

**MEDICAL DOCTORS' PERCEPTIONS OF PSYCHOLOGISTS AS HEALTH
PROFESSIONAL PARTNERS IN THE PIETERMARITZBURG REGION**

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ABSTRACT

This study seeks to investigate perceptions of medical doctors towards psychologists. The study focuses on exploring whether race and gender have any influence on medical doctors' perceptions of psychology. In exploring these perceptions, the study focuses on medical doctors' knowledge of the psychology profession. Secondly, it focuses on medical doctors' experiences in working with psychologists. Thirdly, it examines medical doctors' referral patterns towards psychologists. Finally, it focuses on the kinds of problems that medical doctors are likely to refer to psychologists.

This was a quantitative study. The population of this study was medical doctors from both public and private sectors in the Pietermaritzburg region. The sampling method used in this study was convenience sampling. The study was conducted on sixty-two medical doctors. Thirty-four males and twenty-eight females participated in this study. Thirty-two Whites, twenty Indians, seven Blacks, two Coloureds and one Chinese participated in this study. Questionnaires were used as data gathering instruments. In analyzing data, a chi-square test was used. Chi-square analysis was performed at 0.05 percent level of significant association.

The findings indicated that medical doctors hold positive views towards psychologists and the psychology profession. The participants seemed to have a good understanding of what the psychology profession entails. The findings also seemed to suggest that medical doctors understand the overall scope of psychologists. Overall findings suggest that there were no significant associations between medical doctors' responses and their race and gender. This seems to be an area that has not been researched and it therefore serves as a pilot study.

DECLARATION

I, Bongiwe Rejoice Qwabe, declare that this dissertation is my own work. All other sources of reference have been acknowledged.

This dissertation has not been submitted previously by me for a degree at this or any other university.

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CHAPTER 1

1. INTRODUCTION

Psychologists have the potential to play a vital role in the health care system. Chua (2003) explains that “clinical psychologists have been trained to connect the often incomprehensible behaviours and emotions of physical condition” (p. 2). This implies that whilst medical doctors treat the physical, psychologists facilitate healing by treating the psychosocial factors affecting the patient’s health. This can be achieved if there is mutual respect and effective communication about the roles of different professionals, in this case medical doctors and psychologists. Wild (2003) also concurs that clinical psychologists have the potential to contribute to the treatment of psychological and behavioural aspects of disease in virtually all major medical specialties.

Wiggins (1994) stated that “the mental health of our nation and the functioning of our citizens is a major focus of psychology’s interest in health. However, it is important to recognize that psychology is not only a mental health specialty, it is primary care. To restrict psychology to mental health would be unwise and unjust” (p. 488). If indeed the above is the case, why is it that psychologists’ role and function is apparently still not clear to some health professionals and the general public? The more positive the relationship amongst health care professionals, the easier it would be to provide holistic treatment for patients.

This project seeks to explore perceptions of medical doctors towards psychologists. Both psychologists and medical doctors form part of the multi-disciplinary team as far as treatment of patients is concerned. A healthy working relationship between these professionals becomes important in order to achieve the best treatment for their patients.

This project will review the literature relevant to this topic, describe the research methodology used in this project, present data and results, and finally make recommendations for further research and suggest some lessons learnt from this study.

CHAPTER 2

2. LITERATURE REVIEW

This literature review will give an overview of the image of psychologists in various situations in different countries and thereafter scrutinize the South African situation.

According to Coleman (2002) “it is difficult for a profession to flourish if potential consumers are unaware of what the profession can offer. This may be said about many professions, but it poses an especially poignant problem in the field of psychology” (p. 1). Coleman (2002) argued that “in the case of psychology, members of the public are not simply affected by our work, as potential consumers, they are our work” (p. 1). This suggests that there might be a danger of potential clients not getting the psychological help that they might benefit from. There might also be a danger of referral agents not referring appropriately because of a lack of understanding as far as the roles of psychologists are concerned.

The field of psychology is almost 120 years of age, argue Phares and Trull (1997). It is, however, still not understood by many people. It is unfortunate that despite psychology’s various attempts towards improving the mental well-being of its clients, it has not gained the popularity nor probably respect that other professions within and outside mental health have enjoyed. Janda, England, Lovejoy and Drury (1998) confirmed that “a number of surveys and observers have suggested that the public does not have a clear idea of what it is psychologists do and that the public does not view the discipline of psychology favourably” (p. 140). Meanwhile, von Sydow and Reimer (1998) argued that the public image of psychotherapists and psychologists seemed to be mixed. Their view was that the psychology profession elicited disdain or admiration or both in other instances.

Voigt (2002) also argued that the field of psychology is a mystery to many people, which results in people questioning their understanding of this profession and their trust in psychologists and psychological practices.

This chapter will provide an overview of the state of psychology as a profession in various countries. In so doing, categories like clinical or counselling psychology will be discussed. However, the aim is still to focus on psychology as a profession, which both categories are part of. Furthermore, a history of the psychology profession in countries like the United States of America, Canada and South Africa will be discussed. The importance of reviewing the history of psychology as a profession is to help us appreciate where this profession comes from and also what it has had to endure in order to be where it is today. It is for this reason that the researcher has used some citations that date a few decades back.

2.1 A HISTORY OF THE PSYCHOLOGY PROFESSION IN THE UNITED STATES OF AMERICA

In America, according to Jacobs (1976), “psychology first emerged as a health profession in the middle 1940’s (p. 21).” During this time there was a need for mental health workers to help psychiatrists to deal with thousands of World War II veterans who had emotional and mental problems. It was because of this demand that academic institutions expanded their clinical psychology sections and later their counselling sections in order to provide war veterans with highly skilled professionals. These professionals were supplied to Veterans Administration (VA) hospitals and clinics in America, (Jacobs, 1976). Jacobs (1976) further noted that “it is historically significant that in 1946 the Veterans Administration decided to require a doctoral degree as a condition of employment for psychologists in the department of medicine and surgery” (p. 21). It would seem that the Veterans Administration (VA) put the quality of care of its patients above the demand to get more personnel. VA then took the initiative of establishing a Psychology Training Program, in order to counteract the shortage of personnel.

As part of the development of the psychology profession, clinical psychology played a very important role in the treatment of patients in the VA hospitals. The history of the category clinical psychology will be explored in more detail.

Jacobs (1976) stated that

Between 1945 and 1955, clinical psychology built its foundations as a profession. Its role was (and is) structured by the tenor of the times, the setting for practices, the needs of the major target populations, the extent of its skills and knowledge, and its relationships to other health professions. Each of these dimensions has changed radically over the past twenty-five years. The numbers of clinical, counseling, and rehabilitation psychologists have multiplied many times. A steadily increasing proportion of psychologists have been leaving their traditional institutional settings to enter private practice. However, psychology's status as an independent health profession has not increased proportionately with these professional developments (p. 23).

Phares and Trull (1997) explained that "clinical psychology is a profession in flux and ferment. Although clinical psychology retains its basic mission of applying psychological principles to the problems of individuals, the methods and the professional framework by which it seeks to accomplish this are undergoing change." They conclude by saying "this is an exciting time to be a clinical psychologist and to participate in the ongoing shaping of a profession" (p. 31).

On the other side, Wellner (1990), stated that "psychology as a field is currently in the throes of internal upheaval" (p. 141). This was stated in the midst of the conflict that caused the creation of the American Psychological Society. He referred to "the splits between the American Psychological Association as harmful. The divisiveness that we see among practice interests serves only those who would like to see the practice of psychology weakened" (p. 141). Wellner (1990) further threw a challenge to psychologists to be in the forefront of improving their profession without losing their scientific approach. This suggests that not all has been rosy in this profession. There have been difficulties like these in many other professions, but the important thing has been the ability to maintain high quality standards within the profession.

When looking at the utilization of mental health services, Wiggins (1976) stated that

The orientation of mental health care has changed from custodial care to one of therapeutic intervention into dysfunction and rehabilitation of the individual to a functioning member of society. The use of psychotherapy, behaviour therapy, tranquilizers, token economies in mental hospitals, and other recent therapeutic innovations (such as biofeedback) have created a new optimism for the treatment of mental conditions (p. 192).

In summary, professional psychology in America is still in transition and is changing all the time, despite the changes that have already been put in place. The question that begs to be asked is, if a developed country like America is still undergoing changes, what is possibly happening to other countries?

2.2 A HISTORY OF THE PSYCHOLOGY PROFESSION IN CANADA

In Canada, Wilson (1993) stated that “psychology is still a very young profession struggling to find its identity and thus it should come as no surprise that some of the nontraditional applications occur in the context of challenging existing standards and authority” (p. 414). He continues to say that “modern day applied psychology is very similar to the demands of a teenage parent struggling to cope with her own maturation, while at the same time being forced to react to the needs of a demanding infant” (p. 414).

According to Wilson (1993), “sixty years is not really a very long time to establish traditions against which one can write about nontraditional events. It was approximately that long ago that professional psychology made its first impact on the Canadian scene, and it was a war that turned the largely academic discipline into a profession” (p. 413). As was the case in America, the psychology profession began playing a crucial role during World War II. During this time psychologists were expected to come up with mechanisms to deal with victims of war, and the psychological needs of society at that time. Before World War II impacted on Canada, psychology was a scientific discipline. It used to focus in university laboratories, and that had to change drastically during the war. Psychology had to be a more social and interactive field because it had to deal more with members of its society, applying its scientific approach.

Wilson (1993) stated that

The traditional applications of psychology in Canada got their start during World War II. The skills which were developed by psychologists, as a new profession, to meet the needs of a country at war included aptitude and ability test construction, standardization and administration, career selection procedures and management of the child development programmes through day care facilities (p. 413).

As in the USA, even though under different circumstances, the path of professional psychology has not been an easy and smooth one. According to Dobson and Dobson, (1993) in Canada,

The struggles within professional psychology for identity parallel those of the entire country; psychology is still a young profession, sometimes struggling for independence from other professional groups or from the American or to a lesser extent British influence. It has sometimes been defined by what it is not than by what it uniquely is (e.g. not medicine or psychiatry not academia or teaching, not counseling or social work). Ready or not, national accreditation standards, provincial licensure acts and increased public exposure and expectations have conspired to put psychologists into a position of societal trust, with noncomitant rights and responsibilities. It is incumbent upon professional psychologists to be able to state clearly who they are and what it is they do (p. 5).

It was for this reason that psychologists in Canada came together through group action to foster societal change, professional development and achievement of individual goals. They needed to educate their society about their profession and also fight for their rights as a group, in order to establish unity in the profession. This effort has led to the rise of organizations committed to pursuing the scientific and professional interests of psychologists and their role in the community (Craig, 1993).

Furthermore, psychologists in Canada are actively educating society about their roles and abilities. This is likely to foster a greater understanding of psychology as a profession. Countries could also adopt this exercise for the benefit of the psychology profession in their countries.

In explaining the way in which Canadian psychologists are involved in promoting their profession, Craig (1993) stated the following:

there are ongoing efforts to foster a greater [*sic*] and more positive public understanding of the contributions of psychology to Canadian society. This may be partly accomplished when psychological organizations act as an information resource for the community at large. There is considerable expertise within the community of psychologists on most behavioral and social problems. They are able to speak effectively to the communications media and general public, and are in a position to develop proactive positions on matters of public importance. In some provinces, the services of commercial organizations have been contracted to increase public awareness of the contributions of psychologists (p. 41).

In summary, it is clear that professional psychology in Canada will remain active and involved in improving its professional and public image. This is the challenge that should be taken up by all psychologists everywhere regardless of their professional categories. Finally, psychologists might learn the importance of utilizing group action as was done in Canada.

2.3 A HISTORY OF THE PSYCHOLOGY PROFESSION IN SOUTH AFRICA

The profession of psychology in South Africa has faced its own unique challenges. It has been argued that the history of psychology as a profession and as an academic discipline was largely contaminated by racism. The psychology profession was dominated by white males and it was largely a white profession, and it therefore sought to protect the interests of its masters. According to Cooper, Nicholas, Seedat and Statman (1990) and Nicholas (1990, as cited in Suffla, Stevens & Seedat, 2001):

Psychology in South Africa was predominantly a white profession that had become integrally bound with the political ideology of racism since the early part of the twentieth century. Furthermore, reviews of the development of organized professional psychology in South Africa illustrate that the very function and organization of psychology in South Africa was constructed to serve the interests of whites prior to and during the apartheid era, to legitimize domination and to maintain the oppression and exploitation of black South Africans (p. 28).

In South Africa, it seemed that the profession was not only complicated by apartheid but more so by the perceived role of psychologists in helping to perpetuate apartheid.

Van der Spuy (1978, cited in Nicholas, 2001) stated that psychology equated

... the position of South African blacks to abused children, ill-treated by their parents (whites) and contended that it would be counterproductive to punish the parents and therefore a therapeutic approach would be the most helpful. He completed the model by suggesting that the rejected children (blacks) will become rejecting parents of a new generation of rejected children – a generation of resentment and violent anger which would need to be led to maturity, sanity and good emotional adjustment (p. 18).

The above statement suggests that this profession was seen to enforce racism, which made it a white profession, for white people. Suffla et al. (2001) confirmed that "... organized professional psychology has not only developed as a reflection of racist ideology in South

Africa, but has also primarily been responsible for a dialectical maintenance and perpetuation of this social phenomenon both internal and external to the profession itself” (p. 28).

Durrheim (2003) reviewed the history of the psychology profession in South Africa and stated that “it is shocking then that the self-proclaimed objective and helping profession such as psychology would support racism” (p. 233). He argued that psychology in South Africa was not a helping profession for everyone but rather a vehicle or an intellectual body serving the apartheid regime. Durrheim (2003) further argued that psychology provided intellectual justification for the inferiorization and dispossession of blacks. Given this background, it should not then come as a surprise that there might still be some negativity in African communities towards this profession, even after the transformation processes that have taken place since 1994 under the democratic government in South Africa.

When looking at the development of professional psychology in terms of representation in the twenty-first century, Magwaza (2001) argued that

Psychology in this country has always been skewed in terms of representation. In direct contrast to the demographics of this country, the population of psychologists during the apartheid period invariably was white, middle class and male. This situation persists to this day, despite the fact that the bulk of the South African community is black and subsisting below the poverty datum line (p. 38).

This is despite efforts being undertaken at various training institutions to bridge the gap within the psychologists’ population, even after a decade, since the democratic dispensation has been in place. The delay might be attributed to the length of time that apartheid lasted. Ahmed and Pillay (2004) expressed appreciation for the positive response from training institutions in redressing the imbalances in the psychologists’ population demographics. Another important relevant factor is that the more culturally diverse psychologists themselves are, the deeper their understanding will be for their clients’ problems (Ahmed & Pillay, 2004).

Apart from racism, just like in other countries, the psychology profession in South Africa had its own challenges. When looking at the category of clinical psychologists, one realizes that it has not been easy to incorporate them in the health care system. Miller and Swartz (1990) examined clinical psychology in general hospital settings, looking at issues regarding

interprofessional relationships. “On the surface, the addition of clinical psychologists to the health care team may appear to be an unproblematic process” (p. 48). It seems that broadly, other health care professionals appreciate the existence of psychology, but the problem is shifting the mindset and allowing them to be part of the multidisciplinary team in a true sense. Miller and Swartz (1990) concluded by stating the following:

Psychologists working in medical settings do not have access to the knowledge of disease that is seen to be important within biomedicine. This immediately excludes them from direct access to power in this context. Furthermore, given the culturally valued position of biomedicine, medical practitioners are imbued with social status that allows them to claim expertise over all aspects of patient care. With the physician as the explicit team leader, it may often be acceptable for the physician to make suggestions about the psychological welfare of patients, a psychologist’s suggestions about medical care are likely to be seen as unprofessional and unwelcome. Trained to take full responsibility of their clients, psychologists in health care settings find themselves disadvantaged in the hierarchical hospital structure (p. 51).

This statement suggests that other health care professionals had realized the importance of having clinical psychologists in their hospital teams. The problem, however, was to give them the necessary responsibility and respect to do their work with dignity. This is a challenge that new psychologists are probably still facing today, being marginalized and sidelined by other professionals. Geczy, Sultenfuss and Donat (1990), conducted a study on common problems faced by psychologists in state mental hospitals in the state of Virginia. They mentioned a variety of problems that were likely to frustrate new psychologists, pertaining to administrative or organizational problems and also medical and staff problems. This therefore suggests that challenges faced by the psychology profession were not uniquely South African, but were common problems experienced outside this continent as well, which is contrary to the belief held by Rozensky (1990). It needs to be mentioned that Miller and Swartz’s article on clinical psychology in general hospital settings was criticized by Rozensky (1990) as focusing “on political and territorial struggles between medicine and psychology and not on ethical principles which suggest maximizing cooperation and positive professional relationships” (p. 419). He further stated that Miller and Swartz’s article should be specifically addressed as a South African perspective, because such “viewpoint does not reflect the successful clinical, scientific, or political accomplishments of clinical psychology in American medical setting” Rozensky, (1990, p. 420). However, Miller and Swartz (1990) and Geczy et al. (1990) were

highlighting problems for psychologists that also prevailed in America just as they did in South Africa.

In summary, the psychology profession in South Africa seems to be overshadowed by the legacy of apartheid, despite its efforts to emancipate itself from it. It also needs to be mentioned that this profession has grown and expanded to other communities. However there is a huge shortage of psychologists in our country. According to the Health Professions Council of South Africa (2009) there were 6,532 registered psychologists in South Africa in 2008 in comparison to 33,534 medical practitioners, which serve the estimated population of 47.9 million (Statistics South Africa, 2009). Despite the growing number of psychologists, the above statistics suggests that there is still a need for these professionals to render their services adequately to the public. Psychological services are becoming more accessible in hospitals, in schools, within the justice system, in the industries and in the private sector. However, this country needs more psychologists for efficient service delivery and adequate accessibility to the majority of the people. This obviously evokes some thoughts on the relevance of the psychology profession in this country, which will be discussed in the next section.

2.3.1 THE RELEVANCE OF PSYCHOLOGY AND THE PSYCHOLOGY PROFESSION IN SOUTH AFRICA

The issue of relevance in psychology and the psychology profession in South Africa plays a major part in the history of this profession. During the 1980's and early 1990's; psychologists in this country were trying to find the means to make psychology more relevant in terms of the social and political context (De la Rey & Ipser, 2004). This suggests that an effort had to be made in order to ensure that psychology was relevant for all its clients. This was done by revising the curriculum at training institutions, and as a result, community psychology was incorporated into training programmes. De la Rey & Ipser (2004) explained that "in 2004 most departments of psychology teach community psychology and almost all professional training programmes in clinical and counseling psychology have a community component" (p. 545). Through this change in content, psychology in South Africa has hopefully opened itself to learn more about various communities, their needs, their cultures, their beliefs, etc. It is indeed

a positive change for the profession. Instead of being seen as leaning mostly on Eurocentric theories and being a profession for whites, it can be stated that the psychology profession is putting an effort into making psychology become a helping profession for all its clients.

The question of relevance in psychology was raised almost two decades ago. Anonymous (1986), argued that “an important criterion for the relevantizing of psychology in South Africa would be the degree to which the behaviour of, especially, the majority is studied within the context of racial capitalism” (p. 82). Anonymous (1986) continued to argue that eurocentric theories can never be relevant in every society because every country’s circumstances are different, especially in South Africa where there is still poverty and oppression. Ahmed and Pillay (2004) supported this idea by stating that “while drawing from these approaches, the contention is that locally based problems need locally relevant solutions” (p. 651). On the question of relevance of psychology in South Africa, Anonymous (1986) concluded by emphasizing that psychologists need to approach their clients by taking into consideration their socio-political situation. Of importance is the issue of taking into account the poverty in this country. As mentioned earlier, legalized racial oppression has been lifted, but poverty is very much in existence in our communities, and the important factor is how this is dealt with by the psychology profession. Over two decades have passed since Anonymous (1986) raised this topic, however Ahmed and Pillay (2004) still argue that “it is not the magnitude of the problem of poverty and its associated consequences that are a cause for concern, but rather the scant attention devoted to this issue by psychologists, especially in view of the profession’s bias towards helping the well resourced” (p. 633). They continue to argue that there is scarcity of literature documenting poverty and its psychological effects. This seems to create the impression that psychologists are avoiding the topic, which could be because they do not view it as a psychological problem and therefore do not put effort into addressing it in any way.

In summary, the psychology profession in South Africa has undergone many changes. It has made an effort to be a profession for all races through equity and population representation. It has also reviewed the relevance of the curriculum at training institutions, thereby making it relevant to almost all communities that make use of its services. Furthermore the psychology profession has made an effort to be accessible in the public sector especially through

community service psychologists. This suggests that although the profession's history is negative because of apartheid, the professionals at present are putting a lot of effort into redeeming their profession.

2.4 STUDIES CONDUCTED ON PERCEPTIONS OF PSYCHOLOGISTS IN OTHER COUNTRIES

This section will describe various studies conducted in different countries, about what people think, perceive, understand and know about psychologists and their profession. The studies touch on different categories of psychology; however, the aim was to examine how different categories of psychology are perceived. The psychology profession and psychologists in different countries are faced with different challenges and perceptions, some positive and progressive, others negative, discouraging and some a pure display of ignorance. This section will look at perceptions that people (the public and other professionals) have towards psychologists and the psychology profession. The studies have been presented in chronological order in order to provide a logical overview of the findings.

In the USA, Strong, Hendel and Bratton (1971) conducted a study on college students' views of campus help-givers. They found that students were aware of the difference between counsellors and psychiatrists. Students reported counsellors to be more friendly, polite and warm than psychiatrists who were on the other hand described as more intelligent, decisive and analytic. Counsellors were found helpful in vocational and educational matters whilst psychiatrists were regarded as more helpful in dealing with personal issues (Strong et al., 1971). Although these college students' perceptions were positive, it is worrying that they seemed to have a limited understanding about counsellors' scope of work.

Harnett, Simonetta and Mahoney (1989) conducted a study in USA on perceptions of nonclinical psychologists toward clinical psychology and clinical psychologists. Counselling psychologists were eliminated from this study, however other fields like experimental, social, industrial and physiological psychologists were included. Findings indicated that nonclinical psychologists had a moderately positive perspective of clinical psychologists. These

nonclinical psychologists reported that they would seek help from 25% of the clinicians that they knew and recommend half the clinicians they knew to total strangers. The explanation given for these findings is that some respondents might have a preferred theoretical orientation which influenced the way they view other clinicians, (Harnett et al., 1989). These findings raise concern over the way psychologists view each other. Harnett et al. (1989) claimed that “it is not an uncommon experience for nonclinical psychologists to be approached by a layman to deal with a problem more appropriate for a clinician. Thus nonclinical psychologists often enact the role of gatekeeper, serving as conduit between the public and clinical psychology” (p. 187). If indeed this statement is the case, do these gatekeepers refer timeously to clinical psychologists? Another concern is whether the various fields of psychology are sufficiently informed about each others’ responsibilities and expertise. If that is not appropriately done, then it is an area that needs special attention by the psychology profession.

The negative image of psychologists was noted during the Persian Gulf War in 1991 in Israel. During this period, various professionals were interviewed for their advice or opinions in the media. Like other professionals, psychologists were also interviewed, to psychologically prepare the public for the war that was going on. Psychologists were then criticized for their comments and roles in the media. Raviv and Weiner (1995) noted the following:

the situation in Israel in 1991 during the Gulf War in terms of the public’s negative reaction to the media presence of psychologists appears to be relevant to the general problem of awareness and appreciation of psychology. It is likely that the extreme conditions of the Gulf War intensified the ambivalent reaction of the press towards psychology. In essence, on one hand, psychologists served a functional role of providing information and explanations to the public. On the other hand, they served as a convenient punching bag (p. 93).

It is clear that the image of psychologists in Israel, as in other countries, was negative and their role viewed with skepticism and misconstruction. Raviv and Weiner (1995) described

the negativity as a reaction that could be seen as a case of stereotyping. In general, in a macho and tough-minded Israeli society that glorifies courage and self-control, psychologists represent weakness, admission of deficiency and a need for help. The conspicuous presence of psychologists in the media probably served most to confirm and magnify such stereotypic perception (p. 91).

This statement indicates that some people become negative towards psychologists not because of any wrong-doing from psychologists, but because they would not associate themselves with the process of attaining psychological help through talking. They would rather, for instance, consult a psychiatrist for medical treatment. It is easy to tell people that one is taking medical treatment than to be viewed as weak and in need of psychological treatment. This is however a stigma that needs to be eradicated through psycho-education.

A study conducted in Finland by Montin (1995) illustrated that there are mystical beliefs that surround psychologists. Not most, but a relatively large number of respondents believed psychologists to be odd. It was also argued that this finding lies at the source of unrealistic expectations many clients have when they first consult psychologists. These mystical beliefs are seen to be the result of lack of knowledge. Findings suggested that people knew little about psychologists. The findings also suggested that it was these perceptions that may make parents resist their children becoming psychologists. The study also revealed that psychologists' work is seen as difficult and poorly paid. (Schorr & Saari, 1995).

Bram conducted a study in 1997 at the University of Kansas, on undergraduates' perceptions of psychotherapy and psychotherapists. He found that undergraduates expressed favourable attitudes towards psychotherapy and psychotherapists (Bram, 1997). This suggests that undergraduates had a better understanding of the field of psychology and as a result possessed a more positive attitude towards this profession. This perception from these students is encouraging because it implies that the department of psychology had marketed itself to its potential clients.

A study in the USA on public attitudes about psychologists and mental health by Farberman (1997) found that respondents had difficulty differentiating the roles of different mental health professionals. There was however a better understanding of the role of psychiatry than of psychology. Apart from that, psychologists were described by the public in a positive light. Psychologists were perceived to treat "less serious ailments" (Farberman, 1997, p. 134) like family problems, not serious mental and emotional problems. The public had a positive image of psychologists, but were not informed about their responsibilities. These findings seemed to

be more aligned to a previously mentioned study by Strong et al. (1971), whereby respondents rated psychologists' work below that of psychiatrists.

It is of concern however that some academics, just like the general public, do not really know what psychologists do. A study conducted by Janda, England, Lovejoy and Drury (1998) was aimed at investigating how psychologists were perceived in relation to other academic-professional disciplines, and also to determine if a well-educated group of people who were likely to value doctoral-level training - namely college faculty - would view psychology more favourably than the general public. They found that both the general public and college faculty had more favourable impressions of what are often referred to as hard sciences than soft sciences like psychology. They could not find the reason for this, but they offer a possible explanation that respondents based their responses on stereotypes of the various disciplines rather than direct knowledge. They found it especially surprising that even academics from the college of Education, despite many of them having studied psychology at some point, still perceived it as less favourable (Janda et al., 1998). It is of further concern that people in an academic setting could not understand what psychologists do, when they should be capable of identifying students with learning problems and other mental and emotional problems. Perceptions like these raise the concern of whether other professionals are aware of the value of psychologists in everyday life.

Von Sydow and Reimer (1998) content analyzed all studies on attitudes towards psychotherapists (psychologists) published between 1948 and 1995. They found that around the 1940's, approximately 40% of the public did not understand the types of problems that warranted consultation with a psychologist. In the 1950's there was a belief that psychologists were able to read thoughts, even some students believed this. In the 1970's the public was becoming aware of the role of psychologists. However, it was still difficult to differentiate it from the role of a psychiatrist. Von Sydow and Reimer (1998) argued that by 1998 the public's understanding had improved and the roles of psychologists and their expertise were better understood. It however needs to be mentioned that even though there is improvement, there are still misperceptions about the expertise of psychologists. For instance, they are seen to be competent in dealing with less serious psychological problems like marital problems,

educational problems, psychological testing and anxiety disorders. For more serious psychological problems, psychiatrists are still the first choice. This finding concurs with the study conducted by Farberman (1997). It is important to understand that the scope of psychologists goes far beyond what the public attributes to them.

It is however consoling that in a study conducted by Turner and Quinn (1999), college students seemed to have understanding of the value of psychologists. The findings suggested that students valued good psychological health and good physical health. This could therefore suggest that psychologists are marketing their services to their possible clients effectively. Turner and Quinn's (1999) findings indicate positive improvement in students' perceptions of psychologists by being willing to seek psychological help for their problems from psychologists.

Hartwig (2002) in Australia surveyed psychologists' public image with drawings of a typical psychologist. In this study Hartwig (2002) surveyed psychology's public image through drawings. Respondents had to make drawings of a "typical" psychologist, which at the end were subjected to content analysis. Hartwig (2002) used "a less conventional and less structured survey method" (p. 69), with the aim of providing unique insight into the public's perception of psychologists. In Hartwig's survey, despite limitations in interpretation of respondents' drawings, most respondents drew a typical psychologist as a middle-aged, man wearing a suit and glasses. Hartwig's positive interpretation of these drawings was that "psychology was perceived as a professional and academic occupation" (p. 73). Whilst this interpretation is positive, Hartwig viewed it as demonstrating a limited understanding of what psychology and psychologists provide outside the office environment and at a community level. It is therefore concerning that psychology's role in different settings is still not clear despite its existence for several decades.

A study conducted in Australia by Hartwig and Delin (2003) indicated an unfavourable public impression of psychologists, with regard to psychologists' perceived usefulness and the public's willingness to consult them. Similar research was conducted in the United States of America and showed that psychologists were perceived less favourably on direct measures of

favourability than on indirect indicators. This suggests that respondents found other mental health professionals like psychiatrists to be more useful than psychologists. As was the case in Janda et al.'s (1998) study, respondents seemed to view hard sciences like medicine as more favourable than soft or social sciences.

In the USA, Sparks, Daniels and Johnson (2003) conducted a study into the relationship between referral source, race, and wait time on preintake attrition. Participants phoned to book their appointments for mental health services, from January 2000 to December 2001. They were entered into the database for billing and tracking purposes. Participants who did not appear on the database were assumed to have missed their appointment, which was part of the study. Findings of this study were that participants who were self-referred were more likely to be committed in the therapy process than those referred by others. On the issue of waiting period and race, no statistical significance was found to exist. This study came up with some barriers to seeking help, for instance, stigma attached to mental health services, lack of insight into the need for care, a belief that treatment is ineffective, and an inability to recognize symptoms of mental illness. This statement indicates the dilemma that psychologists find themselves in. They, at times, encounter clients who have preconceived negative perceptions about psychological services, even before those clients engage in therapy. As a result of these negative perceptions, those clients do not take time to involve themselves in a therapy process. It is for this reason that, public psycho-education would be of benefit.

Sanders Thompson, Bazile and Akbar (2004) conducted a study in the USA on African Americans' perceptions of psychotherapy and psychotherapists. Findings were that African Americans who had exposure to psychotherapy were more positive than those who had not been to a psychologist. Psychoeducation among African Americans was viewed as an important factor, in order for them to understand the scope of psychotherapy and the way in which psychological well-being can be promoted. Certain disorders like schizophrenia, depression and suicidal ideation were viewed as important factors for acquiring psychological help. Furthermore, race of the therapist was seen to impact negatively upon therapy and treatment seeking. Findings suggested that participants seemed to view race as a factor that should not matter in therapy. However, white psychologists were believed to be insensitive to

African American experience. Finally, the stigma associated with mental illness seemed to hinder the therapy seeking process. It was the perception that psychologists are consulted by mentally ill people that made African Americans less keen to consult psychologists. In this study the concept of stigma associated with consulting a psychologist came up, just as in the case of Israel, as stated by Raviv and Weiner (1995) and Sparks et al. (2003).

In summary, psychologists are perceived in many different ways. There are people who are negative towards the profession, which could result from a lack of knowledge about the profession, particularly in those people who have never used services of a psychologist. For instance, there are those people who have negative perceptions because of generalized stigma over the profession but with no basis for it. There are those people who have positive perceptions. These are the people who have an understanding of what psychologists have to offer. In most instances, people (students) at tertiary institutions and people who have made use of psychologist' services are more likely to hold a positive perception about psychologists. What seems to appear most often is that many people, including other professionals, are not fully aware of the role that psychologists play. Some people get confused between psychologists' and psychiatrists' roles. This seems to suggest that psychologists are perceived to live in the shadow of psychiatrists. This therefore demands a well-designed marketing strategy from psychologists themselves, in order to educate people about their role.

2.5 STUDIES CONDUCTED ON PERCEPTIONS OF PSYCHOLOGISTS IN SOUTH AFRICA

This section will be divided into two main parts: (a) the first contains studies conducted in learning institutions. This section is included here in order to highlight the importance of appropriate early exposure to psychological services amongst young people. (b) the second contains studies conducted on other professionals in the health care professions.

2.5.1 STUDIES CONDUCTED IN SOUTH AFRICAN LEARNING INSTITUTIONS

In South Africa, Mbuyazi (1999) conducted a survey on guidance teachers' perceptions of guidance and counseling in rural black high schools. The study was conducted in KwaZulu-Natal, Empangeni and Melmoth regions. This study focuses on the importance of psychological service provision at schools. If psychological services are portrayed positively and instilled at a young age, most children would grow up being more receptive towards these services. Mbuyazi (1999) explained that the term guidance refers to a teacher assigned the task of handling guidance at school (p. 6). He explained that other terms used to refer to a guidance teacher are; teacher counselor, guidance counselor, school counselor or teacher psychologist. To an ordinary person, a guidance teacher seems to play a role of a psychologist in a school setting. He found that most guidance teachers confirmed the importance of individual counselling. This was despite the fact that most of them reported a lack of counselling skills. Furthermore, findings suggested that guidance teachers believed that guidance and counselling were not given the necessary attention by the Department of Education. From this study, it can be argued that although guidance teachers play a counselling role, they are however not equipped with the necessary skills. This therefore implies that it depends upon the individual guidance teacher to make an effort to make psychological services provision a success. This however, should not be the case. Guidance teachers should be properly trained in psychological skills, if they play a role that is associated with psychologists, so that they can be equipped to recognize when there is a learner who can benefit from seeing a psychologist. Furthermore, if guidance teachers are seen to be playing a psychologist's role, then whatever they do in their sessions with their learners is likely to be associated with what psychologists do with their clients. This therefore means that learners are likely to form their own perceptions of psychological services based on their early experiences with their guidance teachers.

Another study in South Africa was conducted by Pott in 1999. It was a survey on the reasons undergraduate students enrolled for psychology at the then University of Natal (now University of KwaZulu-Natal). The findings revealed a difference in terms of gender regarding the perceived benefits of studying psychology. Female students tended to foresee an altruistic

benefit of helping others, while males wanted to use psychology for personal growth purposes. At the end, there was general consensus that psychology helped to increase knowledge and understanding of oneself and others. In terms of career choices, most females preferred psychology while males preferred science and commerce related careers. There were obviously different opinions according to gender however race was not looked into. The implication of this study is that psychology is viewed as useful in individuals' personal growth and in understanding oneself and others. In this study students as young people, seemed to have a more positive perception and understanding of the psychology profession.

Walker (2003) conducted a study on mental health and help-seeking among first year students at the then University of Natal (now University of KwaZulu-Natal). The findings were that professional counsellors were “not the most preferred help-givers for personal or career problems” (p. 100). Participants seemed eager to seek help from their families and friends. There were possible explanations given for such behavior. (a) students used their primary support system to solve their problems. (b) students with no previous exposure to counselling were more likely to deal with their problems in their own way. (c) prior negative experiences in counselling might impact negatively in the long run. For instance, inefficient counselling process at school as mentioned earlier. (d) lack of proper understanding about the problems that can be taken to a counselor. The suggestions put forward were that student counselling centres needed to advertise their services more. Also, more emphasis should be put on peer-counsellor training, as students are more likely to open to their friends. Walker argued that students with higher self-esteem were more likely to be psychologically healthy and as such be prone to fewer problems, and thereby seek help on a rare occasion. On the other hand, those who need help may be unwilling to seek help (Walker, 2003). This therefore implies that in most instances, when people get depressed they take time to realize the state that they are in and seek help accordingly. In most cases, someone else notices a need for help. This therefore puts emphasis on psycho-education for larger groups of people about the role of psychologists. It seems vital to build a solid foundation about the role of psychologists by competent service delivery when people are still young. It helps in creating a better understanding of where one can go for help and also to be able to recognize when that help is needed for oneself and others.

In summary, the studies above show that there are different perceptions of the psychology profession amongst the youth in learning institutions. Some students value the psychology profession to help them in their personal growth and also in helping others. Other students prefer to deal with their personal problems in their own way using their support system, and use psychological services for educational matters. There seems to be a need for educating students about the role of counselors or counseling psychologists in the learning institution, so that they can understand the scope of problems that they can be helped with regarding psychological services.

2.5.2 PREVIOUS STUDIES CONDUCTED ON SOUTH AFRICAN HEALTH PROFESSIONALS ABOUT PSYCHOLOGISTS

This section will provide insight into previous studies about psychologists by other health professionals.

In South Africa, Berger (1985, cited in Berger & Lazarus, 1987) surveyed the views of community organizers on the relevance of psychological practice. The findings revealed that most respondents had limited experience with psychologists and were also unaware of their role. This was despite the fact that the respondents themselves performed some form of lay counseling. The overlap of psychologists' skills with other professionals or disciplines also created uncertainty about the role of psychologists. According to Berger (1985, cited in Berger & Lazarus, 1987) psychologists did not actively expose their role, and also had the stigma of dealing with mad people. It can be argued that because of the stigma attached to consulting with psychologists, perhaps some clients who could have benefited from psychotherapy were not referred to psychologists. It is also of concern that the respondents in this study were unaware of the role that psychologists could have played in their clients' well-being.

Papaikonomou conducted a study in 1991 in South Africa. The study examined the views of medical practitioners and psychologists on the inadequacies of the biomedical model and the role of psychologists in its extension. This study revealed that medical practitioners (both from

rural and urban settings) believed that psychologists played a vital role in the treatment of psychosomatic illnesses. Ninety percent of urban medical practitioners and 70% of rural medical practitioners had referred their patients to a psychologist. On the other hand, psychologists who participated in the study reported that most referrals were from general practitioners, with a small percentage from specialists. This difference, according to Papaikonomu (1991) raised concerns because specialists deal with more severe cases that might warrant more psychological attention, either before or after medical treatment, for instance, for surgery, terminal illnesses, etc. When examining the views of those doctors who did not refer to psychologists, the findings revealed that they were not aware of psychological influences on the onset of illnesses, (Papaikonomu, 1991). This therefore suggests that some doctors were sticking to the narrow biomedical model, thus overlooking psychosocial factors in illness. Overall findings suggested that doctors referred to psychologists whenever a need was detected. It is therefore important and encouraging to note that more than a decade ago doctors held positive views about the role of psychologists in a multidisciplinary team.

Another study was conducted by Suntup (1994) on the perceptions of the role of psychosocial factors and the role of the clinical psychologist in health care. This study was conducted on general practitioners and final year medical students in South Africa. The findings were that the respondents endorsed the importance of psychological intervention in health problems that are related to mental health. Suntup (1994) found these results consistent with previous studies that mentioned that there was a stereotype in as far as clinical psychology is concerned, that it was primarily a mental health profession, even though that perception did not in any way help in the referral rate to psychologists. Furthermore, when a comparison was made in terms of gender, female doctors rated psychologists as more important in the health care of their patients than male doctors. Suntup (1994) noticed that significant differences existed between the ratings of doctors and student doctors concerning the role of the clinical psychologist in the treatment and or management of medically oriented health problems and Suntup (1994) describes it as “a surprising result” (p. 74). He attributed this lack of understanding about psychologists’ role to either “(a) qualified doctors are more in touch with their patients’ needs than are final year medical students (b) practical experience results in increased awareness of the role of the clinical psychologist in medically orientated health problems” (Suntup, 1994, p.

74). These results are surprising given the emphasis placed on psychological services during medical education. Suntup's findings about the positive image that medical doctors hold towards psychologists, is consistent with Papaikonomou's (1991) findings discussed above.

Another study conducted in 1994 by Stones was on general practitioners and the public's attitudes towards psychology, psychiatry and mental illness in the central Eastern Cape of South Africa, (Stones, 1996). In his conclusion, Stones (1996) remarked that it was concerning that psychiatrists were perceived by general practitioners and the public to be more effective in dealing with mental illness. This therefore suggests that psychiatrists are likely to get more medical referrals than psychologists. If that is the case, could it be that general practitioners still put more emphasis on the biomedical model whilst giving little attention to psychosocial factors. Furthermore, of particular concern was the finding that the members of the public would tend to approach a friend rather than a trained professional in times of crisis, despite the finding that favourable attitudes towards psychologists and psychiatrists were reported. Almost a decade has passed since this study was conducted, however this finding seems to be consistent with Walker's (2003) study, mentioned in the previous section. This implies that medical doctors still view medical treatment as superior than psychological treatment. It can also be argued that medical doctors can also benefit from psycho-education, so that referrals can be channelled to the appropriate professionals. Stones (1996) called for further research in this area with regard to accessibility and approachability of health care professionals. The question arises as to whether psychologists have marketed themselves appropriately to the public and to some of their colleagues.

In 1998, a study was conducted by Bhagwandeem in Pietermaritzburg, South Africa, on perceptions of social workers and occupational health nurses towards clinical psychologists, counseling psychologists, psychiatrists, physicians and priests. The findings were that psychiatrists were perceived by social workers and occupational health nurses to be more competent in treating more severe cases and were thus rated higher on a cluster that deals with mental problems. With regard to psychologists, the sample was only moderately confident in their abilities. Bhagwandeem saw this perception as placing psychologists 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 (Bhagwandeem, 1998).

From these findings, Bhagwandeem (1998) concluded 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 the so-called gatekeepers do not fully comprehend the functions and roles of psychologists, then the question that begs to be asked is: how must other professional groups and the lay public perceive psychologists? (p. 129).

It is further recommended that “perhaps there is a need for psychologists to strive to attain this degree of favourability from these referring professionals” (p. 129). This means that psychologists have a challenge to market their services to their colleagues in the health care profession. It is very important for other health care professionals to be knowledgeable about what psychologists have to offer; not only could it improve interprofessional relations but also help in providing treatment timeously to clients. This therefore would mean appropriate referrals at an appropriate time.

From the abovementioned studies, it is clear that health care professionals like medical doctors, social workers and occupational health nurses have positive perceptions towards psychologists. It is also clear that they value psychological well-being of their clients. There is a challenge for psychologists, however, to market and expose their abilities and responsibilities so that they are appropriately understood by their colleagues. They should strive not to be described by what they are not, because that happens when people do not know what one does.

In a holistic approach to treatment, psychologists should also be part of the multidisciplinary team. The researcher believes that (clinical) psychologists have a major role to play when patients are diagnosed with chronic diseases and others that are difficult to accept. It seems clear that even though the focus on treatment differs between psychologists and doctors, the common goal remains the same: the well-being of patients or clients. Although they operate in their own unique ways, they still however need each other in order to ensure that

psychophysical needs of patients are met, and also to complement each other where each profession falls short.

2.6 TRADITIONAL HEALING VERSUS PSYCHOTHERAPY

This section will look at both Western and African traditional approaches to the biopsychosocial way of dealing with disease, and problems at large. It will also give an insight into views regarding traditional healing and psychotherapy.

Traditional healing used to be the only health care system in Africa, before colonization came into place. Traditional healing is included in this section because it has a majority support from African communities. It is estimated that about 70% of African communities consult traditional healers before they consult Western doctors, (Puckree, Mkhize, Mgobhozi & Lin, 2002). An important point is that a large portion of African communities still believe in traditional healing processes. It would therefore be an injustice to omit this topic whilst looking at the western part of the health care system. It is important to mention that South African government has accepted the existence of traditional healers and their institutions, and in February 2005 officially recognized them as health care personnel through the Traditional Health Practitioners Act of 2004 (Summerton, 2006).

It is clear that Africans have not completely forgotten their roots. As it was mentioned above, they still go to traditional healers, some of them use both Western and African treatment. Binitie (1991) concurs with this statement by stating the following:

African villages are served by traditional healers, who are thought to ward off evil spirits and keep the forces of nature in balance. ... Since the introduction of western European culture, some Africans have adopted western practices, received extensive schooling, and become an elite westernized minority. More common, however, has been the transitional lifestyle: African traditional beliefs with Western religion and practices (p. 1).

It needs to be mentioned that despite some Africans having adopted a transitional lifestyle, they tend to bend towards western medicine rather than psychotherapy. It is the researcher's opinion that Africans consult for the purposes of getting solutions to their problems or advice.

For instance, when they consult a traditional healer they are likely to be told the cause of their problem and also be given a possible solution, which is also similar to what western medical doctors do. Meanwhile when they consult a psychologist, they do not get ready answers, but instead are given a listening ear and insight into their problems and no advice. Adler and Mukherji (1995) argued as follows:

traditional healers are directive in their approach. They give advice to their clients by functioning as the mouthpiece of the ancestors who possess superior wisdom. Guidance is therefore from the unconscious and not from the ego of the healer. Western counseling is based on the principle that clients have to take responsibility for their own actions and decisions, and are therefore nondirective (p. 50).

Traditional healing looks at disease in a holistic manner, which is not always the case with the western approach. According to Bruce (2002, p. 162) “western medicine explains the cause of disease by using the biomedical model, while practitioners of traditional medicine make use of a holistic approach to health care in order to restore the balance between the sick and his environment.” This therefore suggests that traditional healing also looks at the component of reintegration into the patients’ social group. One of the traditional healing principles is that an individual exists because of his or her relationships with others (the dead and the living). This therefore means that traditional healing looks at the biopsychosocial components of the disease. Adler and Mukherji (1995) explained that

Although it is customary to distinguish between physical and mental health, this distinction is artificial in nature, it does not describe what happens to many patients who simultaneously suffer from physical and psychic distress. In contrast to the modern division between body and mind, traditional notions of healing have always perceived the patient as inhabiting a unitary world of visible and invisible forces. In and around the patient’s body, the battle rages between the forces of good and evil, health and sickness, growth and fragmentation (p. xv).

On the western side of treatment, there is psychotherapy which Carson and Butcher (1992) view as follows:

Psychotherapy is based on the assumption that, even in cases where physical pathology is present, an individual’s perceptions, evaluations, expectations, and coping strategies also play a role in the development of the disorder and will probably need to be changed if maximum benefit is to be realized. The belief that individuals with psychological problems can change is the conviction underlying all psychotherapy. The goal of psychotherapy, then, is to make this belief a reality (p. 627).

Traditional healers are known to deal with a wide range of problems from social to personal. According to Asuni (1991) there is similarity between traditional healers and psychotherapy in a western perspective. He however noted one major difference between the two: “traditional practice does not focus on the individual exclusively as western psychotherapy tends to do, neither does it tend to deal with the unconscious in the same way as Western psychotherapy, if at all” (Asuni, 1991, p. 26). This is further supported by Adler and Mukherji (1995) who state that there is more emphasis on the individual in the western approach whereas traditional healing puts more emphasis on the unity of a person with a community.

Finally, having looked at differences between traditional healing and psychotherapy, it seems logical to explore similarities. Bodibe (1992, cited in Adler & Mukherji, 1995) stated that similarities are that both systems put emphasis on “building relationship based on trust”. In psychotherapy, rapport usually forms the basis of any therapeutic relationship. In some instances, it is the client-therapist relationship that brings about success in therapy. It is for this reason that therapists take time to nurture relationships. Another similarity between the two approaches is that they are aimed at achieving the well-being of patients. It does not matter how each approach achieves this, be it through scientific methods if it is psychotherapy, or mainly through ancestral belief systems if it is traditional healing.

According to the researcher, apart from the legacy of apartheid, psychology amongst black communities in South Africa is faced with the challenge of cultural beliefs concerning psychology and traditional therapeutic methods. Psychology is perceived as foreign and western in nature by some sectors of South African community. For instance, in Zulu culture, problems are dealt within the family settings. It is therefore a foreign concept to get outside professional help in the form of talking to a professional about one’s problems. Again psychology is faced with a challenge of not being accessible to the majority of the people, particularly in rural areas where there is insufficient provision of psychological help, even for the problems or crises that command the need for this service like being raped, witnessing murder, experiencing political violence, in addition to more routine family and developmental problems. This is the challenge that helps to create a platform for black communities to seek

help from traditional healers, at times because they are the only people available to help in dealing with problems.

2.7 PSYCHOLOGISTS' EFFORTS AND ACHIEVEMENTS

Various studies (Anonymous, 1986, Dawes, 1985) show that psychologists were not comfortable about the role they played in society as a whole and also that they were questioning their relevance in society. Berger and Lazarus (1987) stated that “concerned psychologists are re-evaluating their current practice in response to the needs and demands of a changing society” (p. 6).

Knapp and Keller (2001, p. 71) put forward their views as follows:

In short the future of professional psychology as it is presently practiced and its potential impact on society are both at risk without timely action by our professional associations. If, as psychologists, we value our work, we must be committed to ensuring the future of the profession. There is hardly a human social problem for which psychology does not offer some perspectives, or at least a methodology by which problems can be better understood and solutions can be reached. Moreover, there is hardly a human problem area for which psychology does not offer an opportunity to relieve human suffering.

It needs to be mentioned that it seems to have been the perception of other psychologists that psychology and politics were different streams that needed to be accommodated differently. It seems to have been an illusion of some psychologists that it was possible to be apolitical in a country where everything was politicized, for instance, where one studied, where one lived, who one became married to, what one consumed and where one bought food. Mauer, Marais and Prinsloo (1991) argued that psychologists needed to engage more in an advocacy role in order to ensure that psychology make the necessary contribution in South African context. They encouraged psychologists to “rise above pettiness and triviality that have personified so much of psychology in South Africa” (p. 95). That was in an effort to help other psychologists to play a positive role.

On the other side, there were some psychologists who were very vocal in their opposition to apartheid, despite risks that they put themselves in, during the apartheid era. Holdstock (1981, 1982 cited in Dawes 1985) made calls for an increased awareness of African context. This

therefore suggested that psychologists needed to take culture into consideration when dealing with clients in Africa. In their attempt to explain the need to understand culture, Patel et al. (2000) stated the following:

Every individual not only creates a culture but is produced by it. There is an assumption that is often held by white people that culture is possessed only by people who are different from themselves. It is important for every individual to recognize their own culture and how they are shaped by it as it provides individuals with a frame of reference and an identity both culturally and racially. This undoubtedly will, consciously or unconsciously, have an influence on the interactions and relationships between one's own and others' cultures.

This highlights the importance of taking into consideration cultural aspects for every client. Every client's world view is based upon his or her cultural background. It is for this reason that psychologists have become more sensitive to the cultural background of their clients, a great achievement indeed.

Dawes (1985, p. 57) stated that "it is one thing to train psychologists in intercultural communication. It is bad training to teach them (by omission) that power does not count, and to suggest that empathy can undo statutory discrimination...". This was therefore wisdom that other psychologists had gained that long time ago. It was an attempt from psychologists themselves to cancel the naivety that psychology as a profession is apolitical. It needs to be mentioned that there were a lot of psychologists who stood firm against apartheid and were not intimidated by possible consequences of their actions against the apartheid regime (Dawes, 1985).

Already in 1981 in South Africa, van W. Raubenheimer noticed that the profession was flourishing. He noticed that psychologists were becoming utilized in different spheres of their profession, in counseling situations, marriage guidance, pastoral care, schools, hospitals, special institutions, within justice system, military science, sport, occupational and industrial world. He ascertained that their service was in demand and as a result psychologists were "acquiring esteem and respect" (p. 3) in society.

Furthermore, it has become clear that psychologists' contribution to the health care system can be of a preventative nature. Brown et al. (2002) explained the contribution of psychologists in preventing disease as follows:

Our nation's recent emphasis on health promotion highlights the importance of psychologists' work toward the prevention of specific disorders and diseases as well as health promotion. Finally, with the advent of evidence-based medicine, psychologists have had unique opportunities to contribute to the empirical basis of health care. Psychologists' expertise in research and evaluation should allow significant contributions to empirically based treatments, both physical and psychological. These changes have provided psychologists with many opportunities to expand beyond traditional practice to exciting new domains in the delivery of health care. There are already abundant signs that psychology's impact is being felt in the medical community. For example, it has been shown that in primary care settings, medical utilization and medical costs can be reduced via psychological interventions (p. 537).

The above-statement should create awareness and help the public and other health professionals become aware of the contributions of psychologists when given an opportunity to showcase their skills. Brown et al. (2002) emphasize psychologists' abilities to use psychological theories to prevent and manage diseases and disorders. What becomes critical for psychologists is to determine the preventative stage in which to intervene, be it secondary or tertiary. For instance, psychologists were successful in implementing a secondary preventative strategy in dealing with premature and low birth-weight infants. For tertiary prevention, patients with chronic pain were helped through behavioral interventions to manage pain (Brown et al., 2002).

Levant et al. (2001) examined psychologists' barriers to change in taking up new professional roles. Levant et al. (2001) mentioned that psychologists' training encourages them to be passive because (a) passive approach involves a thorough accounting of all possibilities and extreme caution about the limitations of evidence. (b) overemphasis on ethics makes them conservative regarding their own scope of practice. There is therefore a chance that if values of psychology are applied rigidly that could undermine the potential and abilities of psychologists themselves. In conclusion, Levant et al. (2001) stated that

psychologists are often characterized as having a risk-averse profession. They are sometimes seen as focusing on the individual and the intrapsychic at the expense of the system and the community. Their insistence on having the definitive data in hand before making a clear recommendation or committing to a course of action leads

psychologists to be seen as prevaricating, indecisive, and unwilling to take a stand (p. 81).

In looking at the efforts and achievements of the psychology profession, one cannot overlook the contribution that has been made by community service psychologists. Pillay and Harvey (2006) argued that community service by psychologists offered the profession a chance to undo the wrongs that took place during the apartheid era. This improves the availability and accessibility of psychological services even to the most disadvantaged communities. This is particularly important in the rural areas where there is a scarcity of psychological services even in the cases like trauma, abuse and many others, which demand this type of service. Furthermore, community service helps to expose the role of psychologists, thereby marketing their services to other professionals and to the public at large. This might also help in proper management of cases between professionals themselves, because there will be appropriate understanding of the role that psychologists play and as a result appropriate referrals would be made to psychologists.

Brown et al. (2002) stated that psychologists need to educate their colleagues, the public and policymakers about the multiple and varied contributions that they can make in the health care setting and in working with the medical populations at large.

In summary, it is clear that psychologists have tried in many ways to redeem their profession in South Africa. They have looked into the issue of the relevance of the profession and thus made necessary attempts to make it a profession for all in this country. That has been achieved by training psychologists in cultural issues, thereby making the profession sensitive to cultural diversity. Furthermore, psychologists have made an effort to play a preventative role, which helps people become informed about various disorders. Finally, another important contribution from psychologists is through community service which has made the profession more accessible to an ordinary person.

The researcher's opinion is that if psychologists have made all these contributions, then the public and other professionals should at least be acknowledging and appreciating what has been done and thus hold positive attitudes towards them and their profession. Psychologists

still seem to be sidelined and marginalized at a deeper level, but on paper all seems well. This study aims to explore such perceptions.

2.8 RATIONALE FOR THE STUDY

In the USA, Gaus (1995) argued that psychologists have traditionally been associated with mental health treatment, which is a view that has changed because psychologists have since been given recognition as health care professionals with a broader spectrum to cover. There has been marked collaboration between psychologists and primary care physicians. This is helpful in the holistic treatment of patients. Furthermore, this collaboration is useful in that both psychologists and doctors become aware of their colleagues' area of specialization (Gaus, 1995). This therefore implies that when patients have psychological problems, appropriate referrals are made on time.

In South Africa, Suntut (1994) argued that "related to the issue of referral is the perception amongst both the medical fraternity and the general public that psychologists treat mental illness, which results in a reluctance on the part of general practitioners to refer to psychologists, those patients who are presenting with emotional problems of lesser severity or those whose distress is manifesting physically" (p. 70). Such perceptions propelled the present study. The researcher is of the opinion that patients' well-being could be significantly improved by taking biopsychosocial factors into account and thus refer patients accordingly. This can be achieved by willingness from medical doctors and psychologists to embrace each other's expertise or skills accordingly. The researcher wanted to examine doctors' perceptions of the value of psychologists. It was an attempt to check if they regard psychologists as valued professionals in treating their patients.

CHAPTER THREE

3. METHODOLOGY

This chapter will present the aims of the study, the design of the study, sample, data collection procedures, and data analysis techniques.

3.1 AIMS OF THE STUDY

This study intends to explore the perceptions of medical doctors towards psychologists. The study aims to explore if medical doctors' race and gender has any influence on the way they perceive psychologists. The researcher used both race and gender in order to find out if these variables are associated with the findings. The study aims to focus on the following aspects in exploring doctors' perceptions;

- Medical doctors' knowledge of psychology, with reference to the qualifications, council registration, ethical code and confidentiality.
- Explore medical doctors' experiences in working with psychologists.
- Examine medical doctors' referrals to psychologists.
- Finally, examine the kinds of problems medical doctors refer to psychologists. For instance, a patient who has a psychological problem may not have the knowledge that s/he needs to see a psychologist, instead consults a medical doctor. The study therefore aims to explore if medical doctors appropriately refer their patients for psychological help.

3.2 RESEARCH DESIGN

This is a quantitative study. According to Goodwin (2002, p. 75) "... with quantitative research, the data are collected and presented in the form of numbers..." This type of study is descriptive, and has employed a survey method through the use of standardized questionnaires. According to Coolican (2004, p. 7) "a descriptive investigation aims to find out what is happening. ... These studies may provide an impetus to move on to attempts to explain their findings, but their main aim is to gather data about what is happening out there." Goodwin (2002, p. 398) stated that "survey research is based on the simple idea that if you want to find

out what people think about some topic, just ask them. That is, a survey is a structured set of questions or statements given to a group of people in order to measure their attitudes, beliefs, values, or tendencies to act.” The results of this study were analysed using the SPSS programme.

3.3 DATA COLLECTION PROCEDURES

3.3 1. SAMPLE

The population of this study is medical doctors from both public and private sectors in the Pietermaritzburg region. The sampling method used in this study is convenience sampling. Goodwin (2002) describes this method of sampling as follows “this is the most frequent (and yes the most convenient) type of nonprobability sampling. In a convenience sample, the researcher simply requests volunteers from a group of available people who meet the general requirements of the study” (p. 125). Furthermore, Haslam and McGarty (2003, p. 112) describes convenience sampling as “a sampling procedure where a sample is chosen from the people who are available to participate in research. Often, just about any person who can understand the instructions and complete the task is acceptable.” For this study, all qualified medical doctors who can refer to psychologists were welcome to fill out questionnaires.

Names of medical doctors and the names of their work places (hospitals and clinics) were intentionally not included in the questionnaire for confidentiality purposes. It is for this reason that names of medical doctors and their workplaces will not be mentioned in this study. Race and gender were important variables in the study, because part of what the study aims to determine is whether these two variables have any impact on the perceptions that medical doctors have of psychologists. A total of 63 participants took part in this study. One questionnaire was completed by a person without an appropriate medical qualification. At the end only 62 questionnaires were used for the study.

3.3. 2 MEDICAL DOCTORS IN THE PUBLIC SECTOR

Five public hospitals were approached through their medical managers. Four of them cooperated and one did not. The arrangement was that medical managers would speak to their medical officers and then inform the researcher about the following scheduled doctors' meeting. The researcher was expected to come in and distribute and collect questionnaires after the meeting. However, this arrangement was followed only in one hospital. In the other three hospitals, this arrangement did not stand because of the medical doctors' schedule. However, medical managers made arrangements to get the questionnaires distributed and collected, either by themselves or by their secretaries. A total of one hundred and sixty (160) questionnaires were distributed. Forty-eight (48) were returned. This is a return rate of 30%.

3.3 3 MEDICAL DOCTORS IN THE PRIVATE SECTOR

With regard to the private sector, three private clinics/hospitals were approached but the feedback was that it was doctors themselves who should give consent and in almost all clinics it was difficult to get an appointment to speak to a doctor. However, the situation with private medical doctors in their consulting rooms was different. The arrangement was that questionnaires were left with the receptionist and after one month the researcher would collect the questionnaires. Forty questionnaires in total were collected from doctors' consulting rooms. Despite a month timeframe given to the receptionist, only 15 questionnaires were collected. Other doctors had not filled them out, and the researcher gave an extension of two weeks but to no avail. It needs to be mentioned that most medical doctors are working in the public sector and also in the private sector therefore it resulted in 44 respondents who had private sector experience.

3.4 . INSTRUMENTS

Questionnaires were used as data gathering instruments. The questionnaire was developed by the researcher guided by the aims of the study. This process proved to have its own limitations which will be discussed in chapter 5, but was also considered to be an important learning

experience for the researcher. The researcher consulted Wild's (2003) and Voigt's (2002) questionnaire but did not use it because the aims were not similar. Dyer (1995) explained that "at its simplest a questionnaire is no more than a list of questions to which answers are being sought (p. 112). Furthermore, Dyer (1995) argued that "the questionnaire is the basic research tool in the social sciences which is capable of being tailored to the demands of almost any research topic" (p. 112). Questionnaires were thus used in this study to explore participants' perceptions towards psychologists. Each questionnaire had a consent form attached to it, so that participants were able to read and fill in questionnaires on their own, with the full understanding of what the study was about. It was a standard questionnaire. It consisted two main sections; described below, (see Appendix B).

Section 1

This section contains demographic information on participants. It consists of variables such as gender, highest qualifications obtained, year qualification was obtained, area of specialization if any, total number of years practicing in the public and / or private sector. The last item was race group.

Section 2

This section was comprised of forced-choice responses; yes and no. Section 2 was segmented according to different categories namely, A: knowledge of psychology profession, B: participants' experiences in dealing with psychologists, C: referrals to psychologists, D: kinds of problems referred to psychologists.

3.5 RELIABILITY AND VALIDITY

According to Goodwin (2002) "reliability is important because it enables one to have some confidence that the measure taken is close to the true measure. Validity is important because it tells you if the measure actually measures what you hope it does. Note that validity assumes reliability, but the converse is not true. Measures can be reliable but not valid, valid measures

must be reliable, however.” (p. 115). Haslam and McGarty (2004) explained that “reliability relates to our confidence that a given empirical finding can be reproduced again and again and is not just a freak or chance occurrence.” In an effort to determine reliability of this scale a Cronbach’s alpha was conducted. A Cronbach’s alpha of 0.5040 was obtained for this questionnaire, suggesting that the reliability needs to be viewed with some caution. It needs to be mentioned that there was no pilot study conducted as a means to establish validity and reliability as a result of limited funding. “Cronbach’s alpha is probably the most commonly used statistic for estimating a test’s reliability. It depends largely on how people vary on individual items. If they tend to vary a lot on the individual items relative to how much they vary overall on the test, then the test is assessed as unreliable and a low value for alpha is achieved” (Coolican, 2004, p. 189).

3.6 DATA ANALYSIS

In analyzing data, an independent research psychologist assisted. Because it was a yes and no questionnaire, a chi-square test was adopted. Tredoux and Smith (2006) describe the chi-square test as “an important test of the distribution of frequencies, known generically as the chi-square test, since it is widely used, and because it underlies many multivariate forms of categorical or nominal data analysis” (p. 232). Coolican (2004, p. 397) explains that “chi-square is the test to use when we are looking for an association, ... and where the variables concerned are categorical.” Statistical analysis employed the use of a chi-square test in order to determine significant association between participants’ gender and their race groups. Chi-square analysis was performed at 0.05 percent level of significant association.

3.7 ETHICAL CONSIDERATIONS

Whenever research is conducted, ethical issues need to be taken into account. The following ethical factors were considered. In social science research, it is expected of the researcher to protect participants from any harm that might arise as a result of the study. If that is not the case, the participant must be made aware of the risks involved in the study. The following philosophical principles pertaining to research ethics (Wassenaar, 2006) were adhered to.

- In order to honour autonomy and respect for the dignity of persons, each questionnaire (see Appendix B) had an informed consent page (see Appendix A) in front, addressed to the research participant. There was neither name nor institution name required. This was done to protect the identity of participants and their workplaces.
- In order to ensure nonmaleficence, it was explained that risks to participants were not foreseen in this study.
- With regard to beneficence, the aims of the study were explained. There was no direct benefit for participants, however the findings could be made available to them if required.
- It also described the structure of the questionnaire, and the importance of confidentiality.
- It allowed participants a choice to withdraw whenever they wanted to.
- It was also stated that by completing the questionnaire, participants would have given their consent.
- Finally, contact details of the researcher and supervisor were given to participants.
- The study was ethically approved by the faculty's research ethics committee.

CHAPTER FOUR

4. RESULTS

This chapter presents the results of the data analysis as outlined in chapter three. Chapter five will provide a discussion of these results and implications for future research.

4.1 DESCRIPTIVE STATISTICS

Two hundred questionnaires were distributed. Sixty-two questionnaires were returned, which is a response rate of 32%. There were 34 (55%) males and 28 (45%) females who took part in this study, as can be seen in Figure 1.

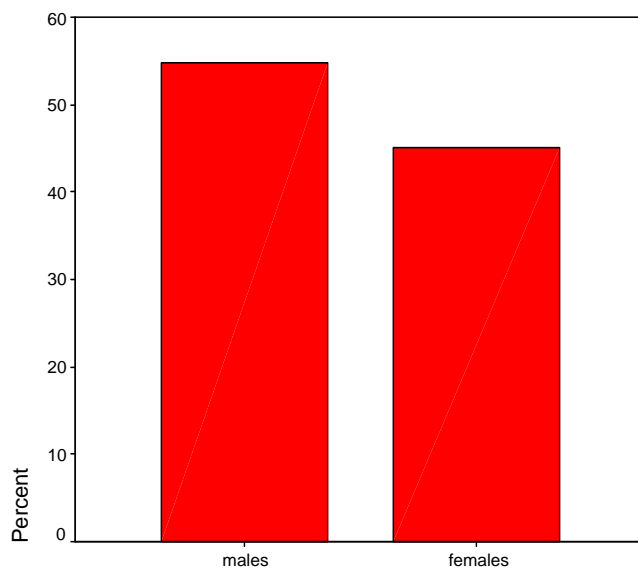


Figure1. Gender of participants

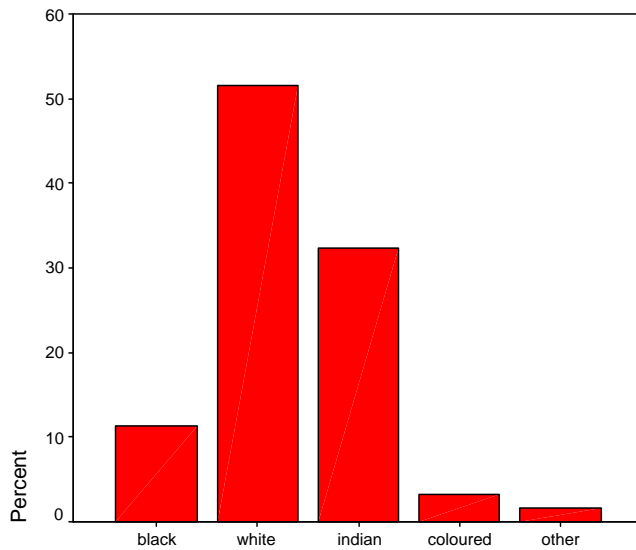


Figure 2. Race of participants.

Figure 2 indicates that 32 Whites, 20 Indians, 7 Blacks, 2 Coloureds and 1 Chinese participated in the study. From these totals, it is clear that Whites and Indians were over-represented whilst Blacks and Coloureds were under-represented.

Various sections of the questionnaire are reported on below. Different sections examined different variables. Section A focused on the participants' knowledge about the psychology profession, Section B focused on participants' experience in working with psychologists, Section C looked at referrals to psychologists, and lastly Section D scrutinized the kinds of problems that participants refer to psychologists (see Appendix B). Gender and race were examined as sources of variance for each question. It needs to be mentioned that the measures of association must be viewed with caution due to unequal data distribution.

4.1.1 SECTION 2A. KNOWLEDGE OF THE PSYCHOLOGY PROFESSION

1. Psychologists must be registered with the Health Professions Council of South Africa.

Table A1 (i)

HPCSA Registration

HPCSA Registration	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	60	96.8	96.8	96.8
No	2	3.2	3.2	100.0
N	62	100.0	100.0	

A total of 60 (96.8%) participants were aware of psychologists' registration with the HPCSA. Two participants (3.2%) were not aware. It needs to be mentioned that medical doctors, like psychologists, register with this council. This might be the reason that the majority of medical doctors knew about the HPCSA registration requirement.

Table A1 (ii)

Responses according to gender on HPCSA Registration.

HPCSA Registration	Yes	No	n
GENDER males	33	1	34
females	27	1	28
N	60	2	62

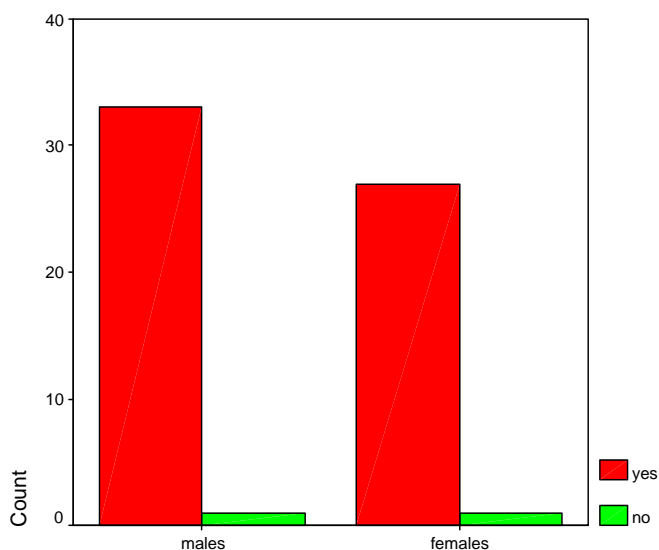


Figure A1 (i): HPCSA registration in terms of gender

Table A1 (i) and Figure A1 depict responses according to gender in as far as registration with the HPCSA is concerned. A total of 33 (97%) males were aware that psychologists had to be registered with the HPCSA, However 1 (3%) male was not aware. With regard to females, 27 (96%) knew about HPCSA registration for psychologists, only 1 (3.5%) female did not know.

A chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "Psychologists must be registered with the Health Professions Council of South Africa." ($\chi^2 = .020$, $df = 1$, $p = .703$)

Table A1(iii)

Responses according to race on HPCSA Registration.

HPCSA Registration		Yes	No	n
RACE	Black	7	0	7
	White	31	1	32
	Indian	19	1	20
	Coloured	2	0	2
	Chinese	1	0	1
	N	60	2	62

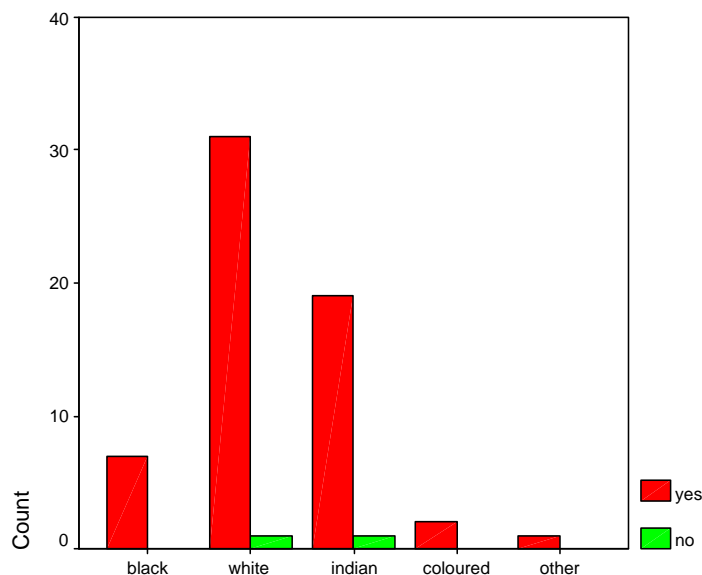


Figure A1 (ii): HPCSA registration in terms of race

Thirty-one (96%) White participants, 19 (95%) Indian participants, 7 (100%) Black participants, 2 (100%) Coloureds and 1 (100%) Chinese were aware of the HPCSA registration requirement for psychologists. Only 1 (3%) White participant and 1 (5%) Indian participant did not know.

A chi-square test indicated that there was no significant association between medical doctors' racial groups and their responses to the question on HPCSA registration. ($\chi^2 = .536$, $df = 4$, $p = .970$).

2. Psychologists have an ethical code that they have to abide by.

Table A2 (i)

Ethical code responses according to gender and race groups.

Ethical code	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	61	98.4	98.4	98.4
No	1	1.6	1.6	100.0
N	62	100.0	100.0	

A total of 61 (98.4%) participants were aware that psychologists have an ethical code that they should abide by. Only 1 (1.6%) participant was not aware. This implies that the majority of the participants were aware that psychologists have a code of ethics that they should abide by. This possibly creates common understanding between these health care professionals in as far as ethical accountability is concerned.

Table A2 (ii)

Ethical code responses according to gender.

Ethical code	Yes	No	n
GENDER Males	34	0	34
Females	27	1	28
N	61	1	62

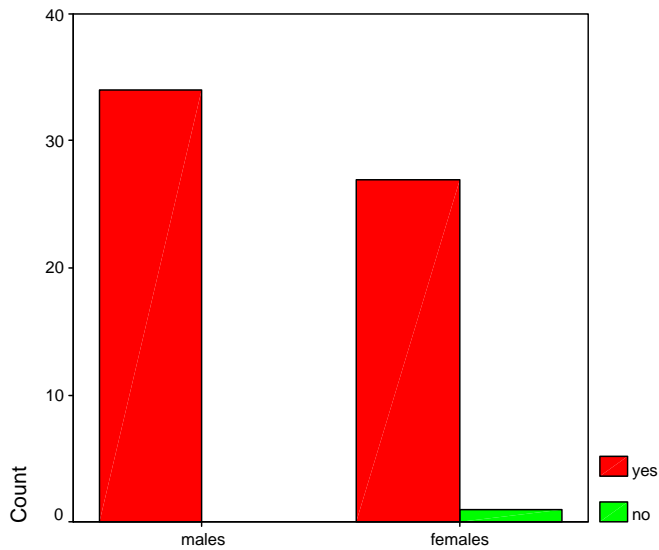


Figure A2 (i): Ethical code responses according to gender.

All 34 male (100%) participants were aware that psychologists have an ethical code that they should abide by. With regard to female participants, 27 out of 28 (96%) were aware of the ethical code. One (4%) female participant was not.

The chi-square test indicated that there was no significant association between the medical doctors' gender and their responses to the question "Psychologists have an ethical code that they have to abide by." ($\chi^2 = 1.234$, $df=1$, $p=452$).

Table A2 (iii)

Ethical code responses according to race groups.

Ethical code		Yes	No	n
RACE	Black	6	1	7
	White	32	0	32
	Indian	20	0	20
	Coloured	2	0	2
	Chinese	1	0	1
	N	61	1	62

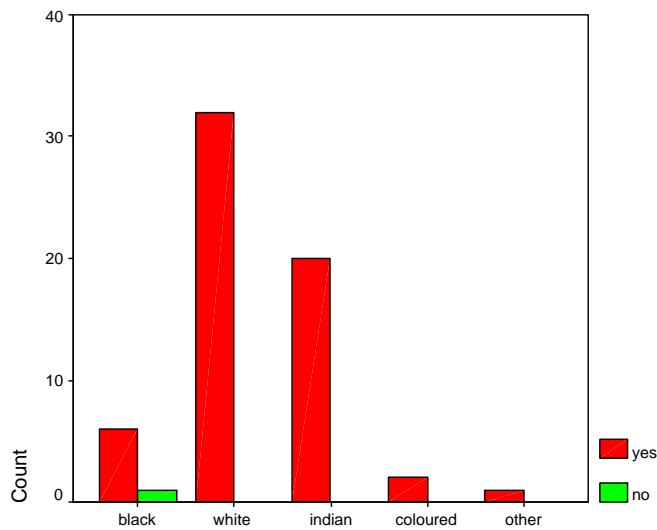


Figure A2 (ii): Ethical code responses according to race groups.

All 32 (100%) White participants, all 20 (100%) Indian participants, both (100%) Coloured participants and the Chinese participant were aware of the ethical code that psychologists have to abide by. Six (85.7%) Black participants were also aware of the ethical code. Only 1 (14.2%) Black participant was not aware that psychologists have an ethical code.

The chi-square test indicated that there was no significant association between medical doctors' racial groups and their responses to the question "psychologists have an ethical code that they have to abide by" ($\chi^2 = 7.986$, $df = 4$, $p = .092$)

3. In order to be a psychologist, one should have a minimum qualification of a Masters' degree.

Table A3 (i)

Responses on psychologists' qualification according to gender and race groups

MASTERS DEGREE		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	59.7	59.7	59.7
	No	25	40.3	40.3	100.0
N		62	100.0	100.0	

A total of 37 (59.7%) respondents indicated that they were aware of the minimum qualification (Masters' degree) required for psychologists. However, the other 25 (40.3%) respondents did not know about the qualification required for psychologists. Medical doctors spend almost the same number of years as psychologists in training.

Table A3 (ii)

Psychologists' qualification responses according to gender.

MASTERS' DEGREE		Yes	No	n
GENDER	Males	22	12	34
	females	15	13	28
	N	37	25	62

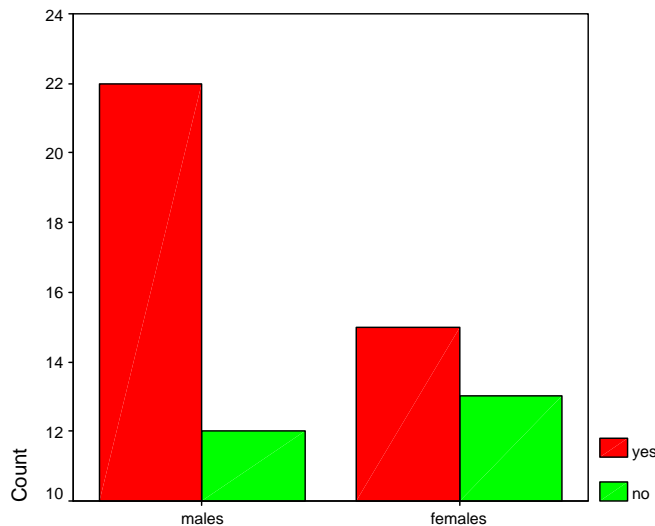


Figure A3 (i): Responses on psychologists' qualification according to gender.

A total of 22 (64%) male participants and 15 (53%) female participants knew that in order to be a psychologist, one should at least have a minimum qualification of a Masters' degree. On the other hand, almost an equal number of males 12 (35%) and females 13 (46%) did not know the minimum qualification required in order to practice as a psychologist.

The chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "In order to be a psychologist, one should have a minimum qualification of a masters' degree" ($\chi^2 = .791$, $df = 1$, $p = .264$).

Table A3 (iii)

Psychologists' qualification according to race groups

Masters' degree		Yes	No	n
RACE	Black	3	4	7
	White	24	8	32
	Indian	8	12	20
	Coloured	2	0	2
	Chinese	0	1	1
	N	37	25	62

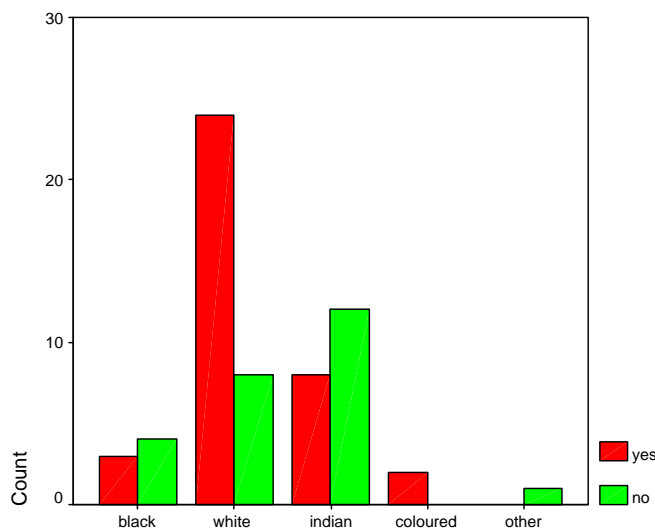


Figure A3 (ii): Psychologists' qualification responses according to race groups.

A total of 24 (75%) White respondents, 8 (66%) Indian respondents, 3 (43%) Black respondents, and 2 (100%) Coloured respondents were aware of the minimum qualification required for psychologists (Masters' degree). On the other hand, 8 (25%) White respondents, 12 (60%) Indian respondents, 4 (57%) Black respondents were not aware of the minimum qualification required for psychologists.

The chi-square test indicated that there was a significant association between races of medical doctors and their responses to the question regarding psychologists' qualification. ($\chi^2 = 9.995$, $df = 4$, $p = .041$). Indian respondents seemed significantly less aware of the minimum qualification for psychologists.

4. Psychologists are not obliged to keep confidentiality of patients' information.

Table A4 (i)

Responses according to gender and race groups on confidentiality

CONFIDENTIALITY		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	6.5	6.6	6.6
	No	57	91.9	93.4	100.0
	n	61	98.4	100.0	
Missing		1	1.6		
	N	62	100.0		

Table A4 (i) indicates that 57 (93.4%) respondents disagreed with the statement that psychologists are not obliged to keep confidentiality, however, the other 4 (6.6%) agreed with the statement. One response was missing.

Table A4 (ii)

Responses according to gender on confidentiality

CONFIDENTIALITY		Yes	No	n
GENDER	males	2	32	34
	Females	2	25	27
	N	4	57	61

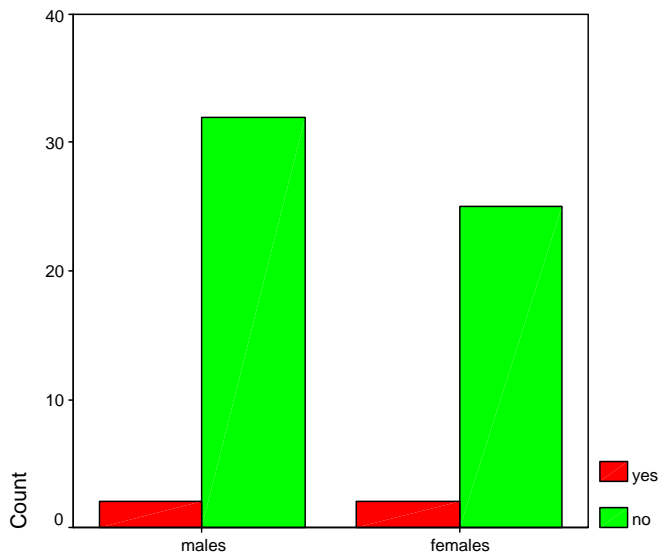


Figure A4 (i): Responses according to gender on confidentiality.

Thirty-two (94%) males and 25 (93%) females knew that psychologists are supposed to keep confidentiality of patients. Only 2 (6%) males and 2 (7%) females were not aware of the patients' confidentiality that psychologists have to keep.

There was no significant association between medical doctors' gender and their responses to the question: "Psychologists are not obliged to keep confidentiality of patients' information." ($\chi^2 = .057$, $df = 1$, $p = .602$)

Table A4 (iii)

Responses according to race groups on confidentiality

CONFIDENTIALITY		Yes	No	n
RACE	Black	1	5	6
	White	0	32	32
	Indian	3	17	20
	Coloured	0	2	2
	Chinese	0	1	1
	N	4	57	61

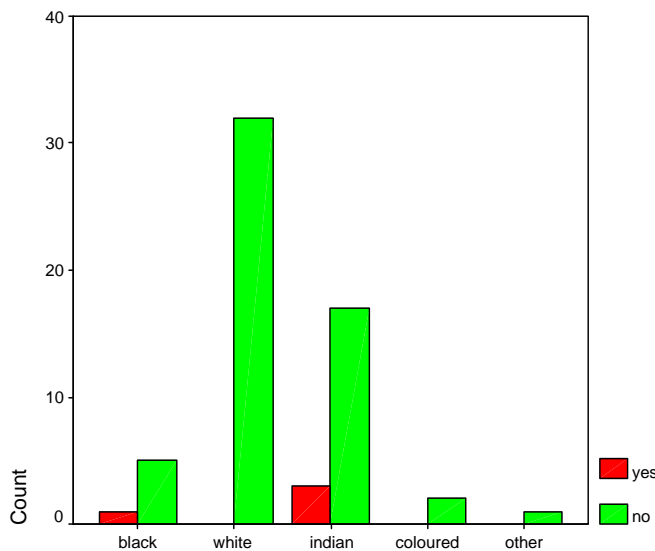


Figure A4 (ii): Responses according to race groups on confidentiality

All 32 (100%) White respondents, 17 (85%) Indian respondents, 5 (83%) Black respondents, 2 (100%) Coloured respondents and 1 (100%) Chinese respondent disagreed with the statement

that psychologists are not obliged to keep confidentiality. Only 3 (15%) Indian respondents and 1 (16%) Black respondent agreed with the statement.

A chi-square test indicated that there was no significant association between medical doctors' race groups and their responses towards the question "Psychologists are not obliged to keep confidentiality of patients' information." ($\chi^2 = 5.783$, $df = 4$, $p = .216$).

4.1.2 SECTION 2B. PARTICIPANTS' EXPERIENCE IN WORKING WITH PSYCHOLOGISTS.

1. Psychologists are not important in the well-being of my patients.

Table B1(i)

Responses according to gender and race groups on psychologists' unimportance in the well-being of medical doctors' patients.

Psychologists not important	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	8.1	8.2	8.2
No	56	90.3	91.8	100.0
Total	61	98.4	100.0	
Missing	1	1.6		
N	62	100.0		

Table B1(i) indicates that 56 (91.8%) participants disagreed with the statement that psychologists are not important in the well-being of their patients, whilst 5 (8.2%) respondents supported this statement. This implies that most participants viewed psychologists as an important part of their patients' well-being. This seems to suggest that most medical doctors (91.8%) value the role that psychologists play in the well-being of their patients. One participant did not complete this question.

Table B1 (ii)

Responses according to gender on psychologists' unimportance in the well-being of medical doctors' patients.

Psychologist not important	Yes	No	n
GENDER Males	5	29	34
Females	0	27	27
N	5	56	61

Table B1 (ii) indicates that all 27 (100%) female participants and 29 (85%) male participants disagreed with the statement that psychologists are not important in the well-being of their patients. This indicates that all female participants (100%) appreciated the value of psychologists in their patients' well-being. Only 5 (15%) male participants supported this statement.

A chi-square test indicated that there was a significant association between medical doctors' gender and their responses to the question "Psychologists are not important in the well-being of my patients." ($\chi^2 = 4.325$, $df = 1$, $p = .047$). Significantly more female participants perceived the role of psychologists as important in the well-being of their patients.

Table B1(iii)

Responses according to race groups on psychologists' unimportance in the well-being of medical doctors' patients.

Psychologist not important		Yes	No	n
RACE	Black	0	6	6
	White	4	28	32
	Indian	1	19	20
	Coloured	0	2	2
	Chinese	0	1	1
N		5	56	61

As can be seen in Table B1 (iii), there were 28 (88%) white participants, 19 (95%) Indian participants, six (100%) Black participants, all 2 (100%) Coloured participants and a Chinese participant who disagreed with the statement that psychologists are not important in the well-being of their patients. Only 4 (12.5%) white participants and 1 (5%) Indian participant supported this statement.

A chi-square test indicated that there was no significant association between medical doctors' race and their responses to the question. "Psychologists are not important in the well-being of my patients." ($\chi^2 = 1.863$, $df = 1$, $p = .761$)

2. Psychological well-being of patients is not important.

Table B2 (i)

Responses according to gender and race groups on the unimportance of psychological well-being of participants' patients.

Psychological Well-Being	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	61	98.4	100.0	100.0
Missing	1	1.6		
N	62	100.0		

Table B2 (i) indicates that the overall responses in terms of race and gender indicated that respondents did not agree with the statement that psychological well-being of their patients is not important. This therefore implies that respondents considered psychological well-being of their patients as important, which could imply that they generally consider bio-psycho-social factors when dealing with their patients. Furthermore, even those respondents who, in the previous question, did not view psychologists as important contributors to their patients' well-being, however, appreciated the importance of psychological well-being in their patients. One participant did not complete this question.

Table B2 (ii)

Responses according to gender on the unimportance of psychological well-being of participants' patients.

Psychological Well-being	No	n
GENDER Males	34	34
Females	27	27
N	61	61

Table B2 (ii) suggests that all participants (both males and females) disagreed with the statement that psychological well-being of their patients is not important. This implies that all participants viewed psychological factors as an important factor in treating a patient.

Table B2 (iii)

Responses according to race groups on the unimportance of psychological well-being of participants' patients.

Psychological Well-being	No	n
RACE Black	6	6
White	32	32
Indian	20	20
Coloured	2	2
Chinese	1	1
N	61	61

As can be seen in Table B2 (iii), all race groups disagreed with the statement that psychological well-being of their patients is not important.

3. Most emotional problems are best treated with medication.

Table B3 (i)

Responses according to gender and race groups on the treatment of emotional problems

Emotional Problems	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	2	3.2	3.2	3.2
No	60	96.8	96.8	100.0
N	62	100.0	100.0	

Table B3 (i) indicates that a total of 60 (96.8%) participants disagreed that most emotional problems are best treated with medication. Only 2 (3.2%) participants agreed. This therefore suggests that most medical doctors do not see medication as the only treatment option for psychological problems.

Table B3 (ii)

Responses according to gender on the treatment of emotional problems

Emotional Problems	Yes	No	n
GENDER Males	2	32	34
Females	0	28	28
N	2	60	62

As can be seen in Table B3 (ii), all female participants 28 (100%) and 32 (94%) males disagreed with the statement that most emotional problems are best treated with medication. However, 2 (6%) male participants supported this statement.

The chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "Most emotional problems are best treated with medication." ($\chi^2 = 1.702$, $df = 1$, $p = .297$).

Table B3 (iii)

Responses according to race on the treatment of emotional problems

Emotional Problems	Yes	No	n
RACE Black	0	7	7
White	2	30	32
Indian	0	20	20
Coloured	0	2	2
Chinese	0	1	1
N	2	60	62

As can be seen in Table B3 (iii), there were 60 (98%) participants with different racial backgrounds who disagreed with this statement that most emotional problems are best treated with medication. Only 2 (6%) white participants supported this statement.

The chi-square test indicated that there was no significant association between race groups of medical doctors and their responses to the question "Most emotional problems are best treated with medication." ($\chi^2 = 1.937$, $df = 4$, $p = .747$)

4. Psychologists only work with mentally ill patients.

Table B4 (i)

Responses according to gender and race on psychologists working only with mentally ill patients

Mentally Ill Patients	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	62	100.0	100.0	100.0

As can be seen in Table B4 (i), the overall responses indicated that all 62 (100%) participants disagreed with the statement that psychologists only work with mentally ill patients.

Table B4 (ii)

Responses according to gender on psychologists working only with mentally ill patients

Mentally Ill Patients		No	n
GENDER	males	34	34
	females	28	28
N		62	62

Table B4 (ii) indicates that all participants (males and females) did not agree with the statement that psychologists only work with mentally ill patients.

Table B4 (iii)

Responses according to race on psychologists working only with mentally ill patients

Mentally Ill Patients		No	n
RACE	Black	7	7
	White	32	32
	Indian	20	20
	Coloured	2	2
	Chinese	1	1
	N	62	62

Table B4 (iii) indicates that all participants regardless of their race groups did not agree that psychologists only work with mentally ill patients.

5. Psychologists do not provide me with any valuable feedback.

Table B5 (i)

Responses according to gender and race groups on psychologists not providing medical doctors with valuable feedback.

No Feedback		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	22.6	23.0	23.0
	no	47	75.8	77.0	100.0
	Total	61	98.4	100.0	
Missing		1	1.6		
N		62	100.0		

Table B5 (i) indicates that a total of 47 (77%) participants disagreed with the statement that psychologists do not provide them with valuable feedback, whilst 14 (23%) respondents agreed. This therefore implies that most respondents get valuable feedback from psychologists, when they refer their patients. There was one participant who did not complete this question.

Table B5 (ii)

Responses according to gender on psychologists not providing medical doctors with valuable feedback.

No Feedback		Yes	No	n
GENDER	males	9	25	34
	females	5	22	27
	N	14	47	61

As can be seen in Table B5 (ii), there were more males 25 (73.5%) than females 22 (81%) who did not agree with the statement that psychologists do not provide them with valuable feedback. On the other hand, 9 (26%) males and 5 (22.7%) females agreed with this statement.

The chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "Psychologists do not provide me with any valuable feedback." ($\chi^2 = .538$, $df = 1$, $p = .337$).

Table B5 (iii)

Responses according to race groups on psychologists not providing medical doctors with valuable feedback.

No Feedback		Yes	No	n
RACE	Black	1	5	6
	White	7	25	32
	Indian	6	14	20
	Coloured	0	2	2
	Chinese	0	1	1
	N	14	47	61

Table B5 (iii) indicates that there were 25 (78%) White participants, 14 (70%) Indian participants, 5 (83%) Black participants, 2 (100%) Coloured and 1 (100%) Chinese who disagreed with this statement that psychologists do not provide medical doctors with valuable feedback. Only 7 (22%) White participants, 6 (30%) Indian participants and 1 (16.6%) Black participant supported this statement. One response was missing.

The chi-square test indicated that there was no significant association between medical doctors' races and whether psychologists give sufficient feedback or not. ($\chi^2 = 1.611$, $df = 4$, $p = .807$)

6. Psychologists are expensive for my patients.

Table B6 (i)

Responses according to gender and race on psychologists being expensive for participants' patients.

Expensive	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	20	32.3	32.8	32.8
no	41	66.1	67.2	100.0
n	61	98.4	100.0	
Missing	1	1.6		
N	62	100.0		

As can be seen in Table B6 (i), an overall response indicates that 41 (67.2%) participants disagreed with the statement that psychologists were expensive for their patients, whilst 20 (32.8%) participants agreed. This implies that the majority of participants did not view psychologists as expensive for their patients. This seems to suggest that medical doctors do not find psychologists' consultation fees being a hinderance in their patients getting psychological help. One participant did not complete this question.

Table B6 (ii)

Responses according to gender on psychologists being expensive for participants' patients.

Expensive	Yes	No	n
GENDER males	15	18	33
females	5	23	28
N	20	41	61

More females 23 (82%) than males 18 (54.4%) indicated that psychologists were not expensive for their patients. However, 15 (45%) males and 5 (17.8%) females supported this view. This indicates concern over psychologists' consultation fees from mostly male participants.

The chi-square test indicated that there was a significant association between medical doctors' gender and their responses to the question "Psychologists are expensive for my patients." ($\chi^2 = 5.235$, $df = 1$, $p = .021$). Male respondents were significantly more likely to regard psychologists as expensive.

Table B6 (iii)

Responses according to race on psychologists being expensive for participants' patients.

Expensive	Yes	No	n
RACE Black	2	5	7
White	11	20	31
Indian	4	16	20
Coloured	2	0	2
Chinese	1	0	1
N	20	41	61

There were 20 (64.5%) white participants who did not seem to think that psychologists are expensive for their patients, but 11 (35.4%) thought so. Of the 20 Indian participants 16 (80%) of them did not view psychologists as expensive for their patients, however 4 (20%) Indian participants agreed. Of the 7 Black participants 5 (71.4%) of them did not believe that psychologists were expensive for their patients, whilst the other 2 (28.5%) agreed with the statement, so did Coloureds and Chinese participants.

The chi-square test indicated that there was no significant association between medical doctors' race groups and their responses to the question "Psychologists are expensive for my patients." ($\chi^2 = 7.793$, $df = 4$, $p = .099$)

7. Mostly white people want to consult psychologists.

Table B7 (i)

Responses according to gender and race on most white people being keen to consult psychologists

White People	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	23	37.1	37.1	37.1
no	39	62.9	62.9	100.0
N	62	100.0	100.0	

A total of 39 (62.9%) participants disagreed that mostly white people want to consult psychologists, whilst 23 (37.1%) participants agreed.

Table B7 (ii)

Responses according to gender on most white people being keen to consult psychologists

White People	Yes	No	n
GENDER Males	16	18	34
Females	7	21	28
N	23	39	62

There were 16 (47%) males and 7 (25%) females who supported the statement that mostly white people are keen to consult psychologists. On the other hand, more females 21 (75%) than males 18 (53%) disagreed that mostly white people want to consult psychologists.

The chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "Mostly white people want to consult psychologists" ($\chi^2 = 3.202$, $df = 1$, $p = .063$).

Table B7 (iii)

Responses according to race on most white people being keen to consult psychologists

White People	Yes	No	n
RACE Black	4	3	7
White	11	21	32
Indian	6	14	20
Coloured	1	1	2
Chinese	1	0	1
N	23	39	62

Of the 32 Whites who participated in this study, 21 (66%) disagreed that mostly White people want to consult psychologists whilst 11 (34%) agreed. Furthermore, 14 (70%) Indian participants did not agree that White people want to consult psychologists, whilst 6 (30%) did. Four (57%) Black participants, 1 (50%) Coloured and Chinese participants agreed that mostly white people want to consult psychologists, however, 3 (43%) Blacks and 1 (50%) Coloured did not agree.

The chi-square indicated that there was no significant association between medical doctors' race groups and their responses to the question "mostly White people want to consult psychologists." ($\chi^2 = 3.202$, $df = 1$, $p = .063$).

8. Black people seldom consult psychologists.

Table B8 (i)

Responses according to gender and race on black people seldom consulting psychologists

Black People	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	27	43.5	43.5	43.5
no	35	56.5	56.5	100.0
N	62	100.0	100.0	

Thirty five (56.5%) participants disagreed with the statement that Black people seldom consult psychologists however, 27 (43.5%) participants agreed with the statement.

Table B8 (ii)

Responses according to gender on black people seldom consulting psychologists

Black People	Yes	No	n
GENDER males	17	17	34
females	10	18	28
N	27	35	62

Seventeen (50%) males agreed that Black patients seldom consult psychologists. However, the other 17 (50%) did not agree. More female participants 18 (64.2%) disagreed with the statement but, 10 (35.7%) female participants agreed.

Chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "Black people seldom consult psychologists." ($\chi^2 = 1.275$, $df = 1$, $p = .192$)

Table B8 (iii)

Responses according to race on black people seldom consulting psychologists

Black People		Yes	No	n
RACE	Black	5	2	7
	White	12	20	32
	Indian	8	12	20
	Coloured	1	1	2
	Chinese	1	0	1
	N	27	35	62

There were 20 (62.5%) Whites, 12 (60%) Indian participants and 2 (28.5%) Black participants who disagreed with the statement that Black people seldom consult psychologists. However, 12 (37.5%) White participants, 8 (40%) Indian participants, 5 (71.4%) Black participants, 1 (50%) Coloured and 1 (100%) Chinese participant agreed with this statement.

The chi-square test indicated that there was no significant association between participants' racial groups and their responses to the question regarding Black patients. ($\chi^2 = 4.122$, $df = 4$, $p = .390$).

9. I do not view psychological interventions as important in my patients' lives.

Table B9 (i)

Responses according to gender and race groups on medical doctors' view about psychological intervention

Intervention		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	6.5	6.6	6.6
	No	57	91.9	93.4	100.0
	n	61	98.4	100.0	
Missing		1	1.6		
	N	62	100.0		

Table B9 (i) indicates that only 4 of 61 (6.6%) respondents indicated that psychological intervention is not important in their patients' lives. There were 57 (93.4%) respondents who disagreed with this statement. This statement suggests that medical doctors are aware of the importance of psychological intervention when dealing with patients who can benefit from it which is also consistent with B2 responses.

Table B9 (ii)

Responses according to gender on medical doctors' view about psychological intervention

Intervention	Yes	No	n
GENDER males	3	31	34
females	1	26	27
N	4	57	61

A total of 31 (91%) male participants disagreed with the statement that they do not view psychological intervention as important in their patients' lives, but 3 (7%) males agreed. Almost all female participants 26 (96%) did not agree with this statement, except for one (4%) female. One female participant did not complete the question.

The chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "I do not view psychological interventions as important in my patients' lives." ($\chi^2 = .644$, $df = 1$, $p = .398$)

Table B9 (iii)

Responses according to race on medical doctors' view about the importance of psychological intervention

Intervention	Yes	No	n
RACE Black	0	6	6
White	2	30	32
Indian	2	18	20
Coloured	0	2	2
Chinese	0	1	1
N	4	57	61

Thirty (93.7%) White respondents, 18 (94%) Indian participants, 6 (100%) Black participants, 2 (100%) Coloured and 1 (100%) Chinese disagreed with the statement that medical doctors

do not view psychological intervention as important in their patients' lives. There were 2 (6%) White and 2 (10%) Indian participants who supported this statement.

The chi-square test indicated that there was no significant association between participants' racial groups and their responses in the manner in which they view the importance of psychological interventions in their patients' lives. ($\chi^2 = 1.023$, $df = 4$, $p = .906$).

4.1.3 SECTION 2C: REFERRALS TO PSYCHOLOGISTS

1. I usually refer only mentally ill patients to psychologists.

Table C1 (i)

Responses according to gender and race on participants' referral of only mentally ill patients to psychologists

Refer Only Mentally Ill	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	10	16.1	16.1	16.1
No	52	83.9	83.9	100.0
N	62	100.0	100.0	

A total of 52 (83.9%) participants disagreed with the statement that they usually refer only mentally ill patients to psychologists, however the other 10 (16.1%) agreed. It seems that most medical doctors are aware that psychologists are valuable in treating a variety of problems other than formal mental illness.

Table C1 (ii)

Responses according to gender on participants' referral of only mentally ill patients to psychologists

Refer Only Mentally Ill	Yes	No	n
GENDER males	7	27	34
females	3	25	28
N	10	52	62

More males 27 (79.4%) than females 25 (89%) did not agree with the statement that they usually refer only mentally ill patients to psychologists. There were 7 (20.5%) males and 3 (10.7%) females who agreed with this statement.

The chi-square test indicated that there was no significant association between medical doctors' gender and participants' responses to the question "I usually refer only mental ill patients to psychologists." ($\chi^2 = 1.107$, $df = 1$, $p = .243$)

Table C1 (ii)

Responses according to race on participants' referral of only mentally ill patients to psychologists

Refer Only Mentally Ill		Yes	No	n
RACE	Black	1	6	7
	White	4	28	32
	Indian	4	16	20
	Coloured	1	1	2
	Chinese	0	1	1
	N	10	52	62

A total of 28 (82.3%) White participants, 16 (80%) Indian participants, 6 (85.7%) Black participants, 1 (50%) Coloured and 1 (100%) Chinese participant disagreed with the statement that they usually refer only mentally ill patients to psychologists. On the other hand, 4 White participants, 4 Indian participants, 1 (14%) Black participant and 1 (50%) Coloured participant agreed with this statement.

The chi-square test indicated that there was no significant association between participants' races and their responses to the question "I usually refer only mentally ill patients to psychologists." ($\chi^2 = 2.439$, $df = 4$, $p = .656$)

2. Since I have been in the government sector, I have not referred a patient to a psychologist.

Table C2 (i)

Responses according to gender and race on referral of patients to psychologists in the government sector

GOVT. SECTOR	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	10	16.1	16.4	16.4
No	51	82.3	83.6	100.0
n	61	98.4	100.0	
Missing	1	1.6		
N	62	100.0		

A total of 51 (83.6%) participants disagreed with the statement that since they have been in the government sector, they have not referred a patient to a psychologist. The other 10 participants (16.4%) agreed, which could suggest that they have not worked in the government sector. One participant did not respond to the question. This therefore indicates that most medical doctors who have had experience in the government sector have referred to psychologists, whenever necessary. One participant did not complete this question.

Table C2 (ii)

Responses according to gender on referral of patients to psychologists in the government sector

Govt. Sector	Yes	No	n
GENDER Males	7	27	34
females	3	24	27
N	10	51	61

Table C2 (ii) indicates that 7 (20.5%) males and 3 (11%) females agreed with the statement that they have not referred a patient to a psychologist. There were 27 (79.4%) male and 24 (89%) female participants who disagreed with this statement, which suggests that they have referred to psychologists. One of the female participants did not complete this question.

The chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "Since I have been in the government sector, I have not referred a patient to a psychologist." ($\chi^2 = .986$, $df = 1$, $p = .262$)

Table C2 (iii)

Responses according to race on referral of patients to psychologists in the government sector

Govt. Sector	Yes	No	n
RACE Black	1	5	6
White	6	26	32
Indian	3	17	20
Coloured	0	2	2
Chinese	0	1	1
N	10	51	61

Table C2 (iii) indicates that 51 (84%) participants from different races, disagreed that they have not referred a patient to a psychologist. A breakdown of those by race is 5 (83%) Black participants, 26 (81%) Whites, 17 (85%) Indians, 2 (100%) Coloureds, and 1 (100%) Chinese. The other 10 (16.3%) participants agreed with this statement, those are 6 (18.7%) White participants, 3 (15%) Indian participants, and 1 (16.6%) Black participant.

The chi-square test indicated that there was no significant association between participants' race and their responses to the question "Since I have been in the government sector, I have not referred a patient to a psychologist." ($\chi^2 = .747$, $df = 4$, $p = .945$)

3. Since I have been in private practice, I have not referred a patient to a psychologist.

Table C3 (i)

Responses according to gender and race on referral of patients to psychologists in the private sector

Private Practice	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	4	6.5	9.1	9.1
No	40	64.5	90.9	100.0
n	44	71.0	100.0	
Missing	18	29.0		
N	62	100.0		

A total of 40 (90.9%) respondents disagreed with the statement that since they have been in the private sector, they have not referred a patient to a psychologist. However, the other 4 (9.1%) participants agreed with this statement. The other 18 (29%) participants did not respond to this question which could be because they have not worked in the private sector yet. The majority of participants seem to suggest that even though they are in a private sector, they have referred patients to psychologists.

Table C3 (ii)

Responses according to gender on referral of patients to psychologists in the private sector

Private Practice		Yes	No	n
GENDER	Males	3	22	25
	females	1	18	19
	N	4	40	44

Table C3 (ii) indicates that 22 (88%) male participants and 18 (94.7%) female participants did not agree with the statement that they have not referred a patient to a psychologist since they have been in the private sector. There were 3 (12%) males and 1 (5%) female who supported this statement. This seems to suggest that both male and female participants refer to psychologists.

The chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "Since I have been in private practice, I have not referred a patient to a psychologist. ($\chi^2 = .593$, $df = 1$, $p = .415$)

Table C3 (iii)

Responses according to race on referral of patients to psychologists in the private sector

Private Practice		Yes	No	n
RACE	Black	0	2	2
	White	3	24	27
	Indian	1	13	14
	Coloured	0	1	1
	N	4	40	44

A total of 24 (89%) White participants, 13 (93%) Indians participants, 2 (100%) Black participants and 1 (100%) Coloured participant disagreed with the statement that they have not referred patients to a psychologist since they have been in the private sector. However, 3 (11%) White participants and 1 (7%) Indian participant agreed with the statement.

The chi-square test indicated that there was no significant association between races of medical doctors from the private sector and their referral rate to psychologists. ($\chi^2 = .498$, $df = 3$, $p = .919$)

4. Female patients are usually keen to consult psychologists, if advised so.

Table C4 (i)

Responses according to gender on female patients being keen to consult psychologists, if advised so.

Female Patients	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	49	79.0	81.7	81.7
No	11	17.7	18.3	100.0
n	60	96.8	100.0	
Missing	2	3.2		
N	62	100.0		

A total of 49 (81.7%) respondents agreed that female patients are usually keen to consult psychologists if advised to do so. This seems to suggest that participants find their female patients willing to take their advice on referrals to psychologists. There were two participants who did not complete this question.

Table C4 (ii)

Responses according to gender on female patients being keen to consult psychologists, if advised so.

Female Patients	Yes	No	n
GENDER Males	27	7	34
Females	22	4	26
N	49	11	60

This table indicates that 27 (79%) male participants and 22 (84.6%) female participants supported the statement that female participants are usually keen to consult psychologists if advised to do so and also agreed with the statement. Only 7 (20.5%) males and 4 (15.3%) females disagreed with this statement.

The chi-square test indicated that there was no significant association between medical doctors' gender and their response to the question "female patients are usually keen to consult psychologists, if advised so." ($\chi^2 = .266$, $df = 1$, $p = .433$)

Table C4 (iii)

Responses according to race on female patients being keen to consult psychologists, if advised so.

Female Patients		Yes	No	n
RACE	Black	6	0	6
	White	23	9	32
	Indian	17	2	19
	Coloured	2	0	2
	Chinese	1	0	1
	N	49	11	60

There were 23 (71.8%) White participants, 17 (89.4%) Indian participants, 2 (100%) Coloured participants and 1 Chinese participant who supported the statement that female patients are usually keen to consult psychologists if advised to. However, 9 (28%) White participants and 2 (10.5%) Indian participants disagreed.

The chi-square table indicated that there was no significant association between participants' race and their responses to the question "Female patients are usually keen to consult psychologists, if advised so". ($\chi^2 = 4.843$, $df = 4$, $p = .304$)

5. Male patients are usually keen to consult psychologists, if advised so.

Table C5 (i)

Responses according to gender and race on male patients being keen to consult psychologists, if advised so.

Male Patients		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	29.0	29.5	29.5
	No	43	69.4	70.5	100.0
	n	61	98.4	100.0	
Missing		1	1.6		
	N	62	100.0		

A total of 43 (70.5%) respondents did not agree that male patients are usually keen to consult psychologists if advised to do so. Only 18 (29.5%) respondents agreed with this statement. One respondent did not complete this question.

Table C5 (ii)

Responses according to gender on male patients being keen to consult psychologists, if advised so

Male Patients		Yes	no	n
GENDER	males	7	27	34
	females	11	16	27
N		18	43	61

Table C5 (ii) indicates that 27 (79%) male participants and 16 (59%) female participants disagreed with the statement that male patients are usually keen to consult psychologists if advised so. Only 11 (40.7%) female and 7 (20.5%) male participants disagreed with this statement. This implies that medical doctors find it difficult to refer their male patients to psychologists.

The chi-square test indicated that there was no significant association between participants' gender and their responses to the question "Male patients are usually keen to consult psychologists, if advised so." ($\chi^2 = 2.938$, $df = 1$, $p = .076$)

Table C5 (iii)

Responses according to race on male patients being keen to consult psychologists, if advised so.

Male Patients		Yes	No	n
RACE	Black	1	6	7
	White	9	23	32
	Indian	8	11	19
	Coloured	0	2	2
	Chinese	0	1	1
	N	18	43	61

A total of 23 (71.8%) white participants, 11 (57.8%) Indian participants, 6 (85.7%) Black participants, 2 (100%) Coloured participants and 1 (100%) Chinese participant disagreed with the statement that male patients are usually keen to consult psychologists if advised so. However, 9 (28%) white participants, 8 (42%) Indian participants, and 1 (14%) Black participant supported this statement.

The chi-square test indicated that there was no significant association between participants' race groups and their responses to the question "Male patients are usually keen to consult psychologists. ($\chi^2= 3.515$, $df = 4$, $p = .476$)

6. Many patients have reported their unwillingness to consult psychologists.

Table C6 (i)

Responses according to gender and race on patients' unwillingness to consult psychologists

Patients Unwillingness		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	23	37.1	37.1	37.1
	No	39	62.9	62.9	100.0
	N	62	100.0	100.0	

A total of 39 (62.9%) participants did not agree with the statement that many patients have reported their unwillingness to consult psychologists. However, the other 23 (37.1%)

participants indicated that many patients have reported their unwillingness to consult psychologists.

Table C6 (ii)

Responses according to gender on patients' unwillingness to consult psychologists

Patients Unwillingness		Yes	No	n
GENDER	Males	16	18	34
	Females	7	21	28
	N	23	39	62

More female (21, (75%) respondents than males (18, (52.9%) did not agree with the statement that many patients have reported their unwillingness to consult psychologists. However, 16 (47%) males and 7 (25%) females agreed.

The chi-square indicated that there was no significant association between participants' gender and their responses to the question "Many patients have reported their unwillingness to consult psychologists. ($\chi^2 = 3.202$, $df = 1$, $p = 0.63$)

Table C6 (ii)

Responses according to race on patients' unwillingness to consult psychologists

Patients Unwillingness		Yes	No	n
RACE	Black	1	6	7
	White	9	23	32
	Indian	11	9	20
	Coloured	1	1	2
	Chinese	1	0	1
	N	23	39	62

A total of 23 (72%) White males, 9 (28%) Indians, 1 (14%) Blacks and 1(50%) Coloured participant agreed with the statement that many patients have reported their unwillingness to consult psychologists. However, 23 (72%) White participants, 9 (45%) Indian participants, 6 (85.7%) Black participants and 1 (50%) Coloured participant disagreed.

The chi-square test indicated that there was no significant association between participants' race and their responses to the question "Many patients have reported their unwillingness to consult psychologists." ($\chi^2 = 7.250$, $df = 1$, $p = .1$)

7. The waiting list in psychologists' rooms discourages me from referring patients.

Table C7 (i)

Responses according to gender and race on psychologists' waiting list

Waiting List	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	10	16.1	16.1	16.1
No	52	83.9	83.9	100.0
N	62	100.0	100.0	

A total of 52 (83.9%) participants disagreed with the statement that they get discouraged from referring to psychologists because of the waiting list in psychologists' rooms. Only 10 (16.1%) participants supported that statement. This indicates that patients were perceived by medical doctors to receive help within a reasonable period from psychologists.

Table C7 (ii)

Responses according to gender on psychologists' waiting list

Waiting List	Yes	No	n
GENDER Males	5	29	34
Females	5	23	28
N	10	52	62

Table C7 (ii) indicates that more males (29, (85%)) than females (23, (82%)) disagreed with the statement that the waiting list in psychologists' rooms discourage participants from referring patients. Only 5 (14.7%) males and 5 (18%) females disagreed.

The chi square test indicated that there was no significant association between participants' gender and their responses to the question "The waiting list in psychologists' rooms discourages me from referring patients." ($\chi^2 = .113$, $df = 1$, $p = .501$)

Table C7 (iii)

Responses according to race on psychologists' waiting list

Waiting List		Yes	No	n
RACE	Black	1	6	7
	White	4	28	32
	Indian	5	15	20
	Coloured	0	2	2
	Chinese	0	1	1
	N	10	52	62

A total of 28 (87.5%) White participants, 15 (75%) Indian participants, 6 (86.7%) Black participants, 2 (100%) Coloured participants and 1 (100%) Chinese participant disagreed with the statement that the waiting list in psychologists' rooms discourages them from referring patients to psychologists. Only 10 (16%) participants agreed with this statement.

The chi-square test indicated that there was no significant association between participants' race groups and their responses to the question "The waiting list in psychologists' rooms discourages me from referring patients." ($\chi^2 = 2.070$, $df = 4$, $p = .723$)

4.1.4 SECTION 2D: KINDS OF PROBLEMS TO REFER TO PSYCHOLOGISTS

1. Psychologists deal effectively only with mentally ill patients.

Table D1 (i)

Responses according to gender and race groups on psychologists only dealing effectively with mentally ill patients

Mentally Ill Patients	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	4	6.5	6.6	6.6
No	57	91.9	93.4	100.0
n	61	98.4	100.0	
Missing	1	1.6		
N	62	100.0		

Table D1 (i) indicates that 57 (93.4%) respondents did not agree with the statement that psychologists deal effectively only with mentally ill patients, whilst the other 4 (6.6%) respondents agreed with the statement. The participants seemed consistent in their appreciation of psychologists' abilities, because they have responded positively in all questions pertaining to mental illness. One respondent did not complete this question.

Table D1 (ii)

Responses according to gender on psychologists only dealing effectively with mentally ill patients

Mentally Ill Patients	Yes	No	n
GENDER males	2	31	33
females	2	26	28
N	4	57	61

Table D1 (ii) indicates that more males (31, (94%) than females (26, (93%) did not support the statement that psychologists deal effectively only with mentally ill patients. Only 2 (7%) males and 2 (7%) females agreed. One male respondent did not complete this question.

The chi-square test indicated that there was no significant association between medical doctors' gender and their responses to the question "Psychologists deal effectively only with mentally ill patients." ($\chi^2 = .029$, $df = 1$, $p = .629$)

Table D1 (iii)

Responses according to race on psychologists only dealing effectively with mentally ill patients

Mentally Ill Patients	Yes	No	n
RACE Black	1	6	7
White	1	30	31
Indian	2	18	20
Coloured	0	2	2
Chinese	0	1	1
N	4	57	61

Table D1 (iii) indicates that most participants 57 (93.4%) did not support the statement that psychologists deal effectively only with mentally ill patients. The breakdown of races is, 30 (96.7%) White respondents, 18 (90%) Indians, 6 (85.7%) Blacks, 2 (100%) Coloureds and 1 (100%) Chinese. Only 2 (10%) Indian respondents, 1 (14.2%) Black and 1 (3.2%) White respondent supported the statement.

The chi-square test indicated that there was no significant association between participants' race groups and their responses to the question "Psychologists deal effectively only with mentally ill patients." ($\chi^2 = 1.841$, $df = 4$, $p = .765$)

2. Psychologists are efficient only in dealing with psychological assessment or diagnostic procedures.

Table D2 (i)

Responses according to gender and race on psychologists' efficiency only in dealing with psychological assessment or diagnostic procedures

Psychological Assessment	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	8.1	8.3	8.3
No	55	88.7	91.7	100.0
n	60	96.8	100.0	
Missing	2	3.2		
N	62	100.0		

A total of 55 (91.7%) respondents did not agree that psychologists are efficient only in dealing with psychological assessment or diagnostic procedures. They seemed aware that psychologists deal with a broader scope of responsibilities, not limited to psychological assessment. Only 5 (8.3%) respondents supported the statement. Two (3.2%) responses were missing.

Table D2 (ii)

Responses according to gender on psychologists' efficiency only in dealing with psychological assessment or diagnostic procedures

PSYCHOLOGICAL ASSESSMENT	Yes	No	n
GENDER males	3	30	33
females	2	25	27
N	5	55	60

Table D2 (ii) indicates that most participants, males 30 (91%) and females 25 (93%) did not agree with the statement that psychologists are only efficient in dealing with psychological assessment or diagnostic procedures. Only 3 (9%) males and 2 (7%) females supported this statement.

The chi-square test indicated that there was no significant association between participants' gender and their responses to the question "Psychologists are efficient only in dealing with psychological assessment and diagnostic procedures." ($\chi^2 = .055$, $df = 1$, $p = .596$)

Table D2 (iii)

Responses according to race on psychologists' efficiency only in dealing with psychological assessment or diagnostic procedures

Psychological Assessment	Yes	No	n
RACE Black	0	7	7
White	3	28	31
Indian	2	17	19
Coloured	0	2	2
Chinese	0	1	1
N	5	55	60

This table indicates that 55 (91.6%) participants with different racial backgrounds, did not agree that psychologists are only efficient in dealing with psychological assessment or diagnostic procedures. The total of 55 is made up of 28 (90%) Whites, 17 (89.4%) Indians, 7 (100%) Blacks, 2 (100%) Coloureds and 1 (100%) Chinese. However, 3 (9.6%) White and 2 (10.5%) Indian participants supported the statement.

The chi-square test indicated that there was no significant association between participants' race groups and their responses to the question "Psychologists are efficient only in dealing with psychological assessment or diagnostic procedures." ($\chi^2 = 1.102$, $df = 4$, $p = .894$)

3. Psychologists are efficient in treating chronically ill patients.

Table D3 (i)

Responses according to gender and race groups on psychologists' efficiency in treating chronically ill patients

Chronically Ill	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	46	74.2	79.3	79.3
No	12	19.4	20.7	100.0
n	58	93.5	100.0	
Missing	4	6.5		
N	62	100.0		

A total of 46 (79.3%) respondents agreed that psychologists are efficient in treating chronically ill patients, whilst the other 12 (20.7%) respondents disagreed. This statement suggests that most medical doctors recognize that psychologists can treat patients with chronic illnesses. Four responses were missing.

Table D3 (ii)

Responses according to gender on psychologists' efficiency in treating chronically ill patients

Chronically Ill	Yes	No	n
GENDER Males	25	8	33
Females	21	4	25
N	46	12	58

Table D3 (ii) indicates that 25 (75.7%) males and 21 (84%) females supported the statement that psychologists are efficient in treating chronically ill patients, whilst the other 8 (24%) males and 4 (16%) females disagreed with this statement.

The chi-square table indicated that there was no significant association between participants' gender and their responses to the question "psychologists are efficient in treating chronically ill patients." ($\chi^2 = .589$, $df = 1$, $p = .333$)

Table D3 (iii)

Responses according to race on psychologists' efficiency in treating chronically ill patients

Chronically Ill	Yes	No	n
RACE Black	4	0	4
White	23	8	31
Indian	16	4	20
Coloured	2	0	2
Chinese	1	0	1
N	46	12	58

Table D3 (iii) indicates that 23 (74%) White respondents, 16 (80%) Indians, 4 (100%) Blacks, 2 (100 %) Coloureds and 1 (50%) Chinese agreed that psychologists are efficient in treating chronically ill patients, meanwhile, 8 (25.8%) Whites and 4 (20%) Indians disagreed with the statement.

The chi-square table indicated that there was no significant association between participants' race groups and their responses to the question "Psychologists are efficient in treating chronically ill patients." ($\chi^2 = 2.327$, $df = 4$, $p = .676$).

4. I find psychologists efficient in dealing with HIV/AIDS cases.

Table D4 (i)

Responses according to gender and race on psychologists' efficiency in dealing with HIV/ AIDS cases

HIV/ AIDS	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	50	80.6	86.2	86.2
No	8	12.9	13.8	100.0
n	58	93.5	100.0	
Missing	4	6.5		
N	62	100.0		

A total of 50 (86.2%) participants reported that they find psychologists efficient in dealing with HIV/AIDS cases. The other 8 (13.8%) disagreed with this statement. The other 4

respondents did not fill out this question. This implies that medical doctors are aware that psychologists can play a role in dealing with HIV/AIDS cases.

Table D4 (ii)

Responses according to gender on psychologists' efficiency in dealing with HIV/ AIDS cases

HIV/ AIDS	Yes	No	n
GENDER Males	28	5	33
Females	22	3	25
N	50	8	58

Table D4 (ii) indicates that 28 (84.8%) males and 22 (88%) females agreed that psychologists are efficient in dealing with HIV/ AIDS, however, 5 (15%) males and 3 (12%) females did not agree. The other 4 respondents did not complete this question.

This table indicates that there was no significant association between participants' gender and their responses to the question "I find psychologists efficient in dealing with HIV/ AIDS cases." ($\chi^2 = .119$, $df = 1$, $p = .521$)

Table D4 (iii)

Responses according to race groups on psychologists' efficiency in dealing with HIV/ AIDS cases

HIV/ AIDS	Yes	No	n
RACE Black	5	0	5
White	26	4	30
Indian	16	4	20
Coloured	2	0	2
Chinese	1	0	1
N	50	8	58

Table D4 (ii) indicates that 26 (87%) White respondents, 16 (80%) Indians, 5 (100 %) Blacks, 2 (100%) Coloureds and 1 (100%) Chinese respondent agreed with the statement that psychologists are efficient in dealing with HIV/ AIDS. However, 4 (13%) White respondents and 4 (20%) Indian respondents did not agree with this statement.

There was no significant association between medical doctors' race groups and their responses to question "I find psychologists efficient in dealing with HIV/AIDS cases." ($\chi^2 = 1.933$, $df = 4$, $p = .748$)

5. I also refer patients who are about to undergo various operations.

Table D5 (i)

Responses according to gender and race on medical doctors' referral of patients who are about to undergo various operations

UNDERGOING OPERATIONS		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	21.0	21.7	21.7
	No	47	75.8	78.3	100.0
	n	60	96.8	100.0	
Missing		2	3.2		
	N	62	100.0		

Table D5 (i) indicates that 47 (78.3%) respondents did not refer patients who were about to undergo various operations, however 13 (21.7%) did. It is concerning that a large number of participants do not refer patients who are to undergo operations for psychological preparedness or readiness, particularly for major or lifestyle changing operations. Two responses were missing.

Table D5 (ii)

Responses according to gender on medical doctors' referral of patients who are about to undergo various operations

UNDERGOING OPERATIONS		yes	No	n
GENDER	males	7	26	33
	females	6	21	27
N		13	47	60

There were 26 (79%) males and 21 (78%) females who did not agree with the statement that they refer patients who are about to undergo various operations to psychologists. However, 7 (21%) males and 6 (22%) females agreed with this statement.

The chi-square test indicated that there was no significant association between participants' gender and their responses to the question "I also refer patients who are about to undergo various operations." ($\chi^2 = .009$, $df = 1$, $p = .585$)

Table D5 (iii)

Responses according to race on medical doctors' referral of patients who are about to undergo various operations

Undergoing Operations	Yes	No	n
RACE Black	1	5	6
White	6	25	31
Indian	5	15	20
Coloured	1	1	2
Chinese	0	1	1
N	13	47	60

There were 25 (80.6%) White respondents, 15 (75%) Indian respondents, 5 (83%) Black respondents, 1 (50%) Coloured, and 1 (100%) Chinese who disagreed with the statement that they refer patients who are about to undergo various operations to psychologists. Only 6 (19%) White respondents, 5 (25%) Indian respondents, 1 (16.6%) Black respondent, and 1 (50%) Coloured who supported this statement.

The chi-square test indicated that there was no significant association between participants' race groups and their responses to the question "I also refer patients who are about to undergo various operations." ($\chi^2 = 1.540$, $df = 4$, $p = .820$)

6. I usually refer patients who display psychological distress.

Table D6 (i)

Responses according to gender and race on medical doctors' referral of psychologically distressed patients

Psychological Distress	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	54	87.1	88.5	88.5
No	7	11.3	11.5	100.0
n	61	98.4	100.0	
Missing	1	1.6		
N	62	100.0		

A total of 54 (88.5%) respondents reported that they usually refer patients who displayed psychological distress to psychologists. This also indicates that participants are aware of the role that psychological factors play in their patients' lives. However, 7 (11.5%) respondents disagreed. One response was missing.

Table D6 (ii)

Responses according to gender on medical doctors' referral of psychologically distressed patients

Psychological Distress	Yes	No	n
GENDER males	28	5	33
females	26	2	28
N	54	7	61

Table D6 (ii) indicates that 28 (84.8%) males and 26 (93%) females agreed that they referred patients who display psychological distress. However, 5 (15%) males and 2 (7%) females disagreed. One participant did not complete this question. This suggests that both male and female participants refer patients who are psychologically distressed.

The chi-square test indicates that there was no significant association between medical doctors' gender and their responses to the question "I usually refer patients who display psychological distress." ($\chi^2 = .956$, $df = 1$, $p = .287$)

Table D6 (iii)

Responses according to race on medical doctors' referral of psychologically distressed patients

Psychological Distress		Yes	No	n
RACE	Black	6	1	7
	White	26	5	31
	Indian	19	1	20
	Coloured	2	0	2
	Chinese	1	0	1
	N	54	7	61

A total of 54 (88.5%) participants of different races agreed that they usually refer psychologically distressed patients to psychologists. Those were 26 (84%) Whites, 19 (95%) Indians, 6 (85.7%) Blacks, 2 (100%) Coloureds and 1 (100%) Chinese. The other 7 (11%) disagreed with this statement, those were 5 (16%) Whites, 1(3.2%) Indian and 1 (14.2%) Black.

The chi-square test indicates that there was no significant association between participants' race groups and their responses to the question "I usually refer patients who display psychological distress." ($\chi^2 = 1.930$, $df = 4$, $p = .749$)

7. I refer behavioural problems in children to psychologists.

Table D7 (i)

Responses according to gender and race on medical doctors' referral of behavioural problems in children.

Behavioral Problems in Children		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	85.5	89.8	89.8
	No	6	9.7	10.2	100.0
	n	59	95.2	100.0	
Missing		3	4.8		
N		62	100.0		

A total of 53 (89.8%) respondents reported that they referred children with behavioural problems to psychologists. Only 6 (10.2%) respondents disagreed. This implies that most

participants are able to appreciate the value of psychologists in working with behavioural problems in children. Three responses were missing.

Table D7 (ii)

Responses according to gender on medical doctors' referral of behavioural problems in children.

Behavioral Problems in Children		Yes	No	n
GENDER	Males	27	6	33
	Females	26	0	26
	N	53	6	59

Twenty-six (100%) female participants and 27 (82%) male participants agreed that they referred children with behavioural problems to psychologists. Only 6 (18%) respondents disagreed. The other 3 respondents did not complete this question.

The chi-square table indicated that there was a significant association between participants' gender and their responses to the question "I refer behavioural problems in children to psychologists." ($\chi^2 = 5.262$, $df = 1$, $p = .025$). With more female doctors inclined to refer children with behavioural problems to psychologists.

Table D7 (iii)

Responses according to race on medical doctors' referral of behavioural problems in children.

Behavioral Problems In Children		Yes	No	n
RACE	Black	6	0	6
	White	24	6	30
	Indian	20	0	20
	Coloured	2	0	2
	Chinese	1	0	1
	N	53	6	59

Table D7 (iii) indicates that 53 (90%) participants supported the statement that they referred children with behavioural problems to psychologists, comprised of 24 (80%) Whites, 20 (100%) Indians, 6 (100%) Blacks, 2 (100%) Coloureds and 1 (100 %) Chinese. However, 6 (20%) White participants did not agree.

The chi-square test indicated that there was no significant association between medical doctors' race groups and their responses to the question "I refer behavioural problems in children to psychologists." ($\chi^2 = 6.457$, $df = 4$, $p = .168$)

8. I refer relationship problems to psychologists.

Table D8 (i)

Responses according to gender and race on medical doctors' referral of behavioural problems.

Relationship problems	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	49	79.0	83.1	83.1
no	10	16.1	16.9	100.0
n	59	95.2	100.0	
Missing	3	4.8		
N	62	100.0		

A total of 49 (83.1%) participants referred relationship problems to psychologists. This is consistent with the results of B3. Most participants seemed aware that relationship problems are dealt with by psychologists. The other 10 (16.9%) respondents did not agree with this statement. The other 3 responses were missing.

Table D8 (ii)

Responses according to gender on medical doctors' referral of relationship problems.

Relationship Problems	Yes	No	n
GENDER Males	26	7	33
Females	23	3	26
N	49	10	59

Table D8 (ii) indicates that 26 (79%) males and 23 (88.4%) female participants agreed that they referred relationship problems to psychologists. The other 7 (21%) males and 3 (11.5%) females did not agree.

The chi-square table indicated that there was no significant association between participants' gender and their responses to the question "I refer relationship problems to psychologists." ($\chi^2 = .967$, $df = 1$, $p = .266$)

Table D8 (iii)

Responses according to race on medical doctors' referral of behavioural problems.

Behavioral Problems In Children		Yes	No	n
RACE	Black	6	0	6
	White	22	9	31
	Indian	18	1	19
	Coloured	2	0	2
	Chinese	1	0	1
	N	49	10	59

Table D8 (iii) indicates that 22 (71%) White participants, 18 (95%) Indians, 6 (100%) Blacks, 2 (100%) Coloureds and 1(100%) Chinese reported that they referred patients with relationship problems to psychologists. However, the other 9 (29%) White participants and 1 (5%) Indian did not support this statement.

The chi-square test indicated that there was no significant association between medical doctors' races and their responses to the question "I refer relationship problems to psychologists." ($\chi^2 = 6.895$, $df = 4$, $p = .142$)

4.1.5 SUMMARY OF FINDINGS

This section will provide a summary of the results as outlined above. There are four sub-sections in the questionnaire, each sub-section will be discussed starting with significant findings. It needs to be mentioned that since this study is exploratory and no previous research could be found, some difficulty was encountered in relating the findings to the literature.

4.2 SECTION 2A: MEDICAL DOCTOR'S KNOWLEDGE OF THE PSYCHOLOGY PROFESSION

4.2.1 SIGNIFICANT FINDINGS

As indicated in table A(iii) and figure A3(ii), the chi-square test indicated that there was a significant association between races of medical doctors and their responses to question A3 “In order to be a psychologist, one should have a minimum qualification of a masters’ degree.” It seemed that most Indian respondents (60%) seemed significantly less aware of the minimum qualification for psychologists. Human, (2006) explained the manner in which University of Pretoria Department of Psychology, in South Africa offers the three Master’s degrees namely Clinical, Counselling and Research Psychology which are the categories that enable students to register as psychologists with the HPCSA (p. 215). This applies to other universities in South Africa.

4.2.2 NON-SIGNIFICANT FINDINGS

For many of the questions in Section A the chi-square test did not detect significant associations either in terms of race or gender of medical doctors and their responses to the questions below:

Question A1 “Psychologists must be registered with the Health Professions Council of South Africa.”

Question A2 “Psychologists have an ethical code that they have to abide by.”

Question A4 “Psychologists are not obliged to keep confidentiality of patients’ information.”

These results seem to indicate that medical doctors regardless of their gender and race, are aware of certain requirements that are in common between themselves and psychologists. For instance, both medical doctors and psychologists register with the Health Professions Council of South Africa. They both have an ethical code which regulates their functioning, including an obligation to respect confidentiality of patient information. Hartwig’s (2002) survey

indicated that “psychology was seen as a professional and academic occupation” (p. 73). It is therefore interesting to note that the findings in this survey suggest that medical doctors too are aware of this aspect.

4.3 SECTION 2B: MEDICAL DOCTORS’ EXPERIENCE IN WORKING WITH PSYCHOLOGISTS

4.3.1 SIGNIFICANT FINDINGS

As seen in table B1(ii), the chi-square test indicated that there was a significant association in terms of medical doctors’ gender and their responses to Question B1 “Psychologists are not important in the well-being of my patients.” All female respondents (100%) seemed to appreciate the value of psychologists in their patients’ well-being. However, about (15%) of the male respondents did not seem to have appreciation of the value of psychologists concerning the well-being of their patients. Although a large number of male respondents were appreciative of the value of psychologists in the well-being of their patients, there is a concern that some patients who consult these medical doctors may not be referred to psychologists timeously because of the perceptions that their medical doctors hold against psychologists. This is contrary to Miller and Swartz’s (1990) statement which suggested that medical practitioners have been given a social status that makes it possible for them “to claim expertise over all aspects of patient care” (p. 51). This finding also seems to be in contrast to that of a study conducted by Hartwig and Delin (2003) which indicated that the public found other mental health professionals like psychiatrist to be more useful than psychologists. It is interesting to note that medical practitioners themselves hold psychologists in high regard.

Furthermore, as indicated earlier in table B6 (iii) the chi-square test indicated that there was a significant association between medical doctors’ gender and their responses to Question B6 “Psychologists are expensive for my patients.” Male respondents were significantly more likely to regard psychologists as expensive. This perception may negatively influence referral rates to psychologists, even on issues that could be treated best by psychologists. It is however encouraging to realize that a large number of female respondents (82%) did not believe that

psychologists were expensive for their patients. This is therefore encouraging because it suggests that consulting fees are not a barrier to referrals. A study conducted by Pillay and Harvey (2006) stated clearly that community service psychologists are improving the availability and accessibility of psychologists. This therefore makes it affordable for the poor to access psychological services at an affordable price.

4.3.2. NON-SIGNIFICANT FINDINGS

For many of the questions in Section B, the chi-square test did not detect significant associations either in terms of race or gender of medical doctors. The chi-square test indicated that there was no significant association in terms of race and gender of the medical doctors in relation to the questions below:

Question B2 “Psychological well-being of patients is not important.”

The overall responses in terms of race and gender of medical doctors suggested that most respondents (98.4%) considered psychological well-being of their patients as important. This suggests that most respondents take into consideration psychosocial factors when dealing with their patients.

Question B3 “Most emotional problems are best treated with medication.”

The overall responses (96.8%) from medical doctors indicated that they did not agree that most emotional problems are best treated with medication. It is further interesting to note that all female respondents (100%) did not agree with the abovementioned statement. This finding suggests that medical doctors are increasingly becoming aware of the psychologists’ role regarding patient care. This is contrary to Farberman’s (1997) finding which stated that psychologists were perceived to treat “less serious ailments” like family problems, not serious mental and emotional problems.

Question B4 “Psychologists only work with mentally ill patients.”

All participants (100%) disagreed with the abovementioned statement. This therefore suggests that medical doctors are aware of the skills, abilities and scope of psychologists. According to Von Sydow and Reimer (1998) the public’s understanding had improved and the roles of

psychologists and their expertise were better understood. It is therefore encouraging to note that medical practitioners themselves seem to have a broader understanding of what the scope of psychologists entails.

Question B5 “Psychologists do not provide me with valuable feedback.”

An overall response (77%) from participants did not agree with the statement that psychologists do not provide them with valuable feedback. Medical doctors’ responses towards psychologists seemed to suggest a good working relationship.

Question B7 “Mostly white people want to consult psychologists.”

More female respondents (75%) than male respondents (53%) disagreed with the statement that mostly white people want to consult psychologists. It seemed as if medical doctors did not associate the race group of their patients with therapy seeking tendencies.

Question B8 “Black people seldom consult psychologists.”

More female participants (64%) disagreed with this statement. Regarding the opinions of male respondents the other (50%) disagreed and the other (50%) supported this statement. It needs to be mentioned that 71.4% of Black participants agreed with this statement (see table B8(iii)). In a study conducted by Sanders Thompson et al. (2004), findings were that African Americans who had exposure to psychotherapy were more positive than those who had not been to a psychologist.

Question B9 “I do not view psychological interventions as important in my patients’ lives.”

An overall response of 93.4% from respondents indicated that they did not agree with this statement, which implies that medical doctors are aware of the importance of psychological intervention. This response is therefore consistent with a response in question B2.

4.4 SECTION 2C: MEDICAL DOCTORS' REFERRALS TO PSYCHOLOGISTS

4.4.1 SIGNIFICANT FINDINGS

The chi-square test did not detect any significant association between medical doctors' responses and either their gender or race groups.

4.4.2 NON-SIGNIFICANT FINDINGS

Of all the questions in Section C, the chi-square test did not detect a significant association either in terms of race or gender of medical doctors in relation to the questions below:

Question C1 "I usually refer only mentally ill patients to psychologists."

An overall response of 83% indicated that medical doctors did not agree with this statement. This therefore implies that most respondents are aware that psychologists have the potential to treat a variety of other illnesses or disorders.

Question C2 "Since I have been in the government sector, I have not referred a patient to a psychologist." Question C3 "Since I have been in the private practice, I have not referred a patient to a psychologist"

Most respondents did not agree with the abovementioned statements. This therefore indicates that medical doctors either in the government sector or private practice are likely to refer when a need is detected.

Question C4 "Female patients are usually keen to consult psychologists, if advised so."

An overall response of 81.7% agreed with this statement. It is interesting that from both female (84.6%) and male (79%) participants agreed with this statement. This suggests that it is medical doctors' observation that their female patients are more willing to consult psychologists than their male patients.

Question C5 "Male patients are usually keen to consult psychologists, if advised so."

Contrary to the above statement on Question C4, medical doctors overall response to this statement was that 70.5% did not agree with this statement. This therefore suggests a rather concerning level of resistance to consult psychologists from male patients. Is this process seen as a sign of weakness like in the case of Raviv and Weiner's (1995) study?

Question C6 "Many patients have reported their unwillingness to consult psychologists." An overall response of 62.9% did not support this statement. This therefore suggests that medical doctors do not receive negative responses about psychologists from their patients.

Question C7 "The waiting list in psychologists' rooms discourages me from referring patients. An overall response of 83.9% disagreed with this statement. This then suggested that medical doctors found their referred patients being seen by psychologists within a reasonable time. A study conducted by Sparks et.al. (2003) about the relationship between referral source, race and wait time on preintake attrition. They found that no statistical significance was detected between the waiting period and race.

4.5 SECTION 2D: KINDS OF PROBLEMS TO REFER TO PSYCHOLOGISTS

4.5.1 SIGNIFICANT FINDINGS

The chi-square test indicated that there was a significant association between medical doctors' gender and their responses to question D7 "I refer behavioural problems in children to psychologists." All female participants (100%) seemed to appreciate the value of psychologists in working with behavioural problems in comparison with 82% of male doctors.

4.5.2 NON-SIGNIFICANT FINDINGS

For most of the questions in Section D, the chi-square test did not detect significant associations either in terms of race or gender of medical doctors in relation to the questions below:

Question D1 “Psychologists deal effectively only with mentally ill patients.

An overall response of 93.4% on this question indicated that medical doctors did not agree with this statement. A study conducted by Sanders Thompson et. al (2004), suggested that it was the stigma associated with mental illness that hindered the therapy seeking process from African Americans. This according to the responses of medical doctors did not seem to be the case.

Question D2 “Psychologists are efficient only in dealing with psychological assessment or diagnostic procedures.”

Abel and Louw (2009) stated that the core competencies of psychologists, as defined by the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA), are psychological assessment, psychological intervention, and expertise in referral. Most medical doctors seem to understand that the scope of psychologists go beyond psychological assessment.

Question D3 “Psychologists are efficient in treating chronically ill patients.”

Medical doctors’ responses were 79.3% in agreement with this statement. This response suggests that medical doctors value the role that psychologists can play in treating chronically ill patients. This shows a deeper level of understanding from the respondents about psychologists.

Question D4 “I find psychologists efficient in dealing with HIV/AIDS cases”

Lindegger, Milford, Ranchod, and Slack, (2006.) stated that “psychologists are likely to make a major contribution to the identification strategies, and to the development of interventions to assist participants and their families who have been exposed to harmful social events” (p.725). This suggests that psychologists have the potential to provide therapy on HIV/AIDS cases from the early stages of pre-testing and post-testing counselling up to the stage being terminally ill. Most participants seem to appreciate the value that psychologists add on this aspect. The collaboration of medical doctors and psychologists in treating HIV/AIDS cases can go a long way.

Question D5 “I also refer patients who are about to undergo various operations.”

An overall response of 78% on this statement suggested that most medical doctors do not refer patients that are scheduled to undergo different kinds of surgical operations. This raises a concern about whether the respondents are aware of the role that psychologists can play in this situation or not.

Question D6 “I usually refer patients who display psychological distress.”

Most respondents (88.5%) in this statement seemed to understand the role of psychological factors in their patient’s well-being. This response also concurs with other responses that medical doctors do value the role that psychologists can play in their patients’ lives.

Question D8 “I refer relationship problems to psychologists.”

An overall response of 83.1% agreed with this statement. This is consistent with other responses like in B3 and D6 that seem to suggest that medical doctors understand the role of psychologists in as far as dealing with psychological factors is concerned.

CHAPTER 5

5.1 DISCUSSION

As mentioned in chapter 3, the aim of the study was to explore some perceptions that medical doctors have towards psychologists. These perceptions were explored by considering race and gender of the medical doctors in order to establish if there is a significant association that these variables play in the perceptions of respondents. The study focused on medical doctors' knowledge of psychology profession. Secondly, it focused on respondents' experiences in working with psychologists. Thirdly, it examined medical doctors' perceptions of referring to psychologists. It finally focused on the kinds of problems that medical practitioners are likely to refer to psychologists.

For each aim of the study, respondents appeared to have a positive perception towards psychologists and psychology as a profession. On medical doctors' knowledge of the psychology profession, there was no statistical significance in terms of gender. This therefore suggests that medical doctors' responses were not in any way influenced by their gender. This can be generalized to imply that medical doctors are aware of the essential contents of the psychology profession, namely their registration with the Health Council Profession of South Africa, their ethical code, the minimum qualification required for psychologists. Another variable that was examined was race groups of medical doctors and their responses to each question. In three of the four questions regarding medical doctors' knowledge of the psychology profession, as discussed above, the chi-square detected a significant association between race of respondent and their responses to a minimum required qualification.

The second aim of this study was to explore medical doctors' experience in working with psychologists. As seen in chapter 4, two out of nine statements were detected to have a significant association with gender of the respondents. All female respondents were found to appreciate the value of psychologists in their patients' lives. This was found not to be the case with their male counterparts. As mentioned earlier, although male respondents basically seemed to appreciate the value of psychologists, it is concerning that some patients may not be

referred on time to psychologists because of this perception. Suntup's (1994) study also indicated that female doctors rated psychologists as more important in the health care of their patients than male doctors. The general appreciation of psychologists by medical doctors seemed consistent with findings of Papaikonomou (1991) which suggested that most medical doctors had referred to psychologists, whenever a need was detected. Furthermore on the question regarding psychologists being expensive for respondents' patients, males were found to significantly more likely regard psychologists as being expensive. According to Wassenaar (2002) "in South Africa, there is no statutorily prescribed fee. However, the Psychological Society of South Africa publishes recommended fees for services annually, as does the Board of Health Care Providers. Although these publications are only guidelines, the Board refers to them in determining parameters of overcharging" (p. 79).

In other questions as outlined in chapter 4, relating to medical doctors' experience, it was found that respondents were aware of the value of psychologists, appreciated valuable feedback that they receive from psychologists, view psychological intervention as important in their patients' lives and also that race groups of their patients do not have any influence in consulting psychologists. This is seen as fostering healthy and positive relationships between these health professionals.

The third aim of this study, was to explore medical doctors' referrals to psychologists, by examining if variables such as race and gender have any influence on this aspect. The chi-square test did not detect any statistical significance between respondents' gender nor their race. This is also encouraging for the profession of psychology because if the referring agents are aware of each other's roles, then patients get the best of care. The findings in Bhagwande's (1998) study suggested that social workers and occupational health nurses did not seem to fully comprehend the functions and roles of psychologists. This raised concern about these mental health professionals who are supposed to be referring agents but are not fully knowledgeable about the scope of psychologists.

The fourth aim of the study was to establish the kinds of problems that medical doctors refer to psychologists. Of the nine questions, only one was found to have a significant association in

terms of gender. All female participants agreed that they referred children with behavioural problems to psychologists. This raises a concern regarding male doctors, who might not refer children with behavioural problems, even if they could be best treated by psychologists. With the exception of this question, it was encouraging to find that most medical doctors were aware of the kinds of problems to refer to psychologists. Furthermore the consistency found in different sections about similar problems suggests that this study yielded reliable results. However, Bhagwandeem's (1998) findings indicated that social workers and occupational health nurses were only moderately confident in psychologists' abilities.

The findings of this study suggest that medical doctors have a generally favourable and positive perception of psychologists and the psychology profession. However, psychologists themselves can play a much more active role in this country in educating other professionals and the public at large. This would be important in alleviating the stigma and injustices of the past, so that the profession is precisely understood for what it does. There is still a great need to do more research in this topic in order to broaden insight and understanding for both professionals and others

5.2 LIMITATIONS OF THE PRESENT STUDY

1. The use of questionnaires as a data collection instrument was seen as the most appropriate method at the time. It had the advantage of being filled in at the participants' convenience, possibly within the time frame allocated. This method also ensured anonymity in that there was no need to engage with participants themselves. However, it came with limitations of lack of control over return rates.
2. This study was based on a relatively small sample of medical doctors in the Pietermaritzburg region. The results therefore do not reflect the general population of South Africa. The small sample size and low return rates also suggest that the results should be viewed with caution.

3. Another factor that was seen as important during data collection process was the protocol that had to be followed in hospitals. Looking back, more time should have been allocated to this process. The participants' gender and race groups were not proportionate to the population demographics of the Pietermaritzburg region. For instance, there was a notably low number of Black participants in the study, which may lead to skewed results or findings. In future, a proportional number per race and gender would help in determining participants' perceptions more accurately.
4. The fact that this is an exploratory study with limited research on the similar topic revealed loopholes and flaws in the design of the questionnaire. These flaws were only identified during data analysis stage. For instance, some questions were about observed patients' perceptions by medical doctors. Had this study been only about medical doctors' own experiences, it would have been easier to analyse. Furthermore, conducting a pilot study would have made it possible to determine these flaws prior to conducting an actual study. This study therefore serves as a pilot study.
5. The questionnaire was developed by the researcher without any pilot study conducted, a forced choice of yes and no was used in a questionnaire and was deemed appropriate at the time. However, during data analysis "agree and disagree" seemed more relevant when the presentation of results was made.
6. Finally, the reliability of the questionnaire was rather low and the validity was not established. This therefore suggests that results should be viewed with caution.

5.3 RECOMMENDATIONS FOR FUTURE RESEARCH

Further research in this area is still necessary, in a bigger sample in order to draw conclusive generalizations. Age of participants could also shed more light on this issue. It could also be found that the more seasoned they are in the medical field, the more appreciative they are of the role of psychologists.

This study serves as a pilot study. Further research still needs to be conducted with a specific aim of exploring perceptions of working relationship with psychologists by other professionals. This could also help strengthen the public image of psychologists and also their usefulness in different spheres of human life.

5.4 CONCLUDING REMARKS

The findings of this study suggest that medical doctors hold psychologists and the psychology profession in high regard. Medical doctors seem to know what the psychology profession encompasses. Medical doctors seem to have a generally positive working relationship with psychologists. The findings of this study revealed that medical doctors have satisfactory referral rates to psychologists. They also seem to have an appropriate understanding of the kinds of problems that could be referred to psychologists. The findings of this study also indicated there were mostly non-significant associations detected between medical doctors' responses and their race and their gender.

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APPENDIX A

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INFORMED CONSENT

Dear Research Participant

I am Bongiwe Rejoice Qwabe, currently studying towards a Masters degree in Clinical Psychology. I am asking for your co-operation in research that is aimed at identifying your perceptions of psychologists as partners in the health professions.

The aims of the study are as follow:

- To examine your perception of psychologists.
- To examine your referral patterns to psychologists.
- To explore the kinds of problems which you are likely to refer to psychologists.

This questionnaire has two sections. The first part is for your demographic information. The inclusion of your name is not required. This is to ensure confidentiality. The second part has sub-topics that comprise closed questions.

Any research may involve unforeseeable risks to participants; however none is foreseeable to you in this study. If, at any stage completing the questionnaire makes you uncomfortable, you can withdraw your participation from the study at any time. Should you have concerns or queries at any time when completing the questionnaire, you will be welcome to ask questions. This study will result in a thesis and also possibly a journal article. Only aggregated summaries will appear in publications.

By filling in this questionnaire, you will have given your consent to participate in this research. This will mean that you understand the nature of the study and have since voluntarily agreed to participate in this research.

If you have any questions please contact me at 082 806 8188.

Thanking you in anticipation.

Bongi Qwabe
Clinical Psychology Masters Student
University of KwaZulu-Natal

Supervised by
Prof D.R Wassenaar PhD
Clinical Psychologist

APPENDIX B

QUESTIONNAIRE

SECTION 1: PERSONAL PARTICULARS

- Gender
- Highest Qualifications.....
- Year qualifications obtained.....
- Area of specialization (if any).....
- Total number of years practicing in the public sector.....
- Total number of years in the private sector.....
- Total number of years in my private practice.....
- Race group: (Tick One) Black White Indian Coloured Other (provide details:.....)

SECTION 2

A. KNOWLEDGE OF PSYCHOLOGY PROFESSION

	YES	NO
1. Psychologists must be registered with the Health Professions Council of South Africa.		
2. Psychologists have an ethical code that they have to abide by.		
3. In order to be a psychologist, one should have a minimum qualification of a Master's degree.		
4. Psychologists are not obliged to keep confidentiality of patients' information.		

B. YOUR EXPERIENCE IN WORKING WITH PSYCHOLOGISTS

	YES	NO
1. Psychologists are not important in the well-being of my patients.		
2. Psychological well-being of patients is not important.		
3. Most emotional problems are best treated with medication.		
4. Psychologists only work with mentally ill patients.		
5. Psychologists do not provide me with any valuable feedback.		
6. Psychologists are expensive for my patients.		
7. Mostly white people want to consult psychologists.		
8. Black people seldom consult psychologists.		
9. I do not view psychological interventions as important in my patient's lives		

C. REFERRALS TO PSYCHOLOGISTS

	YES	NO
1. I usually refer only mentally ill patients to psychologists.		
2. Since I have been in the government sector, I have not referred a patient to a psychologist		
3. Since I have been in private practice, I have not referred a patient to a psychologist.		
4. Female patients are usually keen to consult psychologists, if advised so.		
5. Male patients are usually keen to consult psychologists, if advised so.		
6. Many patients have reported their unwillingness to consult psychologists.		
7. The waiting list in psychologist's rooms discourages me from referring patients.		

D. KINDS OF PROBLEMS TO REFER TO PSYCHOLOGISTS

	YES	NO
1. Psychologists deal effectively only with mentally ill patients.		
2. Psychologists are efficient only in dealing with psychological assessment or diagnostic procedures.		
3 Psychologists are efficient in treating chronically ill patients.		
4. I find psychologists efficient in dealing with HIV/AIDS cases.		
5. I also refer patients who are about to undergo various operations.		
6. I usually refer patients who display psychological distress.		
7. I refer behavioural problems in children to psychologists.		
8. I refer relationship problems psychologists.		

Thank you for your valuable time in completing this questionnaire!!