents in the 1962 survey were introductory psychology students and their friends. In these surveys, the respondents' ability to distinguish between psychology and psychiatry was striking (Wood et al., 1986). For example, in the 1959 survey, only 15% thought that psychologists possess a medical degree, whereas 70% thought psychiatrists have this degree. The majority of the sample believed that psychiatrists are trained primarily as practitioners (87%) and that they treat mental disorders (89%). A minority believed that psychologists are trained as practitioners alone (38%) or that they provide treatment for mental disorders (34%)(Wood et al., 1986).The 1962 survey yielded similar findings.

A survey by Thumin and Zebelman (1967) compared the reactions of people to a variety of occupations, including surgeons, dentists, engineers, psychologists and psychiatrists. An open-ended question about what psychologists and psychiatrists do, revealed that respondents did distinguish between the two professions, although not to the extent observed in earlier surveys. For example, 31% reported that psychologists studied behaviour, whereas only 3% thought psychiatrists do. Yet, only 35% thought psychologists help people with their problems, and 45% thought psychiatrists do (Thumin and Zebelman). When asked who they would contact for specific services, respondents reported that they would have a clear preference for psychiatrists if they were depressed, felt nervous and wanted a prescription for tranquillizers, were becoming mentally ill, or were drinking excessively. Psychologists were preferred to determine a child's IQ or to help with marital difficulties (Thumin and Zebelman, 1967).

Still on the subject of the distinction between psychology and psychiatry, it is useful to mention a survey cited in Wood et al.(1986). For this survey, a professional survey organization hired by the American Psychological Association, interviewed a cross-section of the public concerning their opinions toward psychiatry. Psychiatrists were viewed as more effective than psychologists in treating mental illness, which was defined as involving organic problems and antisocial behaviour. Yet psychiatrists and psychologists were viewed as equally

helpful in treating emotional problems, such as an ability to cope with life, family problems, and depression. It was found that the perceived advantage of psychiatrists in treating mental illness, appeared to be due to respondents recognition that psychiatrists receive medical training (cited in Wood et al., 1986). Wood et al.'s own study (1986) involved a telephone survey of respondents in four metropolitan areas (Los Angeles, Milwaukee, Houston, and Washington DC). Part of the survey involved having to indicate whether psychologists and psychiatrists performed certain activities. It was found that a larger percentage of the sample believed psychologists, rather than psychiatrists, survey attitudes and predict behaviour (86.16% vs 50.75%) and evaluate children's performance at school (86.57% vs 49.25%)(Wood et al., 1986). The results further revealed that a larger percentage of the sample believed psychiatrists, rather than psychologists, prescribe drugs for mental illness (80.60% vs 15.42%) and evaluate mental disorders and provide counselling (96.02% vs 70.65%)(Wood et al., 1986). Wood et al. (1986) state that it appears that respondents *could* differentiate between the two fields as in earlier surveys (i.e.,Murray ; Tallent and Reiss, cited in Wood et al., 1986).

However, the findings of Webb and Speer's (1986) study do not support this differentiation. Their study found that many people still equate the professions of psychology and psychiatry. The original task of their study, required subjects

(N=54) to write descriptive paragraphs about typical members of six professions: psychologist, psychiatrist, physician, counsellor, teacher, and scientist. It was found that 8 out of 54 (15%) considered psychologists to be identical to psychiatrists (Webb and Speer, 1986). These authors argue that the failure to differentiate between the two professions, may add fuel to the half century rivalry between them.

From the studies discussed above, it is evident that there is some inconsistency in the findings with regard to the ability of people to differentiate between psychology and psychiatry. While some studies (eg., Guest, 1948; Thumin and Zebelman, 1967; and Wood et al.) have demonstrated that people *can* distinguish between these two professions, Webb and Speer's (1986) study does not support these findings.

2.2 Psychology's ranking as a desirable profession

There have been studies which have attempted to determine how psychology has ranked as a desirable profession, compared to other related and unrelated professions. As part of Thumin and Zebelman's (1967) survey, parents were asked about their preferences for their children's occupations. On this measure, psychologists, as in Guest's (1948) survey, were ranked at the bottom of the list. When compared with psychology, even psychiatry was preferred more than two to

one. However, Webb and Speer (1986), in response to these results, argue that the results do not necessarily imply a negative image of psychology. Rather, they imply an inferior status compared to five other professions on several dimensions selected a priori by the researchers.

Webb and Speer (1986) cite an Australian study by Small and Gault, which asked an Australian sample which of 10 professions was the most desirable. Only 1,42% (N=352) listed psychologists first. In fact, psychologists tied with psychiatrists for last place in this category (behind architect, doctor, accountant, school teacher, chemist, dentist, clergyman, and social worker, in descending order). However, only 2,87% rated psychologists as the least desirable profession, with only two other categories (doctor and architect, respectively) rated less frequently as the least desirable profession (Small and Gault, cited in Webb and Speer, 1986). Again, Webb and Speer (1986) argue that these results are difficult to interpret in terms of public image.

In another metropolitan Australian sample (N=126), Wilkinson et al.(1978) compared the public image of clinical psychology, medicine, psychiatry, religion, and social work. Psychologists were considered the least known and least useful, were consulted least, and were ranked fourth in the confidence raters might place in them (ahead of clergy). In response to this study, Webb and Speer (1986) argue,

once again, that these results do not imply a negative image, per se, only an inferior status relative to four other professions.

One part of Wood et al's (1986) study, involved subjects having to rate on two 4-point bipolar scales, how good psychology is and how helpful it is. In all, 91.35% of the respondents had highly favourable or somewhat favourable attitudes toward psychology. For example, 58.28% believed that psychology has not been used primarily to control and manipulate people, and 84.43% agreed strongly or agreed somewhat that psychology is a science (Wood et al., 1986). Wood et al's (1986) finding that psychology was regarded as a science, was not supported by Webb and Speer's (1986) study, which revealed that psychologists were seen as dissimilar to scientists.

2.3 Psychology's public image: Perceived qualities and competencies

Numerous studies, in an attempt to further the understanding of the public's image of psychology, have focused on assessing how people have viewed or rated the qualities and competencies of psychologists. One such study by Nunnally and Kittross (1958), assessed how favourably the public perceived mental health and health-related professionals, using a semantic differential rating instrument. These authors found that the public generally regarded all mental health professionals quite favourably. On ratings of value or worth and on ratings of understandability

or straightforwardness, medical personnel (doctors, nurses) consistently ranked higher than psychologists, and psychologists ranked slightly higher than psychiatrists. Psychologists received relatively high scores on value. The study found that psychologists received a mean rating of 6 on a scale with 7 as the highest value (Nunnally and Kittross, 1958).

A similar study by McGuire and Borrowy (1979) also revealed that mental health professionals were perceived positively. Their study investigated the attitudes of undergraduate students of an introductory psychology course, toward various contemporary mental health professionals. For their study, several of the title designations investigated by Nunnally and Kittross (1958) were eliminated (such as doctor, psychologist and research psychologist), and several more current role designations were added (counselling psychologist, school psychologist, psychiatric nurse, and marriage counsellor). Seven of the professional role categories were retained: physician, nurse, clinical psychologist, psychoanalyst, psychiatrist, social worker and mental health attendant. An overall mean favourability-unfavourability score was derived for each role designation. Additionally, two cluster scores were obtained. These clusters were hypothesized to reflect generalized "value" and " understandability" factors, as in Guest's (1948) study. The value cluster score was calculated by obtaining the mean attitude across the following scales: insincere-sincere, worthless-dependable,

ineffective-effective, and undependable-dependable. The understandability score was derived by obtaining the mean attitude rating across the following scales: unpredictable-predictable, complicated-simple, and twisted-straight (McGuire and Borrowy, 1979).

This study revealed an overall highly favourable perception of professionals in the mental health field. An interesting finding was that in comparing the two cluster dimensions, every role designation received a higher mean attitude score on the value scales than it did on the understandability scales. This difference was found to be significant. McGuire and Borrowy (1979) stated that although it appeared that their sample highly valued mental health professionals, they did not see themselves as having a comparable degree of understanding of how these professionals perform within their areas of specialization.

These authors state that their data supports the finding in the study by Nunnally and Kittross (1958), that strictly medical professions are rated more favourably than psychologically designated roles. However, McGuire and Borrowy's (1979) study did reveal that *some* areas of psychology (especially counselling psychology) were viewed in nearly an equal light as the medical professions. Results further revealed that although the medical speciality of psychiatry was rated favourably overall, it was perceived as less understandable than 10 of the

other 12 titles (the remaining ones being psychoanalyst and mental patient).Despite the overall positive ratings of mental health professionals, McGuire and Borrowy (1979) concluded that their data suggested that all mental health professional groups, needed to vigorously strive to educate the public as to the basic nature and process of mental health delivery.

2.4 Recent American research on the perceived qualities and competencies of psychologists

In his presidential address to the American Psychological Association (APA), William Bevan (cited in Webb and Speer, 1986) spoke of the problem of the public understanding of psychology. Webb and Speer (1986) state that he is not alone in his concern. They mention that four of the five candidates for the presidency of the APA during this time, had addressed the matter of psychology's public image as a major issue facing the profession. However, Webb and Speer (1986) at the time of their writing, argued that research up to that stage, had not confirmed this suspected negative image. For example, as mentioned earlier in the discussion, Webb and Speer (1986) believed that research by Guest (1948), Thumin and Zebelman (1967), Small and Gault (cited in Webb and Speer, 1986) and Wilkinson et al. (cited in Webb and Speer, 1986), did not suggest a negative image of psychology.

To shed more light on psychology's image, Webb and Speer (1986) conducted their own study to reassess psychology's public image, focusing on the perceived qualities of a group of professionals. Their project studied the attitudes of undergraduate students (non-psychology majors) and their parents, towards psychologists, psychiatrists, physicians, counsellors, teachers, and scientists. Respondents were required to rate these professionals on 11 clusters of qualities . These 11 clusters were as follows**: i)** Alienated: cold, uninterested, introverted, odd; **ii)** Arrogant: bossy, hostile, greedy, egotistical; **iii)** Dedicated: dedicated, persistent, well-trained; **iv)** Helpful: helpful, caring, friendly, a good listener; **v)** Inquisitive: curious, probing, a researcher; **vi)** Patient: patient, calm, self-controlled; **vii)** Psychological: deals with mental problems, studies behaviour, studies the mind; **viii)** Rich: rich, nicely dressed, professional looking; **ix)** Scholarly: enjoys learning, intelligent, studious, knowledgable, school-related, wise; **x)** Unappreciated: necessary, underpaid; and **xi)** Understanding: understanding, well-adjusted, gives advice (Webb and Speer, 1986).

The results showed an overall favourable attitude toward psychologists (Webb and Speer, 1986). Results revealed that psychiatrist was rated most favourably, followed in order by psychologist, physician, counsellor, teacher, and scientist (Webb and Speer, 1986). Compared to the five other professions, psychologists

scored above the group means on rich, patient, inquisitive, understanding, psychological, and helpful. Scores were below the group means on unappreciated, scholarly, dedicated, alienated, and arrogant. Webb and Speer (1986) argue that these results do not support concerns of a negative public attitude toward psychology. They do add that the image may be unfavourable in other populations not sampled, but that in their heterogenous sample of middle-class Americans, psychologists were well thought of.

Webb and Speer (1986) also found that their sample lacked familiarity with psychologists. This was supported by the first stage of their project. When asked to describe the six professions, 18 out of a sample of 54 (33%) omitted psychologist. The authors concluded that this finding supports prior recommendations for public education regarding the discipline of psychology. Webb and Speer (1986) state that the sample's lack of familiarity with psychology, could perhaps could account for the clinical\nonscientific bias noted.

To assess similarities among the profiles of the six professions, correlations between each profession and all others on the 11 rating dimensions, were calculated. This analysis revealed psychologist to be most highly correlated with psychiatrist (r =.98) and least correlated with scientist (r =.11). According to Webb and Speer (1986), if their interpretation was correct, further analysis of the results

revealed that the respondents thought that psychologists and psychiatrists were both "tender-minded" individuals who deal with abnormal phenomena, and that they were maximally different from "tough-minded" scientists who deal with the normal world (Webb and Speer,1986).

Webb and Speer (1986) ask where all the fears about psychology having a negative image come from. They cite Korn and Lewandowski, who felt that one source of negativism might stem from the belief that all psychologists are clinicians. This clinical bias could conceivably contribute to a negative public image of psychologists in several ways: guilt by association with the medical community, competition with medicine, and\or the confusion of psychologists with psychiatrists (Korn and Lewandowski, cited in Webb & Speer, 1986). Webb and Speer (1986) state that their finding that psychologists were far removed from scientists, is consistent with this idea of a clinical bias. Webb and Speer (1986) cite Cattell who suggested that the rivalry between psychologists and psychiatrists can be settled only by the advancement of psychology as a science. It is interesting to note that the study by Wood et al. (1986) revealed that 84.34% of their sample agreed strongly or agreed somewhat, that psychology was a science.

Webb and Speer (1986) cite a number of studies by various authors (eg., Gardner, Guest and Shaffer), which showed that one previously suspected source of negativism was the media, which had been accused of perpetuating

misconceptions, ridicule, and\or fear about psychologists. However, Webb and Speer (1986) cite a study by Clark and Martire on the public image of psychiatry, in which similar charges were not corroborated. Rather, Webb and Speer (1986) argue that recent trends toward increased visibility of psychologists in the media (e.g., radio and T.V. "advice" programs, talk shows, and documentaries) have potentially positive implications for psychology's public image.

Webb and Speer (1986) concluded that despite the overall favourability of the ratings for psychologists, their sample's apparent lack of familiarity with psychologists, suggested that they were rating an incomplete image of psychologists. Furthermore, the finding of a clinical bias suggested that there was a minimal awareness among the respondents of the expanded role of psychology in all facets of society (Webb and Speer, 1986). These authors stated that their data supports the need for an education campaign to inform the public more fully about what psychologists really do. However, they add that education does not automatically ensure favourable attitudes. They state that a better informed public might actually think less well of psychologists as they become more accurately identified as scientists (Webb and Speer, 1986). Webb and Speer (1986) argue that pending research, which is sorely needed, their ethical responsibility is to clearly inform the public about who psychologists are, and to hope that the image of the profession can stand on its own merits, based on fact rather than fantasy.

Approximately a year after Webb and Speer's (1986) call for more research into psychology's image, a study by Schindler et al. (1987) set out to ascertain the image of four professional groups, by focusing on how people viewed the competency and qualities of these professionals. Their study sampled patients and non-patients. Subjects had to rate **i)** the competence of psychologists, psychiatrists, non-psychiatric physicians and members of the clergy, to treat 10 patient types, and **ii)** the personal qualities of the four practitioners groups along 9 dimensions. Psychologists and psychiatrists were almost evenly divided in terms of the number of higher ratings they received on the 10 problem patient types and on the eight personal qualities. Psychiatrists were perceived as significantly more competent to treat an alcoholic housewife, a sexually abused person, and a paranoid man, while psychologists were seen as better equipped to deal with a young couple, a teenage drug abuser, a disinterested married couple, and a lonely student (Schindler et al., 1987). Perceptions of differences on personal qualities also presented a mixed picture**:** while psychiatrists were rated more highly on education and experience, psychologists were seen as both warmer and more caring.

The results revealed a clear pattern of difference between the two mental health professions, i.e., psychologists were viewed as more competent to treat disorders that are generally considered to be less pathological. Psychiatrists on the other

hand, were rated as more capable of treating the more chronic, traumatic, and\or severe disorders, like alcoholism and paranoia (Schindler et al.,1987). The finding that psychiatrists were viewed as more competent than psychologists to treat serious mental problems, is supported by an APA survey (cited in Wood et al., 1986) and by the very recent study by Farberman (1997).

The study by Schindler et al. (1987) also showed that for treating all 10 problem patient types, the primary mental health professionals were clearly perceived as more competent than non-psychiatric physicians. The ratings on the eight personal qualities also generally favoured psychologists and psychiatrists, although physicians were considered higher on caring and professionalism. The comparisons between the psychologist\psychiatrist group and the clergy, showed the latter group as being perceived more favourably on several of the personal qualities, including warmth, caring, professionalism, and stability (Schindler et al.,1987). According to Schindler et al. (1987), the finding that the psychiatrist\psychologist group was perceived by their sample as considerably more qualified, skilled, and experienced than physicians and the clergy in the treatment of the ten patient types, has important implications regarding patients' choice of mental health service providers and, consequently, public relations efforts of the various treatment provider groups. These authors state that although people seeking services may initially approach "gatekeepers", such as clergy-

persons or non-psychiatric physicians, their data suggest that people consider mainstream mental health professionals better equipped to treat their psychological problems.

With regard to perceptions of psychologists specifically, Schindler et al.'s (1987) study revealed an overall positive perception of psychologists by their sample of patients and non-patients. However, Schindler et al. (1987) state that the issue for psychologists, is *why* they are perceived as less capable than psychiatrists to treat difficult mental health problems. They state that this issue is not a new one for psychologists. Furthermore, they state that even though the psychology profession has made progress over the past few decades, its members are still perceived as less competent to treat severe disorders. For payers, as well as professionals, the issue becomes one of deciding whether there is an appropriate role for each profession or whether both professions, regardless of patient problem type, are appropriate treatment providers (Schindler et al.,1987).

According to Harnett et al. (1989), the public image of clinical psychology dictates the readiness of societal members to seek needed clinical services, as well as to indirectly affect governmental funding. The public's perspective of psychology in general, and clinical psychology in particular, fluctuates as a function of numerous factors occurring in society. One such factor is information garnered from such

sources as newspapers, television, and pop psychology books. The public also forms impressions of psychology and psychologists from interactions with respected members of the community (Harnett et al., 1989). Schindler et al., (1987) referred to this aspect in discussing how physicians and clergy are often placed in the role of gatekeepers. These gatekeepers often interact with individuals who are having problems and are in need of help. Thus the gatekeeper is placed in a position of either recommending or not recommending the services of a clinical psychologist.

Harnett et al. (1989) state that there is another group often placed in the role of gatekeeper to psychotherapy. This group consists of psychologists outside the clinical realm, such as experimental, social, industrial, and physiological psychologists. According to these authors, the rubric *'psychologist'* is often a confusing one to the public, in that many people are unaware of the existence of the diverse fields of psychology. Much of the public believes that psychology is clinical psychology, and that all psychologists engage in psychotherapy. It is not uncommon for a non-clinical psychologist to be approached by a layman (neighbour, student, co-worker) to deal with a problem more appropriate for a clinician. Thus, the non-clinical psychologist often enacts the role of gatekeeper, serving as a conduit between the public and psychology (Harnett et al., 1989). With this in mind, Harnett et al. (1989) conducted a study to ascertain the views of

non-clinical psychologists toward various aspects of clinical psychology, and their views toward clinical psychologists. They were interested in finding out whether non-clinical psychologists, as gatekeepers, believe that therapy is effective, and what they thought of the typical clinician.

A brief survey was mailed to 300 non-clinical psychologists, randomly chosen from the 1985 APA directory. Of these, 109 usable surveys were returned. The survey consisted of **i)** a Social Distance Scale, on which respondents indicated the percentage of practising clinicians they knew whom they would be willing to recommend to a total stranger, to an acquaintance, to a colleague, to a close friend, or to a close family member, and the percentage of clinicians they knew whom they *themselves* would see if they had a problem; **ii)** questions dealing with characteristics of good and poor therapists that account for their effectiveness; **iii)** a semantic differential consisting of nine bipolar adjectives for respondents to rate the "typical clinical psychologist"; **iv)** one question dealing with the respondent's perceptions of the efficacy of psychotherapy; and **v)** a question dealing with the belief that "anyone who has good interpersonal skills could be as effective as the clinical psychologist "(Harnett et al., 1989, p.188).

Results of the Social Distance Scale followed a descending progression, whereby

respondents were willing to recommend almost half (47%) of the practising clinical psychologists they knew to a stranger, 42% to an acquaintance, 36% to a colleague, 33% to a close friend, 28% to a close family member, and they themselves would see only 25% of the clinicians they knew. The results indicate that the less the respondents knew the individual who needed referral, the more willing they were to make a referral (Harnett et al., 1989). Respondents believed that the main cause of both effectiveness (38%) and ineffectiveness (29%) of therapists, was psychological training. An interesting finding, was the importance placed on interpersonal skills *before* training as a factor in effectiveness (24%) and ineffectiveness (28%). Those surveyed viewed the typical clinical psychologist in a fairly favourable light. They were perceived as stable and empathic, but slightly pompous (Harnett et al., 1989).The results further revealed that the majority of respondents believed that psychotherapy was effective, although 35% were undecided or disagreed that therapy was effective. In the same vein, the majority of respondents did not believe that an individual without clinical training, but with good interpersonal skills, would be just as effective as the average clinical psychologist, although a substantial proportion (40%) were either undecided or believed that such a person would be just as effective (Harnett et al., 1989).

The authors concluded that overall, the data indicated that non-clinical psychologists have a moderately positive perspective of clinical psychology and

clinical psychologists. They state that one had to be circumspect in interpreting responses to particular questions. For example, the Social Distance Scale data indicated that non-clinical psychologists would seek help from only 25% of the practising clinicians they knew, and would recommend less than half the clinicians they knew to a total stranger. Harnett et al.(1989) state that on the surface, this does not appear to be a ringing endorsement for clinicians. However, they add that the reluctance to recommend a therapist is not necessarily an indictment of the therapist. Some respondents may have a preference for or a belief in a particular theoretical orientation to the exclusion of all others. This would reduce the number of clinicians recommended. In addition, a hesitancy to personally see clinicians with whom respondents are acquainted, may be for the very fact that they *do* know them (Harnett et al., 1989).

Another valuable study on people's perceptions of mental health professionals, is the study by Warner and Bradley (1991). The sample in their study comprised undergraduate psychology students. The study aimed to investigate subjects' knowledge of, attitudes toward, and preferences for masters-level counsellors, doctoral-level clinical psychologists, and psychiatrists. Subjects had to complete a multiple choice test of training requirements for the 3 professions, rate the clinicians on the 11 personal qualities developed by Webb and Speer (1986), and rate their confidence in the clinicians to treat 5 clinical problems.

With regard to the sample's attitudes toward these professionals, results revealed that counsellors were rated as more aptly described by the phrase "helpful, caring, friendly, a good listener", than were psychologists. This result was not surprising, considering that counsellors were preferred over psychologists to treat three of the five cases (Warner and Bradley, 1991). What distinguished psychologists from psychiatrists? Psychiatrists were frequently described by the phrase "deals with mental problems, studies the mind, studies behaviour". Summarizing these findings, it is evident that psychologists were not viewed as superior in terms of personal qualities or in terms of extent of clinical expertise (Warner and Bradley, 1991). Results further revealed that while counsellors were generally preferred over psychologists and psychiatrists to treat the cases, psychiatrists were preferred to treat the more severe disorder, i.e. major depression with psychotic features. This supports the finding by Schindler et al. (1987), that psychiatrists were perceived as more capable of treating severe disorders than psychologists.

With regard to the subjects' knowledge regarding differences in the training and type of treatment-focus typical of each of the professional groups, responses to 12 multiple choice questions showed that subjects averaged 6 out of 12 items correct (Warner and Bradley, 1991). Furthermore, subjects' responses to an open-ended question suggested that their understanding of the areas of expertise of clinical psychologists was vague. They basically viewed psychologists' appropriate

clientele as having a "middle-range" of psychopathology. Warner and Bradley (1991) argue that without a clear definition of the "middle-ground" with which psychologists are associated, subjects may have been less confident in choosing them for specific cases.

Warner and Bradley (1991) concluded that if psychologists are not distinguished as better prepared (by research-based clinical training) to provide psychotherapy, it may be helpful to discuss, with undergraduate psychology students who are potential consumers of mental health services, the value of research-informed clinicians. Additionally, if psychologists are not distinguished by their warm, caring manner, it may be helpful to establish these personal qualities as prerequisites to graduate clinical training programs (Warner and Bradley, 1991).

2.5 Psychology's image: The public's knowledge of and attitudes towards the field

As can be seen from the preceding discussions, numerous studies on the public image of psychology do suggest that the public perceives the field positively (Guest, 1948; McGuire and Borrowy, 1979; Murray, 1962; Nunnally and Kittross, 1958; Tallent and Reiss, 1959; Webb and Speer, 1986; Wood et al., 1986). However, quite a number of international studies by various researchers, indicate that both the field and its professionals are still plagued with image problems

(Benjamin, 1986; Harnett, et al., 1989; Warner and Bradley, 1991;Wood et al.,1986). For example, as discussed earlier, Wood et al (1986) found that although the public held favourable attitudes toward psychology, they were only marginally sophisticated in their understanding of the field. Similarly, Warner and Bradley's (1991) study found that their sample had an average knowledge of the training and areas of expertise of psychologists.

Benjamin (1986) facilitated an understanding of this discrepancy by explaining that psychology's image is two-dimensional. According to him, the public image of the profession reflects both its **popularity** (or how the public feels about the field and its professionals) and its **understanding** (or what the public knows about the field and what its professionals do). He stated: "Although psychology's popularity has waxed and waned, it is doubtful that the public has ever had a reasonable understanding of the nature of the field" (p.945). Therefore, he argues that psychology's image problems stem more from the public's lack of understanding of the field, than from the public's affect toward it. According to Dixon et al. (1997), these two dimensions discussed by Benjamin (1986), are not mutually exclusive; with misunderstanding may come negative affect. As a result of this combination of misunderstanding and misperception, several segments of the population may make critical decisions about the field, that may impact negatively on its survival (Dixon et al., 1997).

A very recent study by Farberman (1997) also found that the public lacked knowledge of and understanding of the field of psychology, thus supporting the views of Benjamin (1986) and Dixon et al. (1997). In this study, focus groups and a random telephone survey were conducted to examine the public's attitudes toward mental health providers. Results of the focus groups revealed that participants were generally unable to explain the differences between the different types of mental health providers, and were generally ignorant of the educational requirements and unique training of psychologists (Farberman, 1997). Results of the telephone survey showed that a few respondents understood the requirements necessary to become a psychologist. Just 36% knew that a doctoral degree is required; 27% believed that only a masters degree is required. Also, the survey revealed that there was a large gap between **i)** respondents belief that psychological health is important and **ii)** their willingness to seek professional help for psychological issues, and their knowledge about when and how to seek out psychological help. In fact, 75% of the respondents agreed or strongly agreed with the statement "I wish I had a better understanding of when it is appropriate to see a mental health provider" (Farberman, 1997).

With respect to choosing a mental health professional, most respondents said that they would be likely to consult a mental health provider for serious mental illness or suicidal feelings. However, the percentage of respondents indicating that they

would be "very likely" to seek out a mental health professional, dropped sharply for problems psychologists routinely treat, such as depression, anxiety disorders, or coping with a serious illness.Farberman (1997) states that concerns about cost and insurance and a general lack of knowledge of what appropriate mental health services are and can accomplish, were the most serious barriers for consumers to seeking out mental health services.

With regards to attitudes toward mental health professionals, results of Farberman's (1997) study revealed that focus group participants had the most accurate information about psychiatrists but also had a negative impression of them. This impression seemed to be based on their belief that psychiatrists deal only with serious mental illness, and tend to overmedicate. Most participants viewed psychologists fairly positively, but it was not entirely clear what that attitude was based on.

Results of the telephone survey revealed that by a wide margin over other mental health providers, psychiatrists were associated with the treatment of emotional and mental health. When asked to name the types of professionals specializing in the treatment of mental and emotional health issues, 51% of respondents mentioned psychiatrists first, whereas only 23% mentioned psychologists first. Respondents also associated psychiatrists with the treatment of the most serious mental illnesses

and other providers with the treatment of less serious ailments (Farberman, 1997).This latter finding supports the study by Schindler et al. (1987), which showed that psychiatrists rather than psychologists, were associated with and regarded as more competent to treat, serious mental problems. Farberman (1997) concluded that the results from both the focus groups and the telephone surveys, pointed toward the need to create a public information campaign to educate the Americans about those psychological services that enhance physical well-being and family relationships, and help people cope with life stresses.

While the results of Farberman's (1997) study revealed that the public had a positive impression of psychologists, their simultaneous lack of knowledge and understanding of the field, could reach a stage where, as Dixon et al.(1997) argue, " several segments of the population may make critical decisions about the field that may impact negatively on its survival"(p 675). Hence, although studies may find that psychology and psychologists have a positive image, ideally, this affective component should be equally matched with a good understanding and knowledge of the field, in order for the field to thrive.

Keeping on the issue of the importance for people to have a good knowledge of and understanding of the field of psychology, it is useful to mention a very recent American study by Janda et al. (1998), which concluded that there was a definite

need to educate the public about psychology. Janda et al.(1998) believe that psychology most certainly has an image problem. Their belief is clearly supported by the findings of their study. Two surveys conducted by these psychologists, attempted to determine people's attitudes toward psychology relative to other disciplines. For the first survey, a randomly generated sample of 141 people living in the Tidewater area of Virginia, was contacted by telephone. Altogether, 33 men and 67 women agreed to participate. The second sample comprised faculty members at Old Dominion University. Respondents were asked to rate seven academic disciplines using a 7-point scale ranging from 1 (extremely unimportant) to 7 (extremely important).

Results showed that for both surveys, psychology, sociology, and economics, were generally viewed as less important than the other disciplines (biology, chemistry, physics, medicine). Janda et al. (1998), in response to this finding, state that it appears that both the general public and the college faculty, have more favourable impressions of what are often referred to as "hard" sciences, than the "soft" sciences of psychology, sociology and economics. They state that it is not obvious why this is so. These authors state that one possible explanation is that respondents based their responses on stereotypes of the various disciplines rather than direct knowledge. For example, few respondents in survey 1 had a clear idea of what physicists do, but nonetheless rated this discipline more favourably than

psychology (Janda et al., 1998). However, Janda et al. (1998) argue that this explanation does not appear to be reasonable, given the consistency between the responses of the general public and the college faculty. It was found that a substantial majority of faculty respondents did appear to have a reasonable idea of the nature of the various disciplines, yet this knowledge was not translated into more favourable impressions of psychology.

Especially surprising, was the finding that the faculty from the College of Education, rated the "hard" sciences more favourably than psychology, despite many of them having had extensive undergraduate coursework in psychology (Janda et al., 1998). According to Janda et al. (1998), such opinions raise concerns about the campaigns sponsored by the APA (The American Psychological Association) to increase the public's understanding of psychology. They cite a study by Raviv and Weiner, which found that increased visibility for psychologists may actually elicit negative reactions. Janda et al. (1998) argue that at the very least, such educational campaigns should be based on a clear understanding of the type of information that is likely to result in more favourable impressions of the discipline of psychology.

Janda et al. (1998) personally believe that the answer to psychology's image problem is to emphasize its scientific foundation. However, not all psychologists

agree with this. Janda et al. (1998) mention that a number of writers have suggested that it is not appropriate for psychology in general and psychotherapy in particular, to aspire to be a science. For example, Nadelson (cited in Janda et al., 1998) argues that psychotherapeutic practice is more literary imagination than "hard" science, and Rogers (cited in Janda et al., 1998) argues that psychology should be viewed as a narrative craft rather than a "hard" science. Janda et al. (1998) argue that if psychologists cannot agree about the nature of the discipline, it may be difficult to convince the public that psychologists have much to offer.

One part of Janda et al's. (1998) study found that respondents were unable to distinguish clinical psychology from other mental health professions, such as social work, or psychiatry. These authors argue that distinguishing clinical psychology from these other professions, is more than just a public relations issue; it has clear practical implications in this age of managed health care. They cite Humphrey, who observed that managed care in America has resulted in a shift from doctoral-level clinical psychologists as providers of psychotherapy, to low cost providers such as social workers, marriage and family counsellors, and masters-level clinical psychologists. Janda et al. (1998) argue that it is clear that psychology must find ways to educate the public about what distinguishes clinical psychology from the other mental health disciplines. In their opinion, the critical difference is that psychology is the discipline best prepared to conduct relevant

research. These authors argue that it could therefore be beneficial to psychology's image if psychologists were prepared to present evidence relevant to the effectiveness of their methods, regardless of which ones they use.

Additional results of the first survey confirmed the authors' belief about psychology having an image problem.Results revealed that of the 27 spontaneous comments made by participants, 25 concerned psychology. Of these 25 comments, 24 were found to be clearly negative.Many of the negative comments had as their theme, that at least some of what psychologists have to say cannot be believed, and that people should rely instead on their common sense. A few respondents had much stronger views, suggesting that psychology was responsible for creating problems for society. The one positive comment suggested that although psychology did not measure up to psychiatry, psychologists " in some ways have done a good job" (Janda et al., 1998, p.141).

For the survey item that asked participants to name the most significant contribution for each discipline, 53% of the respondents from the first survey were able to list one for psychology. For both surveys, it was found that the majority of the listed contributions of psychology, dealt with treating mental problems and reducing the stigma associated with psychological disorders (Janda et al., 1998). This association of psychology with mental problems, is similar to Warner and

Bradley's (1991) finding that there was a clinical bias in the public's understanding of psychology. Janda et al. (1998) state that this finding suggests that campaigns to educate the public about psychology might be effective, if they were to emphasize the scientific accomplishments of speciality areas other than clinical.

The results of Janda et al's. (1998) study confirms the concerns of some researchers (Benjamin, 1986; Warner and Bradley, 1991; Wood et al.,1986), that psychology is plagued with image problems. The findings of the study by Janda et al.(1998), can be understood in terms of Dixon et al's (1997) explanation of psychology's image being two-dimensional. The results of their study revealed that respondents not only had a negative attitude toward psychologists (indicating psychology's popularity), but also lacked knowledge and understanding of clinical psychology and of specialized areas of psychology other than clinical psychology.

2.6 The image of *counselling* psychology

An American study which attempted to examine the way in which counselling psychology was perceived, was the very recent study by Dixon et al. (1997). Dixon et al. (1997) cite Zytowski et al. (1988), who commented that the field of counselling psychology, since embedded in the general field of psychology, shared psychology's image problem. A poor public image for counselling psychology is

of concern, because this poor image can adversely affect the field, which in turn can hinder the profession's ability to promote human welfare through science and practice (Lent, cited in Dixon et al., 1997). According to Zytowski et al. (cited in Dixon et al., 1997), since the amount of research concerning the public image of psychology is already limited, there is even less awareness about the public's view of counselling psychology as a distinct speciality. He summarized the literature and found that only a modest line of research, concerned with the image of counselling psychology in the context of college counselling centres, exists. Dixon et al. (1997) argue that Zytowski et al's summary of the literature, suggests that counselling psychology's image is just as marred as psychology's. In fact, he found that students tend to seek assistance from informal rather than formal campus sources when they have a psychological or emotional dilemma, and that relatively few students are aware of campus counselling services or expect to use them. His review of the literature led him to conclude that counselling psychologists, however, did compare favourably with clinical psychologists and psychiatrists, suggesting that the specific field does not suffer a worse image than the general field (Zytowski et al., cited in Dixon et al., 1997).

In an attempt to determine the public image of counselling psychology, Dixon et al. (1997) reviewed the representation of counselling psychology in the top ten introductory psychology textbooks in America.They examined the adequacy of

descriptions of counselling psychology and its professionals, as compared to the descriptions of other applied areas of psychology (i.e., clinical psychology, industrial or organizational psychology, school psychology, and counselling). Results showed that counselling psychology was less represented than industrial and clinical psychology, and more represented than school psychology and counselling (Dixon et al., 1997). Further analysis revealed that the practice of counselling psychology was often presented as indistinguishable from clinical psychology, and when differentiated, as limited to problems of daily living, career issues, or both (Dixon et al., 1997). Dixon et al. (1997) argue that counselling psychologists must be concerned about how the public perceives them, because a poor public image jeopardizes the field. They found that descriptions of counselling psychology in current textbooks, were very similar to descriptions in textbooks from the previous four decades. They argue that although the field of counselling psychology has made significant advances in the past several decades and continues to move forward, introductory psychology textbook authors have failed to take notice or discuss the changes. According to these authors, the field of counselling psychology is moving toward a mutual description with clinical psychology, yet still has an identity as a distinct sub-field. They emphasize that while counselling psychologists *do* work with clients on issues related to career and life adjustment, they *also* work with people with more severe psychological problems, and in settings like hospitals, inpatient mental health facilities, and

private practice.

Dixon et al. (1997) feel strongly that counselling psychologists must make an effort to educate the public about their duties and their field, if they are to continue serving the public and continue contributing to the solution of society's pressing issues. These authors suggest that one population that counselling psychologists should direct their attention to is college students. They argue that with large numbers of people taking introductory psychology classes and reading introductory psychology textbooks, introductory psychology classes are an opportune audience to educate about the field of counselling psychology. Dixon et al. (1997) argue that, in addition, authors of introductory textbooks should better represent the speciality of counselling psychology.

2.7 Relevant research on psychology's image in Europe

The literature reviewed thus far, has focused primarily on research conducted in America. Although numerous American studies have pointed toward psychology having a favourable public image (Guest,1948; Harnett et al,1997; McGuire and Borrowy,1979; Murray,1962; Nunnally and Kittross,1958;Tallent and Reiss,1959; Webb and Speer, 1986;Wood, Jones, and Benjamin,1986), there have been more recent studies which have cast doubt on the image of psychology and psychologists (Farberman,1997; Janda et al., 1998;Warner and Bradley,1991).

The immense preoccupation of American researchers with psychology's image, which appears to be justified, should not blind us, however, to the fact that there has been considerable interest in Europe as well, regarding the image of psychology and psychologists. Like their American counterparts, researchers from various European countries have not been unanimous in their findings regarding the image of psychology and psychologists. It is apparent that while researchers in Finland and Spain have found that psychology has a favourable public image in those countries, studies conducted by researchers in Austria and Sweden, have cast some doubt on the favourability of the image of psychology and psychology.

One European study which concluded that psychologists had a positive image, was the study by Montin (1995). In this study, a representative survey was conducted on the public image of psychologists in Finland (N=601). Montin's (1995) study aimed at elucidating both the image of psychologists in society, and the possible sources underlying this image. Montin (1995) believed that the data would provide an insight into possible discrepancies between the perceived and actual functions of psychologists, and thereby offer a platform on which to build future public relation strategies. He argues that in order to bring about any changes in the public's mind, or to topple prevailing outdated or inadequate conceptions of person or professional group, it is essential for such discrepancies to be made. He argues that to begin with, the concept of "public image" requires clarification. He

states that previous studies concerning the public image of psychologists, identified public image either with " attitude" (e.g. Christiansen; Thumin and Zebelman, cited in Montin, 1995) or with "prototype"(e.g. Webb and Speer, cited in Montin, 1995), without explaining these concepts. Montin (1995) also cites Guest's study, and argues that Guest studied the attitudes held toward psychologists without further specification of his conceptualization of attitude. Montin (1995) cites studies by Chaiken and Stangor, and Judd and Johnson, which have shown that attitudes are usually divided into affective, cognitive, and behavioural components. He states that the affective component refers to the feelings experienced toward the attitude object. The cognitive component refers to the beliefs and ideas held toward the attitude object, while the behavioural component denotes the actions a given attitude can give rise to. Montin (1995) explains that his study focuses on the cognitive attitude component contained in the public's view of psychologists as professionals.

In one section of Montin's survey, psychologists' image was looked at in relation to that of other professionals, namely, social worker, teacher, physician, and priest. A questionnaire designed to capture people's beliefs and ideas concerning the features and attributes of psychologists, was constructed on the basis of prior research on public image (e.g. Guest, 1948; Thumin and Zebelman, 1967; Webb and Speer, 1986). Montin (1995) compared the results of his survey with both a

Norwegian study by Christiansen (cited in Montin, 1995) and the older American study by Thumin and Zebelman (1967). The results revealed that in the opinion of the majority (53%) of the respondents, doctors are the most knowledgeable about human nature. Psychologists were mentioned next frequently, lagging behind by 20% (Montin, 1995). Montin (1995) cites Christiansen's study, which found that psychologists were regarded the most knowledgeable (46%), followed by doctors (23%). Montin (1995) stated that it therefore appears that in Finland, medical knowledge is acknowledged more often than psychological knowledge. The results further revealed that psychologists are regarded as the most competent authority among the given professions, to consult in cases of depression or nervousness (Montin,1995). Psychiatrists had not been included as an option in this part of the survey.

This result was more pronounced in Montin's (1995) study, than in Christiansen's Norwegian study (cited in Montin,1995). For the next set of responses, four more professionals were included as possible options, namely, psychiatrist, nurse, economist and engineer. The results revealed that the treatment of depression was primarily associated with psychiatrists (44%) and secondarily with psychologists (29%). Montin (1995) cites Thumin and Zebelman's study in which 87% of the respondents indicated that they would contact a psychiatrist, while only 4% indicated that they would turn to a psychologist. Montin (1995) states that this

comparison suggests that Finnish people are more likely to go and see a psychologist if they are depressed, than the Americans.

The beliefs held by the public about psychologists suggested that psychologists were viewed in a favourable light. Montin's (1995) survey showed that 74% of respondents believed that psychologists' work should be taken seriously, while 20% believed that they complicate things unnecessarily. About 70% believed that people in need would profit more from psychologists than from help given by close friends and relatives (Montin,1995). Two-thirds of the respondents were of the opinion that psychologists are more likely to provide better services to many people that are presently being cared for by doctors or social workers (Montin,1995).

The popularity of psychology as a profession was determined by asking respondents which occupation they would like their offspring to choose. Psychology was the least popular of the eight given professions. Only three percent of respondents would have liked their children to become psychologists. Most respondents would have liked their children to become engineers (22%), economists (20%) or medical doctors (19%). Furthermore, every third respondent thought that psychologists were odd and introverted, while every fourth believed that psychologists could read other people's minds.

(Montin,1995). A more positive finding was that the great majority of respondents (95%) believed that psychologists' competence was high. Montin (1995) cites Christiansen's study in which the corresponding percentage was 80%. He concluded that both countries share a similar view of psychologists in terms of competence. Respondents were additionally asked if they would ever recommend a visit to a psychologist to someone. Over 80% said that they would (Montin,1995).

One particular question was aimed at establishing the knowledge respondents had about psychologists. Results showed that the responses "little" and "very little" accounted for half of the responses. A final question was concerned with people's impression of psychologists. Eighty five percent of respondents had a positive impression of psychologists, while only 10% harboured a negative impression. Respondents whose contact with psychologists had been significant in terms of their well-being and/ or decision-making, had a more positive impression than those who had not had significant experiences with psychologists (Montin,1995).

Montin (1995) concluded that the results of his survey suggested that the majority of people believed in psychologists' ability to provide help. He stated that a few mystical beliefs could be shown to surround psychologists, and mentioned that a large number of respondents believed psychologists to be odd and introverted, and

that every fourth respondent believed that psychologists could read people's minds (Montin,1995). Montin (1995) says that this finding may lie at the source of the unrealistic expectations clients have when they first consult a psychologist. He stated that the client's lack of knowledge of psychologists, may form the foundation for these mystical beliefs. The results had revealed that half the respondents knew only little or very little about psychologists. Montin (1995) added that this lack of knowledge may also account for the fact that people generally don't want their offspring to become psychologists. He says that the work of a psychologist is usually considered as being difficult and still poorly paid. However, Montin (1995) concluded that in spite of the fact that people do not want their offspring to choose the psychology profession, the public image measured in his sample was favourable. He went on to argue that, nevertheless, the necessity of thoroughly informing the public about the psychologist's task still remains. Montin (1995) believes that the effects of an information campaign will not be able to transform public opinion overnight. Montin (1995) cites research by Champagne, Gunstone, and Klopfer, which shows that human perception is guided by a person's already existing concepts, and that conflicting information is often overlooked.

Montin (1995) is of the view that public relation campaigns designed to enhance the image of psychology and psychologists, will have to follow a long-term

strategy. Montin (1995) cites Thumin and Zebelman, who suggested a three tiered campaign: Firstly, it is necessary to determine the ideal public image. Next, the desired audience must be approached with the appropriate information, which will make the existing conflict between the desired image and reality explicit. Finally, the campaign should be surveyed continuously (Thumin and Zebelman, 1967, cited in Montin, 1995).

It is evident that Montin's (1995) study, like the American studies of Wood et al. (1986), Warner and Bradley (1991), Farberman (1997), and Janda et al. (1988), found that while psychology was perceived in a positive light, the public lacked an understanding and knowledge of the profession, hence necessitating interventions to educate the public about the roles, functions and activities of psychologists.

Another relevant European study by Sanchez et al. (1995) found that the psychological profession in Spain was highly respected, and that psychological measures were judged to be largely effective. Within the framework of a representative survey conducted in the 17 autonomous Spanish provinces, Sanchez et al. (1995) attempted to gauge public opinion on different aspects of the psychological profession, through semi-structured interviews. Their study was guided by the assumption that the consolidated status of psychology, achieved over the course of the last 20 years, should have contributed to a significant rise in

the number of Spanish citizens willing to consult a Spanish psychologist.

One part of their survey involved respondents having to evaluate 8 professionals (psychiatrists, medical doctors, economists, social workers, pedagogues, teachers, priests and psychologists) in terms of 9 categories**: i)** socially useful, **ii)** high earning potential, **iii)** social prestige, **iv)** social acknowledgement, **v)** materialistic orientation, **vi)** social influence, **vii)** manipulative intentions, **viii)** association between the profession and personal problems, and **ix)** good career prospects.

The results revealed that doctors still enjoy the highest prestige and acknowledgement, while psychologists were found to linger in the middle region (Sanchez et al., 1995). It is interesting to note that in this part of the survey, as previously established in numerous American studies, psychology was believed by laymen to be closely associated with psychiatry. An analysis of the results revealed that the psychiatric profession was more strongly affiliated with the psychological occupation than all the other professions, in the public's mind. Results further showed that 37.2% of respondents (N= 1523) believed that psychologists were able to prescribe medication, which indicated the lack of clear delineation between the two professions and the low extent of role differentiation (Sanchez et al., 1995). This lack of differentiation between the two professions was also found in the American study by Webb and Speer (1986) , mentioned

earlier in the discussion.

Results further revealed that psychiatrists had only a slight advantage over psychologists in relation to the categories "high earning potential" and "social acknowledgement". Psychologists rated higher than doctors for the sole category "manipulative intentions", but lower than economists and priests who received the highest and second highest ratings respectively. For other categories such as the estimated social use of the occupation, the earning potential, and the social orientation, medical doctors exhibited distinctly higher ratings than psychologists. Results further revealed that the public attributed better career prospects and earning potential to psychologists than teachers. When comparing theologians with psychologists, the latter were given higher evaluations on all important dimensions. Furthermore, psychologists consistently attained higher ratings than social workers for all the categories, except for the categories related to career prospects and estimated social benefit of the occupation (Sanchez et al., 1995).

One of the sub-goals of the study involved obtaining evaluations and personal judgements from the respondents who had been directly or indirectly confronted with the personal activity of psychologists. Results revealed that contacts between the respondents themselves and psychologists were the most frequent (43.4%), followed by contacts between the respondents'children and a psychologist

(34.3%)(Sanchez et al., 1995). Some of the specialized psychological services utilized during these contacts included legal advice, drug therapy, family planning, hospital services, and services provided at clinics. Respondents were asked a series of questions which investigated the effectiveness of the psychological work and the degree of contentment, for example, "Were you satisfied with the psychological service?", "Would you give the psychologist a positive assessment?", "Did the psychologist fulfill your expectations?", and so on (Sanchez et al., 1995). Respondents were asked to assess their disagreement (1) or agreement (6) with these questions, on a 6-step scale. Results revealed that the degree of satisfaction with psychological services reached a fairly high average of M= 4.78. Similarly, contentment in terms of the willingness to recommend the particular service (even to a good friend), was high and rated at M=4.93 (Sanchez et al., 1995). Sanchez et al. (1995) concluded that although there was a risk that respondents' replies might have turned out to be more positively inclined towards psychology and psychologists than if another data collection technique had been used (i.e., one which would have addressed a more representative sample, since participation in their survey was voluntary and only persons living in larger communities were included), the data nevertheless provided evidence for the thoroughly acceptable status that Spanish psychologists have achieved in society.

The basic attitude towards the psychological occupation was positive.

Furthermore, the effectiveness of psychological measures was judged to be high by those respondents who had already made use of psychological services directly or indirectly (through relatives, friends and acquaintances). Taken as a whole, the survey data documented Spanish society's acceptance of the psychological profession, even when compared to highly-esteemed traditional professions, like the medical doctors (Sanchez et al., 1995).

Much more equivocal findings were those of a Swedish study by Persson (1995), which surveyed the Swedish public's image of psychology and psychologists. Persson (1995) found that while the net result of his survey pointed toward a favourable image of psychologists, the public revealed a rather ambivalent attitude towards both psychologists as individuals, and also towards the scientific body of knowledge they possess. A total of 1225 randomly selected Swedish citizens were posted a questionnaire. Eight hundred and forty three completed the questionnaire. Next, the group of non-respondents were solicited by telephone, resulting in a response rate of 78%. Results were looked at in terms of the total subject sample. In order to gauge public opinion and prejudices concerning psychologists in a broad and comprehensive manner, ten questions were formulated. Some of the questions were as follows: "Do you feel more uncomfortable than usual when you are in the company of a psychologist?", Do you consider psychologists to be just like other people?", Do you think that psychologists have special insight into other

people's problems?", "Do you think that psychologists have access to valuable knowledge?", and "Do you think that psychologists create more problems than they solve with their actions?" (Persson, 1995).

Results revealed that 24% of respondents indicated being more apprehensive in the company of a psychologist. Fifty seven percent assumed that psychologists were like any other person. More critical responses accrued with regard to a psychologist's ability to solve other peoples' problems: twenty three percent of respondents stated that this is usually not the case. Of the respondents, 19% felt that a psychologist's choice of profession could be attributed to their own personal problems. As regards psychologists' competence in assessing and communicating another's problems, 77% judged psychologists to be able to do this well (Persson, 1995). Yet, a considerable one third of respondents contradicted this positive assessment. Nevertheless, 52% of them believed that psychologists performed competently within their profession, and possessed a specialized body of knowledge. Of the respondents, 46% did not agree with the statement that psychologists create more problems than they solve with their knowledge and ideas (Persson, 1995).

A sparse 7% of respondents credited psychologists with an exceptionally balanced personality. This was an unsurprising evaluation if one considers that the majority

of respondents believed psychologists to be as normal as anyone, thus considering them to have normal personalities. A similar consistency of response was provided by 44% of the respondents, who when replying to the question asking them if psychologists have already solved their personal problems, responded with "I don't know". Hence, even though psychologists are given some credit for being able to solve personal problems, they are not regarded as being superhuman (Persson, 1995). When asked: "Do you believe that psychologists can express themselves clearly and confidently in public?", 31% replied with "mostly not", thereby revealing a clear prejudice (Persson, 1995).

Persson (1995) argued that taken as a whole, the results pointed towards a basically positive attitude towards the psychology profession.The public was largely willing to ascribe professional competence to psychologists. Simultaneously, psychologists were not viewed as being superhuman or immune to personal problems. Many people saw a normal person behind the title of "psychologist". Nevertheless, argued Persson (1995), a certain degree of unease was felt in a psychologist's presence. Ambivalence surfaced at various points: one felt more comfortable in assuming that psychologists occasionally produce more problems than they solve. The image of the insecure personality also provided some relief (Persson,1995).

Furthermore, in assessing the judgements and prejudices concerning the psychologist's profession across different generations, Persson (1995) found that people feeling somewhat uncomfortable in the presence of a psychologist, tended to be male, in middle adulthood (34-54 years) and usually with a lower level of education. Women, older people, and people with a higher level of education, tended to confer a high degree of competence to psychologists' work performance (Persson, 1995). Persson (1995) concluded from his study, that while many respondents perceived psychologists as being professionally competent, they nevertheless displayed ambivalent attitudes towards the discipline in their assessments of the psychologist's personality.

Like Wood et al. (1986), Montin (1995), Warner and Bradley (1991), Farberman (1997), and Janda et al. (1988), Persson (1995) found that many of the respondents lacked knowledge about the profession. Persson (1995) concluded that his survey on the image of psychologists among the Swedish public, indicated that many respondents were unsure of the role performed by psychologists, and ignorant about the actual duties performed by psychologists. According to him, because of this ignorance, either no judgements were ventured on this professional group, or alternatively, common prejudices filled this gap (Persson, 1995). Similar to the above mentioned researchers, Persson (1995) advocates for the need to make the public more aware of the scientific and professional foundations of psychological

activity.

A survey conducted by Friedlmayer and Rossler (1995) has highlighted the image of psychologists in Austria. While the overall results did not imply that psychologists had a negative image, an interesting finding was that people's fear of being controlled and manipulated, influenced their expectations of psychologists. Friedlmayer and Rossler (1995) surveyed persons seeking counselling for the first time at counselling centres in Vienna and lower Austria. These subjects were questioned about the impression they had of psychologists in general. The authors also used a telephone survey conducted by an independent market research institute, as their data base. This latter survey included a more representative sample who were questioned about the professional image of psychologists. Respondents from both groups felt that psychologists can "help others to help themselves" and "listen patiently" better than others. Results from the second survey revealed that psychologists were primarily described as experts in problem-solving and as advisers in educational matters (Friedlemayer and Rossler, 1995).

The study also found that clients' expectations toward the psychologists are apparently coloured by the intention of consulting a psychologist. Friedlmayer and Rossler (1995) argue that the concrete manifestation of this process can be located in the domain of personal autonomy and fear of manipulation. The clients'

questioned at the counselling centres only gave limited credit to psychologists' ability to directly influence other people's lives. Only 46% of the respondents expected psychologists to be able to "make people happier", 31% feared that they can "cause harm by making mistaken diagnoses", and 47% believed that they can "help people to change" (Friedlmayer and Rossi, 1995). These results do seem to point towards a lack of confidence on the part of the respondents, in the ability of psychologists to make people happier and help people change. While their responses arise out of a fear of manipulation, they do cast some doubt on the professional image of psychologists. The figures of the first survey differed from those of the market research institute ("make people happier": 54%, "cause harm by making mistaken diagnoses": 68%, "helping people to change": 72%). A similar difference was found for the item "exert influence for reports". Of the clients questioned at the counselling centres, 42% agreed, as compared to 57% of those interviewed by telephone (Friedlmayer and Rossler, 1995). These authors attribute the differences in response to the different modes of questioning (semi-structured interview conducted by the counsellor vs. anonymous telephone survey).

It is apparent that the overall results of this study do not suggest that psychologists have a negative image. However, the respondents' (especially those in the first survey) lack of confidence in the competence of psychologists to "make people

happier" and "help people to change", which stems from their fear of being manipulated, does cast a shadow, albeit a small one, over psychologists' public image. In fact, the finding that 68% of the respondents of the second survey thought that psychologists can cause harm by making mistaken diagnoses, suggests that these respondents are weary of the fact that psychologists are not infallible.

2.8 A recent study on psychology's image in Australia

With the review of the relevant European research behind us, it becomes necessary to mention an interesting Australian study conducted by Hopson and Cunningham (1995), which like some of the American and European studies, is not a ringing endorsement of the positive image of psychologists. According to these authors, little research has been conducted on client perceptions of psychologists. They argue that the focus has been twofold. Firstly, they state that client evaluations of community mental health services have been conducted in order to monitor and improve services, illuminating respondents' perceptions of professionals' competence to treat different patient types and measuring their personal qualities (Hopson and Cunningham, 1995). They cite Balch et al., Damkot et al., and Schindler et al., in this regard. Secondly, client perceptions of counsellors have been investigated for use in counsellor education training. These authors cite Rodgers and Sharply, and McLennan, in this regard. According to Hopson and Cunningham (1995), ascertaining client perceptions of psychological services is

crucial because, not only may clients influence their friends, family and working colleagues to enlist the services of psychologists, but psychologists *themselves* need to know whether their clients perceive their services as advantageous.

Hopson and Cunningham (1995), in an attempt to define Australian professional psychology's public image, surveyed a random sample of the Sydney metropolitan area adults and adult clients of psychologists. These adults were assessed on their knowledge of and attitudes toward mental health and physical health professionals (psychologists, psychiatrists, counsellors, social workers, physiotherapists, and doctors). These authors were also interested in identifying the variables which predicted the favourableness of attitudes toward psychologists (such as sociodemographic factors, health-service utilization, psychosocial status, and attitudes toward other health professionals).

The results revealed that, although nonsignificant, clients were more educated than non-clients. The results further indicated that for psychologists, only about half the respondents were able to indicate some general knowledge. Although clients knew slightly more than non-clients, they were not as knowledgeable as might be expected of a more educated sample. The clients tended to focus on the therapeutic role of psychologists, with 54% indicating the "helping" aspect of the profession, or the use of techniques such as hypnosis, diagnosis and treatment (Hopson and

Cunningham, 1995).Well over half of the respondents displayed a general knowledge of counsellors. Most of the respondents believed that undergraduate training was the minimum required for psychologists. With regard to attitudes towards the professionals, doctors were rated the highest on "professionalism", with physiotherapists close behind, followed by counsellors and psychologists. Clients rated counsellors more highly than nonclients did (Hopson and Cunningham, 1995). For the statement " provides a useful service to the community", doctors and physiotherapists received the highest ratings. However, counsellors and psychologists were rated well above the midpoint by clients.

Hopson and Cunningham (1995) also attempted to identify the variables associated with favourable views of psychologists. Four groups of predictors were constructed**: i)** sociodemographic (age, gender, education, number of children under 18, marital status), **ii)** service usage (total physical health and mental health visits in the past six months, and psychological client/non-client status), **iii)** psychosocial status, and **iv)** attitudes toward other health professionals. The results indicated that only service usage and attitudes towards other professionals, significantly predicted attitudes towards psychologists (Hopson and Cunningham, 1995). With regard to the service usage effect, it was found that clients had more favourable attitudes towards psychologists than nonclients. As for attitudes

towards other professionals, favourable views of psychiatrists, physiotherapists, and social workers (but not GP's or nurses), predicted favourableness of attitudes towards psychologists (Hopson and Cunningham, 1995).Though the sociodemographic-variable group was not significant overall, age was, with young people having more favourable attitudes towards psychologists than older people (Hopson and Cunningham, 1995).

From the American, European and Australian literature reviewed so far, it becomes evident that perceptions of the image of psychology and psychologists, vary. With regard to the favourability of people's attitudes towards the psychology field and its professionals, some studies have documented a favourable image, while others have cast doubt on the image of psychology and its professionals as being 'positive'. From reviewing the literature, one can conclude that one of the most important factors impacting on psychology's image, appears to be the extent to which the public has a adequate knowledge of both the field and the expertise of its professionals.

2.9 Psychology's image within the South African context

Perhaps it would have been useful to look at the role of psychology in South African society, as well as its development, which would have situated the present study within the broader South African context. However, seeing that the central

question of the present study concerned the image of psychology and psychologists, a decision was made to review the South African literature which specifically addressed this question.

Looking specifically at the image of psychology in South Africa, it becomes apparent that there is a conspicuous absence of research assessing the image that the general public and other professionals' have, of the psychology profession and its professionals. However, certain authors have commented on the image of psychology in South Africa. According to Louw (1992), psychology in contemporary South Africa presents a contradictory image even to the most casual observer. On the one hand, psychology is a very popular academic discipline, whose professional expertise is accepted by different sectors of the economy and by the lay public. On the other hand, it is a discipline which is consumed by self-criticism and continues to doubt the progress it has made (Louw, 1992). Louw (1992) argues that the more positive interpretation of psychology's image, is based on its strong status at the universities, and its achievements in various sectors of South African society. The less optimistic view stems from the "crisis" in psychology worldwide, and takes into account the teaching and practice of a discipline in a country that is torn by political upheaval. In arguing that psychology in South Africa enjoys considerable support and acknowledgement from various sectors of the society, Louw (1992) cites Raubenheimer, who in 1981

wrote: " Psychology in South Africa has never before flourished as at present"; "the psychologist has gained recognition far beyond what was envisaged"; "psychologists in South Africa have succeeded in attracting the attention of the public at large"; and "the demand for their services is certain, they are increasingly acquiring esteem and respect, and have secured a particular status in society " (p 357-358).

Louw (1992) argues that government support for psychology is seen in the role of the Human Sciences Research Council (HSRC). For example, the HSRC has initiated a number of large-scale research projects, with psychologists playing a major role. Further evidence of government support can be found in the use of psychological services in at least two governments. One is the Department of Labour, which predominantly employs counselling psychologists. Psychologists are also very active in the South African Defence force, being involved in the personnel selection of officers, for example (Louw, 1992). However, Louw (1992) argues that a critical shortcoming is that psychologists work predominantly with middle-class white people in urban areas. People in the black townships (and rural areas) have a limited knowledge of, and contact with psychologists. He argues that the implications that this could have for psychology could be serious, as it calls into question the status of psychology and the contribution it can make. Louw (1992) also argues that this shortcoming of psychology can result in black

psychologists seeing training in psychology as being irrelevant. Louw (1992) mentions that although South African psychologists are generally not known overseas, there are a few who are recognized in their own areas of interest (e.g., Simon Biesheuvel, Dreyer Kruger, Chabani Manganyi, Don Foster, and others).

While Louw's (1992) article appears to paint quite a favourable image of psychology, Gerdes (1992) takes a more critical look at how fragmentation and a lack of integration within the discipline of psychology, can impact on the image of psychology. Fragmentation and a lack of integration, often exists around deciding what treatment to use (e.g., with depression, should one treat the patient medically, with psychotherapy, or hormone treatment?).Gerdes (1992) goes on to argue that questions of values and ethics are central to any investigation or treatment. She states that in theory psychologists may accept this, but in practice different persons may focus on different aspects. Gerdes (1992) argues that if psychology lacks integration and balance, it must as a result, experience problems with the projection of its image. She believes that it would be desirable for psychology to strive for better integration. Furthermore, she believes that psychology should make better use of the media to promote an awareness of psychology's place in the mental health field, and to convey psychological information which could be helpful in promoting the mental health of the community in a number of ways (Gerdes, 1992).

Although the South African authors discussed above, have commented on the image of psychology, there have not been any concrete South African studies which have attempted to assess the public's image of the psychology profession and its professionals, either in terms of the public's perceptions of the competencies of psychologists, their attitudes towards psychologists, or their ranking of psychology as a popular career choice.

In light of the many studies discussed so far, the present study has set out to investigate the perceptions that a specific group of professionals have, of mental health practitioners and related professionals (clinical psychologists, counselling psychologists, psychiatrists, physicians and priests), specifically paying attention to the image of psychologists in relation to these other professionals. The present study will be situated within the South African context, and will target the perceptions of two very specific professional groups, namely, social workers and occupational health workers, toward the above-mentioned professionals. Being professionals who interact with mental health and related practitioners (usually by making referrals to them), social workers and occupational health nurses are in a position to rate how they perceive these practitioners. The study will be focusing on the affective component inherent in their images of psychologists, i.e., how they feel about the competence of psychologists and how they perceive them in terms of personal characteristics. Hence, the present study will be concentrating on

the popularity dimension of Dixon's (1997) proposed two-dimensional image of psychologists. It must be acknowledged that the present study focuses on the role of psychologists as treatment providers, and does not consider other roles that psychologists assume (e.g., their role as educators, their role as consultants). Furthermore, this study is focusing on a specific geographical region and, as mentioned above, on a specific sample. Nevertheless, perhaps this study will contribute to providing a better insight into questions around the image of psychology and psychologists.

CHAPTER 3 METHODOLOGY

3.1 Design

This study took the form of a questionnaire survey design, in which respondents had to rate each of the professionals on 10-point likert scales. The design can be described as being both a within-subjects design, as well as a between-subjects design. Not only were social workers and occupational health nurses analysed as a combined group, but an attempt was made to determine if differences existed between these two professional groups in the ratings they gave to the 5 professionals. The design can be further described as a repeated measures design, in that each professional received a number of ratings (e.g., ratings on each of the 5 cases, ratings on each of the 11 descriptive clusters). Statistical analyses were performed on the data. The study will, to a certain degree, generalize the findings to other social workers and occupational health nurses in the Pietermaritzburg region.

3.2 Sample

A list containing the details of all the social workers and occupational health nurses in the Pietermaritzburg area, was obtained from the City Health Department. Considering that a study of this nature required a fairly large sample,

an attempt was made to purposively select *all* the social workers and occupational health nurses who appeared on this list. The social workers were from various work arenas, including Nicro (National Institute for Crime and Rehabilitation of Offenders), The Department of Welfare, The Mental Health Society, Child and Family Welfare, Sanca (South African National Council on Alcoholism) , Association for the Physically Challenged, Sanel (South African National Epilepsy League), NCVV (Natalse Christelike Vrouevereniging), Padca (Pietermaritzburg and District Care of the Aged), Pafta (Pietermaritzburg Association for the Aged), Natal Deaf and Blind Society, Cancer Association, The City Health Department, and Northdale Hospital. The occupational health nurses were from various factories and departments in the Pietermaritzburg area. These factories included Nampak, Eskom, Meadow Feeds, Mondi Forest, Nestle, Interpak, Umgeni Water, Hulett Aluminium, Pressure Die Casting, Belgotex Carpets, PG Bison, Prilla, Somta Tools, City Health, and Natal University Student Health.

Altogether, my sample comprised 67 social workers and 17 occupational health workers from the Pietermaritzburg region. The final sample therefore comprised 84 professionals. Only one subject was male, hence making it impossible to assess whether sex had any influence on the ratings given to the professionals. The study did not aim to establish whether factors such as age and race influenced perceptions. Rather, the aim was to consider these professionals as one group, and

to gain an insight into their overall perceptions of clinical psychologists, counselling psychologists, psychiatrists, physicians and priests. At the same time, however, it was essential to ascertain whether differences existed between social workers and occupational health nurses.

As mentioned earlier on, the rationale for selecting a sample of social workers and occupational health nurses, was that these professionals are frequently involved in making referrals to mental health practitioners. Hence, determining how they perceive psychologists in relation to other related health professionals, would indicate how likely they are to refer their clients to psychologists.

3.3 Instruments

Part of the study required respondents to rate their confidence in the abilities of each of the 5 professionals to treat 5 clinical cases, using a 10-point likert scale, ranging from 1=low to 10=high. This required respondents to read paragraphs describing each of the 5 cases, which have been adapted from the Diagnostic and Statistical Manual Casebook (Spitzer, Skokol,Gibbon and Williams, cited in Warner and Bradley, 1991). These cases have been used by Warner and Bradley (1991) in their study. For the present study, the "American terms" used in these cases were replaced with terms recognizable to a South African sample. The cases can be viewed in **Appendix A**. The cases included **i)** adjustment disorder with

academic inhibition, **ii)** avoidant personality disorder, **iii)** major depression-recurrent with psychotic features, **iv)** marital problems, and **v)** adjustment disorder with depressed mood. These particular cases were chosen for the present study because they differed both in the type of problem being experienced, as well as in severity. Since the present study aims to determine how confident the sample was in the abilities of the 5 professionals to treat a range of psychological problems of varying severity, these particular cases were deemed appropriate.

After reading each case, respondents had to rate how confident they were in each of the 5 professionals to treat that case. Respondents were also required to rate the severity of each case, by circling the appropriate number on the corresponding likert scale, which ranged from 1=low severity to 10=high severity. The aim here was to determine whether certain practitioners were regarded as being more capable of treating more "severe cases". A 10-point likert scale was also used by respondents to rate their confidence in each of the professionals to help them with their own problems. Another likert scale, ranging from 1= "none of the members fit this description" to 10= "almost all the members fit this description", was used by respondents to rate each of the professionals on 11 clusters of personal characteristics. These descriptors were generated in a study by Webb (1989), with a "prototype" methodology, analysing extemporaneous narrative descriptions of professions by college students, to derive the adjective clusters. These descriptors

were also used in Warner and Bradley's (1991) study, and subjects used them to describe psychiatrists, clinical psychologists, and counselling psychologists. The 11 adjective clusters were: **i)** cold, uninterested, introverted, odd; **ii)** bossy, hostile, greedy, egotistical; **iii)** helpful, caring, friendly, a good listener; **iv)** dedicated, persistent, well-trained; **v)** curious, probing, a researcher; **vi)** patient, calm, self-controlled; **vii)** deals with mental problems, studies behaviour, studies the mind; **viii)** rich, nicely dressed, professional-looking; **ix)** enjoys learning, intelligent, studious, knowledgable, wise, **x)** necessary, underpaid; and **xi)** understanding, well adjusted, gives advice.

Although I have included other practitioners in my study (physicians and priests), these descriptors are still appropriate. A look at the goodness-of-fit of the adjective clusters will suggest a possible rationale for the observed pattern of confidence in the practitioners. Similarly, an examination of the ratings of personal qualities, will aid in understanding the observed patterns of selection of the professionals.

One last part of data collection, required respondents to select from a list of 10 professions, the one they would like to see their off-spring persue. The aim here was to determine the popularity of the psychology profession as a career choice.

The inclusion of this section was informed by research conducted in Europe. However, these studies usually required the respondents to *rank* the professions in order of preference, which constituted a much more valid and reliable indicator of popular and unpopular professions, than the system which I eventually used. While acknowledging the limitations of my measure, I nevertheless feel that it can provide *some* indication at least, of whether psychology is regarded as a popular profession or not.

3.4 Data collection procedures

Social workers and occupational health nurses were contacted telephonically, or visited at their places of work. Before embarking on my research, I ensured that I had obtained the voluntary consent of the members of my sample to participate in the study. At the outset, subjects were briefly told about the nature of the research. The aim here was to reassure subjects of the absence of any hidden agendas. It was emphasized that their personal and professional lives would in no way be jeopardized by their participation in the study. Subjects were informed that their responses to the items on the questionnaire would be kept strictly confidential. They were also informed of their right to remain anonymous, if they so wished. Subjects were introduced to the questionnaire, and instructed on how to go about answering it. It was impressed upon subjects that they should in no way confer with their colleagues about their answers, as this would bias the results. Times

were arranged with the respondents for collecting the questionnaires. Of the 124 questionnaires handed out personally to the respondents, 84 were fully completed, representing a 67.7 % return rate.

3.5 Data analysis

3.5.1 Descriptive analysis

The descriptive section of analyses provides the means and standard deviations for all the professionals on each of the variables. This enables one to easily view differences between the professionals, by scanning and comparing their mean ratings on the various variables. This particular aspect of analysis involved two components: **i)** assessing descriptive information using the combined group of social workers and occupational health workers, and **ii)** assessing whether social workers and occupational health nurses differed in their ratings of the 5 professionals.

3.5.2 Inferential analysis

In order to determine whether there were significant differences in the ratings of confidence given to the professionals across all 5 cases, a repeated measures anova was performed. A repeated measures anova was also used to determine whether the professional were rated significantly differently across all 11 descriptive

clusters. In performing these repeated measures anovas, an attempt was made to ascertain whether social workers and occupational health workers differed in their ratings of the 5 professionals. Post-hoc comparisons of the professionals, using Tukey's honestly significant difference test, were executed using the combined group of respondents (i.e., both social workers and occupational health nurses). These post-hoc comparisons were used to determine **i)** which of the professionals were rated significantly differently from each other on each of the 5 cases, **ii)** which of the professionals were rated significantly differently from each other on each of the 11 descriptive clusters, **iii)** which of the professionals were rated significantly differently from each other in terms of the sample's confidence in them to treat their own (i.e., the sample's own) problems and **iv)** which of the 5 cases were rated significantly differently from each other in terms of their severity.

In light of the fact that my analyses were going to consist primarily of parametric procedures, it was imperative to ensure that the data met the assumptions of the particular procedures. Before any of the anovas could be conducted, it was essential to ascertain whether the data met the assumptions of normality and homogeneity of variance. To test the assumption of normality, the Kolmogorov-Smirnov test was conducted for each professional on each of the 5 cases and on each of the 11 descriptive clusters, in order to ascertain whether the ratings given

to each of the professionals were normally distributed. This test was also conducted to determine whether the distribution of the ratings for the severity of each of the 5 cases, met the assumption of normality. Finally, the Kolmogorov-Smirnov test was used to determine whether the ratings of confidence that the sample gave to each of the professionals to help them (i.e., the sample) with their own problems, were normally distributed. The findings indicated that the distributions on certain variables did violate the assumption of normality to a certain extent. To determine whether the variances of the distributions were homogenous, a more informal process, which entailed scanning the standard deviations of the variables, was conducted. Again, this informal analysis indicated that the distribution of ratings on certain variables did not meet the assumption of homogeneity of variance.

In contemplating the legitimacy of proceeding to conduct both the repeated measures anovas, it was decided that, taking into account the fact that the anova was a very robust procedure, and that resorting to less powerful non-parametric tests would not be feasible, the repeated measures anovas would still be conducted. However, it was also decided that in instances where the distribution of ratings violated the assumptions, a non-parametric test (Wilcoxon test) would be conducted in conjunction with the Tukey post-hoc comparisons. This would allow for either a confirmation or disconfirmation of the results of the Tukey post-hoc

comparisons. The Wilcoxon was chosen because it is one of the more powerful non-parametric tests (Howell, 1997).

CHAPTER 4 RESULTS

4.1 Descriptive analysis

4.1.1 Ratings of confidence in the professionals to treat 5 cases

To rate their confidence in each of the professional's ability to treat 5 clinical cases, respondents were required to circle the appropriate number on a likert scale, which ranged from 1=none to 10= high. The mean rating that each professional received for each of the cases, is displayed in tables which can be viewed in **Appendix A.** The descriptive information contained in the tables, indicate that clinical and counselling psychologists have higher mean confidence ratings than psychiatrists on all cases, except for case 3, where psychiatrists received a mean rating of 8.33. Furthermore, it is interesting to note that counselling psychologists have higher mean confidence ratings than clinical psychologists, on all cases. With respect to the physicians, it is evident that this professional group has lower mean ratings than the mental health professionals, on all 5 cases. Considering priests, results indicate that for case 4, both clinical psychologists and priests had mean ratings of 5.917. For cases 4 and 5, the mean ratings for priests were higher than those for psychiatrists.

Although clinical psychologists fared better than psychiatrists, physicians and

priests, their mean confidence ratings can still be classified as "moderate" in terms of the 10-point likert scale. Furthermore, while it appears that counselling psychologists fared better than clinical psychologists, their mean ratings too, were in the "moderate" range. In terms of the 10-point likert scale, the sample of social workers and occupational health nurses had "some"confidence in both physicians and priests to treat all 5 cases.

4.1.2 Ratings of the severity of the cases

Respondents were further required to rate the severity of each case, using a likert scale ranging from 1= low severity to 10=high severity. The mean ratings for each of the cases can be viewed in the table below.

Severity of the cases

Case Number	Mean	Std.Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Case 1	6.253	1.752	2.00	10.00	83	1
Case2	5.726	1.645	1.00	10.00	84	0
Case3	8.614	1.198	5.00	10.00	83	1
Case4	6.048	1.590	2.00	10.00	84	0
Case5	5.714	1.821	2.00	10.00	84	0

From the table it is evident that case 3 has the highest mean rating for severity. In terms of the likert scale, a rating of 8.614 falls in the "high severity" range. The

ratings for cases 1, 2 , 4 and 5 indicate that these cases can be classified as "moderately severe". At this point, it is worth remembering that the descriptive table for case 3, revealed that social workers and occupational health nurses were more confident in the psychiatrists to treat case 3, than in any of the other professionals.

4.1.3 The sample's confidence in the professionals to treat their own problems

Another aspect of the questionnaire required respondents to rate their confidence in each of the professional's ability to help them (i.e., the sample) with their *own* problems. The mean ratings of confidence in the professionals can be viewed in the table below.

Confidence in the professionals

Profession	Mean	Std.Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	6.470	2.491	1.00	10.00	83	1
Counselling Psychologist	7.229	2.260	1.00	10.00	83	1
Psychiatrist	5.422	2.750	1.00	10.00	83	1
Physician	4.386	2.622	1.00	10.00	83	1
Priest	5.578	2.825	1.00	10.00	83	1

From the table, it is apparent that both clinical and counselling psychologists, received higher mean confidence ratings from the sample of social workers and occupational health workers, than the other professionals, with counselling psychologists receiving a higher rating than clinical psychologists. Although the sample was more confident in the psychologists to treat their own problems, the mean confidence ratings of the psychologists still fall in the "moderate" range. In terms of the likert scale, the mean ratings of 4.386 and 5.578 for psychiatrists and priests respectively, indicate that the sample had "some" confidence in these professionals to treat their (i.e., the sample's) problems.

4.1.4 Ratings of the professionals along 11 descriptive clusters

In order to determine how respondents perceived the professionals in terms of personal characteristics, respondents were required to rate the professionals on each of 11 descriptive clusters, using a likert scale ranging from 1= "almost no members fit this description" to 10= "almost all members fit this description". The mean ratings for each professional on each of these descriptive clusters, is displayed in tables which can be viewed in **Appendix B.**

For the descriptive clusters "cold, uninterested, introverted, odd" and " bossy, hostile, greedy, egotistical", both clinical and counselling psychologists had low

mean ratings, which in terms of the likert scale, indicate that social workers and occupational health nurses felt that "almost no members" fitted each of the descriptions. Counselling psychologists had lower mean ratings than clinical psychologists. However, one must consider the fact that clinical psychologists received mean ratings of 2.964 and 2.819 for each of these two descriptive clusters respectively, instead of mean ratings of 0. Similarly, counselling psychologists had mean ratings of 2.464 and 2.762 for each of the two descriptive clusters respectively, instead of ratings of 0. This suggests that the sample did perceive *at least some* of the psychologists as fitting these descriptions. Psychiatrists had higher mean ratings than the psychologists on both these descriptions, which nevertheless, still fell into the "almost no members fit this description" range. For the first descriptive cluster i.e., " cold, uninterested, introverted, odd", physicians received a higher mean rating (3.929) than the mental health professionals. For the second descriptive cluster i.e., "bossy, hostile, greedy, egotistical", physicians had a higher mean rating (3.892) than the psychologists, but a lower mean rating than the psychiatrists (3.940). As far as priests were concerned, for the first descriptive cluster they had a low mean rating of 2.663, which was lower than all the other professionals, except for counselling psychologists, who had the lowest mean rating of 2.464. For the second descriptive cluster, priests had the lowest mean rating.

The ratings for all the professionals on these two "negative" descriptive clusters, are favourable, in that they fall in the "almost no members fit this description" range. Yet, one must take cognisance of the fact that none of the professionals received mean ratings of 0, which suggest that the sample felt that *at least some* of the professionals within each category, fitted each of the descriptions.

For the descriptive cluster "dedicated, persistent, well-trained", both clinical and counselling psychologists received quite high mean ratings of 7.072 and 7.500 respectively. Once again, counselling psychologists had higher mean ratings than clinical psychologists. Physicians followed the psychologists very closely, receiving a mean rating of 7.012. That these ratings can be classified under "almost no members fit this description", is indicative of the fact that the sample perceived these three professional groups quite favourably. However, once again, neither the psychologists nor the physicians received mean ratings of 8, 9 , or 10, which suggests that the sample perceives at least a few of the members in each of these professions as *not* being dedicated, persistent and well-trained. The psychiatrists had a lower mean rating (6.917) than the psychologists and physicians, but a higher rating than the priests (6.762). The ratings for priests and psychiatrists suggest that perceptions of them as being dedicated, persistent and well-trained, were moderately favourable.

With respect to the descriptive cluster "helpful, caring, friendly, a good listener", counselling psychologists received the highest mean rating (7.857), followed closely by priests (7.810) and clinical psychologists (7.369). The results indicate that psychologists and priests received quite favourable ratings, i.e, the sample perceived almost all the members in these professional categories as being helpful, caring, friendly and as being good listeners. Psychiatrists received a lower mean rating(6.643) than the psychologists and priests, but a higher rating than the physicians, who had the lowest rating (6.169). Nevertheless, the mean ratings of psychiatrists and priests still indicate that perceptions of these professionals were moderately favourable.

For the descriptive cluster "curious, probing, a researcher", the mental health professionals received fairly favourable ratings, suggesting that the sample perceived quite a fair number of professionals in each of the mental health categories, as being curious, probing, and as being researchers. Not surprisingly, the non-mental health professionals had lower mean ratings of 5.205 and 4.494 respectively. All the mental health professionals and priests had quite favourable ratings on the descriptive cluster " patient, calm, self-controlled", with counselling psychologists receiving the highest mean rating (7.571). Physicians had a moderately favourable rating of 6.393. The results suggest that the sample perceived quite a number of clinical psychologists, counselling psychologists, and

priests, as being patient, calm, and self-controlled.

Expectedly, the mental health professionals had higher mean ratings than the non-mental health professionals, on the descriptive cluster "deals with mental problems, studies behaviour, studies the mind". Of the mental health professionals, psychiatrists received the highest mean rating (8.321) followed by clinical psychologists (7.381) and counselling psychologists (6.783). With regards to the descriptive cluster "rich, nicely dressed, professional-looking", priests had the lowest mean rating (4.470). Physicians received the highest mean rating (7.530), followed by psychiatrists (6.857), clinical psychologists (6.253), and counselling psychologists (6.095), in descending order. The results suggest that the sample perceived just a few of the members of the category " priest", as being rich, nicely dressed and professional-looking. In terms of the likert scale, a rating of 4.470 falls very close to the range "almost no members fit this description".

Psychiatrists fared better than all the other professionals on the descriptive cluster "enjoys learning, intelligent, studious, knowledgeable, wise", receiving a mean rating of 7.440. Once again, counselling psychologists gained a slight edge over clinical psychologists, receiving a mean rating of 7.155, compared to the mean rating for clinical psychologists, which was 6.976. Physicians were rated quite similarly to clinical psychologists, receiving a mean rating of 6.952. Priests had the

lowest mean rating (6.357), which was nevertheless, moderately favourable. Priest received the highest mean rating (6.571) for the descriptive cluster "necessary, underpaid", which the sample interpreted as "necessary *but* underpaid". This finding was hardly surprising. Physicians received the lowest rating (3.440), which in terms of the likert scale, indicates that the sample perceived "almost no members" as fitting this description. Like physicians, psychiatrists also received quite a low rating (4.179). It is worth noting that the professionals from both these categories, have been medically trained. The low ratings which they received on this cluster are to be expected, taking into account the fact that people who are medically trained *are* well paid. Hence, it is not unusual for them not to be perceived as "underpaid".

Priests topped the ratings for the descriptive cluster "understanding, well-adjusted, gives advice", receiving a rating of 7.679, which indicates that they are perceived in a highly favourable light by the sample, for this particular cluster. Priests were followed closely by counselling psychologists (7.548), who, yet again, had a higher mean rating than clinical psychologists (7.072). The high ratings for these three professionals, suggest that the sample perceived them in a highly favourable light, feeling that "almost all the members" in each of these professional categories, were understanding, well-adjusted, and gave advice. The psychiatrists received a moderately favourable rating of 6.857, followed by the physicians

(6.095).

The overall results of the descriptive analysis, reveal that the combined sample of social workers and occupational health nurses, appear to be moderately confident in the psychologists to treat 5 clinical cases, as well as to treat their very own problems. On the other hand, they appear to have much more favourable attitudes towards the psychologists, as revealed by the high ratings they gave these professionals on the "positive" descriptive clusters. As mentioned earlier on, one must still consider the fact that neither counselling psychologists nor clinical psychologists, received mean ratings of 8,9, or 10 for the "positive" descriptive clusters, and mean ratings of 0 for the "negative" descriptive clusters.

Finally, it is worth mentioning that the inferential analyses will establish whether the mean ratings received by the 5 professionals on each of the 5 cases, and on each of the 11 descriptive clusters, differed significantly from each other. The inferential analyses will also establish whether the 5 professionals were rated significantly differently from each other in terms of the sample's confidence in them to treat their own (i.e., the sample's) problems, and whether the cases differed significantly from each other in terms of their severity.

4.1.5 Popularity of the psychology profession

One final aspect of data collection required the combined sample of respondents to select from a list of professions, the one they would like to see their offspring get into. The results are displayed in the table below.

Popularity of the psychology profession

Chosen Profession	Number of respondents	Total number of respondents	Percentage
Clinical Psychologist	12	83	14.45%
Counselling Psychologist	11	83	13.25%
Psychiatrist	3	83	3.6%
Psychiatric Nurse	3	83	3.6%
Lay-counsellor	0	83	0%
Physician	3	83	3,6%
Priest	3	83	3.6%
Engineer	23	83	27.7%
Accountant	22	83	26.5%
Teacher	3	83	3.6%

It is apparent from the table that the profession "Engineer" is the most popular choice, with 27.7% of the sample wanting to see their offspring pursue this career. The second most popular choice was "accountant". In comparison to these two

professions, the mental health professions did not fare very well. Only 14.45% of the sample chose "clinical psychologist" as their preference, while 13.25% selected "counselling psychologist". Psychiatrists fared very poorly, with a mere 3.6% of the sample feeling that it was the best career choice. While the figures for the psychologists do not seem to be a ringing endorsement for the popularity of profession, in comparison to the other listed professional categories, they fared relatively well, coming in third (clinical psychologist) and fourth (counselling psychologist). Perhaps a wider selection of professionals would have resulted in a different outcome.

4.1.6 Differences between social workers and occupational health nurses

As mentioned earlier, the second component of the descriptive analysis involved assessing whether social workers and occupational health nurses differed in their ratings of the 5 professionals. Once again, this can be gauged by viewing the mean ratings for each of the 5 professionals on each of the variables.This can be viewed in **Appendix C.**

The descriptive tables reveal that occupational health nurses rated all 5 professionals consistently higher than the social workers, on each of the 5 cases. Occupational health nurses also assigned higher severity ratings to each of the 5 cases, than did the social workers. With regard to the samples'confidence in the

professionals to treat their own problems, occupational health nurses, once again, gave the 5 professionals higher confidence ratings than the social workers.

With regards to the descriptive clusters, the professionals received higher ratings from the occupational health nurses than from social workers, on 9 descriptive clusters. These clusters were: "dedicated, persistent, well-trained", "helpful, caring, friendly, a good listener", "curious, probing, a researcher", "patient, calm, self-controlled", "deals with mental problems, studies behaviour, studies the mind", "rich, nicely dressed, professional looking", "enjoys learning, intelligent, knowledgeable, studious, wise", "necessary, wise", and "understanding,well-adjusted, gives advice." On the "negative" descriptive cluster "cold, uninterested, introverted, odd", psychiatrists, physicians and priests received lower ratings from the social workers than from the occupational health nurses. Similarly, on the cluster "bossy, hostile, greedy, egotistical", psychiatrists and physicians (but not priests) received lower ratings from the social workers.

4.2 Inferential analyses

4.2.1 Repeated measures anova for cases

A repeated measures anova was executed to ascertain whether the 5 professionals differed significantly in their received ratings across all 5 cases taken together.

Furthermore, there was an attempt to determine whether social workers and occupational health nurses differed significantly in their ratings of the professionals across all 5 cases (between-subject effects).

The within-subject effect of 'case' was highly significant, $F(4,324)=10.24$, $p<001$.This indicated that there *were* significant differences in the ratings between cases. The within-subject effect of 'profession' was also found to be significant, $F(4,324)=52.03$, $p<.001$. This indicated that clinical psychologists, counselling psychologists, psychiatrists, physicians and priests, were rated significantly differently from each other across all 5 cases. The within-subject interaction ('case' x 'profession') turned out to be significant, $F(16,1296)=19.66$, $p<.001$. Tests of between-subject effect also came up significant, $F(1,81)=5.89$, $p<.01$. In fact, the descriptive tables in **Appendix C**, did reveal that occupational health nurses gave the professionals more favourable ratings on the 5 cases, than did the social workers. The significant between-subject effect which was found, merely confirms that occupational health workers gave the professionals significantly more favourable ratings than the social workers.

The interaction between 'case' and 'sub-category' (i.e., social workers and occupational health nurses) was insignificant, $F(4,324)=.37$, $p=.828$. Similarly, the interaction ('profession' x 'sub-category') was found to be insignificant,

F(4,324)=1.13, p=.342. Not surprisingly, the interaction ('sub-category' x ' case' x 'profession') was insignificant, F(16,1296)=.73, p=.762.

4.2.2 Repeated measures anova for descriptive clusters

A repeated measures anova was executed to determine whether the 5 professionals differed significantly in their received ratings across all 11 descriptive clusters taken together. The within-subject effect of 'characteristics' was significant, F(10,680)=75.88, p<.001. This indicated that there were significant differences in the ratings between the 11 clusters. The within-subject effect of 'profession' was significant, F(4,272)=14.04, p<.001. This suggested that the 5 professionals were rated significantly differently from each other across all 11 descriptive clusters. The within-subject interaction ('characteristic' x 'profession') turned up significant, F(40,2720)=13.02, p<.001. Tests of between-subject effects were also found to be significant, F(1,68)=8.92, p<.01. Once again, the descriptive tables in **Appendix C** did reveal that, overall, occupational health nurses gave the professionals more favourable ratings on 9 of the 11 clusters, than did the social workers. The test of the between-subject effect merely confirms the significance of this difference. The interaction ('characteristic' x 'sub-category') was found to be insignificant, F(10,680)=1.28, p=.239. The interaction ('profession' x 'sub-category') was also insignificant, F(4,272)=1.07, p=.369. Not surprisingly, the interaction ('sub-category' x 'characteristics' x 'profession') was insignificant,

F(40,2720)=1.91, p=.770.

4.2.3 Post hoc comparisons using Tukey's honestly significant difference (HSD) test

For this section of analyses, the combined group of social workers and occupational health nurses was considered. At this point, it must be mentioned that for each of the variables on which the professionals were rated, the *direction* of the significance indicated by Tukey's test, was gauged from the descriptive tables. Furthermore, as mentioned earlier, in situations where the distribution of ratings received by the professionals violated the assumptions, the Wilcoxon test (2-tailed probability) was conducted in conjunction with Tukey's test, to verify the results of Tukey's post-hoc comparisons.

4.2.3.1 Post hoc comparisons of the professionals on each of the five cases

As is already known, the sample had to rate their confidence in each of the 5 professionals to treat each of the 5 clinical cases. **For case 1** (adjustment disorder with academic inhibition), the analysis of variance revealed that the professionals differed significantly from each other in their ratings, F(4,415)=37.7275, p<.0001. Tukey's HSD test (alpha=.05) revealed that both clinical and counselling psychologists received significantly higher confidence ratings than physicians,

psychiatrists, and priests ($p < .05$). Counselling psychologists had significantly higher ratings of confidence clinical psychologists ($p<.05$). Physicians, psychiatrists and priests, did not differ significantly in their ratings. To a large extent, the Wilcoxon tests validated these findings for those professionals whose distributions deviated from the assumptions. The results of the Wilcoxon tests were as follows: clinical psychologist with counselling psychologist, $z= -3.68$, $p<.001$; clinical psychologist with psychiatrist, $z= -4.32$, $p<.0001$; clinical psychologist with physician, $z= -6.182$, $p<.0001$; clinical psychologist with priest, $z= -4.134$, $p<.0001$; counselling psychologist with psychiatrist, $z= -5.9196$, $p<.0001$; counselling psychologist with physician, $z= -7.3013$, $p<.0001$; counselling psychologist with priest, $z= -6.6024$, $p<.0001$; psychiatrist with physician, $z= -2.5755$, $p<.05$; and priest with physician, $z= -2.7168$, $p<.01$. In each of these pairs, the professional who appears first, is the one with the significantly higher rating (as gauged from the descriptive tables). It is evident that the results of Tukey's test, were largely confirmed by the Wilcoxon tests. However, the Wilcoxon tests did not corroborate two of the findings of Tukey's test. Unlike Tukey's test, the Wilcoxon test found that psychiatrists and physicians did differ significantly in their received ratings, with psychiatrists receiving significantly higher confidence ratings than physicians. Furthermore, unlike Tukey's test, the Wilcoxon test found that priests and physicians did differ significantly from each other , with priests receiving significantly more favourable

ratings than physicians. In these two instances, it becomes necessary to regard the results of Tukey's test, as being somewhat tentative.

For **case 2** (avoidant personality disorder), the one-way anova revealed that the professionals differed significantly from each other in their ratings, $F(4,415)=48.6940$, $p<.0001$. Tukey's HSD test indicated that physicians received significantly lower confidence ratings than clinical psychologists, counselling psychologists, psychiatrists and priests ($p<.05$). Each of the mental health professionals received significantly higher ratings than priests ($p<.05$). Once again, the sample was significantly more confident in counselling psychologists to treat this case, than they were in clinical psychologists ($p<.05$). The Wilcoxon tests completely corroborated the findings of Tukey's test, for those professionals whose distributions deviated from the assumptions. The results of the Wilcoxon tests were as follows: clinical psychologist with physician, $z= -7.1723$, $p<.0001$; counselling psychologist with physician, $z= -7.72$, $p<.0001$; psychiatrist with physician, $z= -6.42$, $p<.0001$; priest with physician, $z=-4.32$, $p<.0001$; clinical psychologist with priest, $z= -5.3586$, $p<.0001$; counselling psychologist with priest, $z= -6.712$, $p<.0001$; psychiatrist with priest, $z= -3.15$, $p<.01$; and clinical psychologist with counselling psychologist, $z= -4.8974$, $p<.0001$. Once again, in each of these cases, the first professional in the pair, is the one with the significantly higher confidence rating.

The one-way anova for **case 3** (major depression, recurrent with psychotic features) turned out significant, $F(4,414)= 43.0743$, $p<.0001$.This meant that the professionals differed significantly from each other in their ratings, on this case. The results of Tukey's HSD test, revealed that clinical psychologists and psychiatrists received significantly higher confidence ratings than counselling psychologists, physicians and priests ($p<.05$). However, the sample was significantly more confident in psychiatrists to treat case 3, than they were in clinical psychologists ($p<.05$). Counselling psychologists, physicians and priests were not rated significantly differently from each other. For those professionals whose distributions violated the assumptions, the results of the Wilcoxon tests, corroborated the findings of Tukey's test to quite an extent. The results were as follows**:** clinical psychologist with counselling psychologist, $z=- 4.8974$, $p<.0001$; clinical psychologist with physician, $z= -5.85$, $p<.0001$; clinical psychologist with priest, $z= -4.9$, $p<.0001$; psychiatrist with counselling psychologist, $z= -6.8957$, $p<.0001$; psychiatrist with physician, $z= -7.462$, $p<.0001$; psychiatrist with priest, $z= -6.5878$, $p<.0001$; psychiatrist with clinical psychologist, $z= -4.4872$, $p<.0001$; counselling psychologist and physician, $z=- -3.142$, $p<.01$; counselling psychologist with priest, $z= -2.0128$, $p<.05$; and physician with priest, $z= -.87$, $p=.38$. Once again, the professional who appears first in the pair, is the one with the significantly higher rating. However, two of the findings of Tukey's test <u>were not</u> confirmed by the Wilcoxon tests. Contrary to the results of Tukey's test, the

Wilcoxon test found that counselling psychologists *did* receive significantly higher confidence ratings than both physicians and priests. Hence, the insignificant finding of Tukey's test, needs to be considered as being tentative.

For **case 4** (marital problem), the professionals differed significantly from each other in their ratings, as indicated by the one-way anova, $F(4,415)=56.3725$, $p<.0001$. Tukey's HSD test indicated that physicians received significantly lower confidence ratings than each of the other professionals ($p<.05$). Clinical psychologists, counselling psychologists and priests received significantly higher ratings than psychiatrists ($p<.05$). The sample was significantly more confident in counselling psychologists to treat case 4, than they were in clinical psychologists ($p<.05$). Counselling psychologists also had significantly higher ratings than priests ($p<.05$).Clinical psychologists and priests did not differ significantly from each other.

Finally, the one-way anova for **case 5** (adjustment disorder with academic inhibition) also turned up highly significant, $F(4,415)=46.1796$, $p<.0001$. This indicated that the professionals differed significantly from each other in their ratings. The results of Tukey's HSD test, revealed that physicians were, once again, rated significantly lower than each of the other professionals ($p<.05$). Clinical and counselling psychologists received significantly higher confidence

ratings than psychiatrists ($p<.05$). Not surprisingly, counselling psychologists had significantly higher ratings than clinical psychologists ($p< .05$). Furthermore, counselling psychologists had significantly higher ratings than priests ($p<.05$). Clinical psychologists and priests did not differ significantly in their ratings. All the findings, except one, were corroborated by the Wilcoxon tests, for those professionals whose distributions deviated from the assumptions. The results of the Wilcoxon tests were as follows: clinical psychologist with physician, $z=-6.7354$, $p<.0001$; counselling psychologist with physician, $z= -7.5633$, $p<.0001$; psychiatrist with physician, $z=- 4.8970$, $p<.0001$; priest with physician, $z= -6.2355$, $p<.0001$; clinical psychologist with psychiatrist, $z= -3.9657$, $p<.001$; counselling psychologist with psychiatrist, $z= -6.2627$, $p<.0001$; counselling psychologist with clinical psychologist, $z=- 4.4907$, $p<.0001$; counselling psychologist with priest, $z= -5.6846$, $p<.0001$; and clinical psychologist with priest, $z= -2.2$, $p<05$. It becomes apparent that Tukey's finding, that clinical psychologists and priests did not differ significantly from each other, was not corroborated by the Wilcoxon test. The latter test found that these two professionals *did* in fact differ significantly from each other, with clinical psychologists receiving significantly higher confidence ratings than priests.

4.2.3.2 Post hoc comparisons of the severity of the cases

The one-way anova confirmed that there were significant differences in severity

between cases, $F(4,413)=47.3692$, $p<.0001$. Tukey's HSD test, indicated that case 3 was perceived as significantly more severe than cases 1, 2, 4, and 5 ($p<.05$). Cases 1, 2, 4, and 5, were not perceived to differ significantly from each other in terms of severity. The Wilcoxon tests *did* validate the findings of Tukey's test, for those cases whose distributions violated the assumptions. The results of the Wilcoxon were as follows: case 3 with case 2, $z= -6.59$, $p<.0001$; case 3 with case 2, $z= -7.59$, $p<.0001$; case 3 with case 4, $z= -7.426$, $p<.0001$; case 3 with case 5, $z= -7.3268$, $p<.0001$; case 1 with case2, $z= -2.155$, $p<.05$; case 1 with case 4, $z= -.88$, $p=.3739$; and case 1 with case 5, $z= -2.1467$, $p<.05$. The case which appears first in the pair, is the one with the significantly higher severity rating. It becomes apparent that the Wilcoxon tests did not corroborate two of the results of Tukey's test. Firstly, unlike Tukey's test, the Wilcoxon test *did* find a significant difference between the severity of case 1 and case2, with case 1 obtaining a significantly higher severity rating than case 2. Secondly, the Wicoxon test *did* find that case 1 and case 5 differed in their severity ratings, with case 1 receiving a significantly higher rating than case 5. Once again, in these two instances, it is wise to regard the results of Tukey's test as tentative.

4.2.3.3 Post hoc comparisons of the professionals in terms of the sample's confidence in them to treat their own (i.e., the sample's own) problems

The result of the one-way anova turned out to be highly significant, $F(4,410)=14.4036$, $p<.0001$.This indicated that the professionals did differ quite significantly in the confidence ratings they received. The results of Tukey's HSD test, revealed that clinical psychologists, counselling psychologists, and priests, had significantly higher confidence ratings than physicians ($p<.05$). Counselling psychologists had significantly higher confidence ratings than psychiatrists and priests ($p<.05$). Clinical psychologists, psychiatrists, and priests, did not differ significantly in their ratings. The sample's confidence in clinical psychologists, was not significantly different from their confidence in counselling psychologists. Overall, the Wilcoxon tests validated the findings of Tukey's test for those professionals whose distributions deviated from the assumptions. The results were as follows**:** clinical psychologist with physician, $z=-5.1360$, $p<.0001$; clinical psychologist with psychiatrist, $z= -3.45$, $p<.001$; clinical psychologist with priest, $z= -1.9697$, $p<.05$; clinical psychologist with counselling psychologist, $z= -2.53$, $p<.05$; counselling psychologist with physician, $z= -6.22$, $p<.0001$; counselling psychologist with psychiatrist, $z= -4.72$, $p<.0001$; and counselling psychologist with priest, $z=-3.9853$, $p<.001$. In each of these pairs, the professional who appears first in the pair, is the one with the significantly higher rating. Glancing at the results, it becomes evident that the Wilcoxon tests did not confirm two of the

findings of Tukey's test. Unlike Tukey's test, the Wilcoxon tests found that both clinical *and* counselling psychologists had significantly higher ratings than psychiatrists and priests, and that clinical and counselling psychologists *did* differ significantly from each other in their ratings, with counselling psychologists receiving significantly higher ratings than clinical psychologists. Hence, one must proceed with caution when considering the results of Tukey's test in these two cases.

4.2.3.4 Post hoc comparisons of the professionals on each of the descriptive clusters

The result of the one-way anova for the descriptive cluster "cold, uninterested, introverted, odd", was highly significant, $F(4,413)=11.7214$, $p<.0001$. This indicated that the professionals *did* differ quite significantly from each other in their ratings. Tukey's HSD test revealed that psychiatrists and physicians were rated significantly less favourably than clinical psychologists, counselling psychologists and priests ($p<.05$), with the latter group not having been rated significantly differently from each other. The result of the one-way anova for the descriptive cluster "bossy, hostile, greedy,egotistical", was also highly significant, $F(4,412)=9.4790$, $p<.0001$. This indicated that the professionals *did* differ quite significantly from each other in their ratings. The results of Tukey's HSD test, were the same as for the previous cluster. Psychiatrists and physicians were, once

again, perceived significantly less favourably than clinical psychologists, counselling psychologists, and priests ($p<.05$), with the latter group not differing significantly from each other.

Unlike the one-way anovas for the first two clusters, the result of the anova for the descriptive cluster "dedicated, persistent, well-trained", turned out to be insignificant, $F(4,413)=2.2482$, $p=.0632$. This indicated that, overall, the professionals did not differ significantly from each other on this cluster. However, the post- hoc comparisons revealed that counselling psychologists *were* rated significantly more favourably than priests ($p<.05$). For the descriptive cluster "helpful, caring, friendly, a good listener", the result of the one-way anova was highly significant, $F(4,414)=14.8737$, $p<.0001$. This indicated that the professionals did differ quite significantly from each other in their ratings on this particular cluster. Close inspection of the results of Tukey's HSD test, revealed that clinical psychologists, counselling psychologists, and priests, were rated significantly more favourably than the physicians ($p<.05$), but did not differ significantly from each other. Counselling psychologists and priests were shown to have significantly higher ratings than psychiatrists ($p<.05$).

The result of the one-way anova for the descriptive cluster "curious, probing, a researcher", was also highly significant, $F(4,411)=29.0281$, $p<.0001$. This

indicated that the professionals did differ quite significantly from each other in their ratings. Tukey's HSD test, revealed that each of the mental health professionals were rated significantly higher than the physicians and priests ($p<.05$), which was hardly surprising.

For the descriptive cluster "patient, calm, self-controlled", the result of the one-way anova was, once again, significant, $F(4,415)=6.3614$, $p<.001$. Tukey's HSD test, indicated that each of the mental health professionals and priests, were rated significantly more favourably than physicians ($p<.05$). The three mental health professionals and priests, did not differ significantly from each other in their ratings. These results were confirmed by the Wilcoxon tests, for those professionals whose distributions on this cluster deviated from the assumptions of normality and homogeneity of variance. The results of the Wilcoxon tests were as follows: clinical psychologist with counselling psychologist, $z= -1.3149$, $p=.1885$; clinical psychologist with psychiatrist, $z= -1.38$, $p=.1672$; clinical psychologist with physician, $z= - 4.26$, $p<.0001$; clinical psychologist with priest, $z=-.0957$, $p=.92$; counselling psychologist with psychiatrist, $z= -2.27$, $p=.023$; counselling psychologist with physician, $z= - 4.88$, $p<.0001$; counselling psychologist with priest, $z= -1.22$, $p=.22$; psychiatrist with physician, $z= -2.78$, $p<.01$; psychiatrist with priest, $z= -1.095$, $p=.27$; and priest with physician, $z= 3.6479$, $p<.001$. These results indicate that there was a 100% corroboration between the findings of

Tukey's test and the Wilcoxon tests.

For the next cluster, "deals with mental problems, studies behaviour, studies the mind", the one-way anova produced a highly significant result, $F(4,411)=93.7131$, $p<.0001$. This indicated that the professionals *did* differ quite significantly from each other on this cluster. The results of the post-hoc comparisons were hardly surprising. Each of the mental health professionals received significantly higher ratings than both the non-mental health professionals, on this cluster ($p<.05$). However, psychiatrists received significantly higher ratings than both clinical and counselling psychologists ($p<.05$). These results were confirmed by the Wilcoxon tests, particularly for those professionals whose distributions deviated from the assumptions of normality and homogeneity of variance. The results of this test were as follows: clinical psychologist with physician, $z=-7.032$, $p<.01$; clinical psychologist with priest, $z= -7.12$, $p<.0001$; counselling psychologist with physician, $z= -7.1248$, $p<.0001$; counselling psychologist with priest, $z= -7.0169$, $p<.0001$; psychiatrist with physician, $z= -7.24$, $p<.0001$; psychiatrist with priest, $z= -7.5458$, $p<.0001$; psychiatrist with clinical psychologist, $z= -3.989$, $p<.001$; and psychiatrist with counselling psychologist, $z= -5.4857$, $p<.0001$. In each of these cases, the professional that appears first in the pair, is the one with the significantly higher mean rating (it was mentioned earlier that the direction of significance was gauged from the descriptive tables). Hence, it becomes evident

that the Wilcoxon tests verified the results of Tukey's post-hoc comparisons. However, while Tukey's test *did not* find a significant difference between the mean ratings of clinical and counselling psychologists on this cluster, the Wilcoxon test *did* find a significant difference. Hence one would have to interpret the result found by Tukey's test cautiously.

The result of the one-way anova for the descriptive cluster "rich, nicely dressed, professional looking", was highly significant, $F(4,412)=33.7441$, $p<.0001$. This meant that ratings for each of the professionals on this cluster, differed quite significantly from each other. Tukey's HSD test revealed that priests were rated significantly lower than each of the other professionals ($p<.05$). Psychiatrists and physicians were rated significantly higher than counselling psychologists ($p<.05$), but the former group did not differ significantly from each other. Physicians were rated significantly higher than clinical psychologists ($p<.05$). Psychiatrists and clinical psychologists did not differ significantly from each other in their ratings. For this cluster, clinical and counselling psychologists did not receive significantly different ratings. Once again, the Wilcoxon tests validated the findings of Tukey's test, for those professionals whose distributions deviated from the assumptions. The results of the Wilcoxon tests were as follows: clinical psychologist with priest, $z= -5.73$, $p<.0001$; psychiatrist with priest, $z=-6.62$, $p<.0001$; physician with priest, $z= -6.5488$, $p<.0001$; psychiatrist with counselling psychologist,

z= - 3.368, p<.001; physician with counselling psychologist, z= -5.01, p< .0001; physician with clinical psychologist, z= -4.72, p<.0001; and physician with psychiatrist, z= -3.18, p< .01. In each of these pairs, the first professional in the pair is the one with the significantly higher rating. Further results were as follows: clinical psychologist and counselling psychologist, z= -8.677, p=.3855. While the Wilcoxon tests did validate the results of Tukey's test to a large degree, there was one instance in which the results of Tukey's test were not confirmed by the corresponding Wilcoxon test. For example, while Tukey's test found that there wasn't a significant difference between physicians and psychiatrists on this cluster, the Wilcoxon test *did* find a significant difference (z= -3.18, p<, .01), with physicians receiving significantly higher ratings than psychiatrists. Hence, the insignificant result found by Tukey's test, needs to be interpreted cautiously.

For the descriptive cluster "enjoys learning, intelligent, knowledgeable, studious, wise", the result of the one-way anova turned out to be significant, F(4,414)= 4.6012, p<.001. This indicated that the professionals differed significantly from each other in their ratings. Tukey's HSD test indicated that counselling psychologists and psychiatrists were rated significantly higher than priests (p<.05). Clinical psychologists, counselling psychologists, physicians, and psychiatrists, did not differ significantly in their ratings on this cluster. Furthermore, priests did not differ significantly from clinical psychologists and physicians.

The one-way anova for the next cluster, "necessary, but underpaid", once again produced a significant result, $F(4,412)=24.9953$, $p<.0001$. This meant that the professionals *did* differ quite significantly from each other in their ratings. Post-hoc comparisons revealed that clinical psychologists, counselling psychologists, and priests, were rated significantly higher than psychiatrists and physicians ($p<.05$). This is hardly surprising, given that psychiatrists and physicians *did* receive significantly higher ratings than some of the other professionals, on the descriptive cluster which included the description "rich". Priests were found to have significantly higher ratings than clinical psychologists ($p<.05$), but they did not differ significantly from counselling psychologists. For this cluster, as for the three previous clusters, clinical and counselling psychologists did not differ significantly in their ratings. The Wilcoxon test confirmed the results of the post hoc comparisons, for those professionals whose distributions deviated from the assumptions. The results were as follows: clinical psychologist with physician, $z= -5.5126$, $p<.0001$; counselling psychologist with physician, $z= -5.8227$, $p<.000$; priest with physician, $z= -6.5668$, $p<.0001$; psychiatrist with physician, $z= -3.0061$, $p< .01$; priest with psychiatrist, $z= -5.6458$, $p<.0001$; priest with clinical psychologist, $z= -3.5933$, $p<.001$; priest with counselling psychologist, $z= -3.127$, $p<.01$; and priest with psychiatrist, $z= -5.6458$, $p<.0001$. One again, the professional that appears first in the pair, is the one with the significantly higher rating (the direction of significance being gauged from the descriptive tables). To a

large extent, the results of Tukey's post-hoc comparisons were confirmed by the Wilcoxon tests. However, while Tukey's test did not find a significant difference in ratings between psychiatrists and physicians, the Wilcoxon test did find a significant difference, with psychiatrists receiving significantly higher ratings than physicians ($z=-3.006$, $p<.01$). Furthermore, unlike Tukey's test, the Wilcoxon test found that priests had significantly higher ratings than both clinical *and* counselling psychologists. Hence, one would have to regard the insignificant results found by Tukey's test as being quite tentative, and proceed to interpret it cautiously.

For the last descriptive cluster, "understanding, well-adjusted, gives advice", the result of the one-way anova was highly significant, $F(4,414)=11.5510$, $p<.0001$. This suggested that the professionals, once again, differed significantly from each other in their ratings. Tukey's HSD test, revealed that physicians were rated significantly lower than each of the other professionals on this cluster ($p<.05$). Clinical psychologists, counselling psychologists, and priests, did not differ significantly in their ratings. Clinical and counselling psychologists did not differ significantly from psychiatrists. However, priests were perceived significantly more favourably than psychiatrists ($p<.05$).

CHAPTER 5 DISCUSSION

5.1 Review of the aims of the study

The aim of this study was to assess the perceptions that social workers and occupational health nurses have, of clinical psychologists, counselling psychologists, psychiatrists, physicians and priests. The study focused particularly on their attitudes towards, and confidence in, these five "helping" professionals. More specifically, the aim was to ascertain how the psychologists fared relative to the other professionals. A discussion of the results follows below.

5.2 Confidence in the professionals to treat the 5 cases

For each of the 5 cases, both clinical and counselling psychologists received only 'moderately favourable' ratings. Furthermore, counselling psychologists were consistently perceived as being more capable of treating cases 1, 2, 4 and 5, than the clinical psychologists. This apparent preference for counselling psychologists to treat these cases, echoes the findings of Warner and Bradley (1991), who discovered that masters-level counsellors were preferred over clinical psychologists to treat cases. The finding that the combined group of social workers and occupational health nurses have more confidence in the abilities and skills of counselling psychologists, inevitably has implications for the image of clinical

psychologists and their job security. It is well known that social workers and occupational health nurses are frequently involved in making referrals to mental health professionals. If they are not *as confident* in clinical psychologists to treat cases, as they are in counselling psychologists, this could influence the number of referrals they make to clinical psychologists. Hence, it appears that clinical psychologists in the Pietermaritzburg region, need to ensure that these 'referring professionals' are confident enough in them, to make referrals to them. Although counselling psychologists were perceived more favourably than clinical psychologists, one must still bear in mind that the sample were still only 'moderately' confident in the abilities of both groups of psychologists. Hence, there is a need for both groups of psychologists to boost people's confidence in them, by educating them about the knowledge, experience, abilities, and skills, which they possess.

The fact that **case 3** (major depression with psychotic features) was considered to be significantly more severe than the other cases, is interesting in its own right. Although the other cases (such as **case 2**: avoidant personality disorder) were significant enough to warrant some kind of professional help, the sample still had a tendency to rate **case 3** as the most severe case. It is safe to assume that case3 was considered to be severe because it involved a person who presented with psychotic

symptoms. Hence, there appears to be tendency to classify cases with psychotic features as being 'severe' cases, while other cases (such **case 5**: adjustment disorder with depressed mood) are considered to be 'milder'.

The results further indicated that the psychologists were perceived as more competent to treat cases 1, 2, 4, and 5, than the psychiatrists. However, an important finding was that the sample had significantly more confidence in the abilities of psychiatrists to treat case 3, than they did in the abilities of clinical psychologists. Now, it was already established that case 3 was perceived as the most severe case. Hence, it appears that there still remains hints of the inaccurate and stereotypic image of the clinical psychologist as the one who treats 'milder' psychological disorders, and of the psychiatrist as a treater of more 'severe' illnesses. This finding is supported in the literature. For example, the study by Schindler et al (1987), found that the sample of patients and non-patients perceived psychiatrists as being the treater of more severe illnesses. Furthermore, a survey by Clark and Martire (cited in Wood et al., 1986) revealed that the public viewed psychiatrists as being more effective than psychologists in treating mental illness. Although Wood et al's (1986) study revealed that the public had an increasingly accurate understanding of the roles and responsibilities of psychologists as compared to psychiatrists, the findings of the present study, suggest the need for educational and public relations efforts by clinical

psychologists. Furthermore, one should take into account the fact, that counselling psychologists often receive the very same training in therapy as the clinical psychologists. They too then, should be perceived as equally competent to treat a wide range of problems.

From the findings, one can conclude that the combined sample of social workers and occupational health nurses, seem to lack an understanding of the roles and functions of both groups of psychologists. Hence, *both groups* of psychologists need to promote themselves as being competent to treat a wide range of psychological problems. They need to educate the general public and professionals about the exact nature of their roles and functions. Only with educational and public relations efforts, can psychologists begin to erase, albeit gradually, the misperception that psychiatrists are more competent to treat the more severe illnesses. Perhaps the finding that psychiatrists were considered to be more competent to treat the most severe case (i.e., case 3), should not be understood as being *merely* a result of ignorance on the part of the sample about what psychologists can do. It could be that this sample *does* have more faith in psychiatrists to treat severe cases, because of the extensive medical training that psychiatrists receive. The fact that psychiatrists are trained in the medical model, could result in professionals like social workers and occupational health nurses ascribing a higher degree of competence to psychiatrists, to treat cases which

involve symptoms that appear to require some kind of medical intervention. Nevertheless, the fact that the sample did not regard psychologists as being competent enough to treat a person with severe depression (with psychotic features), a problem which psychologists are trained to treat, suggests that the sample *did* lack a full understanding of the roles and functions of psychologists. Thus, psychologists need to undertake educational campaigns, which are directed at informing the general public and professionals about their roles and functions.

As far as the non-mental health professionals were concerned, the sample appeared to have only 'some' confidence in these professionals to treat the 5 cases. The sample was clearly more confident in the abilities of mental health professionals. For all cases, the physicians were rated significantly lower than all the other professionals. While priests *did* fare better than the physicians, the sample's confidence in them to treat the cases was still low. These findings parallel the results of Schindler et al's (1987) study. These authors found that their sample of patients and non-patients, considered the combined psychiatrist\psychologist group as being more qualified, skilled and experienced than physicians and members of the clergy, in the treatment of 10 patient types.

The findings of the present study have important implications regarding the sample's choice of treatment provider groups for their clients. The present data

suggest that social workers and occupational health nurses consider the mental health professionals as being better equipped to treat psychological problems. This in turn, could have implications for who they choose to refer their clients to. They are more likely to refer clients with psychological problems to mental health professionals, than to physicians and priests.

5.3 The samples'confidence in the professionals to treat their own (i.e., the sample's own) problems

Once again, the combined group of social workers and occupational health nurses were 'moderately confident' in the psychologists' abilities to treat their own problems. This is hardly surprising, considering they were also moderately confident in the psychologists to treat the 5 cases. This could have implications for who social workers and occupational health nurses choose to seek help from. The moderate ratings they gave psychologists, suggest that they may not regard the 'psychologist group' as being the most effective treatment provider group. Hence, it is likely that psychologists could be losing potential clients. In comparison to the psychiatrists, however, psychologists fared relatively well, with counselling psychologists receiving a significantly higher rating than psychiatrists. Also, although Tukey's test failed to find a significant difference between clinical psychologists and psychiatrists, the Wilcoxon test did find that clinical psychologists were perceived more favourably than psychiatrists (this result

should, however, be regarded as tentative). In comparison to the 'moderate' confidence they had in psychologists, the combined sample had only ' some' confidence in the abilities of the psychiatrists, to treat their own problems. The sample's positive ratings of confidence in psychologists, are likely be met with gladness by psychologists, who would probably find it encouraging to know that social workers and occupational health nurses, who often make referrals to them, are themselves more likely to seek the services of psychologists, above the services of the psychiatrists.

Although Tukey's post-hoc comparisons found that the sample's confidence in clinical psychologists to treat their own problems, was not significantly different from their confidence in counselling psychologists, the Wilcoxon test did find a significant difference. While these results should be regarded as tentative, one cannot help but regard this finding as 'growing proof'of the sample's tendency to have a preference for counselling psychologists over clinical psychologists.

The non-mental health professionals, once again, received fairly low ratings, indicating that social workers and occupational health nurses had only 'some' confidence in them to treat their own problems. Priests were perceived more favourably than physicians. In comparison to the non-mental health professionals, both groups of psychologists fared relatively well. In fact, psychologists received

significantly better ratings than physicians. These results indicate that social workers and occupational health nurses perceive the mental health professionals as being better equipped to treat problems they might have, and they suggest that the sample would be more inclined to seek the help of psychologists and psychiatrists, than the help of physicians and priests.

While is evident that the psychologists fared relatively well in comparison to the other professionals, one must not ignore the fact that the sample was still only 'moderately' confident in them. As argued earlier, this could have implications for the job security of psychologists. These results seem to confirm what was emphasized earlier: that there appears to be a definite need for both groups of psychologists in the Pietermaritzburg area to actively promote their abilities, skills, and experience. As mentioned earlier, this can be achieved through advertising (television, magazines, radio), as well as through educational and public relations efforts. It is incumbent upon psychologists to make themselves and the profession better known. Greater exposure *should* lead to a greater liking for the field, and hence a greater likelihood of utilization of psychological services by the public. The more confident social workers and occupational health nurses become in the professional competence of psychologists, the more likely they are to refer their clients to them. They would also be more likely to enlist the services of psychologists *themselves*. The media can also be a useful disseminator of

psychological information, which can be in the interests of the mental health of members of the public. In this way, it can also serve to promote the image of psychologists' as being effective practitioners or 'helpers'.

The image of psychologists that emerges so far is quite disappointing. Social workers and occupational health nurses were shown to be only moderately confident in the psychologists to treat 5 cases, as well as to treat their very own problems. These findings do not appear to be a ringing endorsement for the favourability of psychologists' image. To the contrary, they suggest that social workers and occupational health nurses are to an extent, dubious about the abilities and skills of psychologists. This should be of concern to psychologists in the Pietermaritzburg region, as this could have implications for their overall image and could pose a serious threat to their job security. If psychologists do not make a concerted effort to boost these professionals' confidence in their abilities, through educational and public relations efforts and via the media, they face the growing threat of acquiring a negative image, not only in the eyes of these professionals, but also in the eyes of other professionals and the general lay public.

5.4 Attitudes towards the professionals

Initially, it was thought that the goodness-of-fit of adjective clusters, would suggest a possible rationale for the observed pattern of confidence in the

professionals. However, there does not appear to be a consistency between the results on the descriptive clusters, and the sample's observed pattern of confidence in the psychologists. In fact, the sample appears to have a much more favourable attitude toward psychologists, as compared to their confidence in them.

Both groups of psychologists were regarded as being aptly described by the clusters "helpful, caring, friendly, a good listener", "dedicated, persistent, well-trained", "understanding, well-adjusted, gives advice", "patient, calm, self-controlled", and "enjoys learning, knowledgeable, studious, wise". This is, without doubt, an encouraging finding. Furthermore, the sample did not perceive counselling psychologists more favourably than clinical psychologists.

An interesting finding was that psychiatrists received significantly higher ratings than psychologists on the cluster "deals with mental problems, studies behaviour, studies the mind". This only serves to reinforce the argument that the sample of social workers and occupational health nurses, lack a sufficient understanding of the roles and functions of clinical and counselling psychologists. It seems that social workers and occupational health nurses are not well-informed about the nature of the profession and the areas of interest and expertise it encompasses. Their inadequate knowledge of the profession and its professionals, could perhaps account for their lack of confidence in the abilities of the professionals. One can

argue that the sample's ratings of confidence in psychologists, were not based on a complete awareness and understanding of the roles, functions, and skills of psychologists.

The finding that psychiatrists were rated higher on this particular descriptive cluster, must not fuel interprofessional rivalry between psychologists and psychiatrists in the Pietermaritzburg region, as this would be destructive rather than constructive. Rather, this finding should be used by psychologists to actively encourage comprehensive educational campaigns, which are specifically directed at informing the public (both lay people and professionals) about the roles, functions, and skills of psychologists.

Another interesting finding, was that psychiatrists and physicians received significantly higher ratings than both groups of psychologists, on the descriptive cluster " rich, nicely dressed, professional-looking". Ignoring the description 'rich', it becomes apparent that there is a need for psychologists in the Pietermaritzburg area to, not only educate people about their roles, functions, and skills, but to also enhance their personal and professional image. This may understandably arouse criticisms from psychologists for being judged by appearances. Furthermore, such a finding is likely to spark a certain degree of interprofessional rivalry amongst these professionals. However, perhaps the

message to psychologists is that in today's professional arena, being perceived as competent and professional, rests to a great extent on ones projected appearance.Clinical and counselling psychologists, however, can take comfort from the finding that they *did* receive significantly lower ratings than psychiatrists and physicians on the 'negative' descriptive clusters, i.e., "cold, uninterested, introverted, odd" and "bossy, hostile, greedy, egotistical".

In comparing the mental and non-mental health professionals, one can conclude that the sample was able to distinguish between the roles and functions of these two treatment provider groups. The sample had given the mental health professionals significantly higher ratings on the cluster "deals with mental problems, studies behaviour, studies the mind". The sample is thus more likely to refer clients with psychological and behavioural problems to psychologists, than to physicians and priests. From this finding, one can infer that psychologists in the Pietermaritzburg region will probably not face competition from these non-mental health practitioners, for clients with psychological illnesses.

Nevertheless, psychologists must not ignore the increasingly competitive relationship that exists between various treatment provider groups. Psychologists would still have to be wary of losing potential clients to other "non-traditional" caregivers (such as priests and physicians). In fact, the results revealed that priests

received just as favourable ratings as both groups of psychologists on 5 of the descriptive clusters, i.e., "cold, uninterested, introverted, odd", "bossy, hostile, greedy, egotistical", "helpful, caring, friendly, a good listener", "necessary, underpaid", "understanding, well-adjusted, gives advice". Furthermore, priests received just as favourable ratings as clinical psychologists on the clusters "enjoys learning, intelligent, knowledgeable, studious, wise", and "dedicated, persistent, well-trained"(counselling psychologists had received significantly higher ratings than the priests on these clusters). Physicians, on the other hand, received significantly lower ratings than the psychologists on 8 of the clusters. However, they did receive significantly higher ratings than both groups of psychologists on the cluster "rich, nicely dressed, professional looking", and were rated just as favourably as the psychologists on the clusters "enjoys learning, intelligent, knowledgeable, studious, wise" and "dedicated, persistent, well-trained".

Considering these results, one can argue that psychologists must not discount the possibility that these non-mental health professionals could pose a threat to them.

5.5 Social workers versus occupational health nurses

The repeated measures anova *did* indicate a significant 'between-subject' effect. Looking at the descriptive tables in **Appendix C**, it is clear that occupational health nurses were *more* confident in the psychologists to treat the 5 cases and

their own problems, than the social workers. Furthermore, they also appear to have more favourable attitudes toward psychologists. The implications of this finding should be taken seriously. Schindler et al. (1987) spoke of physicians and priests as being the 'gatekeepers', who are often the first to encounter people with problems. Similarly, occupational health nurses and social workers can be regarded as 'gatekeepers', in that they are often the first to encounter people with psychological problems, and play an important role in making referrals to various treatment provider groups. If, like in the present study, social workers do not perceive psychologists as favourably as do occupational health nurses, they may be less inclined to refer clients to them. These results, together with the finding that the combined group of social workers and occupational health nurses still only have a 'moderate' confidence in the abilities of psychologists, could have implications for the ability of psychologists to attract clients away from these 'gatekeepers'. Nevertheless, psychologists can take comfort in the fact that these 'gatekeepers' did have more favourable attitudes towards them, which could perhaps work in their favour.

5.6 Popularity of the psychology profession

The results did reveal that 14,45% of the sample chose 'clinical psychologist' as the profession they would most like to see their offspring persue. Of the sample, 13,25% chose 'counselling psychologist' as the preferred profession. Of the 10

listed professions, the psychologists came in third and fourth, after engineers (27,7% of the sample) and accountants (26,5% of the sample). In comparison to the other six professions, psychologists fared relatively well.

The fact that psychologists were not considered as the most popular career choice, is hardly surprising, considering that the sample had only a moderate confidence in their abilities. However, although the overall result revealed that social workers and occupational health nurses did not appear to come out very strongly in favour of the psychology profession, the third and fourth positions obtained by psychologists, do not necessarily imply a negative image of the profession, *per se*. Although the sample did lack confidence in the abilities of psychologists, which could have impacted on their choice of the psychology profession for their offspring, they did still perceive the professionals quite favourably in terms of personal qualities. That psychologists came in behind engineers and accountants, could merely be pointing toward the relatively inferior status of the psychology profession as compared to engineers and accountants. If this is the case, there appears to be a need for psychologists to improve the popularity of their profession through public awareness campaigns, educational campaigns, and the media.

5.7 Limitations

The quantitative survey design which was used, had its limitations. The

questionnaire did not include an open-ended section to allow respondents to clarify and explain their ratings of the professionals, which could have provided useful insights into why they gave the professionals particular ratings.

Since I am limiting my study to the Pietermaritzburg region, I acknowledge that my findings will be generalizable to other social workers and occupational health nurses in this region only, and would likewise apply to psychologists in this region. A much larger and more representative sample of these professionals nationwide, will allow for much broader generalizations. Furthermore, sociodemographic details such as age, gender, education and race, which did not guide this study, are possible determinants of attitudes towards mental health and related professionals, and should be given adequate attention in other studies.

CHAPTER 6 SUMMARY AND CONCLUSIONS

6.1 Summary of the findings and concluding remarks

As mentioned earlier, the present study's sample of social workers and occupational health nurses, appear to have a much more favourable attitude toward both groups of psychologists, than confidence in them. Although the psychologists did receive quite favourable ratings on the descriptive clusters, one must bear in mind, that they still did not receive ratings of 8, 9, or 10 on the 'positive' clusters, and ratings of 0 on the 'negative' clusters. This suggests that the attitudes that social workers and occupational health nurses have toward psychologists, albeit favourable, were not a hundred percent favourable. Perhaps there is a need for both groups of psychologists to strive to attain this degree of favourability from these 'referring' professionals . This may be regarded as an almost impossible and unrealistic task. However, psychologists need to take cognisance of the fact, that although the attitudes of the sample were favourable, this is not necessarily a sign that 'all is well'. Psychologists are just one of a number of treatment provider groups and, knowingly or unknowingly, may be in constant competition with these other 'helping professionals', for clients. It is worth mentioning that psychologists and other treatment provider groups (such as psychiatric nurses, lay-counsellors, pastoral counsellors) do have overlapping functions. With various helping

professionals having similar functions, it becomes even more important for psychologists to attract clients to the services they offer. They need to promote themselves as having a unique role and function. Psychologists should therefore regard this as a compelling reason to make a concerted effort to improve their image amongst professionals and lay people. Psychologists also need to take heed of the finding that the sample was only moderately confident in their abilities. This places them in a vulnerable position in terms of their job security, particularly since social workers and occupational health nurses are 'gatekeepers', who are frequently involved in making referrals to mental health professionals.

Furthermore, the sample appears to perceive psychiatrists as more competent to treat more severe cases, and rated them higher on the cluster " deals with mental problems, studies behaviour, studies the mind". From this, one can conclude that social workers and occupational health nurses lack a full and accurate understanding of the roles, abilities, and functions of psychologists. Being professionals who frequently make referrals to psychologists, one would expect social workers and occupational health nurses to be quite knowledgeable about psychologists. If these so-called 'gatekeepers' do not fully comprehend the functions and roles of clinical and counselling psychologists, then the question that begs to be asked is: How must other professional groups and the lay public

perceive psychologists? This inaccurate understanding of what psychologists do, could have been one of the factors which resulted in the sample having only a 'moderate' confidence in the abilities of psychologists to treat the 5 cases. Perhaps the sample's confidence in psychologists would have been greater if the professionals were more clear about the roles and functions of psychologists. Hence, it appears that clinical and counselling psychologists in the Pietermaritzburg area, should take a proactive stance in promoting an awareness of their roles and functions, and should promote themselves as being competent and experienced practitioners. I do acknowledge that the present study investigates just one of the many roles of psychologists, i.e., their role as treatment providers, and the argument is primarily that psychologists need to promote an awareness of this treatment role. However, it is acknowledged that psychologists' other roles (e.g., their role as consultants) also need to be promoted.

A challenge also presents itself to the psychology profession as a whole in South Africa i.e., to take the responsibility to keep the public informed about its contributions and services, in this way "aiding the public to make informed judgements and choices". This last statement is taken from PASA's (The Psychological Association of South Africa's) Ethical Code. This statement reminds us of the importance of promoting public awareness of psychological services. One must take heed of Gerdes's (1992) argument, that although

psychology has been quite effective and forthcoming in sharing its knowledge and skills, this has not resulted in a recognition of psychology's role *per se.* Now, public awareness of psychology's role is particularly relevant, if one considers the diffusion of roles which is becoming so apparent. This was discussed in the introductory chapter. Schindler (1987) spoke of the trend towards increased role diffusion, which was not only limited to the 'mainstream' mental health disciplines, but also included nontraditional providers such as non-psychiatric physicians and the clergy. Thus, it appears that the potential for interprofessional rivalry exists, not only among the 'mainstream' mental health disciplines, but between such traditional caregivers and "non-traditional" providers such as physicians, clergy members, psychiatric nurses, and lay-counsellors.

Although the results of the present study revealed that physicians and priests did not pose a significant threat to psychologists, with the sample clearly having more confidence in the abilities of psychologists, studies conducted on a much larger scale in South Africa may indicate otherwise. Psychologists therefore need to establish themselves as having a unique role and function in society, a role which can be distinguished from other closely related treatment provider groups (such as psychiatrists, psychiatric nurses, lay-counsellors). This can be achieved through public awareness campaigns and educational campaigns.

The future of psychology and its professionals in South Africa, rests in the public's image of and knowledge of the field. Misperceptions, and an inaccurate knowledge of the roles and functions of psychologists, can result in members of the public (both lay people and professionals) making ill-informed judgements about psychologists, which can have a negative impact on the field itself. The public awareness and educational campaigns mentioned above, can serve to increase the public's knowledge about psychologists' roles and functions, enabling them to make more informed judgements on the competencies and qualities of these mental health professionals. For example, these educational campaigns can be targeted at university students who enrol for psychology courses. Quite a large percentage of students enrol for psychology courses every year. If one can impart an accurate understanding and knowledge of the psychology field and its areas of expertise to these students, one can be reassured that one has reached a substantial number of possible utilizers of psychological services.

6.2 Recommendations for future research

i. The present study could be extended to go beyond the treatment role of psychologists. For example, the perceptions of psychologists as consultants or educators could be investigated. In addition, an open-ended section could be included in the survey questionnaire, to give respondents the opportunity to clarify

and explain their responses. This would provide psychologists with a more in-depth understanding of the reasons behind people's attitudes towards them and their confidence in them.

ii. There has been a noticeable absence of South African studies regarding how the public perceives the field of psychology and its professionals. A new challenge thus presents itself to researchers in South Africa**:** to use the methods discussed in the present study, to explore and assess the views of other 'gatekeepers' as well the general public, regarding the professional expertise and personal qualities of psychologists. This becomes especially imperative, when one considers Kriegler's (1992) article, which highlights the current dilemma faced by the profession. According to Kriegler (1992), organized psychology in South Africa is paralysed by divisions along ideological lines and between registration categories. Furthermore, private practice is saturated in terms of demand and immersed in the individual model of service delivery. Kriegler (1992) argues that the profession is disempowered to position itself in such a way as to ensure its relevance in a 'new' South Africa.

With these caveats in mind, it becomes even more of a priority for psychologists in South Africa to continually assess their image, and to ensure that problems

being experienced within the profession, do not have a negative impact on the public's willingness to seek out their services. Psychologists in South Africa now have the important task of ensuring that the people of South Africa are confident in their abilities, and regard them in a favourable light. Large-scale South African studies would be able to accomplish the task of assessing psychology's image. The samples targeted can vary, and can include university students, professionals from a wide range of fields (e.g., teachers, lawyers etc.), and the general lay public. Studies would need to ensure that they have obtained the views of South African people from all walks of life, in order to ensure representativeness.

iii. There is also a need for more large-scale South African studies to examine whether sociodemographic factors such as age, gender, education, and race, are possible determinants of attitudes towards psychologists. For example, the study by Hopson and Cunningham (1995) found that younger people perceived psychologists more favourably than older people. Furthermore, the study by Persson (1995) found that women, *older* people, and people with a higher level of education, perceived the competence of psychologists more favourably. Hence, studies which attempt to assess whether such demographic variables influence attitudes towards psychologists, are needed.

iv. Psychologists should also attempt to ascertain whether the attitudes and

perceptions of clients differ from those of non-clients. Being in contact with psychologists on a regular basis, makes clients even more suitable to make assessments and judgements about the qualities and competencies of psychologists. Psychologists need to assess how they are perceived by the very people they serve. If, when comparing the attitudes of clients and non-clients, psychologists find that one group perceives them more favourably than the other, psychologists can then take the necessary steps to target *this* group in their efforts to boost their image.

v. Although it is imperative that psychologists continually assess their image, they must not do so in isolation. They must ascertain how psychologists fare in comparison to other related treatment provider groups (e.g., psychiatrists, lay-counsellors, psychiatric nurses, priests, physicians). This will serve to give psychologists some indication of whether they are in competition with these other practitioners, for clients with psychological and behavioural problems.

vi. Finally, there is a need for psychologists to assess, not only people's *attitudes* towards them, but also the extent to which people have an accurate understanding and knowledge of the nature of their functions, expertise, and roles. People's knowledge of the field and its professionals will invariably influence their attitudes towards the professionals, and is an area that deserves serious attention.

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APPENDIX A

Case 1(Adjustment disorder with academic inhibition)

Profession	Mean	Std.Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	6.214	2.201	1.00	10.00	84	0
Counselling Psychologist	7.405	1.715	2.00	10.00	84	0
Psychiatrist	4.583	2.612	1.00	10.00	84	0
Physician	3.726	2.192	1.00	9.00	84	0
Priest	4.560	2.224	1.00	10.00	84	0

Case 2 (Avoidant personality disorder)

Profession	Mean	Std.Dev	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	6.452	2.108	3.00	10.00	84	0
Counselling Psychologist	7.060	2.002	1.00	10.00	84	0
Psychiatrist	5.286	2.609	1.00	10.00	84	0
Physician	3.024	1.895	1.00	7.00	84	0
Priest	4.179	2.060	1.00	9.00	84	0

Case 3 (Major depression, recurrent with psychotic features)

Profession	Mean	Std.Dev	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	6.833	2.275	1.00	10.00	84	0
Counselling Psychologist	5.434	2.159	1.00	10.00	83	1
Psychiatrist	8.333	1.897	1.00	10.00	84	0
Physician	4.488	2.214	1.00	10.00	84	0
Priest	4.762	2.585	1.00	10.00	84	0

Case 4 (Marital problem)

Profession	Mean	Std. Dev.	Minimum	Maximum	Valid Observ.	Missing Oserv.
Clinical Psychologist	5.917	2.224	1.00	10.00	84	0
Counselling Psychologist	7.762	1.781	1.00	10.00	84	0
Psychiatrist	4.131	2.434	1.00	10.00	84	0
Physician	3.107	1.837	1.00	8.00	84	0
Priest	5.917	2.436	1.00	10.00	84	0

Case 5 (Adjustment disorder with depressed mood)

Profession	Mean	Std.Dev	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	6.310	2.464	1.00	10.00	84	0
Counselling Psychologist	7.726	1.972	1.00	10.00	84	0
Psychiatrist	4.560	2.645	1.00	10.00	84	0
Physician	3.179	2.129	1.00	10.00	84	0
Priest	5.452	2.346	1.00	10.00	84	0

APPENDIX B.

cold, uninterested, introverted, odd

Profession	Mean	Std. Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	2.964	1.711	1.00	8.00	84	0
Counselling Psychologist	2.464	1.303	1.00	7.00	84	0
Psychiatrist	3.892	2.107	1.00	10.00	83	1
Physician	3.929	2.087	1.00	10.00	84	0
Priest	2.663	1.863	1.00	7.00	83	

bossy, hostile,greedy, egotistical

Profession	Mean	Std.Dev	Minimum	Maximum	Valid Observ	Missing Observ
Clinical Psychologist	2.819	1.676	1.00	8.00	83	1
Counselling Psychologist	2.762	1.662	1.00	9.00	84	0
Psychiatrist	3.940	2.214	1.00	10.00	84	0
Physician	3.892	2.141	1.00	10.00	83	1
Priest	2.651	1.804	1.00	10.00	83	1

dedicated, persistent,well-trained

Profession	Mean	Std.Dev	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	7.072	1.560	2.00	10.00	83	1
Counselling Psychologist	7.500	1.477	4.00	10.00	84	0
Psychiatrist	6.917	1.681	2.00	10.00	84	0
Physician	7.012	1.777	2.00	10.00	83	1
Priest	6.762	1.911	3.00	10.00	84	0

helpful, caring, friendly, a good listener

Profession	Mean	Std.Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	7.369	1.795	1.00	10.00	84	0
Counselling Psychologist	7.857	1.490	1.00	10.00	84	0
Psychiatrist	6.643	1.893	1.00	10.00	84	0
Physician	6.169	1.840	2.00	10.00	83	1
Priest	7.810	1.746	1.00	10.00	84	

curious, probing, a researcher

Profession	Mean	Std.Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	6.928	1.853	1.00	10.00	83	1
Counselling Psychologist	6.940	1.859	1.00	10.00	84	0
Psychiatrist	6.892	1.855	1.00	10.00	83	1
Physician	5.205	2.088	1.00	10.00	83	1
Priest	4.494	2.155	1.00	10.00	83	1

patient, calm, self-controlled

Profession	Mean	Std.Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	7.405	1.253	4.00	10.00	84	0
Counselling Psychologist	7.571	1.450	2.00	10.00	84	0
Psychiatrist	7.143	1.687	3.00	10.00	84	0
Physician	6.393	1.837	2.00	10.00	84	0
Priest	7.286	1.967	2.00	10.00	84	0

deals with mental problems, studies behaviour, studies the mind

Profession	Mean	Std.Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	7.381	1.790	2.00	10.00	84	0
Counselling Psychologist	6.783	1.578	3.00	10.00	83	1
Psychiatrist	8.321	1.889	2.00	10.00	84	0
Physician	3.771	2.344	1.00	10.00	83	1
Priest	3.720	2.306	1.00	10.00	82	2

rich, nicely dressed, professional looking

Profession	Mean	Std.Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	6.253	1.591	2.00	10.00	83	1
Counselling Psychologist	6.095	1.526	2.00	10.00	84	0
Psychiatrist	6.857	1.651	2.00	10.00	84	0
Physician	7.530	1.928	2.00	10.00	83	1
Priest	4.470	2.172	1.00	10.00	83	1

enjoys learning, intelligent, studious, knowledgeable, wise

Profession	Mean	Std.Dev.	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	6.976	1.481	1.00	10.00	83	1
Counselling Psychologist	7.155	1.460	1.00	10.00	84	0
Psychiatrist	7.440	1.578	1.00	10.00	84	0
Physician	6.952	1.869	1.00	10.00	84	0
Priest	6.357	2.022	2.00	10.00	84	0

necessary, underpaid

Profession	Mean	Std.Dev	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	5.398	2.072	1.00	10.00	83	1
Counselling Psychologist	5.646	2.359	1.00	10.00	82	2
Psychiatrist	4.179	2.234	1.00	10.00	84	0
Physician	3.440	2.262	1.00	10.00	84	0
Priest	6.571	2.406	1.00	10.00	84	0

understanding, well-adjusted, gives advice

Profession	Mean	Std.Dev	Minimum	Maximum	Valid Observ.	Missing Observ.
Clinical Psychologist	7.072	1.520	1.00	10.00	83	1
Counselling Psychologist	7.548	1.418	3.00	10.00	84	0
Psychiatrist	6.857	1.778	1.00	10.00	84	0
Physician	6.095	1.967	1.00	10.00	84	0
Priest	7.679	1.764	3.00	10.00	84	0

APPENDIX C

Mean ratings on cases : Social workers versus occupational health nurses

	Case1		Case2		Case3		Case4		Case 5	
	O	S	O	S	O	S	O	S	O	S
clinical psychologist	7.18	6.36	7.18	6.40	7.53	6.85	6.59	6.15	6.65	6.2
counselling psychologist	7.47	6.83	7.82	7.25	6.41	5.91	8.29	7.58	8.12	7.45
psychiatrist	5.12	4.48	4.48	4.28	8.53	8.10	4.06	3.57	4.35	4.15
physician	4.35	4.10	3.06	2.96	4.82	4.26	3.71	3.24	4.06	3.65
priest	5.18	4.61	5.12	4.45	5.88	5.61	6.59	6.15	6.53	6.06

KEY

O = occupational health nurses.

S = social workers.

Cells = mean ratings.

Mean ratings on case severity: Social workers versus occupational health nurses

	OHN	SW
CASE 1	6.41	5.91
CASE2	5.00	4.42
CASE3	8.65	8.28
CASE4	5.65	5.20
CASE5	5.71	5.27

KEY

OHN = occupational health nurses.

SW = social workers.

Cells = mean ratings.

Mean ratings of confidence in the professionals to treat respondents' own problems: Social workers versus occupational health nurses

	OHN	SW
Clinical Psychologist	7.18	6.54
Counselling Psychologist	7.59	7.06
Psychiatrist	5.24	5.15
Physician	4.88	4.40
Priest	7.06	6.22

KEY

OHN = occupational health nurses.

SW = social workers

Cells = mean ratings

Mean ratings received by the professionals on each descriptive cluster: Social workers versus occupational health nurses

cold, uninterested, introverted,odd bossy, hostile,greedy,egotistical

	OHN	SW	OHN	SW
Clinical psychologist	2.65	2.86	2.65	2.84
Counselling Psychologist	2.18	2.56	2.47	2.82
Psychiatrist	4.12	3.83	3.29	3.01
Physician	3.65	3.04	3.71	3.42
Priest	3.06	2.96	2.00	2.54

dedicated,persistent,well-trained helpful,caring,friendly,a good listener

	OHN	SW	OHN	SW
Clinical psychologist	7.53	6.87	8.29	7.63
Counselling Psychologist	7.94	7.30	8.53	7.69
Psychiatrist	7.76	7.14	7.59	6.99
Physician	7.41	6.79	6.06	5.75
Priest	7.65	7.13	8.35	7.63

curious,probing,a researcher patient,calm,self-controlled

	OHN	SW	OHN	SW
Clinical psychologist	7.24	6.54	8.41	7.67
Counselling Psychologist	6.88	6.21	8.06	7.39
Psychiatrist	7.25	6.66	7.82	7.28
Physician	5.44	5.18	5.82	5.47
Priest	4.81	4.18	7.41	6.72

deals with mental problems, studies behaviour, studies the mind

rich,nicely dressed,professional looking

	OHN	SW	OHN	SW
Clinical psychologist	7.76	7.15	6.65	6.15
Counselling Psychologist	7.06	6.27	5.88	5.72
Psychiatrist	9.18	8.61	7.12	6.29
Physician	4.24	3.94	8.18	7.55
Priest	4.94	4.40	5.25	5.18

enjoys learning,intelligent knowledgeable,wise.

necessary, underpaid

	OHN	SW	OHN	SW
Clinical psychologist	7.53	6.95	5.94	5.75
Counselling Psychologist	7.53	6.84	5.80	5.39
Psychiatrist	8.00	7.36	4.18	3.94
Physician	7.41	6.70	4.24	4.00
Priest	7.53	6.96	7.41	6.69

understanding, well-adjusted, gives advice

	OHN	SW
Clinical Psychologist	7.44	6.81
Counselling Psychologist	7.53	6.97
Psychiatrist	7.53	6.91
Physician	6.47	6.00
Priest	8.06	7.39

APPENDIX D

QUESTIONNAIRE

Demographic Details

Profession _____

Sex _____

Race _____

Age _____

While reading the following five cases histories, imagine that the principal character is a client. You are very concerned about your client's welfare. Please indicate how confident you are that your client's problem could be helped by each of the following professionals. **Circle the number on each scale**.

Case 1.

A 19-year old male university student is having difficulties completing assignments. He apparently is able to complete a first paragraph that is well written and of high quality, but is unable to go further. He is now in danger of failing two or three of his courses. He has also had difficulty getting to lectures because he oversleeps. He states that the difficulty began about two years ago and created problems for him during his first year of university, but he somehow managed to get his papers done and to pass his courses. This client attended a private secondary school and did well there until his matric year, when he began to have academic difficulties after his mother had a recurrence of cancer and died. He also has no conflict about being at university at this time and very much wants to overcome his difficulty and continue his education toward an eventual career in law.

Level of confidence

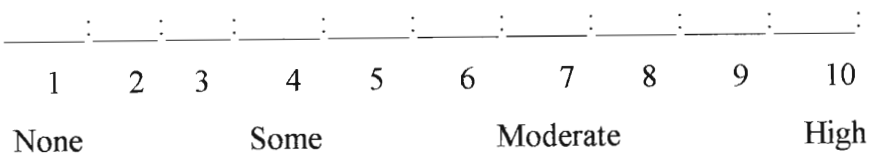
Clinical psychologist

_____:____:____:_____:_____:_____:_____:_____:_____:_____:_____:

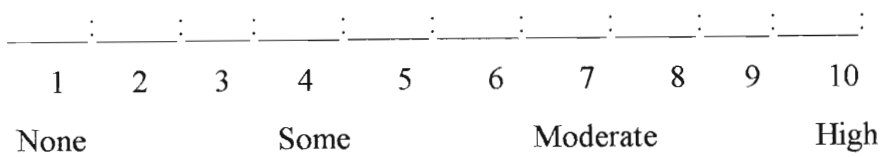
1 2 3 4 5 6 7 8 9 10

None Some Moderate High

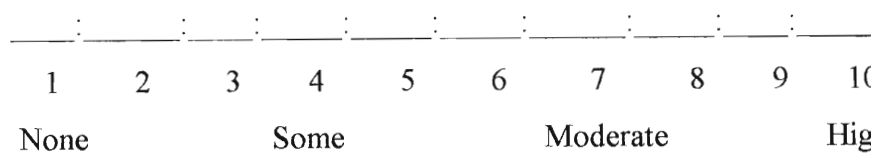
Counselling psychologist



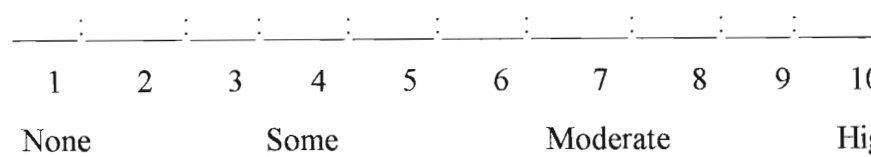
Psychiatrist



Physician



Priest



Case 2.

A 27-year old, single, male bookkeeper was referred to a therapist because of a recent upsurge in anxiety that seemed to begin when a new group of employees were assigned to his office section. He feared that he was going to be fired, though his work was always highly commended. A clique had recently formed in the

office and, though he wanted to be accepted into this "in group", he hesitated to join them unless explicitly asked to do so. Moreover, he "knew he had nothing to offer them" and thought that he would be rejected anyway. The client spoke of himself as having always been a shy, fearful, and quiet boy. Although he had two "good friends" whom he continued to see occasionally, he was described by fellow workers as a loner, a nice young man who usually did his work efficiently, but on his own. They noted that he always ate by himself in the company cafeteria and never joined the "fooling around".

Level of confidence

Clinical psychologist

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Counselling Psychologist

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Psychiatrist

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Physician

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Priest

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Case 3.

A 50 year old widow was displaying severe agitation, pacing and hand-writhing, depressed mood accompanied by severe self reproach, insomnia, and a 6-8 kg weight loss. She believed that her neighbours were against her, had poisoned her coffee, and had bewitched her to punish her because if her wickedness. Seven years previously after the death of her husband, she had required intensive therapy for a similar depression, with extreme guilt, agitation, insomnia, accusatory hallucinations of voices calling her a worthless person, and preoccupation with thoughts of suicide. She had been treated with medication, with only modest effect on the depression and no effect on the delusions.

Level of confidence

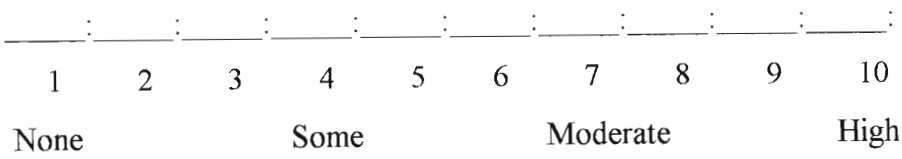
Clinical psychologist

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

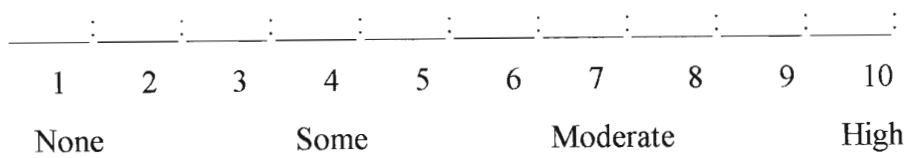
1 2 3 4 5 6 7 8 9 10

None Some Moderate High

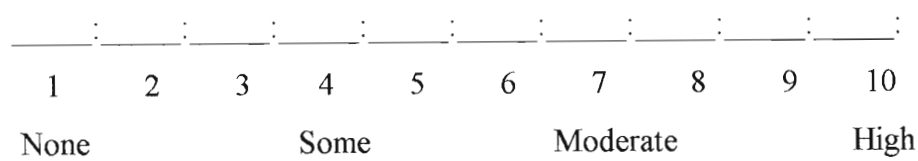
Counselling psychologist



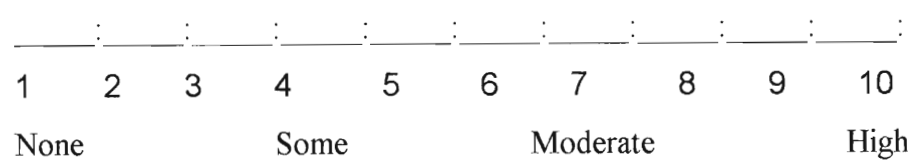
Psychiatrist



Physician



Priest



Case 4.

A 30-year old female chemist was referred by her internist because she wanted to talk to someone about her shaky marriage. During five years of courtship and two years of marriage, there had been numerous separations, usually precipitated by her dissatisfaction. Although she and her husband shared many interests and until recently had a satisfactory sexual relationship, she thought that her husband was

basically a cold and self-centred person who had no real concern about her career or feelings.

Her dissatisfaction periodically built up to a point that led to fights, which often resulted in temporary separations. She then felt lonely and went "crawling back" to him.

Level of confidence

Clinical psychologist

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Counselling psychologist

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Psychiatrist

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Physician

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Priest

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

None Some Moderate High

Case 5.

A 24-year old , single, female nursery school teacher terminated brief therapy after ten sessions. She had sought help after she discovered that the man she had been involved with for four months was married and wanted to stop seeing her. She reacted with bouts of sadness and crying, felt that she was falling apart, took a week's leave from her job, and had vague thoughts that the future was so bleak that life might not be worth the effort. She felt that she must be in some essential way "flawed"; otherwise she would not have gotten involved with someone who had no intentions of maintaining a long-term relationship. She felt that others "would have seen it", and that only she was "so stupid" as to have been deceived. There were no other signs of depression, such as loss of interest or trouble concentrating.

Level of confidence

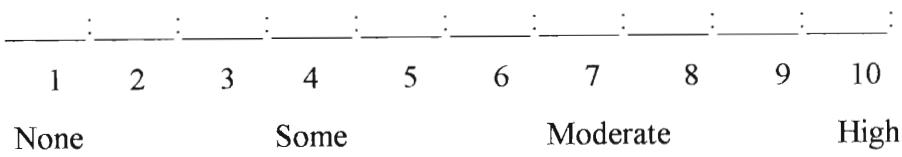
Clinical psychologist

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

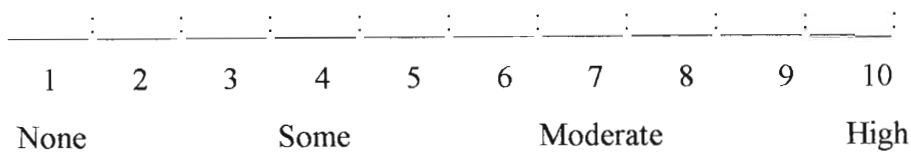
1 2 3 4 5 6 7 8 9 10

None Some Moderate High

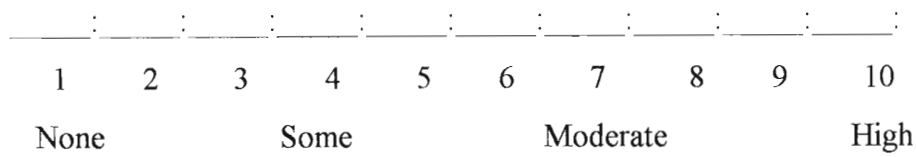
Counselling psychologist



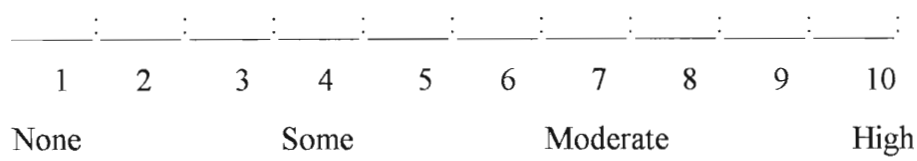
Psychiatrist



Physician



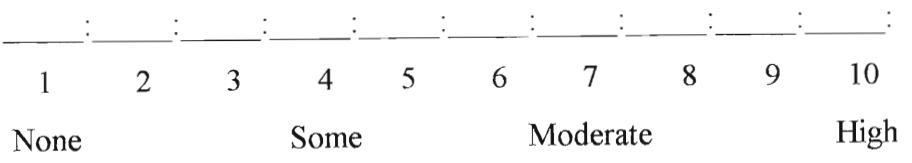
Priest



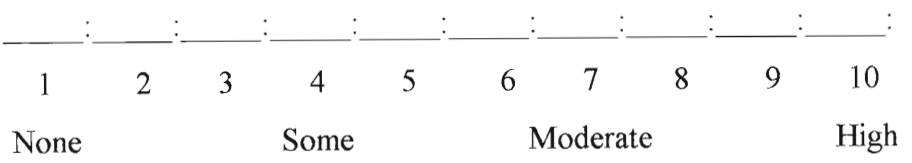
Now imagine that you are seeking help. Rate the confidence you have in the professionals below to help you with your own problem.

Level of confidence

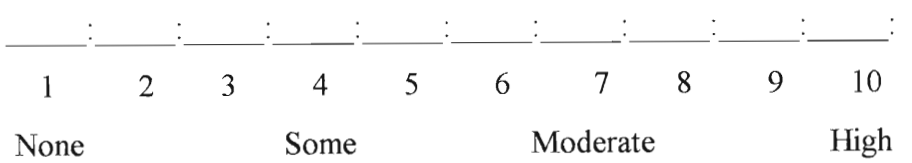
Clinical psychologist



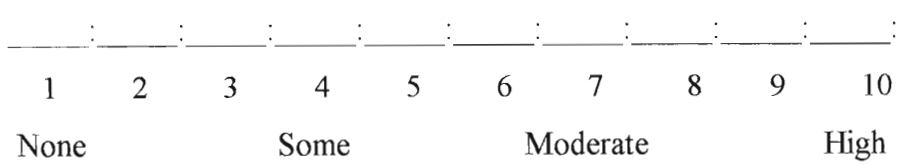
Counselling psychologist



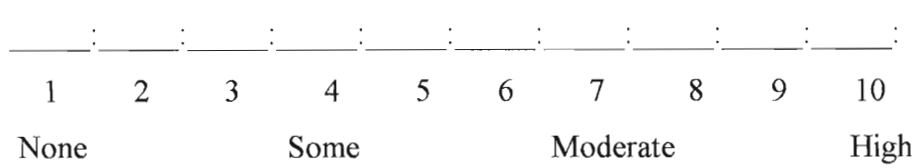
Psychiatrist



Physician



Priest



Now refer back to the 5 cases and rate the severity of each case. Circle the number on each scale to indicate how severe each problem is.

Case 1: 19 year-old male university student

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

Low severity Moderate severity High severity

Case 2: 27-year- old, single male bookkeeper

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

Low severity Moderate severity High severity

Case 3: 50-year-old widow

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

Low severity Moderate severity High severity

Case 4: 30-year-old female chemist

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

Low severity Moderate severity High severity

Case 5: 24-year-old, single, female nursery school teacher

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

Low severity Moderate severity High severity

Select from the ten professions listed below, the one that you would like to see your off-spring persue. Choose only one. Place a tick next to the profession you select.

Clinical psychologist ------

Counselling psychologist ------

Psychiatrist ------

Psychiatric Nurse ------

Lay-counsellor ------

Physician ------

Priest ------

Engineer ------

Accountant ------

Teacher ------

Rate the following professional on each of the 11 descriptive clusters

Clinical psychologist

cold, uninterested, introverted,odd

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

1 2 3 4 5 6 7 8 9 10

Almost all members Almost no members

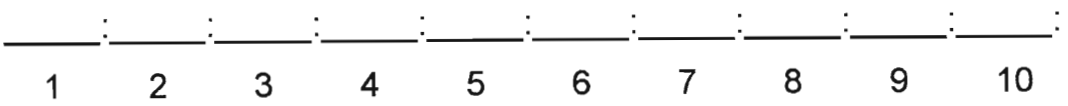
bossy, hostile, greedy, egotistical

_____:_____:_____:_____:_____:_____:_____:_____:_____:_____:

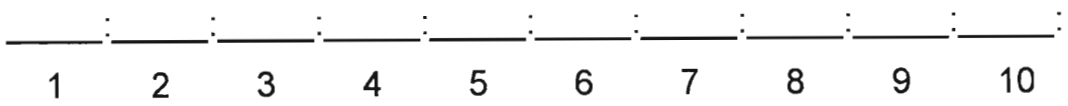
1 2 3 4 5 6 7 8 9 10

Almost all members Almost no members

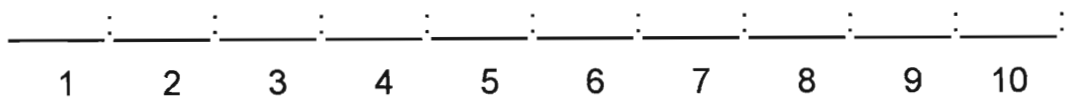
dedicated, persistent, well-trained



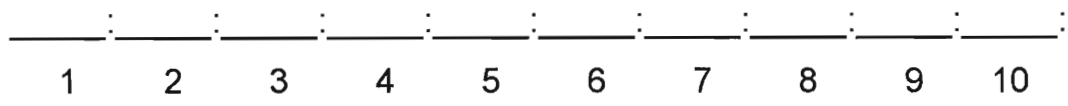
helpful, caring, friendly, a good listener



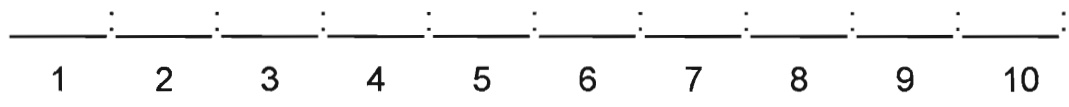
curious, probing, a researcher



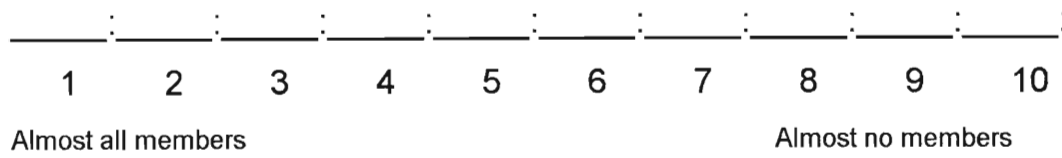
patient, calm, self-controlled



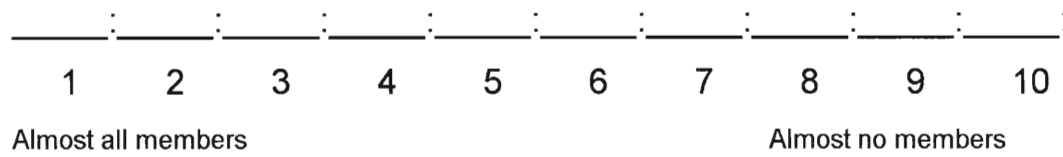
deals with mental problems, studies behaviour, studies the mind



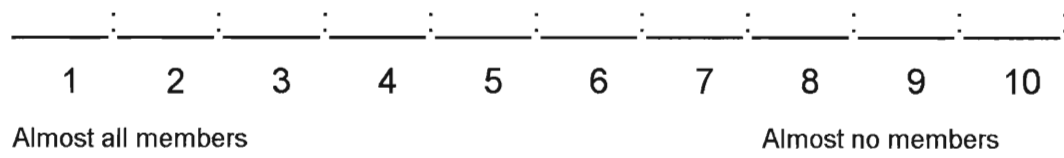
rich, nicely dressed, professional- looking



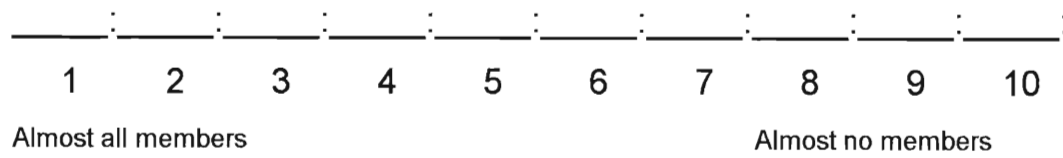
enjoys learning, intelligent, studious, knowledgeable, wise



necessary, underpaid



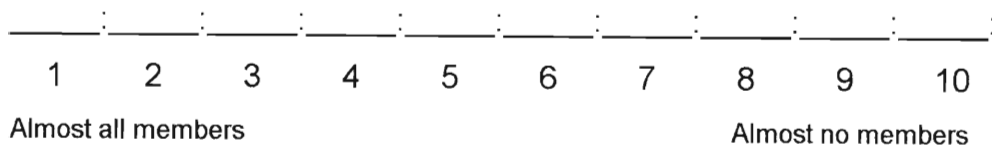
understanding, well-adjusted, gives advice



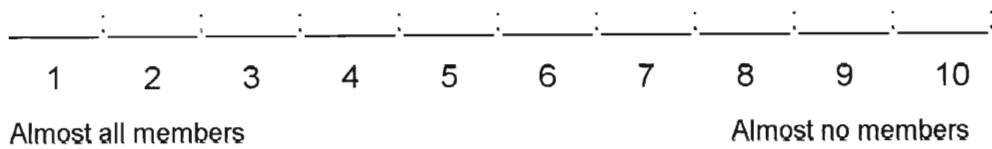
Rate the following professional on each of the 11 descriptive clusters

<u>Counselling psychologist</u>

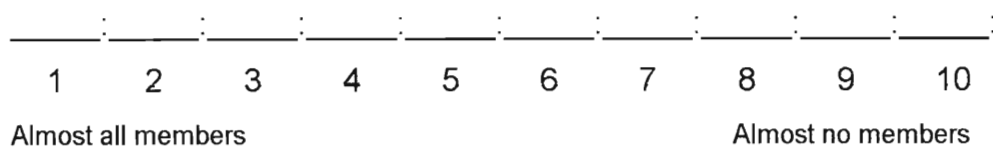
cold, uninterested, introverted,odd



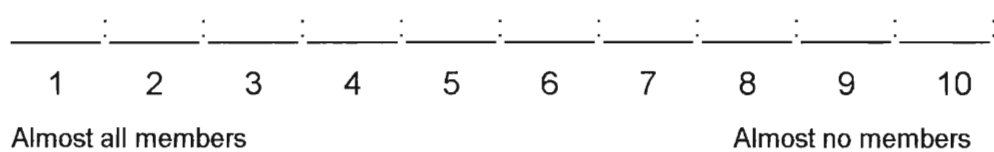
bossy, hostile, greedy, egotistical



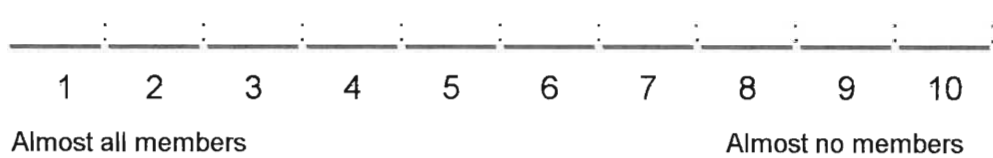
dedicated, persistent, well-trained



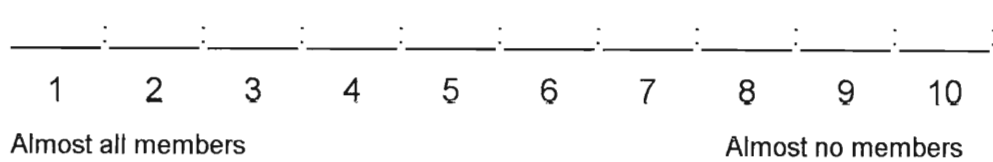
helpful, caring, friendly, a good listener



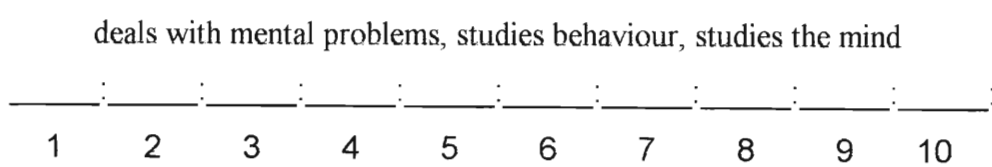
curious, probing, a researcher



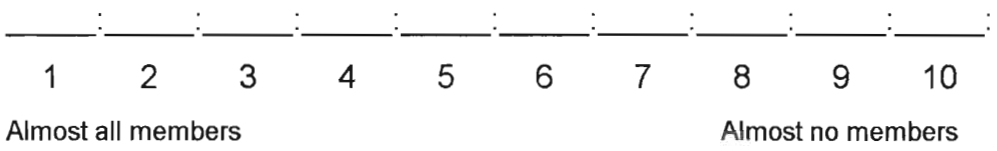
patient, calm, self-controlled



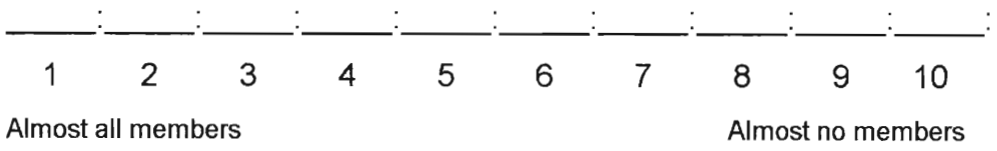
deals with mental problems, studies behaviour, studies the mind



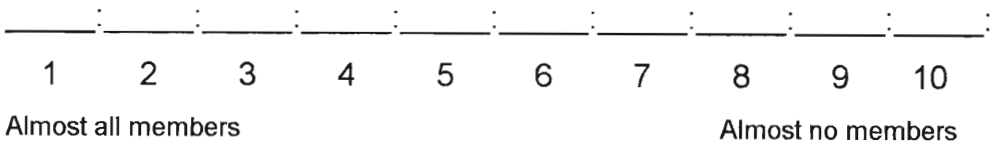
rich, nicely dressed, professional- looking



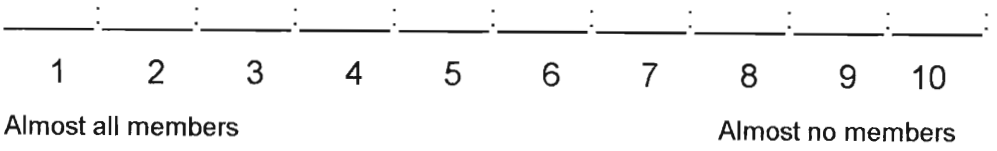
enjoys learning, intelligent, studious, knowledgeable, wise



necessary, underpaid



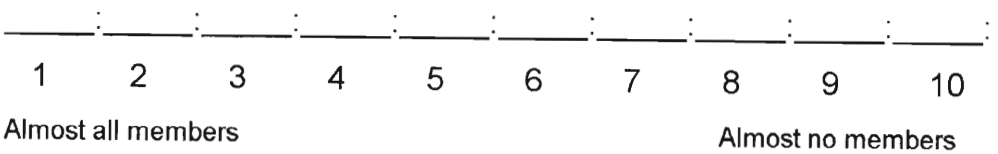
understanding, well-adjusted, gives advice



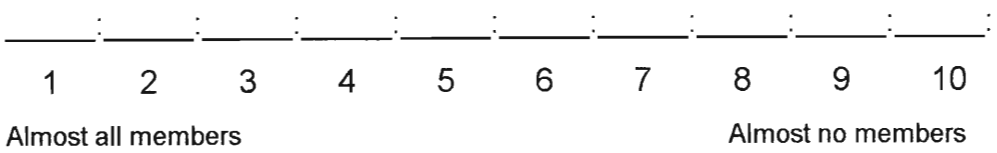
Rate the following professional on each of the 11 descriptive clusters

<u>Psychiatrist</u>

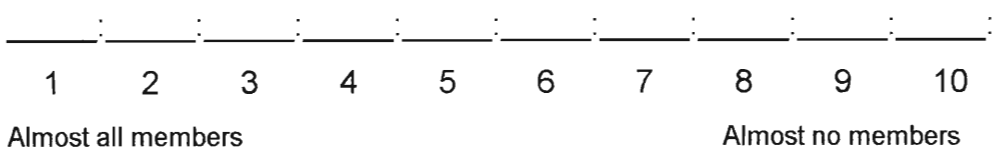
cold, uninterested, introverted,odd



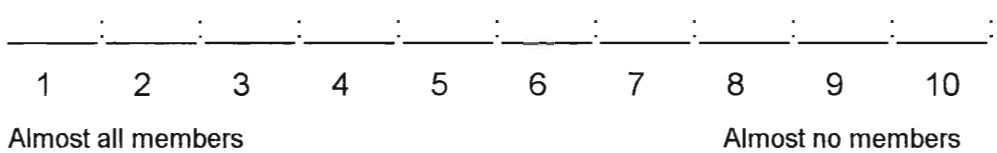
bossy, hostile, greedy, egotistical



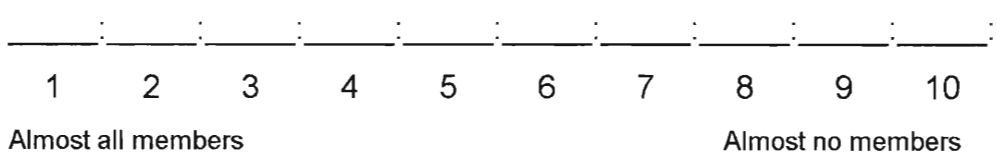
dedicated, persistent, well-trained



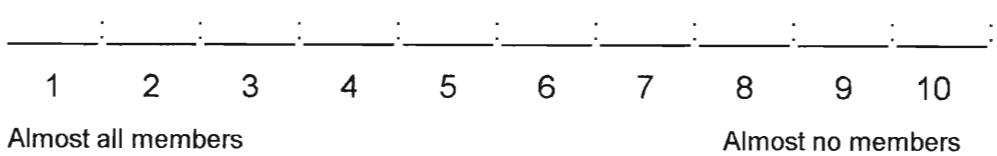
helpful, caring, friendly, a good listener



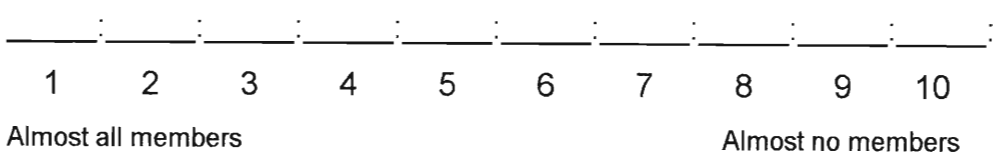
curious, probing, a researcher



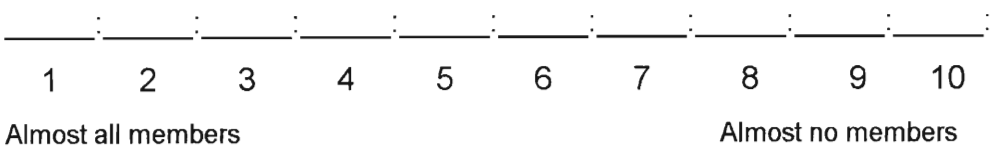
patient, calm, self-controlled



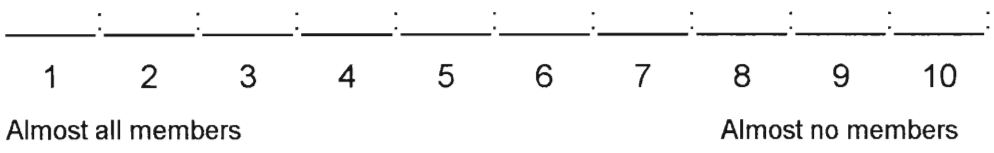
deals with mental problems, studies behaviour, studies the mind



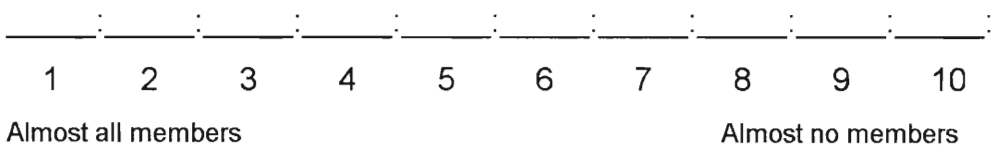
rich, nicely dressed, professional- looking



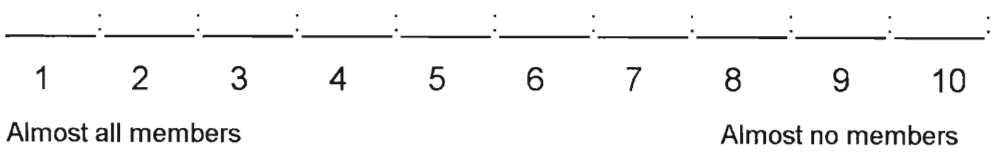
enjoys learning, intelligent, studious, knowledgeable, wise



necessary, underpaid



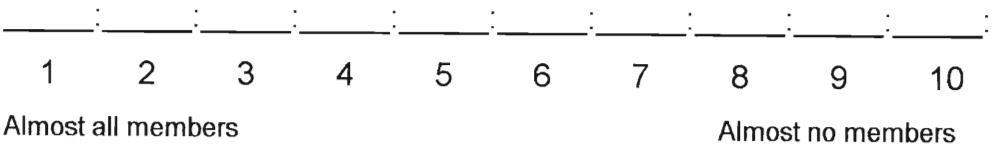
understanding, well-adjusted, gives advice



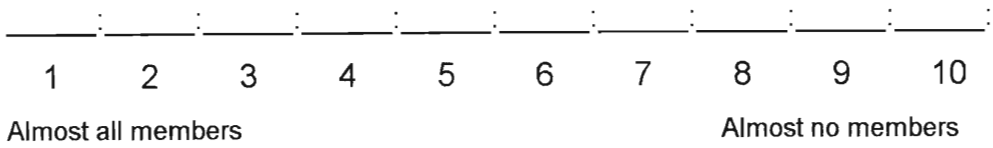
Rate the following professional on each of the 11 descriptive clusters

Physician

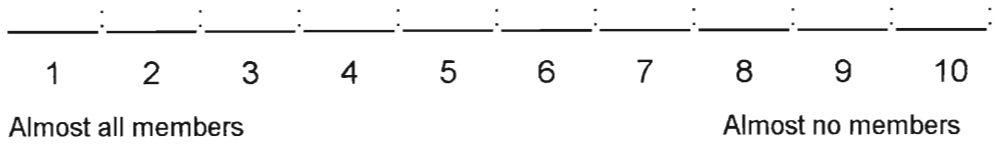
cold, uninterested, introverted,odd



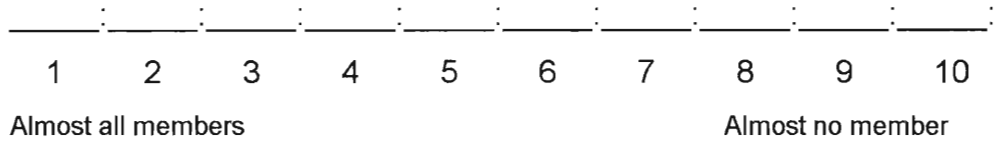
bossy, hostile, greedy, egotistical



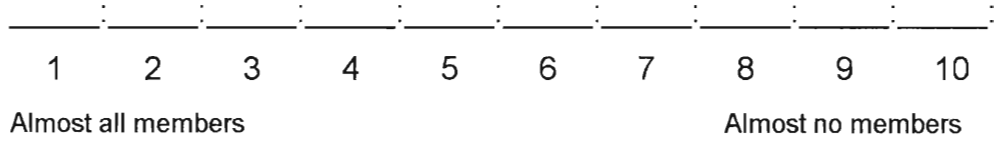
dedicated, persistent, well-trained



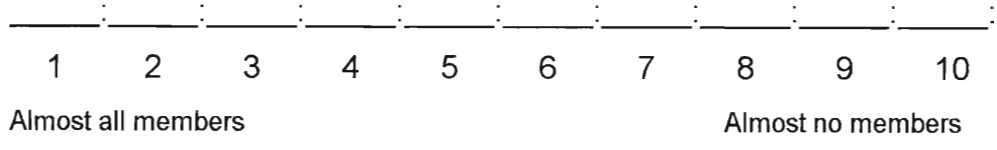
helpful, caring, friendly, a good listener



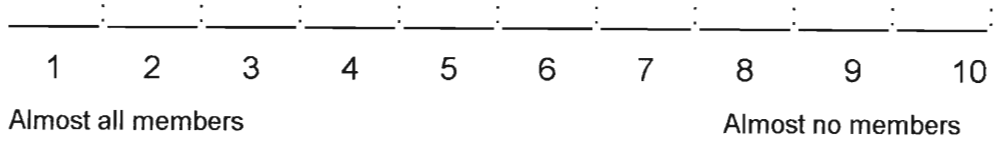
curious, probing, a researcher



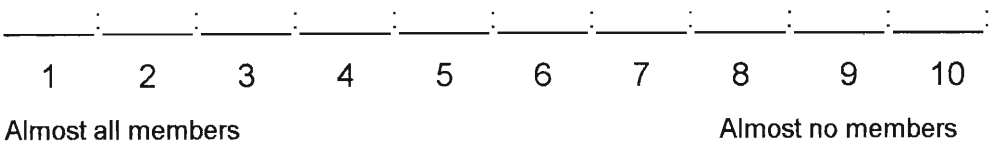
patient, calm, self-controlled



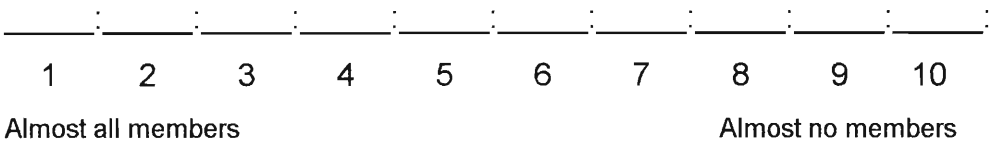
deals with mental problems, studies behaviour, studies the mind



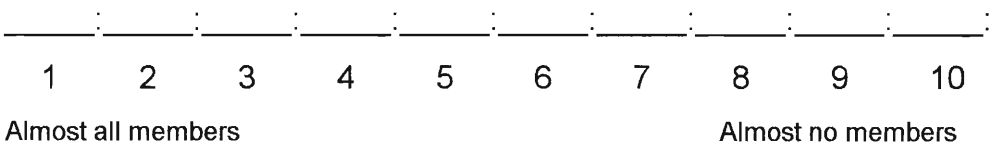
rich, nicely dressed, professional- looking



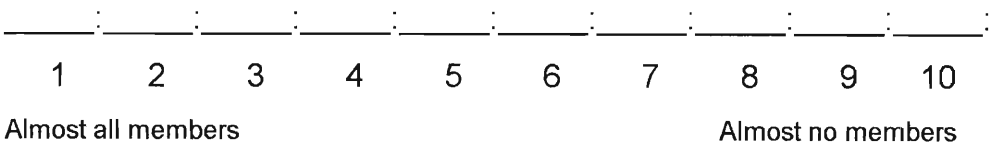
enjoys learning, intelligent, studious, knowledgeable, wise



necessary, underpaid



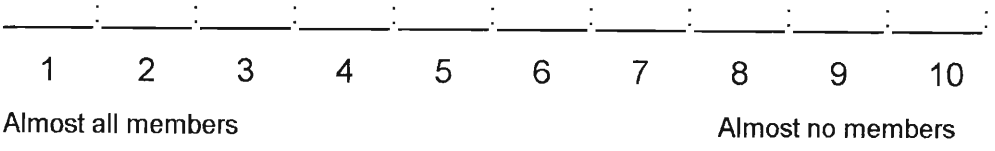
understanding, well-adjusted, gives advice



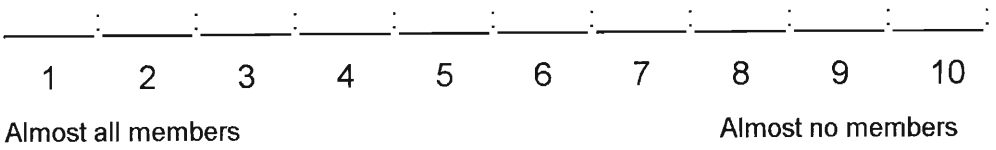
Rate the following professional on each of the 11 descriptive clusters

Priest

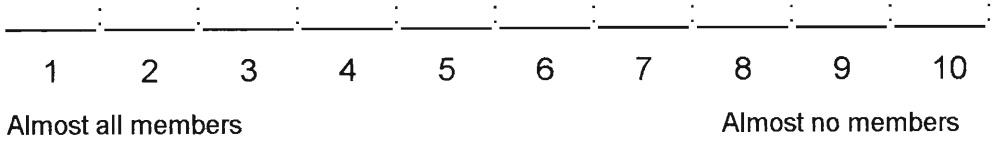
cold, uninterested, introverted,odd



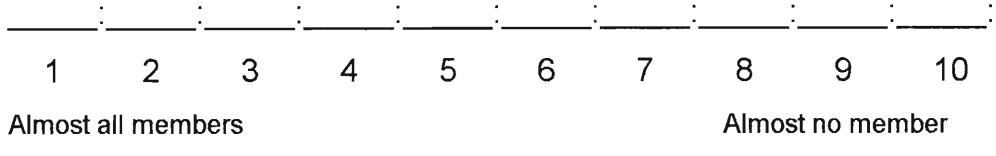
bossy, hostile, greedy, egotistical



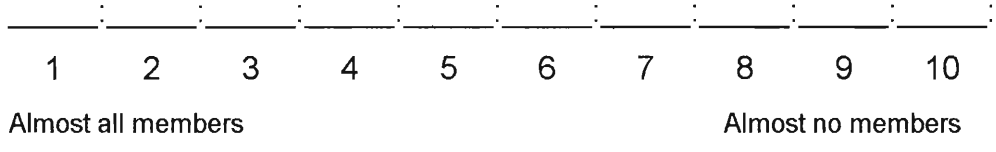
dedicated, persistent, well-trained



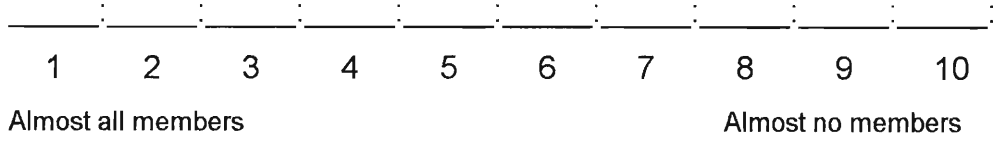
helpful, caring, friendly, a good listener



curious, probing, a researcher



patient, calm, self-controlled



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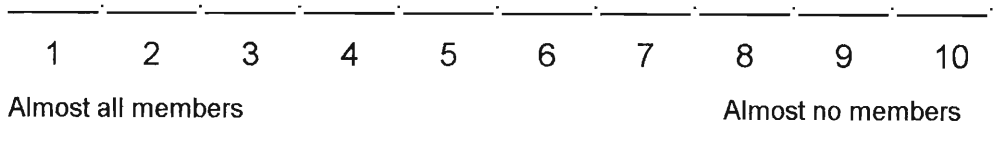

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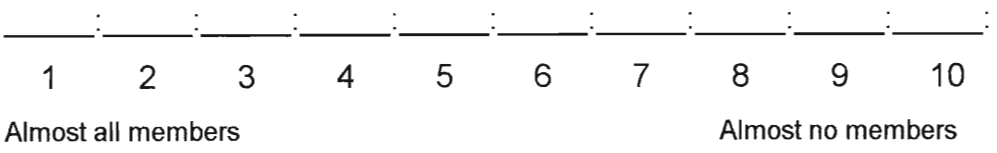

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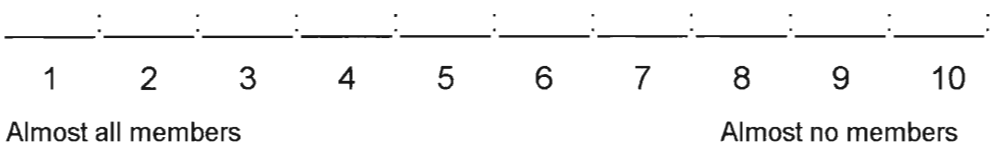
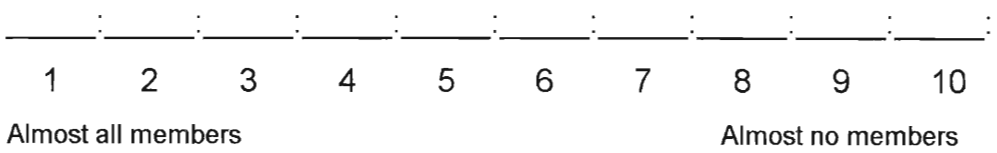


necessary, underpaid



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