THE APPLICATION OF PSYCHOLOGICAL EXPERTISE IN POST-APARTHEID SOUTH AFRICA: A TRACER STUDY OF MASTERS GRADUATES FROM THE UNIVERSITY OF KWAZULU-NATAL

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APPENDICES

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ACRONYMS

$\chi 2$	Chi-square
ATS	Aptitude and Test Section
BPsych	Bachelor of Psychology
DPsych	Doctorate of Psychology
HPCSA	Health Professionals Council of South Africa
HSRC	Human Sciences and Research Council
NGO	Non-governmental organisation
NIPR	National Institute of Personnel Research
PIRSA	Psychological Institute of the Republic of South Africa
PsySSA	Psychological Society of South Africa
SAPA	South African Psychological Association

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ABSTRACT

Nikolas Rose, heavily influenced by Foucault's concept of "governmentality", has proposed that psychological expertise has come to play an important role in governing conduct in liberal democracies. This study was an empirical attempt to explore these theoretical arguments in South Africa, a developing democracy. Recent debates on the practice of psychology in South Africa, occurring amidst socio/political initiatives of reconstruction and development, have focused on the *relevance* of the discipline given its involvement in the apartheid context. The current study reflected on some of the changes in application that have resulted from calls for *relevance*. The participants of the study were Masters Graduates from the University of KwaZulu-Natal, previously University of Natal and University of Durban-Westville, in the period from 1993-2003. Influenced by Rose's theoretical ideas advocating a history of problematizations, the data collection focussed on understanding the practical problems psychologists deal with in their work contexts and the practices used to solve these problems. Results suggest a growing application towards socially *relevant* problems, which include socio/economic and public health issues. Furthermore psychological expertise predominantly intervenes with individualized technologies of the self, encouraging "self-government". The governmentality framework exposes some limitations of the application of psychology in the developing world context.

CHAPTER ONE: INTRODUCTION

South Africa has emerged from a historical past of colonialism as well as internal colonialism, in the form of apartheid, into a constantly evolving global context. The changing global knowledges and technologies may or may not be available or applicable to the local context (Foster & Swartz, 1997). This thesis is concerned with the application of psychological expertise within this complex South African context. Foster and Swartz (1997) explain that in South Africa huge inequalities, resulting from apartheid, persist and service structures remain divided so that addressing the many consequences of this historical past is a complex matter, in the context of limited resources and skills. Many have turned to professions such as psychology with its promise of addressing the hurts and miseries of past and continuing social problems, with its possibilities for developing relevant capacities and skills in individuals and groups, as a viable solution to many of the problems that occur in democratic South Africa.

Indeed psychology has shown a special affinity to modern western society and its growth has been well documented. The expertise of psychology has come to play a central role in managing social and psychological problems in liberal democracies. This growth has occurred most rapidly and most notably in the Western countries, as Rosenzweig (1994) comments "industrialized countries have about four times as many psychologists per million of the population as do developing countries, and these are figures for those relatively advanced developing countries" (p. 754). Furthermore, there has been a decline of activity in the traditional academic/research fields and increase in applied/practical fields of psychologists noted in the USA (Rosenweig, 1994), as well as in Europe and in developing countries (Lunt, 1999). Psychology has developed within practical contexts where it has been able to demonstrate its *relevance* to solving problems of society, the shell shocked soldier, the delinquent or the hysterical women, to name a few early examples. This is linked to an increase in the professionalisation of the discipline, since by demonstrating their usefulness to manage conduct psychologists have been able to establish their legitimacy in society. This growth and professionalisation is marked by increasing numbers of registered psychologists and increasing specialisation. Psychology

is regulated by laws and ethical codes, and has increasingly complicated and lengthy training programs (Lunt, 1999). Psychology's exponential growth needs to be explored, and some theorists, have suggested that psychology's growth in these liberal democratic countries in practical contexts where human conduct is problematized is linked to its role in governing conduct.

Rose (1990, 1996a) proposes that psychology has flourished because psychological expertise is a key tool for the government of citizens in liberal democracies. These arguments are based on the Foucauldian notion of 'governmentality,' which is concerned with government as an activity or "a form of activity to shape, guide or affect the conduct of some person or persons" (Gordon, 1991, p.2). Psychological expertise operates as a tool for government by "rendering the objects of government", that is subjective and intersubjective experiences, "in a language that makes them governable" (Dean, 1994, p.187). This thesis uses Foucault's ideas about this link between scientific discourse and political practice, to examine the role of psychology in post-apartheid South Africa.

In South Africa, psychology has shown growth in its applied contexts. The major registration categories recognised by the Health Professionals Council of South Africa include Clinical, Counselling, Educational, Research and Industrial/ Organisational Psychology, but there are also many sub-disciplines, such as neuropsychology and community psychology. This thesis grapples with the development and growth of psychology, looking critically at the conditions that have brought about this growth allowing psychology to inhabit our society at its deepest level. With a specific focus on post-apartheid South Africa, it is an attempt to understand the profession in a context where it is increasingly being depicted as having a major role to play in dealing with this country's mental health and social problems. South Africa, has a well documented history of illiberal and repressive forms of control, but one needs to remain vigilant about possible new forms of power. Psychology in South Africa has been implicated in both overt and covert support of apartheid ideology and this has led to questions being posed about the *relevance* of the profession to meeting the country's needs. Authors, such as Foster and Swartz (1997) and Louw (2002) have suggested that, although mental health is

viewed as a caring or "helping" profession, one also needs to be critical about the role that psychology can play in the "changing forms of control and regulation" that operate in liberal democracies (Foster & Swartz, p.16, 1997).

Chapter 1 has provided a brief introduction to the questions that are explored in this thesis. Chapter two explains the theoretical foundation which influences the thesis. Chapter two also provides a review of psychology in South Africa using some of these theoretical arguments. Chapter three explains the methodology used in the study, and also refines the research questions. This research relies on dual methodologies to address the research questions and chapter four reports the results from the quantitative tests. Chapter five considers these findings in the light of more in-depth qualitative analysis. Chapter six discusses these findings and their implications for understanding psychology in South Africa.

CHAPTER TWO: LITERATURE REVIEW

2. 1 INTRODUCTORY REMARKS

By adopting a critical approach to the practice of psychology, this thesis is interested in examining the role of psychology in post-apartheid South Africa. The review begins with an exploration of the theoretical arguments developed by Rose, particularly his arguments analysing the ways that psychological expertise can act as a tool for the government of citizens in a liberal democracy. Thereafter, the review examines the development of psychology in South Africa, using the historical framework proposed by Rose. This approach involves looking at the way human conduct has been problematized, in relation to the socio-political and practical contexts at various historical periods. Examining the trajectory of the profession serves as a preface to understanding the current nature of psychology, with the aim of linking this to an understanding of psychological practice as a technique of "government" in a developing liberal democracy such as South Africa.

2.2 THEORETICAL CONTEXT

The theoretical ideas which follow are based on the Foucauldian notion of governmentality. The review explores this concept as it is central to the arguments presented by Rose on the role of psychology.

2.2.1 Governmentality

Rose's theoretical arguments rest on an application of the concept of governmentality as "a form of activity aiming to shape, guide or affect the conduct of some person or persons" (Gordon, 1991, p.2). Governmentality, here, involves more than just the exercise of political sovereignty; it could concern the relation between self and self, private interpersonal relations involving some form of control or guidance and relations within social institutions and communities (Gordon, 1991). Foucault was interested in the process of government, "the rationality implicated in governmentality" or "governmental

rationality" (Dean, 1994, p.173). In his writing, Foucault analysed how, at various historical times, "the state comes to act as a centre of other forms of government". He explores "the means which enable it to act in this way, how its locales are constructed by specific means of knowledge and mechanisms of power, and how it enrols local relations and networks of power in its strategies" (Dean, 1994, p.181). Rose's studies propose that the discipline of psychology, its expertise, its knowledge and technologies is one of these locales "enrolled" as a mechanism of power and a strategy of government. Rose elaborates the role of expertise in governing conduct in a liberal democracy. Before examining the specifics of how psychology operates as a technology of government, it is necessary to shed light on the operation of power in a liberal democracy. Psychology is a key tool in governmentality in a liberal democracy due to the problem of authority.

Since liberal democracies operate on the principle of the individual as free and autonomous, what is required in the way of government is to find the means of governing citizens without impinging on their freedom and choice. The problem of authority consists on the one side, of the principles of "rights", "the citizen and liberty" and on the other hand, the ideals of "order, security, welfare, the population and submission" (Dean, 1994, p.185). The dilemma is translated as follows: "how free individuals can be governed such that they enact their freedom appropriately" (Rose, 1996a). The role of expertise is essential in legitimising authority. Since "political rule would not itself set out the norms on individual conduct" as this would impinge on the values of freedom and autonomy, but would "install and empower a variety of professionals who would" govern conduct, "investing them with the authority to act as experts in the device of social rule" (Rose, 1993, p.285). In this sense "experts" do not refer exclusively to psychologists, but include other professional, such as lawyers, doctors, teachers, social workers and so forth, who, by virtue of their knowledge and professional expertise have particular authority to act upon the conduct of people. This thesis is concerned with the expertise of psychology and will argue that their role in governmentality rests on their ability to produce certain truths about people that make them governable, and furthermore that it is such a potent tool for governing conduct as it intervenes at the level of the citizen's subjectivity, producing self-governing citizens, thus governing through their freedom and choice.

Foucault (1978) explored the link between political practice and scientific discourse, drawing our attention to the extent that scientific discourses can be "objects of political practice" (p.69), particularly in liberal democracies. Rose (2000) applies this to the discourse of the psy 'expertise' arguing that psychological ideas, grounded in scientific truth, produce a discourse around concepts such as notions of "normality" and "adjustment" which are incorporated into "programs for the regulation of conduct" (Rose, 2000, p.13). Psychology proliferates because it "produces true discourses which can be translated into workable technologies" (Durrheim & Foster, 1999).

Psychology is thus bound up with a transformation of authority by producing a range of social authorities, in the form of clinical, educational, industrial psychologists, psychotherapists and counsellors which claim "social power and status" through the "possession of psychological truths" and a "mastery of psychological techniques" (Rose, 2000, p.13). Psychology as a form of authority, by its very nature will "find its social territory in all those proliferating encounters where human conduct is problematized in relation to ethical standards, social judgements, or individual pathology" (Rose, 1996a, p.88). In the discussion of the role of psy-expertise, Rose suggests that the key to understanding psychology as a technology of government is by approaching the history of psychology as a history of "problematization".

2.2.2 Psychology, History and Governmentality

Miller and Rose (1994) propose that one examine the history of psychology as a history of problematization, to understand how "specific features of conduct become problematized in particular sites", what purposes this problematization served and "what theoretical codes make such problems thinkable and manageable" (p.31). In doing a history of psychology, Rose draws our attention to the fact that psychology's development as a profession was accelerated where it was able to demonstrate its efficiency in managing the problems of that specific society. This section provides a brief

account of psychology's development demonstrating how psychology proliferated in areas where it became useful in the management of problematized conduct.

Historical accounts of psychology commonly acknowledged that something significant occurred in its development between 1875 and 1925 that established the discipline as a subject in its own right. It is during this time that psychology severed its ties from its philosophical roots about questions of human nature, and moved into the domain of positive knowledge and individuals became recognised as psychologists (Rose, 1985). Academically, the growth of psychology had been slow, its central subject at university being consciousness and experience. According to Rose (1985), the major lift off was powered outside the academic world where psychology developed as a science of individual differences.

Rose (1985) explains that the psychology of individual differences did not develop in the scientific laboratory, but in practical spheres where they were prioritised, the school, the reformatory, the court, the army, and the factory. In these contexts practice was related to the identification and administration of abnormality. Attributes of the self could be made visible through this science of individualisation. Of course what allowed this "disciplining of difference" was the fact that large numbers of individuals were brought together in the above institutions (Rose, 1996a) allowing questions to be asked about norms and deviations.

It was through psychology that routine techniques of institutions, such as the recording of information, were transformed "into systematic devices for the inscription of identities" and techniques developed "that could transform the properties, capacities and energies of the human soul into material form" (Rose, 1996a, p.107). Psychology developed as a science of individual differences in those locales where it could render itself practical in the management of problems, be it the feeble minded child or the shell shocked soldier. It was in these areas where psychologists could demonstrate their usefulness to deal with practical problems that the profession of psychology began to establish itself as a discipline in its own right. This approach suggests that the history of psychology be

approached as a history of problematizations, rather that a history of ideas or a history of application (Rose, 1996).

Thus psychology has been able to establish itself as a discipline where it could "attach" itself to "problems" particularly concerning "the government of life of conduct". Where it was able to connect the solutions to these problems "with certain types of thinking and acting", the discipline was able to establish its legitimacy (Miller & Rose, 1994, p.58). The above analysis has shown the link between the development of psychology as a specific expertise and practical contexts where conduct was problematic in some way. The next section explores how the techne of psychology operates as a rationality of government ideally suited for a liberal democracy.

2.2.3 The techne of psychology

Rose (1990) argues that psychological modes of thought underpin a range of diverse practices dealing with human conduct. Psychology has invented certain "technical" forms, "ways of combining persons, truths, judgements, devices and actions into stable, reproducible and durable form" (p.88). Psychology's ability to produce "calculable individuals" and "manageable spaces" is congruent with the rationality of government as it provides an ethical base for the exercise of authority. Furthermore it is potent as a tool for government because it encourages citizens to govern themselves, without relying on techniques that would compromise their autonomy and freedom. This part of the thesis examines the specific technologies produced by psy-expertise for the governing of conduct.

2.2.3.1 Materialising the mind, calculable individuals and manageable spaces

If government involves acting in a calculated manner on "the forces, activities and relations of the individuals that constitute a population", it is dependent on knowledge that involves the characteristics of what is to be governed in a thinkable, calculable and practicable manner (Rose, 1990, p.6). Psy-expertise provides the means whereby human

subjectivity can enter the calculations of authorities. Because of the techniques of psychology, individuals' inner worlds can be "known, mapped out, calibrated, evaluated, quantified, predicted and managed"; the psychological test becomes a technique to visualise individual difference which can be converted to statistical tables or put on a normal curve. The development of the intelligence test in response to the problem of feeble-minded children, is an example of the development of a technique that "materialises the mind" and produces a "calculable individual" that can be judged by comparison with other individuals. The intelligence test provides a standard and way to make visible those children that deviate from the normal, thus allowing for the management of those individuals in the manner prescribed by society at the time. By materialising the mind, a scientific basis is provided for the management of difference and government of conduct is grounded in scientific authority.

The above points to the calculation of the internal subjective world, but psychology also focuses on the intersubjective world, that is space between people, people as groups or as communities such as in public opinion, human relations and the psychodynamic relations of organisations. Miller & Rose's (1994) example of the establishment of marriage guidance in society, in that case specifically through the Tavistock Institute, illustrates how psychology inhabits new and previously "everyday" aspects of human conduct. The authors point out that psychology's proliferation and ability to inhabit our world occurs through the ways "diverse difficulties of daily life" have become "attached" to a therapeutic machine (Miller & Rose, 1994). Marriage represents such a "difficulty of daily life". Miller and Rose (1994) document how through the process of case discussions with other professionals, in this case social workers, marriage relations become "reconfigured" in the terms of object relations; partners in relationship being subject to projections, introjections and projective identification and unconscious processes established in early childhood. Thus the relations of marriage become simplified (and problematized) in terms of an internal world, in this case object relations theory, which allowed the problem to be seen through new eyes, and as such became amenable to therapeutic intervention. Marriage is one of these complexes, but other examples include organisational life, particularly experiences of groups, as well as parenting. More recently

traffic psychology, for example, has become a new specialist area, while the demand for previously novel areas such as sports psychology continues to grow (Lunt, 1999). These examples illustrate the extent of "psychologization" of the "diverse sites" which psychology inhabits even dominating other ways of "forming, organising, disseminating and implementing truths about persons" (Rose, 2000, p.10). However, psychology's potency as a tool for government in the advanced liberal democracies of the West is particularly due to its intervention at the level of its citizens' subjectivity, encouraging self governing citizens.

2.2.3.2 Self governing citizens

Psychological expertise intervenes at the level of subjectivity, by providing persons with the means to "work on themselves". The problem of authority refers to the problem of governing the conduct of free individuals. Psychology gains "social power" in liberal democracies because its technology shares the "ethic of competent autonomous self hood" and the "promise to sustain and restore selfhood to citizens of such polities" (Rose, 1996a, p.100). Psy-expertise ethicalises authority because it involves government "by the grain of things", in terms of knowledge "reached according to certain formulas" (Rose, 1996a, p.92). Further, in a liberal democracy, justification for psychological intervention, or "governmentality", according to the techne of psychology occurs through the claim that it is in the best interests of those whose lives they will affect. The final point is that the potency of "psy" as a technique of government lies in its ability to govern human behaviour by inciting a process of self-government.

The techne of psychology gets individuals to attend to and recognise aspects of themselves, or themselves as particular types of persons, and does not impinge on the values of freedom, but governs citizens as if through their freedom. Foucault (in Rose, 2000) calls these subjectifying forms "techniques of the self", that is "models proposed for setting up and developing relationships with the self, for self reflection, self knowledge, self examination... being oneself, the transformation one seeks to accomplish with oneself as an object" (p.16). Psychology provides techniques, ways to act upon the

self "attending to different parts of the self", thoughts, feelings, posture "ways of disclosing the self, languages for evaluating the self" (Rose, 2000, p.16). It is by rendering the internal world of being human into thought, "rendering simultaneously visible and practicable, the psycho-sciences have made it possible for us to dream that we can order our individual and collective existence according to knowledge\technique that fuses truth and humanity, wisdom and practicality" (p.367).

The discourses of psychology allow for problems to be seen through new eyes, affecting the way we view ourselves (Miller & Rose, 1994). Through our self inspection, self problematization and self monitoring, we recognise ourselves as "ideally" and "potentially" certain types of beings, generating an "unease" about what we are and could become, and to achieve the happiness, fulfilment and health we are incited to follow the advice of the experts (Rose, 1990). As Foucault (1982) says "This form of power applies itself to immediate everyday life which categorises the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognise and which others have to recognise in him. It is a form of power which makes individuals subjects" (p.781).

As an example, consider Durrheim and Foster (1999), who adopt a Rosean perspective to understanding the government and regulation of crowd behaviour in the current South African context. These authors show that contemporary psychological theories of human behaviour in crowd situations have entered calculated strategies for the government of crowds in liberal democracies, since these theories are consistent with liberal democratic ideals of freedom and autonomy. In recent theories of crowd psychology, crowds are recognised as "relational, self regulating and identied phenomena" (p.56). This view, as opposed to previous understandings of the crowd as an irrational mob governed by primitive unconscious forces (for example Le Bon as cited in Durrheim and Foster, 1999), lends itself more easily to practices of government within a liberal democracy, which in this case involves the heightening of the subjects' awareness of themselves as "autonomous, self regulating agents" (Durrheim & Foster, 1999). This understanding of individual behaviour allows for the invention of certain practices consistent with the

ideals of autonomy and freedom. One such a practice involves the management of the relationship between the state and the crowd. This occurs, for example, through the introduction of negotiations prior to protests, and the arrangements of permits and timetables. By allowing the members of crowds to enter into negotiations regarding protests, the subjects' awareness of themselves as an "autonomous, self regulating agent" is heightened. These subjects recognise themselves as free and autonomous citizens with rights, in this case the right to protest, and are incited to regulate their behaviour as free and responsible citizens. This example illustrates how this new form of power operating in a liberal democracy operates on the individual's subjectivity and governs through freedom, inciting citizens to govern their own behaviour. This example is also interesting as it gives an indication of how the techne of psychology extends beyond the work of psychologists, and has come to influence a wider range of human conduct.

Psychology, has attached itself to problems of human conduct, and has shown its usefulness in the management of problems by producing the means to govern. Accordingly, it has become an excellent tool for the government of citizens in a liberal democracy. Through problematization, psychology has entered areas such as crime, health, education and labour, rendering the conduct of individuals within these spheres into psychological constructs, such as "personality" and making visible their "capacities", and in so doing allowed this space to become "central to the deliberations of social authorities and psychological theorists" (Rose, 2000, p.8).

In the South African context; how does psychology operate as a tool for government? "Is this new form of theorising applicable to contemporary situation of African countries and South Africa in particular?" (Foster & Swartz, 1997, p.17) In what spheres is conduct rendered problematic and made amenable to psychological intervention? What techniques are employed in these contexts? These are some of the questions examined in this thesis. Rose, and others (such as Louw & Van Hoorn, 1997; Louw, 2002) have argued that psychology was able to establish itself in society by proving its *relevance* to the problems of that society. This framework will be applied to the South African context, but as a starting point, the review now focuses on the development of

psychology historically, paying particular attention to the relationship between developments in psychology and changes in society.

2. 3 PSYCHOLOGY IN SOUTH AFRICA

Rosenzweig (1994), examining professional psychology in USA, observes that if psychology had remained an academic discipline, it would have remained small and that when psychology could apply itself to problems in the world that it began to develop as a profession. Similarly, Louw (1988) points out that the "rapid growth of applied and practical aspects of psychology created the possibility for psychologists to practice their discipline professionally" (p.67).It will be argued that psychology was able to prove its legitimacy and *relevance* to South African society by rendering itself useful to the specific problems of the socio-political context. Furthermore, psychology's development in the practical/applied contexts provided the impetus for the professionalization of the discipline.

South Africa has a documented history of socio-political changes. Many recognise that although apartheid was formally instituted in 1948, segregation according to race started long before this period, and continued until the 1990s, the first democratic election taking place in 1994. The specific socio-political changes will not be articulated here, but forms the backdrop of the discussions that follow.

South African psychology can be divided into distinctive periods, which here are borrowed from Louw and Foster (1991), and Foster and Swartz (1997). These periods are reproduced here as they reflect distinctive shifts in the application of psychology, although the practices of the previous period may continue. The periods examined are: 1920s and 1930s: mental testing and "poor whites"; 1940s – 1960s: apartheid era: the war years and its aftermath; 1970s-1980: the apartheid era: the rise of therapeutics; and finally late 1990s: post-apartheid South Africa. By looking at the types of problems that came to the fore in these periods, it will be shown that psychology applied itself to those areas

where conduct was problematized according to the social, political and economic codes, which in turn served to establish its relevance to society.

2.3.1 1920s and 1930s: Mental testing and "poor whites"

Facilities for the control and surveillance of mentally ill patients existed from1846 (Foster & Swartz, 1997) but this period is not discussed as the involvement of psychologists in these asylums was limited. Before the1920's psychology was mainly instituted in universities as an academic discipline with very little to do with the applied/practical demands. It was in the 1920's that psychologists and social scientists responded for the first time to calls for more research on the pressing problems of the day (Louw & Foster, 1991). Practically, a new gaze emerged in the 1920's, what Foster and Swartz (1997) refer to as the arrival of the "era of mental health". These authors explain that, apart from the earlier concerns with "madness", mental health was diversified to include mental handicap, prostitution, juvenile delinquency (Chisholm, 1989, 1991 as cited in Foster & Swartz, 1997), crime, special education, poverty, labour and vocational guidance (Louw, 1986) and children and families as evidenced from the emergence of Child Guidance Centres.

Two specific applications for psychologists will be examined in this section as they illustrate their involvement in practical problems in this early period. These are the prevalence of mental testing and the large scale investigations into the "poor white" problem by the first Carnegie Commission. These examples illustrate how the technology of psychology responded to arenas where human conduct was problematized, in this case the area of education, poverty and unemployment, and provided a scientific authority for the government and management of these problems.

Mental testing was an arena where psychology proved its relevance to a social problem and at the same time, served the interests of a segregated society. Louw and Foster (1991) provide an in depth review of the mental testing in this era, and this section draws particularly on their work. Mental testing was introduced and escalated in the 1920's

(Foster & Swartz, 1997). Many of the tests were conducted by psychologists, occurred along racial lines, and the focus of the argument will be on these tests. Psychology served a useful "tool to make race knowable in the form of positive, scientific, knowledge through psychological testing" (Louw & Danziger, p.53, 2000). Mental testing allowed psychologists to conclude certain truths about the cognitive ability of different race groups, and these truths had important social and practical implications. For example, Fick (1930, in Louw & Van Hoorn, 1997) who found that black children's IQ was around 4-5 years behind white children as well as tests of "learning ability" provided scientific evidence for the widespread belief among white people that black people were only suited to carry out "manual, repetitive tasks" (Louw & Foster, 1991, p.63). Mental testing was conducted to investigate for example "the educability of the native" (Louw & Foster, 1991, p.63). Mental testing thus became *relevant* to the areas of education and labour, particularly as they served the interest of the socio-political climate. In a society dominated by segregation, the knowledge generated by these assessments had important policy implications, as it provided a scientific basis for institutional segregation. In Rosean terms; through materialising the mind, a scientific basis was provided for the management of difference. Scientific truth has implications for governmentality; it provides an ethical basis for segregation, and may, for example, have played an important role in legitimating the introduction of segregated educational systems.

Although this occurs in a non-liberal government it draws out attention how psychological techniques, by opening up and rendering into visible form the internal characteristics of the individual, can enter into the calculations of authorities. According to Louw and Foster (1991), tens of thousands of people were tested on a range of instruments, and mental testing became an important practical context for psychologists to prove their relevance to society. Louw and Danziger (2000) investigate the issue of mental testing, examining how a practice can serve a socio-political purpose, or, alternatively, whether, these practices have" logic of their own". The move by international trends towards environmentalist explanations for these differences, that is, differing levels of schooling and home environments as explanations for differences led Simon Biesheuvel in 1943 to question these early findings. The point that Louw and

Danziger (2000) make is that, although a different explanation for these findings were suggested, the actual testing was not questioned. This indicates the effects that scientific practice has on interpretation of findings, but that the practice of testing and the concept of intelligence as a scientific given were not questioned.

A further significant event in this period was the Carnegie Commission's investigation into white poverty (Louw, 1986). It provided psychologist's with another opportunity to demonstrate their "usefulness into the solution of societal problems" (p.47). The phenomenon of "poor whites" was seen as one of South Africa's most urgent problems of the time, of great concern to politicians and churchgoers (Louw and Foster, 1991) and psychologists were called upon to investigate this issue. The prominence given to this problem was a reflection of the socio-political environment, as black poverty, which was more widespread, was long accepted. The research agenda was determined and funded by those in power. Large amounts of data were collected to establish the context of the problem as well as its causes, mainly in the arena of labour and education. Once again psychological testing was one of the main ways of gathering scientific data on the scope of the problem. The aim of the study was to uplift "poor whites", for example to investigate the type of work a poor white child would be suited for, providing impetus for recommendations regarding vocational guidance. Thus testing produced knowledge to inform the recommendations for the management of this problem, particularly around labour, education and vocational guidance (Louw, 1986).

Both mental testing and the Carnegie Investigation had important implications for the early development of psychology as a profession in South Africa as they resulted in domains of labour and education becoming more accessible to psychological intervention, thus opening up practical/applied spheres for psychologists' to operate in. Furthermore, it showed that psychology had the "technology" to solve and manage important societal problems.

2.3.2 The apartheid era (1948-1994)

The period dealing with the apartheid era, is examined in two sections. The first section examines the development of psychology in the aftermath of the war years exploring the effects that the economic conditions had on the profession. Thereafter, the last two decades of apartheid, characterised by mental health reforms in the 1970s and the political crisis of the 1980s, as well as a rise of therapeutic psychology, will be examined. Both these periods provide distinct socio-political and economic contexts that had an effect on the practice of the profession.

2.3.2.1 1940s, 1950s and 1960s: The War years and its aftermath

Legislation of apartheid in 1948 saw a systematic entrenchment of racism in the arena of mental health (Foster & Swartz, 1997). The section above has provided evidence about how psychologists provided the scientific grounds for this segregation in areas of labour and education. The conditions after the Second World War allowed for emphasis to shift to other practical contexts. Despite the involvement in practical contexts such as mental testing and the Carnegie investigation into "poor whites", at the time of the Second World War few work opportunities existed for psychologists, apart from the area of vocational guidance (Louw, 1987). The two world wars, particularly WWII, have been important for the development of psychology in other countries, for example USA (Louw, 1990) and also in the United Kingdom (Rose, 1990). Louw (1987) proposes that the growth and professionalization of psychology in South Africa was accelerated by certain conditions after the Second World War, where psychologists were able to demonstrate and justify the discipline's relevance and usefulness to the labour market, by attaching itself to relevant problems in the sphere of work.

Although few work opportunities had existed for psychologists, this changed after WWII. Louw (1987) argues that this was due to two major events, firstly the social conditions after the war and, secondly, the influence of the Aptitude and Test Section (ATS) of the army. The social conditions in the aftermath of the war left South Africa with drastically

reduced import/export opportunities as well as a shortage of labourers (Louw, 1987). Together with the need to turn to increasingly mechanized mass production, this was easily translated "as a need for selection and classification of labour" (Louw, 1987, p.34). Psychology found its territory in labour as individuals would "differ in how well they could perform the same tasks" (Louw, 1987, p.34). Although the usefulness of the discipline in labour had been suggested previously, Louw (1987) explains that it was only in the aftermath of WWII that the social and economic conditions provided the ideal ground for the emergence and growth of industrial psychology and thus began an increasing interest for organisations to make use of this type of expertise, for example, personnel officers.

WWII also increased the status of professional psychologists as a result of the events of the Aptitude and Test Section (ATS) of the military (Louw, 1987). The ATS developed test batteries for selection and classification of military personnel and also developed techniques for identifying and treating maladjusted soldiers. This development echoes the development of psychology in USA, where psychologists' ability to demonstrate their effective use of testing and classification in the war, drew the attention of post war employers interested in fitting "the right man to the right job" (Louw, 1990, p.19). These activities resulted in increased prestige in the business communities allowing psychologists to prove the value of their interventions within labour (Louw, 1987). Psychologists had the tools and technology to provide information about individual capacities. Further, the increased tendency of post-war psychology towards application facilitated the creation of employment opportunities for psychologists in more practical settings. The ATS also acted as a catalyst or "industrial spin-off" for the establishment of the National Institute of Personnel Research (NIPR) which in turn "carried the traditional inter-group concerns into the industrial sectors of South Africa" (Louw & Foster, 1991, p.85). Thus the development of psychology as a profession in South Africa occurred as a result of social and practical conditions which allowed psychologists to demonstrate its relevance in the management of problems of society.

In the aftermath of WWII white poverty disappeared as a pressing problem, therefore no longer on the research agenda. Psychological expertise was now focussed on the problem of "utilising human labour in production" (Louw, 1987). According to Fullagar (1983, in Louw & Foster, 1991) the application of psychological expertise in the area of labour was influenced by a human relations approach to looking at industrial behaviour including "managerial attitudes, interpersonal relationships, attitudes of employees, attitudes of white workers to black workers and cultural attitudes and values" (p.73). Psychology had the technology to solve human problems in the work sphere. This application of psychology to the work sphere made important contributions towards the professionalization of the discipline, not only by increasing their range of practical applications for psychology, but also through its "culmination" of the introduction of courses at university departments for training programmes, thus "preparing the ground for the emergence and spread of industrial psychology in South Africa after the war" (Louw, 1987, p.36).

The above reviews have argued that, through the application of its techniques, its "means, mechanisms, and specific instruments", psychology was able to produce knowledge about the social world, which made possible forms of "administration, power and rule" (Dean, 1994, p.187). In the case of white poverty, it produced knowledge of those that deviated from the norm, those individuals deemed problematic in a white dominated society, with the hope of introducing techniques to govern and manage their difference, by, for example, justifying state funding to improve educational facilities for white children. The socio-political conditions also encouraged psychologists to establish racial differences that would justify segregation (Louw & Van Hoorn, 1997). Critics such as Bulhan (1993) argue that research into Black/African psychology was used "as a tool for the under-development of Africa and the development of Euro-American". TerreBlanche and Seedat (2001) examine the work of the NIPR, in the period from 1946-1984, and by examining research titles indicate how psychology was interested in the "essential" qualities of the "African"/ "Bantu" / "Black" worker with the aim of fitting him into the colonial industrial structure. These authors point out how the techne of psychology was used to produce facts about the internal world, "fabricating" subjectivity, for the aim of

governing within the apartheid context, thus demonstrating its usefulness to a political system that had naturalised segregation (TerreBlanche & Seedat, 2001). This type of activity of psychologists continued, largely unexamined and uncriticized in the apartheid era, into the 1980s through the activities of such institutions as the NIPR and the Human Sciences Research Counsel (HSRC). However, during the 1970s and 1980s the socio-political conditions of South Africa also allowed for new practical/applied arenas to emerge, the most prominent of these being the growth of therapeutic psychologists.

2.3.2.2 1970s and 1980s: The rise of therapeutic psychology

In the 1970's and 1980's the discipline of psychology demonstrated a marked growth in the numbers of psychologists and an increasing professionalization of the discipline. Certain social conditions from the late 1960s to the 1980s have impacted on the growth of practical contexts for profession, particularly for therapeutic psychologists. Before examining the specific social and political conditions that allowed this expansion, some professional developments occurring within this period are articulated.

A major landmark for professional psychology was the establishment of "The Medical, Dental and Supplementary Health Service Professions Act" (Act 56) in 1974. This Act recognised the term "psychologist" as someone required to register with a Professional Board (Manganyi & Louw, 1986). The development of psychology as a profession is also illustrated by the growth and establishment of professional associations. In 1981, Raubenheimer reported satisfaction with the establishment of two professional Associations (Psychological Institute of the Republic of South Africa or PIRSA, and the South African Psychological Association or SAPA) as well as with the establishment of the South African Journal of Psychology. Geuter (in Louw, 1988) points out the importance of having one's career recognised and legitimised by licensing and registration as an important dimension for the professionalization of a discipline. As a result educational qualification becomes an essential and recognised requirement to practice in that discipline. Furthermore, the development of a systematic knowledge applicable to a variety of social contexts is another dimension to legitimate a profession

(Geuter in Louw, 1988). Raubenheimer (1981) in a review of psychology, commented on the range of practical contexts that psychologists had come to dominate, examples being "counselling situations, marriage guidance, pastoral care, schools, hospitals, a spectrum of special institutions, in the administration of justice, military science, in sport and in the occupational and industrial world with infinitely varied facets" (p.3). Thus psychology grew as a profession and became increasingly orientated to applied/practical settings. As a result of this increasing interest in psychology, the profession reported a significant boom in therapeutic psychologists. In 1983, Eagle and Malcolm (in Bassa & Schlebusch, 1984) report an increase in the number of clinical psychologists from 92 registered in 1970 to 580 in 1983. By 1991 this number had risen to 1060 registered clinical psychologists out of the 2420 registered psychologists. Almost half (43%) of all registered psychologists were clinical. If you include the number of educational and counselling psychologists, then by1996 this percentage rises to 80 % of all registered psychologists (Richter, Griesel, Durrheim, Wilson, Surrendorff & Asafo-Agyei, 1998). Having explained the development of psychology in this period, the review continues by relating these developments to some of the social and political conditions that affected the demand for psychologists within these contexts, particularly the therapeutic context.

The period between 1967 and 1977 contained a series of mental health "reforms", which had a profound effect on the practice and growth of psychology. A few examples were Commissions on mental deficiency (1967), treatment of autistic children ((1972) and the Mental Disorders Act (1972) (Foster & Swartz, 1997). These reforms gave psychologists an increasing amount of practical/applied contexts and their impetus can be found in the social conditions of the time. Firstly, as a result of the unprecedented economic growth, a new white middle class had emerged. Individuals had more money available than at any previous time. Secondly, major shifts in mental health also occurred as a response to shifts in international trends. For example, as Manganyi and Louw (1986) explain, clinical psychology emerged as a major growth area of psychological practice in most countries after WWII. The large numbers of soldiers returning from the war were suffering from a range of psychological symptoms which provided a practical context for psychologists to demonstrate the efficacy of therapeutic interventions, and most showed

good results. In the USA, the 44 000 neuropsychiatric patients returning from the war, resulted in the establishment of Veteran Administration hospitals, as well as the increase in the number professional training programs for clinical psychologists (Louw, 1990). This is a direct link between an identified social problem and the growth of the profession. Thus international trends tended towards the use of psychologists to solve the mental health problems of these "maladjusted" individuals. The increase of therapeutic psychologist was no doubt influenced by these international trends coupled with a growing concern in a middle class able to afford services.

Foster and Swartz (1997) suggest that another reason for these mental health reforms relate to a series of "moral panics" that occurred at this time. These authors suggest that particularly puritanical-Christian state authorities were concerned about the "threats of modernist influence: alcohol abuse, drug-taking" and "legislation and clampdowns…or of psychologists meddling in political matters, provided the solution" (p. 15). Clearly, psychology would provide the scientific justification for the government of these problems. The killing of Prime Minister Verwoerd by a man found to be "deranged" resulted in the 1967 Rumpff Commission, due to "worries regarding the lack of control of dangerous mental patients" which urged for "probes into mental health legislation" (p.15). Psychology, including its institutions and practices, with its promise to establish normality and adjustment, could contain the anxieties of a growing middle class. This was particularly relevant in a context when the apartheid regime was in political and economic crisis; anxieties and tensions were intensified by the rising threat of popular resistance. Psychology provided the legitimate means to contain the sector of the population represented by Tsafendas. Foster and Swartz (1997) suggest that the "impetus for 'reform' in the 1970s was more due to worries of control and surveillance than to genuine concern and care" and the registration of the term "psychologist" in 1974, was at least in part attributed to "the need for increased surveillance"(p.15).

Psychology prospered in apartheid South Africa, because its ideals were congruent with the dominant sector of the population. The development of the profession reflected the political and social arrangements of apartheid. When Bassa and Schlebusch (1984)

examined the practice of clinical psychology in South Africa, they found that clinical psychologists were mostly white (98.52%) and that their patient population were mostly white (92.8%). Manganyi and Louw (1986) confirmed these findings, adding that the activities of clinical psychologists tended to be in practical/applied fields, with very little time spent on research. Psychologists were thus available to white, middle class individuals; and clearly unavailable to the 80% of black population using public service, as only 11% of psychologists were employed in psychiatric settings (Manganyi & Louw, 1986). Pillay and Petersen conducting research on clinical and counselling psychologists in 1996, confirmed previous findings that the majority of their sample was white (92.5%) and showed that 75% of their patients were white, middle class and being financed by a mixture of medical aid schemes and private fees. Psychology and its constructs may have proliferated in these sectors of the population, as it served as an instrument of government. A study examining the practice of psychology, found that the majority of clinical psychologists were spending their time on therapeutic activities (78.41%); mostly on psychotherapy (41.51%), but also psychological testing, clinical interviewing and crisis intervention, pointing to "an overwhelming emphasis on psychotherapy as a primary activity for clinical psychologists" (Bassa & Schlebusch, 1984, p.121). Psychology was a useful technology to contain the growing anxiety and uncertainty of the middle class society. As Louw (2002) points out, "Psychotherapy and counselling are the technologies of self-examination that guide individuals to reconstitute their understanding of themselves toward greater autonomy, self-reflexivity and self-steering. It is exactly these kinds of individuals who are the objective of modern mentalities of government, as they are required to "govern themselves" (p.5).

The review of psychology in the 1970s and 1980s has argued that the socio-political and economic conditions of the period favoured the growth the profession of psychology as it provided a legitimate means to help solve the practical problems that were apparent in a country in political and economic crisis. Black people lived essentially in a non liberal society, and were governed primarily through repressive laws, as for example pass laws and the Group Areas Act. Although some psychologists, such as Dawes (1985), urged an understanding of the psychological effects of such repressive techniques, this was not

supported by the socio-political context. The role of psychology for black South Africans remained predominantly at the level of the management of difference by the productions of scientific knowledge, congruent with the needs of the political environment. Where therapeutic psychology was introduced it did not prosper. Turton (1986), for example, describes the opening of a counselling centre in an African, largely working class urban community. Despite being opened at the request of community members, the service remained largely underused and Turton (1986) claims that this "failure" in service was not unusual in the South African context. Turton (1986), using a class based analysis, argues that bourgeois ideology shaped the theories and practices of counselling and that working-class African clients would be unable to find the service useful. Other criticisms of psychology were that it was culturally inapplicable to South Africa. It was criticized for its individualistic and Western approach (Holdstock, 2000 cited in Louw, 2002), as well as being "uncritical", "decontextualised" and "non-African", making it inaccessible to the majority of South Africa's population. Psychology, its training, and the constructs and theories employed, were criticised for being nested in a Western world view of the person, which may be largely inapplicable to the African-world view. Thus, although psychology showed this phenomenal growth and increasing professionalization it remained within the socio-political arrangements of apartheid, which favoured growth in certain sectors and rendered the profession *irrelevant* to other sectors.

Psychologists were also urged to steer clear of any activities with political implications, and by the adoption of the values of scientific neutrality, to remain apolitical (Biesheuvel, 1991). This was important in that context, as psychology as a science, sought to claim its legitimacy in this system, and had to maintain the interests of those in power. Cloete, Muller and Orkin (1986) explore the role of experts in legitimating practices in the apartheid context. These authors examine the activities of the Human Sciences Research Council (HSRC), an organisation the authors claim was responsible for the "control of government funding for social science research" (p.29), post reform. They outline the strategies used to 'mask' the ways research was used to serve the interests of the 1980s reform objectives and to appear legitimate. This organisation controlled the production (through funding) and dissemination (through a complex screening process) of

information, and thus had significant power in deciding what counted as scientific truth. The authors draw attention to the relationship between power and knowledge: "power legitimises both knowledge and the process of its production, while on the other hand knowledge tends to be used in legitimising arrangements for the exercise of power" (Weil, 1983, as cited in Cloete *et al.*, p.31, 1986). In the reform process it was "an attempt to protect the interests of whites and capital through gradual inclusion of a black middle class and a labour aristocracy" (Webster, 1981, as cited in Cloete *et al.*, p30, 1986).

Many of the processes described above continued, but the political atmosphere of the 1980s, described as a "war-like" zone (Foster & Swartz, 1997), caused some professionals to question the practice of psychology, particularly its involvement in supporting the apartheid system. For example, the structuring of the professional associations at the time was criticised for supporting apartheid ideology. The first psychological association (SAPA) was formed in 1948 and Nicholas (1990), describes how its support for apartheid was demonstrated firstly, by its overtly pro-apartheid leadership, with Verwoerd, who is generally accepted to be the architect of apartheid, as an honorary member, as well as other well known pro-apartheid figures such as Wilcocks and La Grange. Secondly, when the first black psychologist applied for membership in 1957 the issue was debated for 5 years, and upon reaching the decision to admit black members a sizeable number of psychologists resigned to form a new organisation (PIRSA), whose membership was restricted exclusively for whites (Nicholas, 1990). Thus psychology demonstrated an overt support of apartheid policies at this time illustrated through the activities of its professional associations, as well as a more covert support through servicing exclusively the interests of those in power and adopting a neutral stance.

The 1980's "political crisis" provided the socio-political conditions which allowed many professions, including psychology to begin considering its role in South Africa more critically, and these criticisms had important implications for the profession. According to Richter *et al* (1998), until about 1984-1986 the profession had been largely

unconscious about the role psychology played in the apartheid system. It was at the start of 1984/1985 that a few isolated voices began "to acknowledge and express their protest, anxiety and sometimes shame about psychology's *relevance*" in South African society (p1, italics added). These criticisms began to acknowledge how psychology served the interests of those in power. Psychology's role pre-1985 is described as "actively supporting" apartheid ideology, and also as covert support, through the practice of an uncritical, so-called neutral stance. Further, as already mentioned psychology was criticized for its inaccessibility to the majority of South Africans. Kriegler (1993) points out that mental health services in white affluent areas were "available, accessible and manifestly affordable" whereas in the public sector, where 80% of the population are serviced, the services were "lamentably inadequate" (p.64). Berger and Lazarus (1987) examining the views of community organisers on the relevance of psychological practice in South Africa found that professional services were regarded as expensive and inaccessible and that general conceptions by the community was that psychologists treat mad people or were regarded with suspicion due to their individualistic level attempts to readjust people to "fit back into the system" (p.13).

All these issues and criticisms are of huge importance and have a profound impact on the current landscape of the profession. The *relevance* of psychology has been under constant review because of its dubious involvement with the apartheid era. The argument continues with an examination of the development of psychology in democratic South Africa.

2.3.4 1990's: Democratic South Africa

Psychological expertise has not been independent of society and societal problems. The actions of psychologists "advance the discipline by making it more relevant to society" (Louw, 1987, p.38). This thesis is concerned with understanding the current socio-political context and how the "challenge of legitimacy" manifests itself in the current South African context. As a result of the debate around the *relevance* of psychology and the advent of democracy, psychologists have been forced to become more aware of

themselves and the actions of their profession. This has resulted in some very specific changes to in profession of psychology.

The discourse around *relevance* has resulted in some quite radical calls, some arguing that "the South African psychologist is duty bound to examine those factors which will promote social change of a kind that will ameliorate the present suffering of the oppressed" (Anonymous, 1983, p. 83) and that since our work as psychologists has "social consequences and is not value free, we cannot escape choices and interests" (Vogelman, 1987, p. 28). Thus psychologists are introducing a politicised agenda which stands in sharp contrast to the neutrality and objectivity advocated in the 1970s and 1980s. Various authors (Holdstock, 1981, Freeman, 1991 and Kriegler, 1993) have proposed radical changes, from the changes in the State (for example introduction of posts in national settings, nationalisation of health care services, Freeman, 1991); changes in educational systems (developing more appropriate models and practice frameworks), changing the demographics of psychologists by training more black psychologists, publishing more on socio-political issues, and an increase in research as to how to make psychology more relevant to South African society. Psychology has to show that it is *relevant* to tackle the problems of the 'new' South Africa. Psychology also responded to those critics that suggest the constructs and theories are not applicable to the developing context by a turn to the discipline of community psychology.

In the context of the turbulent history of psychology in the apartheid era, as well as the resultant consequences of a profession whose theories and constructs are alien to its citizens, there was almost a sense that all conventional methods of psychology needed to be abandoned and something new established (Swartz & Gibson, 2001) and community psychology provided for many a legitimate vehicle, acceptable to mainstream psychology, to allow psychologists to take some social and political action (Pretorius-Heuchert & Ahmed, 2001). Community psychology criticises mainstream psychology for operating from a largely medical model, aiming to promote intra-psychic change, instead of "empowering individuals to affect systemic change where necessary" (Pretorius-Huechert & Ahmed, 2001). It developed in the U.S.A. in the 1960s in response to a

socio-political context that saw large numbers of people with psychological needs and too few resources, a traditional mental health service that was seen as inefficient, ineffective and inappropriate. Various models of community psychology developed to "counter abuses of poverty, racial discrimination and insufficient mental health services in the U.S.A and to mobilise for liberation" (Pretorius-Heuchert & Ahmed, 2001). In South Africa "community psychology arose as a response to the crisis of 'relevance' in the 1980s…It placed the accent on accessible psychosocial services, re-defining the roles of psychologists, democratising psychological practice, prevention, competencies, empowerment of under-represented groups, collaboration, and inclusive modes of knowledge production" (Seedat, MacKenzie & Stevens, 2004, p. 595). Community psychology constructs as its territory the "community", the "oppressed" and "previously disadvantaged" and serves to make psychology *relevant* to South Africa, especially in the context of the Reconstruction and Development Programme (RDP) post 1994, which has come to represent the "blueprint for reconstruction of a South African society" (de la Rey & Ipser, p. 547, 2004). According to Pretorius- Heuchert and Ahmed (2001) community psychology provides answers for South Africa's mental health problems by its aims of mass intervention and its preventative focus with aims to prevent psychological problems before they arise. De la Rey and Ipser (2004), examining *relevance*, point out the ideological importance of community psychology, and claim that most psychology departments teach community psychology and "almost all professional training programmes in clinical and counselling psychology have a community psychology component". Furthermore, Derman (2002) has found that "there has been an increase in demand for community psychology specialists and employment in social development contexts" (p.78).

Commitment to a changed and more *relevant* profession is echoed by professional associations in South Africa, for example in 1998 the HPCSA recognised "the need to revise the practice framework that arises out of changing needs, demands and circumstances in our communities, and society, either at present or expected in the future" (Professional Board for Psychology/Psychological Society of South Africa (PsySSA, 1998, p. 1). Out of this came the introduction of a new four year professional

degree, the (BPsych), “intended to meet the growing need for accessible and affordable psychological services” (p. 3, 2004). A proposed D Psych programme, which would have extended training of professional psychologists was abandoned, no doubt because the increase in the length of training would not meet some of the proposed changes as it would make training lengthier and costly, possibly more difficult for black psychologists. Whereas the B Psych, which recognises the graduate as a professional counsellor after four years, is intended to extend the profession of psychology into more practical/applied areas; particularly HIV/AIDS, schools, pastoral areas and employee relations.

How do we understand these changes, specifically, do they relate to the notion of ‘governmentality’ as it is depicted by Rose? South Africa is now a democracy and “Everyone is equal before the law and has the right to equal protection and benefit by the law” (South African Constitution, 1996, as cited in Louw, 2002). Does psychology play a role in creating discourses that can be translated into practical technologies for the government of conduct in the democratic context? The changes presented above point out to ways in which psychology has changed in South Africa. Some have argued that it is “imperative for psychologists to show that they will be ideologically acceptable and even useful under changed political circumstances has increased exponentially”, due to the activities of psychologists in apartheid South Africa (Louw & Van Hoorn, 1997, p. 241). Psychologists have had to prove their relevance to South Africa by changes in the profession, some of which have been alluded to in the above discussion. Psychology has become more overtly political, it has professed commitment to change at the level of its professional associations and it has introduced changes in its educational programmes; community psychology being an integral part of training in most universities. Through the turn to community psychology, the profession has sought to make its constructs relevant and applicable in arenas where conduct is problematized.

Foster and Swartz (1997) suggest the emergence of new discursive fragments, terms such as “accountable”, “transparent”, “open”, “development”, “reconciliation”, “reconstruction”, “transformation”, “redress” and “corrective action” as well as a new discourse of “community” (de la Rey, 2004, address at the 2004 Psychological Society

of South Africa conference), inhabits the social terrain of psychology. Foster and Swartz (1997) suggest that these discursive shifts present framing devices for policy guidelines. Thus with shifting arrangements of power, the terrain of psychology has changed. Psychology is implicated making atonement by dealing with the psychological consequences of apartheid which persist. This thesis examines the new practice of psychology, looking at the types of problems psychologists are faced with in order to clarify and create an awareness of possible new forms of power that may exist in the new social order.

2.4. CONCLUSION

The advent of democracy in 1994, has transformed South Africa from a repressive regime to a liberal democracy that promises liberty and equality, including equal access to resources, such as mental health and education. Professions, such as psychology, have not been left unchanged by these socio-political changes. This review has examined psychology in South Africa, looking at some of the ways psychology by applying itself to problems presented by the socio-political context, has acted as a tool for the 'government' of its citizens throughout its history.

The focus now shifts to questions about the current context: "Does the extension of mental health provisions and personnel promote health, autonomy and freedom or merely new forms of control and regulation" (Foster & Swartz, p. 17, 1997). For example, will community psychology act as an instrument that promotes the mental health of the previously disadvantaged by reinventing psychology, making it *relevant* and applicable to those domains where it has been criticised? Or will it serve as a tool for the extension of the techne of psychology, as an instrument for governing conduct, to the community? In the same way that psychology is a tool to produce calculable individuals and manageable spaces, community psychology could be seen to provide the tools for governing communities by making them calculable and manageable. Constructs such as empowerment and self determination are congruent with liberal modes of governance since they rest on the individual recognising themselves as responsible and autonomous

persons, thus promoting mechanisms of self regulation. These are the some of the issues explored the current research. "Is the Foucauldian analysis of "Western" social control applicable to the South African terrain?" (Foster & Swartz, 1997, p. 17)

The chapter which follows will refine the research questions and explain how the theoretical concepts presented are translated into a methodological process that will address these research issues.

CHAPTER THREE: METHODOLOGY

The chapter begins by proposing the rationale for the study and in the process refines the aims of the research. Thereafter the methodology employed will be examined, particularly how it serves to realize the aims of the research. The aim of this chapter is to explain how the research design and analysis help to address the research questions.

3.1 REVISITING THE AIMS OF THE STUDY

The theoretical arguments examined propose that expertise plays a fundamental role in the government of citizens in a liberal democracy. By providing an essential distance between the apparatus of power and citizens, psychological expertise allows for the governing of citizens without impinging on freedom and autonomy. The practices of psychology are grounded in scientific rationality, which ethicalises its authority; strengthening its appeal to governing conduct in a liberal democracy. Psy-expertise makes individuals calculable and manageable, and through technologies of the self, governs individuals by intervening at the level of their subjectivity. Individuals identify themselves as subjects of a certain type, and thus a process of self government is instilled, as individuals order their existence according to their personalities and capacities. This thesis explores these ideas in South Africa, a developing liberal democracy. Can the concept of "governmentality" provide us with a better understanding of the operation of power in post-apartheid South Africa?

3.1.2. Why South Africa?

Rose's analysis of psychological expertise as a rationality of government is focussed almost exclusively on developed Western liberal democracies, notably U.K., U.S.A. and Australia. South Africa is distinct, both as an African (non-Western) country and as a developing liberal democracy.

Psychology in South Africa does have a different profile to that of other African countries. In particular, the status and growth of psychology as a profession far exceeds that of other African countries. For example, in 1988 there were only 51 registered psychologists in Zimbabwe (Jordan, 1992, cited in Louw, 2002) and in 1991 a combined estimate of 150 psychologists in Zambia, Zimbabwe and Nigeria (Akin-Okundeji, 1991, as cited in Louw, 2002). This is in contrast to South Africa, which had 585 new registrations alone in 1991 and 1992, the total number of registered psychologist in 1996 being 4 303 (Richter *et al*, 1998). The growth of psychology in South Africa thus clearly exceeds that of any other African country. This thesis does not aim to compare psychology in South Africa to psychology in other third world countries, but rather proposes that the rapid growth of psychology as a profession in this country is a phenomenon needing to be examined more closely, and that, an understanding of psychology as a strategy of government may help understand the differences in these trends.

Studies which explore the social significance of psychology have previously been conducted in South Africa. The literature review confirms that various studies have historically examined psychology (as for example Louw, 1986; Louw, 1987; Louw & Van Hoorn, 1997, Foster & Swartz, 1997). What these studies have pointed out is that developments in the discipline of psychology are related to developments in society, and these developments are intrinsically related to the practical demands of everyday life (Louw & Van Hoorn, 1997). This study is an attempt to relate these practical demands to changes in the profession using the governmentality framework. Furthermore, these studies have examined the practices and profession of psychology in relation to a socio-political and practical context, but none have looked at these practices in the post-apartheid situation. A more recent paper by Louw (2002), focuses on post apartheid South Africa, but discusses these concepts on a theoretical level.

South Africa is a country in an exciting state of flux, in a transforming process that promises to be of benefit to all its citizens. Rose (1993) points to the significance of political changes in a discipline by drawing our attention to some observations of changes

occurring in Eastern European countries following the collapse of "illiberal" forms of government. In Czechoslovakia, for example, he observes an explosion of previously non existent psychological practices, six new journals of psychology and six new professional associations of psychology being some examples, and suggests that "it might be worth examining whether this proliferation of practical knowledge of individual and social conduct... can direct our attention to the 'nature of power' in contemporary liberal societies" (p. 284). South Africa is an example of a country where relations of power have shifted from a repressive undemocratic mode of functioning to a liberal democracy and thus provides an opportunity to take into account the effects of these changing relations of power. Secondly, continuing with the historical analysis, it has become imperative for psychology to demonstrate its *relevance* to the South African context, particularly within the socio-political agenda of reconstruction and development focussing on the oppressed and marginalised, and it is important to remain critically reflective of how the profession develops in response to this socio-political context.

Thus this thesis is relevant in two ways:

1. As an examination of the role of psychological expertise as a strategy of "government" in a country moving towards liberal democracy (an African country)
2. As an extension of research looking at the development of South African psychology historically.

3.2 RESEARCH DESIGN

Historically, psychology has always proliferated in those sectors where conduct was problematized and where it could demonstrate its usefulness in the management of conduct.

In order to examine how psychology operates as a rationality of government, the research took as its starting point the contexts in which conduct in South Africa is problematized, and the practices of psychologists employed within these contexts. This section explains

the rationale behind the development of the questionnaire as an instrument to collect the data, and how this ties in with the questions that this thesis attempts to address. The questionnaire was chosen as a method of data collection as it would allow for the expedient collection of extensive amount of data required to make modest generalizations. A questionnaire was also useful because the type of data required was more directive than the depth of information that would have been generated by interviews. Participants were given adequate space to elaborate answers should they wish to. Thus a self-compiled questionnaire (Appendix I) was formulated from issues arising out of the literature, the focus being around the problematizations of conduct and the specific practices psychologists use to address these problems.

3.2.1. Instruments

This section begins with an outline of the questionnaire then examines the relevance of specific sections. An initial pilot questionnaire was sent out to the researcher's M1 colleagues to establish whether the questions would generate the type of data that was required for this study. From these responses, the questionnaire was refined into its present layout.

Section 1 requested participants to provide demographic information, including details about their employment context. This section of the questionnaire was structured to allow for a limited number of predetermined responses. The rest of the questionnaire (Sections 2 to 4) was focussed on participant's identification of the two most common problems/issues that they are called to address in their work context. Participants had to describe these problems, what they thought the causes were and the specific practices used in their intervention and whether or not they felt these practices were effective. Participants were also asked to rate on a five point Likert scale, their understanding of the causes of the problems as well as how effectively they thought they were managing the problems/issues they had described. Although Sections 2 to 5 were structured questions, participants were allowed adequate space to elaborate on their answers. Section 5 of the questionnaire dealt specifically with the training and asked participants to consider

whether their training had adequately prepared them for the types of problems they face in their work context. This section of data is not analysed as part of this thesis. The questionnaire was posted and emailed to participants with a cover letter explaining the purpose of the research (see Appendix I).

3.2.1.1. The Problematization of conduct:

The main aim of the questionnaire was to identify specific problems that the professional faces in his/her work context. The questions were required to be both specific in term of eliciting particular problems, but also needed to allow participants adequate space for discussion and reflection. It was thus hoped to address the research question around how features of conduct are "constituted as problems to be addressed and shaped into phenomena deemed to require expert intervention" and to understand how "experts act upon these psychological and inter-psychological realms and relations in order to improve them" (Miller & Rose, 1994, p. 30). In Foucault's studies on the prisons, what was punished gave an account of what was deemed problematic in a particular society. This thesis is concerned with what is deemed problematic, not to be punished, but to be problematized and reformed using psychological practices.

3.2.1.2. Practices of intervention:

Each problem identified by the participant had questions relating to the types of intervention used to manage these problems. The research is not just interested in the specific practices employed, but treats these practices themselves as actions that need to be explained. According to Foucault (1977) analysing "'regimes of practice' means to analyze programmes of conduct which have both prescriptive effects regarding what is to be done (effects of jurisdiction), and codifying effects regarding what is to be known (effects of verification)" (p. 74). The ways problems are constructed provides a rationale and justification for the use of specific practices within that context. Psychological expertise operates as rationality grounded in scientific truth. Thus to understand its role in the management of conduct, it was necessary to understand not only the practices used,

but the specific rationality involved within these practices. The section on management of the problems also asks participants to reflect on whether they thought their interventions were successful, thus allowing them further space to elaborate on this issue. The thesis is interested in how this 'rationality' is constructed and how this may or may not be congruent with the arguments presented by Nikolas Rose.

This is similar to the approach taken by Foucault (1977) in his studies: "In order to get a better understanding of what is punished and why I wanted to ask the question: *how* does one punish? This was the same procedure as I had used when dealing with madness: rather than asking what, in a given period, is regarded as sanity or insanity, as mental illness or normal behaviour, I wanted to ask how these divisions are operated" (p. 74). Understanding the rationality involved in the intervention of conduct allows for an understanding of the boundaries of government in this context .This may become particularly relevant when one considers how "these divisions are operated" in the context of a search for relevance, compared to apartheid South Africa.

Thus the aim of the questionnaire was to provide data regarding the spheres and contexts within which psychologists operate, in particular the types of problems they deal with. The next section examines the sample used and explains how the data was collected. It should be noted though that the unit of analysis for this thesis is not the participant, but rather the problem(s) presented by participants

3.3 SAMPLING

The sample consists of graduates from Masters Courses of the merged University of KwaZulu-Natal (UKZN), previously known as University of Natal (Durban and Pietermarizburg campuses) and University of Durban-Westville. This university was selected due to its geographical accessibility. An added advantage of UKZN is that it trains psychologists in all five registration categories stipulated by the HPCSA (clinical, counselling, educational, industrial and research psychology). The sample was limited to graduates who started the first year of Masters (M1) in 1993 to those who started M1 in

2003. The decade from 1993 to 2003 was selected as this spans the period in which training occurred in the post apartheid South African context. It was thought that a decade would provide a sufficient sample size.

3.3.1 Sampling procedure

To construct the population frame from which the participants of this study would come, it was necessary to contact the three university campuses to obtain the names and contact details of the graduates. This information is in the public domain, meaning that it could be accessed for this study. At this time the three campuses were still operating in separate geographical locations. The names obtained from the Durban (UND) campus only contained graduates from 1999 to 2003. The list's obtained from Durban-Westville (UDW) and Pietermaritzburg (UNP) campuses contained the names of graduates from 1993-2003. Altogether a total of 312 names were obtained. An excel database was constructed to contain information about each graduate. Table 3.1 shows a list of the columns of this database, essentially a summary about each graduate.

Table 3.1 Excel database of the population: column headings

A	B	C	D	E	F	G	H	I	J	K
Code	M1 Year	Campus	Course	First Name	Surname	Tel	Address	Supervisor	Email	Other Info

The information provided by the three campuses about each participant was not complete and many contained outdated contact details. It had been decided that emailing questionnaires to participants would be an efficient method of data collection, compared to posting which would be more time consuming and expensive. Since very few email addresses were included in the information obtained, a research assistant was employed to contact graduates telephonically, inform them of the study and obtain their email addresses. The research assistant was also instructed to enquire whether the graduate had the recent contact details of any of their peers. Column K "Other info" was created to keep track of additional relevant information about graduates, such as whether they had gone overseas. Where supervisors of participants with no or outdated contact details were

known, these were contacted and their latest contact details requested. At the completion of this process 204 email addresses were obtained (48 from UND, 121 from UNP and 35 from UDW) and questionnaires were emailed to these graduates. A further 20 questionnaires were posted to graduates who did not have access to email facilities. This process was completed in June 2004. Due to the poor response rate two months later (only 26 questionnaires had been returned, mostly from UNP participants who were more likely to respond owing to their connection to the department conducting the research), it was decided to contact participants telephonically to enquire whether they had received questionnaires, and whether they had any problems completing it. Those who had not received questionnaires or had accidentally deleted them had questionnaires resent. A few participants also mentioned concerns around confidentiality and the length of the questionnaire. An email (Appendix II) was sent out to participants to address these concerns. The research assistant continued to remind all participants about the questionnaire and address any further issues, until 70 questionnaires were returned. This represents a response rate of 31.25%.

3.3.2 Sample Characteristics

Section one of the questionnaire focussed on various demographic variables, as well as other variables, such as degree type and salary. Table 3.2 provides a summary of the race and gender distribution of the 70 participants.

Table 3.2 Gender and Racial distribution of the Sample

	RACE			
	White	Black	Indian	**Total**
M	8	4	1	**13**
F	38	10	9	**57**
Total	**46**	**14**	**10**	**70**

The sample consisted of 57 (81.4%) females and 13 (13.4%) males. Furthermore, 46 (65.7%) of the participants were white, 14 (20%) participants were black and 10 (14.3%) were Indian. Unfortunately it was not possible to compare these demographic characteristics to the original population frame to determine representativeness, as this

demographic information was not available for the original population. Of note seems to be the high percentage of female respondents. It is well known that the gender distribution in psychology is increasingly in favour of women. Richter and Griesel (1999) examined gender trends and their impact on psychology and found that, while in late 1980s there were equal numbers of registered male and female psychologists, by 1995/1996, 70 percent of all newly registered psychologists were women. The high proportion of women in the sample thus appears consistent with the general trends in the gender distribution in the profession in the South African context. The high proportion of white respondents is also consistent with trends observed in other studies. In Pillay and Petersen's (1996) study of clinical and counselling psychologists, 92.4% of their respondents were white, and more recently, Pillay and Kramer (2003), in a sample of clinical psychologists, found that although more black (including coloured and Indian) psychologists are entering the profession, it is still dominated mostly by whites, 65.3% of their respondents being white. It should be noted that these studies did not include the categories of educational, research and industrial psychology which are included in the present study.

Table 3.3 shows the frequency distribution of the various professional categories in the sample.

Table 3.3 Frequency distribution of Professional category (Degree)

DEGREE	Frequency	% in Sample	% in Population
Research	17	24.3	11.5
Clinical	16	22.9	42.3
Counselling	28	40.0	33
Educational	4	5.7	6.7
Industrial	5	7.1	6.5
Total	**70**	**100.0**	**100.0**

The highest percentage (40%) of participants are Counselling psychologists, followed by 17 Research psychologists, 16 Clinical psychologists, 5 Industrial psychologists and 4 Educational psychologists. Sixty eight percent of psychologists are therapeutic psychologists (Clinical, Counselling or Educational). Table 3.3 compares the frequency of the different degree types to the total graduate population frame. The findings suggest an over-representation of research psychologists, and an under-representation of Clinical psychologists, when comparing it to the total graduate population.

Educational, industrial and counselling psychologists seem to have fairly similar proportions to the original population frame. Looking at participant's university of origin it was found that 22 participants (31.4 %) were from UND, 44 (62.9%) were from UNP and only 4 (5.7%) were from UDW. Respondents from UNP were probably more likely to respond due to having completed their training at the department conducting the research. Sixty seven of the 70 participants worked in South Africa, the other three in various overseas contexts. Table 3.4 shows the frequency distribution of annual (gross) salary ranges (in South African Rand).

Table 3.4 Frequency distribution of salary

Salary Range	Count	%
Missing	20	28.6%
12000-60000	12	17.1%
60000-120000	15	21.4%
120000-180000	15	21.4%
180000+	8	11.4%

Majority of participants earn between 60 000 – 120 000 (21.4 %) and 120 000 – 180 000 (21.4%). 28.6 % of respondents did not include their salary.

Table 3.5 shows the frequency distribution for the year in which the participants were completing their first year of Masters training (M1 year). The majority of questionnaires were from more recent graduates. This may be because recent graduates were easiest to contact, as their contact details were least likely to have changed.

Table 3.5 Frequency count of M1 year

M1 year (biennia)	Count	%
1993-1995	4	5.7%
1996-1997	1	1.4%
1998-1999	15	21.4%
2000-2001	24	34.3%
2002-2003	26	37.1%

To summarise the characteristics of the sample, gender and race characteristics were in line with trends observed in professional psychology, the majority of respondents were counselling psychologists, with clinical psychologists being under-represented, and research psychologists over-represented when compared to the general graduate population frame. The majority of respondents were from UNP, and the salary distribution of participants followed the shape of a normal distribution, most participants earning the average amount, between 60 000 and 180 000 rand. Although sample characteristics are examined in the data analysis, the core of the analysis is not the participants, but the problems presented by participants. The rest of the chapter now explores the methods employed to analyse the data generated by the questionnaires.

3.4 DATA ANALYSIS

The data was analyzed using both quantitative and qualitative methodology. The process involved:

1. Coding data into a form that could be quantified (quantitative) and conducting statistical tests on this information
2. A theoretically informed exploration of the discourses and themes informing the rationality in psychological intervention

This section elaborates these two strands. Holsti (1969) promotes the use of a combined paradigm suggesting that "qualitative and quantitative methods supplement each other" and that it is by "moving back and forth between these approaches that the investigator is most likely to gain insight into the meaning of his (*sic)* data" (Holsti, 1969, p.11). The

type of data generated allowed for the use of dual methodologies. The large number of problems presented (n=118) allowed for quantitative analysis, and the in-depth responses allowed for a theoretical qualitative analysis of the text.

The section which follows explains the process involved in the coding of the data, that is, how the information generated by the questionnaires was converted into a form that would allow for statistical comparison. However, whilst developing these codes, the researcher continued to make notes about any observations that shed light on theoretical arguments, which later informed the qualitative themes emerging.

3.4.1 Coding Data

In order to conduct the analysis on the problems, it was necessary to convert the data into a form that would allow for comparison across problems. This section explores the development of a method of coding which would allow for statistical comparison.

An excel database was constructed to contain the problems presented by each participant. The demographic variables of each participant were entered into the database, along with a column containing a brief description of each problem, as well as columns containing the causes and interventions. Thus the information generated by the questionnaires was available on a single excel file. Appendix III contains the various column headings of the excel database, with the example of two problems. After entering the data from all questionnaires into the excel file, the data were examined with the purpose of developing categories for the problem(s) presented by each participant, as well as how they explained the problem (causes), the type of intervention used and the effectiveness of the intervention.

Holsti (1969) explains that categorisation or coding of data is used in even the most rigorous quantitative studies. In the explanation of the coding process which follows the terms categorisation and coding will be used inter-changeably. Holsti (1969) explains that "in the absence of standard schemes of classification, the analyst is usually faced with the

task of constructing appropriate categories by trial and error methods" (p.104). These categories must "reflect the purpose of the research, be exhaustive, independent, and be derived from a single classification principle" (p. 95). In the current research, the use of a second trained coder was also introduced to check for the reliability of the categories. The explanation which follows documents the coding process and also explores some problems occurring during this process.

3.4.1.1 Psychological Problems

The unit of analysis in this research are the problems presented by the participants. Participants were asked to list the "two most common problems they face in their work context". Some participants did not include any problems, probably because of lack of time, and other participants chose to name only one problem. Problems dealing with internal organisation issues not relevant to the analysis (three problems) were discarded. For the main part of the analysis, four problems were excluded as they were from overseas contexts (from three participants), and thus would not be relevant for the analysis of the South African context. At the end of this process 118 problems were identified for the analysis. Each problem was assigned a number for its identification. Where reference is made to specific problems they will be identified by this number, for example the first problem will be Problem 1 and so on. This section explains the coding and categorisation of the problems/issues that participants described in section 2 of the questionnaire.

Holsti (1969) suggests the following method when investigators develop their own categories: "before constructing categories he (*sic*) may want to read over a sample of his data to get a 'feel' for it" (p. 11). Thus, the first task consisted of reading through the entire sample of 118 problems a few times, in order to note obvious trends in the classification of problems. In this initial reading the researcher was interested in identifying similarities in how problems were constructed. It was not initially clear what the basis or "classification principle" would be.

Three ways of framing problems were observed in this initial examination: "clinical syndrome", in which participants described psychiatric problems, "public health" issues, which consisted of the presentation of health related issues, and "socio/economic" problems, in which participants described social and economic problems (see Table 3.6 for examples). Problems fitting into these categories were initially coded as such, leaving the remaining problems to be examined. At this stage it was only a very simple structure and although these initial categories remained relevant in the final analysis, they underwent various revisions throughout the process as other categories emerged, or were discarded. As an example, it was not initially clear whether the problem/issue of "sexual abuse" should be included in the "clinical syndrome" category as it invariably included a psychiatric problem, such as post traumatic stress disorder, in the explanation of the problem. It was later decided that issues, such as trauma, do not fit adequately in the "clinical syndrome" category, in particular they do not reflect the system of classification that the participant seemed to be constructing, and thus a separate category was constructed for these problems. In developing the coding scheme it was important to understand the participant's construction of the problem and to remain as close as possible to this.

Many of the participants described specific problems related to the practice of the profession. For example, one participant describes the problem/issue they face as: "Poor payment: Private clients/ government/ companies and medical aids are generally poor at paying once the service has been delivered" (problem 65). This type of issue was not foreseen by the researcher, and initially it was thought that these problems may need to be excluded as they did not describe actual practical issues or "problems" that psychologists face. However, valuable information was included in these problems and excluding these from the analysis would have meant that a large amount of data would be lost. In order to maintain these problems in the analysis the category of "professional" issues was constructed. This category was eventually broadened to give an account of all problems that occur within the profession of psychology, be it with other psychologists (for example: "disregard for good research standards in the research community",

problem 57), the public (as problem 65 above) or other professionals (for example "Inadequate referrals from Social Workers and other Professionals", problem 118).

At each stage of the process, the researcher revised already coded problems in light of new categories to ensure that the categories were appropriate, and adequately reflected what participants were saying. Further possible categories which emerged were "research", "assessment" and "advocacy", as some participants were describing these as practices in their work contexts. However, one of Holsti's (1969) requirements was that a coding system should "be derived from a single classification principle", and it was decided that the principle for the initial categorisation should focus on the construction of the arena in which the problem was located, rather than activities or practices involved in the discussion of the problem. The section focussing on "interventions" would take into account these specific practices. Inclusion of these as categories would have made it impossible to assign a particular problem to only one category, thus violating the statistical rule of having mutually exclusive categories. For example, problem 81, described as "public health research", would have fitted into the dual categories of "research" and "public health". "Assessment", as a specific category, was retained due to the historically significant role it played as an applied field in the early history of psychology. "Research" and "advocacy", although not maintained as a category for classifying problems, was accounted for when coding "interventions".

At this stage, a number of problems presented a particular challenge to categorise. These problems broadly involved an individual's coping with difficult environmental circumstances, but no clinical syndrome was identified, although symptoms may be present. Participants seemed to be describing problems involving poor adjustment/coping to normative problems in their environment. An example is Problem 32: "Students present with stress, anxiety, relationship problems...struggling with academic performance, predominantly first year students" or Problem 13: "Academic Issues: lack of study skills, inability to manage time effectively, lack of test and exam wiseness".

Table 3.6 Problems/ Issues categories:

CATEGORY	Description	Example
1. Clinical Syndrome (n=22)	These include clinical/psychiatric problems. The problem is defined as a diagnostic issue, taken from the psychiatric system (for example the DSM system). This is a predefined category with a specific range of symptoms (which are often listed) attached to it.	"Mood disorders, esp. Bipolar Mood Disorder" (Problem 102)
2. Public Health Issues (n=18)	Public health is defined as "The science and practice of protecting and improving the health of a community, as by preventative medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards" (www.dictionary.com) Many problems listed by the participants included health related issues.	"HIV prevention" (Problem 51)
3. Socio/economic Problems (n=16)	These were problems related to the practical or socioeconomic environment. These social problems also include those problems where current disadvantage is related to apartheid legacy.	"Financial difficulties- students on financial aid battle to manage their finances...results in not having food, academic material" (Problem 111)
4. Adjustment Issues (n=17)	The site of the problem is the individual's poor adjustment to his environment. A clinical syndrome should not be indicated as the primary problem.	"Academic Problems: lack of study skills, inability to manage time" (Problem 13)
5. Assessment (n=8)	Where the problem involves some form of assessment of a particular capacity for the prediction of performance on another variable	"Career choice" (Problem 41)
6. Labour/Human Relations (n=5)	Problems dealing with the internal functioning of organisations/businesses	"Conflict Resolution" (Problem 62)
7. Specific Issue (n=10)	Specifically identified problems (there is a trigger)	"Sexual Abuse" (Problem 106)
8. Professional Issue (n=22)	Where the problem includes an issue within the profession of psychology	"Poor payment for services" (Problem 65)

In these cases an individual presents with a problem such as "anxiety" because of their failure to cope with their environment, or due to a lack of specific capacities, such as study skills. A category, labelled "adjustment", was constructed to include those problems where an individual was experiencing problems with the process of adjusting to, or coping with, what was presented as a "normative" or typical issue. As explained before, a number of problems presented by participants listed specific external events, such as trauma or sexual abuse, and since "clinical syndrome" or "adjustment", did not adequately account for these problems the category of "specific issues" was constructed, to account for these problems. Finally, problems relating to human/labour relations were included into a category "labour/human relations" to account for problems occurring within the organisational system. Eventually through revisions, eight primary categories (table 3.6) emerged.

It should be noted that during the process of developing these eight mutually exclusive categories various issues arose that made it difficult to classify problems and needed to be considered carefully when developing a coding scheme. These will now be discussed, and the solutions examined.

3.4.1.1.1 Multi-faceted nature of problems

For the purposes of analysis, it was necessary for categories to be mutually exclusive, thus a particular problem could fit into only one category. This became a problem as many of the problems presented were multifaceted, and spanned more than one category. It became apparent that there was an overlap between the ways that problems were constructed. Thus one of the issues in developing the coding scheme involved developing clear rules which could be consistently applied, across all problems to eliminate possible bias when choosing one category over another.

This issue seemed to be further complicated by the fact that a particular problem/ event could be framed differently by different participants. Consider the person who has lost a close family member (say due to HIV), and as a result is exhibiting certain depressive

symptoms, such as feelings of sadness, irritability, lack of sleep, this person decides to go and see a psychologist. What is the problem that the psychologist is dealing with: Depression, Bereavement or perhaps a broader social issue related to the increasing number people seeing psychologists as a result of HIV/AIDS related loss. Some problems appeared to span different categories, and where it was allocated depended on how the participant chose to formulate it. Participants interpreted problems from their own specific framework. The above scenario could be framed as a "clinical syndrome", a "public health" issue or a "social" problem. HIV, for example, was defined by various participants as, "public health" issue, an issue of "adjustment" or a "social" problem. Thus a particular problem is described differently by participants, within their position and framework. In the coding therefore, one had to identify clearly which perspective was the most relevant for a particular problem. This issue identifies the importance of a rationale for constructing a problem, and what the implications may be for constructing a problem from one perspective as opposed to another, and suggests that psychologists are using multiple ways to explain problems. These are themes to be examined in the qualitative section. The implication is that a specific "rationality" is involved in the construction of "psychological problems", and it is important to understand the implications of this "rationality" in the socio/political and practical context, particularly of the intervention.

An example is problem 92 described as "communities facing HIV/Aids related loss" as the social problem, but, as the participant goes on to elaborate, this problem could lead to a host of psychological/clinical problems in children, such as children with "antisocial tendencies" or "parentified children", as a result of losing their parents to HIV/AIDS. Many problems were inter-linked, thus relying on various frameworks and this may have important implications for how the participant chooses to intervene. However what this meant was that in the coding process rules were to be established to ensure that problems were consistently assigned to particular categories. Due to the subjective nature of the development of the categories it became more important to ensure consistency in assigning categories. Furthermore, it was important to remain as close as possible to what the participant was saying and how they were constructing the problem. This is congruent

with the overall research objective of understanding the "rationality" of the problematization of conduct. A research assistant was trained in the coding, and this helped to identify specific categories that were ambiguous. One particular variable which deserves mention in this process is the socio-economic variable, present in many problems.

3.4.1.1.2 Socio-economic variable

Relating to the "multi-faceted" nature in the description of the problems, it was observed that there seemed to be a dominance of a socio-economic variable in the description of problems. Consider problem 52, named as "Indoor air pollution and child respiratory health". The problem this participant deals with in their work context is described as "respiratory health problems due to exposure to indoor burning of fuels such as wood, coal, cow dung due to poverty". This problem may be coded as a "public health" issue, identified by "respiratory health", but socioeconomic variables are clearly intrinsic in the construction of this problem, as it is due to poverty that individuals are burning these fuels.

It was necessary to pay close attention to these socioeconomic dimensions in the construction of problems. Even a problem dealing with "Labour/ Human Relations" can include this dimension: "our employees find it difficult to associate low development with poor socio-economic circumstances" (problem 15). Thus, instances where mention was given to social issue or disadvantage as being part of the problem, such as finances, poverty, unemployment or previous disadvantage needed to be analysed. For this reason, this issue is one of the themes explored in-depth in the qualitative analysis. This is an example of how quantitative and qualitative analyses become a reflexive process, the one informing the other.

The "multi-faceted" nature of problems pointed to the importance of having a coding scheme that ensured that the assignment of a problem to a specific category was consistent and did not entirely depend on the researcher's subjective interpretation. It was

necessary to ensure the reliability of the coding system. The introduction of a research assistant to code the problems with the use of a coding scheme was used to test reliability. As this also involved testing reliability for "causes" and "interventions", these will be discussed first and the inter-rater reliability is examined under the section dealing with statistical analysis.

3.4.1.2 Coding Causes

Participants were asked to give an account of what they thought the cause of each of the problems they described in Section 2 of the questionnaire was. As participants were asked to "think broadly and discuss these causes in detail", many listed multiple causes to each problem. Thus one problem could have as many as three different causes. In order to ensure that the rule of mutually exclusive categories was observed, each cause was examined separately and given a code.

Again the initial approach to constructing categories involved reading through the sample of responses given by participants in order to identify themes/patterns in the way that participants described the problems. This initial examination indicated that one of the ways "causes" were framed was according to the level at which it occurs. "Causes" were described as occurring at an "individual" level or an "interpersonal" level or a "social/contextual" level. "Individual" causes were those described by participants as being located in some way in the individual. Examples were lack of skills, such as poor study skills, personality variables, such as lack of confidence, or biological factors, such as epilepsy. "Interpersonal" causes were described as originating within interpersonal interaction. Interpersonal is defined as "of relating to the interactions between individuals" or "existing or occurring between individuals" (Reber, 1995, p. 384). "Interpersonal" causes referred to a current interpersonal cause.

A further description of "causes" involved social and contextual or environmental factors. Examining the "causes" in this category, it was observed that they were quite extensive, ranging from environmental factors such as "poor-person environment fit" (problem 29)

or "high expectations from family because of culture" (problem 9), to broader social and economic causes, such as "apartheid legacy" (problem 33) or "inequality" (problem 52). It was decided that it may be useful to separate these broader socioeconomic issues from more environmental and contextual factors as they seem to involve a different logic behind how the problem is described or understood. Furthermore, the research is interested in whether this particular way of categorizing or explaining problems would emerge as an important factor or theme in the construction of psychological problems in the South African, developing world context. Thus the causes of problems were coded in four ways, "individual", "interpersonal", "contextual" or "socio-economic". Each of these levels was treated as a binary code, thus coded as present or absent for each problem. This was to ensure that the codes were mutually exclusive.

3.4.1.3 Coding Interventions

In Section 4 of the questionnaire participants were asked to "describe" what they did to "manage the problems/issues" described in Section two of the questionnaire. Participants were asked to "describe (their) actual practice" and no limit was put on the number of practices listed. Thus, similar to causes, multiple interventions were listed for each problem.

In the coding development, the researcher was interested in understanding how participants constructed their interventions. From this process interventions were grouped systematically, that is similar types of practices were grouped together. In the initial reading for getting a "feel for the data", it was observed that there were differences in the actual target of the intervention. Some interventions seemed to be targeted on an individual level (for example therapy) and others seemed to be targeted at the individual's system. Thus the first coding principle distinguished practices aimed at an individual level versus practices aimed at a "systemic" level, that is, within the individual's external system. The latter was initially defined simply as any intervention not targeting the individual. In the next step, "individual" and "systemic" interventions were examined separately, as it seemed that different types of practices were described

within these two. The second stage thus involved examining each group and looking for trends within.

Examining "individual" interventions first, it was apparent that certain interventions targeted at the individual, consisted of some form of psychotherapy, for example in Problem 97 "CBT or psychodynamic therapy: focussing on rapport and process" or Problem 96 which describes "non directive play therapy with children". The participant often named the specific type of therapy used. Thus a category of "therapeutic" interventions was constructed to account for "individual" interventions involving some form of psychotherapy. However, often the participant alluded to the use of a therapeutic modality by the use of particular phrases, such as "encourage talking about experience" (Problem 2) or "empathy" (Problem 14) or "support" (Problem 34) without naming a specific therapy, and it was important to take these into account in the coding process. Psychotherapy is defined as "the use of any technique or procedure that has palliative or curative effects upon any mental, emotional or behavioural disorder" (Reber, 1985, p. 621).Therapeutic intervention was defined as interventions which clearly stated the use of a specific modality, or one that emphasized the importance of the relationship between the participant and client, in the context of managing the problem/issue.

Other than therapeutic interventions, participants also described interventions targeted at the individual, but that involved a more direct mention of specific skills or information, as for example: "teach problem solving skills" (Problem 13), "life skills" (Problem 29) or "information leaflets of FAQs" (Problem 77). In the definition of psychotherapy above, as the "use of any technique or procedure", these types of practices would fall within the boundaries of the definition of therapy and it is recognized that the two may not be mutually exclusive. A psychologist may in the course of therapy also be teaching his/her client about, for example "assertiveness skills". However, the two are treated as separate categories in this research as although both attend to aspects of the self, directive interventions call on the client to specifically focus and modify an aspect of the self, such as in skills training. Thus the category of "directive" interventions was constructed to

take into account those practices where the participant described specific skills or information ("psycho-education") as part of the management of the problem.

A final category of "assessment" accounted for all problems where assessment was indicated as part of the intervention, as for example: "interview and sometimes assess" (Problem 61) or "intake and assessment including family interview" (Problem 98). The final "Individual" intervention category, "practical" interventions, was constructed to account for any type of individual intervention where the participant gave some form of practical assistance as part of the intervention, for example, "lend money out of an 'emergency' fund" (problem 75). There were only four problems that had "practical" interventions.

"Individual" interventions were categorized by looking for trends in specific types of intervention and grouping these together. The data was used as the starting point and allowing categories to emerge. The same approach was used to categorize "systemic" interventions. Similar interventions were grouped together, in order to form an exhaustive coding scheme, resulting in the following categories; "Systemic therapeutic interventions", "referral", "professional", "social change" and "research" interventions. As the process of developing these categories was similar to "Individual" interventions, the focus will only be on defining the various categories.

"Systemic therapeutic" interventions included all interventions aimed at the individual's system, as some type of therapeutic interventions. The distinction between "Therapeutic" and "Directive" interventions, made in the "individual" interventions was not applied here, as "psychotherapy" interventions did not feature as predominantly. "Systemic" interventions involved any type of intervention aimed at changing the system where the problem was located, be it implementing systems, such as "establishment of an Employee Assistance Scheme" (Problem 4), or directive interventions aimed at the system, for example "Mediation skills: ensure communication flow, 'translation' between management and employees" (Problem 15) or "capacity building" (Problem 50), or the

few cases of a psychotherapeutic intervention aimed at the system "family (systems) intervention" (Problem 96).

Interventions coded as "Referral" included all those interventions where the management of the problem involved the referral to another professional or system, be it to social workers, psychiatrists, or organizations such as legal aid. "Professional" interventions were any interventions targeted at changing the profession of psychology. "Research" interventions were categorised where the intervention was focused on some form of research as part of the management of the problem.

In the descriptions of managing problems, certain interventions involved practices aimed at addressing problems at a systemic level, but specifically targeted addressing previous disadvantage. As this is an important issue in the history of South Africa, the category of "social change" was constructed for those interventions suggesting some type of "social change" broadly defined as "any move away from apartheid" (Wilson, 1998, as cited in Derman, 2002). This included any interventions falling under the umbrella of community psychology or any mention of advocacy work. Examples include, "Advocacy: follow up with SAPS" (Problem 73), "interventions formulated into a community based intervention" (Problem 52) or "empowerment of individuals in the community". Of the categories discussed, this particular category was the most interpretive, and the researcher had to consider the intervention in the context of the problem to decide whether it was aimed at social change. Table 3.7 gives a summary of the different types of practices/ interventions emerging within each group:

Table 3.7 Categories for coding interventions

INDIVIDUAL	SYSTEMIC
1.Therapeutic 2.Directive 3.Assessment 4.Practical	1.Systems (directive or therapeutic) 2.Referral 3.Professional 4.Social Change

3.4.1.4 Coding Effects

In the section focussing on the management of problems, participants were asked whether they thought the practices they used were effective. Participants were given space to elaborate on their reasons. In coding this section, it was firstly noted whether interventions were "effective" or "not effective". Secondly, where interventions were coded as "effective" it was necessary to examine the content looking at how and why participants thought their interventions were "effective". Four categories of "effectiveness" emerged. "Psychological effects" were coded where some psychological benefit was noted, for example "clients feel safe and listened to" (problem 95) or "improved concentration and performance after disclosure" (Problem 92). "Systemic" effects were coded where the client's system showed some improvement, for example, "yes it is effective if research is used as a tool to understand problems and make recommendations that affect policy development" (Problem 81), or "the intervention helps business: improving productivity, employee relations and providing insights into problematic trends" (Problem 4). "Professional" effectiveness was noted where the intervention was effective in changing the profession in a positive way and "practical" effects where the intervention was practically effective in some way.

3.4.1.5 Concluding comments

The data provided by the questionnaires were coded into a form that would allow for statistical comparison, and the section above has explained the process of developing this coding scheme. The information was entered into an SPSS file in order to do statistical comparisons and the next section will describe the analysis conducted. Whilst examining the data in this way, and searching for trends in the construction of problems, causes and interventions, the researcher continued to make notes which later informed the qualitative themes. To ensure that the quantitative analysis was rigorous, it was necessary to ensure that the categories were reliable, and the introduction of another trained coder was used to assess the reliability of the categories generated. This process will also be discussed in the following section.

3.4.2 Statistical Analysis

Statistical testing is one way researchers can put a theory to the test (Lachenicht, 2002). To address the research aims outlined at the start of this chapter, this thesis relies on both quantitative and qualitative methods. This section explains the quantitative tests conducted on the coded data. As the data generated consisted of counts rather than scores, Chi-square analysis was conducted with significance set at the 5% level. Furthermore classifications were required to be exhaustive and mutually exclusive.

The problems or issues generated by participants were the unit of analysis and tests were applied to determine association between particular types of problems, or ways of explaining problems, and certain variables. The research is interested in the application of psychology in South Africa, the ways that problems are constructed in this context that makes them amenable to psychological intervention, with the aim of relating these findings to the theoretical concept of governmentality. The eight problem categories were mutually exclusive, thus each problem could fit into only one category. Analysis was conducted to determine association between a type of problem and certain demographic variables, such as gender or the setting in which a participant worked. Was someone working in a particular setting more likely to work with a particular type of problem? One potential problem for conducting chi-square analysis concerns the rule of independence, which states that each observation should come from a different subject and that no subject should be omitted from the table. This rule is of concern when conducting analysis on demographic variables, as some participants gave more than one problem. Furthermore, participants may be linked as they work in similar settings. Due to this problem, limited analysis is conducted using demographic variables.

The main focus was around the association between particular problems and the understanding of their causes, as this would allow for an investigation around the "rationality" behind the problematization of conduct. How do psychologists understand and explain the causes of the problems they deal with in the current South African

context and is this different from previous ways of understanding problems? The reader is reminded that four different levels of causes were coded: individual, interpersonal, contextual and socio/economic. As each problem had more than one cause, to ensure that each cause was mutually exclusive from other causes, each level was treated as a separate binary category, thus coded as present or absent for each problem. Chi squared analysis was also conducted on types of problems and type of intervention. Are there links between the "rationality" in the construction of problems and ways of intervening? As multiple interventions were cited per problem, these were also treated as separate binary categories.

Thus statistical testing examined various associations between problems, causes and interventions to provide information required to understand the practice of psychologists in South Africa. Categorisation of problems for the purpose of quantitative analysis involves a reduction of the richness of the data and in this process the subtle logic or rationality of participants' construction of problems by may be obscured. It was important to maintain a balance between reducing problems for statistical analysis and maintaining the richness of the logic behind the construction of problems. It is for this reason that the qualitative, in-depth analysis was vital to investigate these issues. Quantitative analysis was helpful in two respects, firstly, by identifying the issues that needed more in-depth consideration by the suggestion of particular trends, and secondly, to produce objective and generalizable findings. It was also necessary to ensure that the quantitative findings are valid, and that all statistical rules are adhered to. One rule requiring constant monitoring was the "rule of thumb" of Chi-square analysis.

There were eight problem categories generated from the coding. Conducting chi-squared analysis on eight categories was not possible in certain cases as the "rule of thumb" stating that "the expected frequency should be no less than five in 80% of the cells" (Lachenicht, 2002) would be violated. To solve this problem, Lachenicht (2002) suggests that the researcher combine categories. Categories with theoretical similarities congruent with the aims of the research were combined to create three collapsed categories. "Social" problems and "public health" issues were combined to form a category of

"Social" issues (total of 35 problems). "Professional" issues remained a category on its own (total of 22 problems). "Clinical Syndrome", "adjustment", "specific issues", "assessment" and "organisational/ labour relations" were combined to form the category of *"Psychological" issues* (a total of 61 problems). Since the use of these collapsed categories reduces the sensitivity of each category, and may work against the overall aim of understanding the internal logic within the construction of problems, where possible, the researcher tried to use the original eight categories. Where the combined categories are used, hereafter referred to as "CC", this will be made clear where the results are presented. CC categories will be capitalised to remind the reader that they are the collapsed categories.

3.4.2.1 Using adjusted standardised residuals and Cramer's V

The tables generated by the Chi-square tests were not 2x2 and thus significance would not tell us exactly where in the contingency table the association is strong or significant as significance for an r x c contingency table "does not tell us whether the lack of independence occurs throughout the table or only in specific sections" (Lachenicht, 2002, p.94). Lachenicht (2002) suggests the use of "adjusted standardised residuals" to determine where the association lies. This is tested at the 5% level, thus an adjusted standardised residual of greater than 1.96 (or less than -1.96) is considered significant.

Furthermore, Howell (2002) suggests the use of a coefficient statistic in order to determine the strength of the association. Cramer's V was used where contingency table are not 2x2.

3.4.3 Reliability

A researcher must be able to demonstrate that his/her measures and procedures are reliable; that "instances can be assigned to the same categories by different observers or by the same observer on different occasions" (Hammersley, 1990, as cited in Silverman, 2000, p. 188). Holsti (1969) adds that reliability is necessary to ensure that the research is

objective and this is particularly relevant to the present research as the categories were developed by the researcher and any subjectivity in the process needs to be countered as far as possible to ensure reliability. As Silverman (2000) says, "it is incumbent on the scientific investigator to document his or her procedure and to demonstrate that categories have been used consistently" (p.188). The methodology section has documented the development of the categories and coding scheme. The researcher ensured that as categories were generated, existing categories were revised and had to be taken into account. Although the development of this coding scheme is subjective, the coding process was informed, by the researcher's aim to remain as close as possible to the participant's way of framing and describing problems. At the end of this process the researcher developed a coding scheme (Appendix IV) to guide the assignment of data into specific categories and to ensure that the same rules and procedure were applied with consistency. The use of a trained coder was a further step aimed at both enhancing and testing the reliability of the coding process.

3.4.3.1 Training of the coder: category reliability

Holsti (1969) suggests that the use of a trained coder can increase agreement of categories. Furthermore since "the nature of the data is usually beyond the investigator's control, opportunities for enhancing reliability are generally limited to improving coders, categories or both" (Holsti, 1969, p. 135). In the present research the introduction of a coder was relevant in two ways, firstly as a required step to test the reliability of the coding process through measuring agreement, but secondly, training the coder also allowed the researcher to identify and refine ambiguous categories. Before the introduction of the trained coder, the researcher had coded all problems and developed a coding scheme. The first stage of the process involved giving the coder the coding scheme and discussing the various categories to ensure that the coder understood the meaning of the codes. At the completion of this process both coder and researcher coded 15 problems, each separately. The findings were then compared and deviations discussed. These discussions were useful in identifying ambiguous categories and served to refine the coding scheme by the development of consistent rules. This refined coding scheme is

presented in Appendix IV. To test the reliability, the revised coding scheme was developed and given to the trained coder.

3.4.3.2 Inter-rater reliability statistic

Cohen's Kappa measures inter-rater agreement, while controlling for chance agreements, and is often used to determine the reliability of ratings (Howell, 2002). This figure is both a test of significance, but often the significance is not the issue, but rather the level of agreement between different coders. In order to measure agreement, a random selection of 23 problems (20%) was given to the trained coder. The results of the coding were compared to the codes obtained by the researcher and the reliability statistic was generated. The findings are presented in Table 3.8.

A reliability statistic of 0.74 was found for the main category of "Problems/Issues". Thus, 0.74 was the statistic to indicate the level of agreement between the researcher and coder measuring the assignment of a problem to one of eight mutually exclusive categories. For "Causes" each level is treated separately as a binary category to ensure that causes were mutually exclusive. The following level of agreement was found: For "individual", "interpersonal" and "contextual", inter-rater agreement was below 0.50. "Socio/economic" causes had a statistic of 0.55.

Table 3.8 Cohen's Kappa for categories

Category	*Cohen's Kappa*	*Category*	*Cohen's Kappa*
Problem	**0.74**		
Causes		Individual	0.23
		Interpersonal	0.17
		Contextual	0.383
		Socio/economic	0.55
Individual interventions	**0.89**	Therapeutic	0.82
		Directive	0.506
Systemic interventions	**0.82**	Social Change	0.51
		Professional	0.50
		Referral	0.747

Note: problem categories are mutually exclusive
Note: Separate Cohen's Kappa are given for specific Causes and interventions as each was a binary category

The reliability statistic was also generated for interventions. Deciding that an intervention was targeted at the "Individual" had a value of 0.89. Specific categories within individual interventions were also examined; "Therapeutic" interventions had a statistic of 0.82 and "Directive" a reliability statistic of 0.506. Agreement on whether an intervention was "Systemic" had a rating of 0.82; specific systemic categories, "social change" had agreement of 0.51, interventions targeting the "profession" had a reliability statistic of 0.50 and "referral", as an intervention, had agreement of 0.747. Again it was necessary to examine these categories for interventions separately as they were coded as binary categories to ensure that the rule of mutually exclusive categories was satisfied.

It is not clear what qualifies as an adequate reliability, as Holsti (1969) suggests defining an acceptable level of reliability is one of the problems of this type of analysis. However of particular concern was the low reliability ratings obtained for "causes" and this needs to be taken into account when examining the results of the study. As a result of this low agreement, the researcher re-examined these particular categories, to ensure that they adequately reflect what participants were saying, and as an attempt examine why low inter-rater reliability was generated in these instances. "Causes" were re-examined and it was found that a level of interpretation may be required in assigning codes to these categories. With these insights the researcher re-coded the category of "causes" for all problems.

Holsti (1969) points out that "reliability is a function of coders' skill, insight, and experience, clarity of categories and coding rules which guide their use; and the degree of ambiguity of the data" (p.135). It seems that for all the variables calculated, "causes" required some interpretation by the rater, as participants described the causes, rather than listed them. In recoding the variables the investigator aimed to make the categories less ambiguous and implemented clear rules for assigning a cause to a particular category. Quantitative analysis was important to ensure that the findings can be objective and generalizable, however, to explore the subtle rationality in the construction of problems the data was analysed using qualitative methods.

3.5 QUALITATIVE ANALYSIS

"Theory, then, should be neither a status symbol nor an optional extra in a research study. Without theory, research is impossibly narrow. Without research, theory is mere armchair contemplation" (Silverman, 2000, p.86).

The qualitative analysis of the data was influenced by two aspects, it was grounded in the specific theoretical framework as introduced in the literature review, and secondly it was influenced by trends observed in the quantitative findings. Theory provided the tools for critically understanding the phenomena; the theory is used to explain the application of psychological expertise in this specific context. Can the concept of 'governmentality' give us a better understanding of the role of psychology in 'relations of power' in post apartheid South Africa?

Detailed reading of the text, allowed the identification of specific themes in the practice of psychology in South Africa.

3.6 ETHICAL CONSIDERATIONS

The research process should be guided by ethical principles which ensure the protection of participants and also directs the treatment of the information generated from the research. The principles of autonomy, non-malfeasance and beneficence, as presented by Durrheim and Wassenaar (1999), will be discussed in the context of the research.

The benefits of research lie in the findings being valid and the validity is greatly increased if the sample is more representative. Every effort was therefore made to contact as many graduates as possible, and give them fair opportunity to contribute. Those who did not have access to email facilities had questionnaires posted or faxed. However, although it was important to have as many graduates as possible participating due to concerns of validity, it was important to balance this with the principle of autonomy therefore not to impinge on the right to refuse to participate. The principle of autonomy

ensures that participation in research is both voluntary and informed. Participants in this research were thus required to be given adequate details of the study before their consent was obtained. A letter was attached to the questionnaire informing participants of the following aspects of the study: the sampling process, the interest of the research (which was their work contexts in order to generate an understanding of the application of psychology in the South African context) and, the secondary aim of relating this to their training. Questions were focused strictly on professional practice. Although consent was asked after this explanation, participants were free to answer only questions that they were comfortable with. As questionnaires were emailed to participants, they could choose not to respond and as all participants were Masters level graduates who had completed their own research, and thus would be fully aware of the research process. This was reflected in the refusal of some participants to respond. Furthermore, there was continual communication with participants both telephonically and via email to understand and address some of their concerns around participation. Some of these concerns are covered by the principle of non-malfeasance.

The principle of non-malfeasance ensures that all potential risks are considered; particularly that research does not harm participants. Participant anonymity needed to be ensured since the method of data collection (emailing) meant that the researcher would automatically know the identity of the respondent. To ensure confidentiality, the word document containing the questionnaire was saved with a random code number and the original email containing the identity of the participant, was deleted. Should any other person involved in the study see the questionnaire, they would only be able to see this code. Discussions with participants revealed that their concerns around confidentiality were primarily related to Section five of the questionnaire, concerning their thoughts on the training they had received. If after the above process was explained to the participant, there were still concerns around confidentiality, it was suggested they omit these specific sections when answering the questionnaire.

The principle of beneficence ensures that the research benefits either the participants directly, or other researchers, and society at large. The findings of this research may not

benefit the participants directly, but the psychological community at large, especially if the research yields results that can inform training programs and allows psychology, as a discipline, to be self-reflexive and realistic as to the role it fulfils in the South African community. The research is interested in understanding the operation of psychology in power relations in South Africa and hopes to illustrate ways that psychologists unwittingly enter into these power relations, governing conduct in liberal democracies. It is thus important that this be shared with the professionals implicated and with the research community at large. In fact, when participants were informed of the study, many responded with interest in the findings of the research. Aspects of this research has been presented to professionals at the 2004 PsySSA conference, to psychologists at a government hospital complex in Kwa-Zulu Natal, as well as the University of Kwa-Zulu Natal's post-graduate research conference. Writing a journal article would be another way to ensure that the findings of this research become available to the research and professional community.

3.7 CONCLUDING COMMENTS

This section has provided the rationale for the methodology employed in this study. The focus has been around justifying specific steps in this process, as they relate to answering the overall research aims. Chapter four presents the findings of the quantitative analysis, and chapter five will explore the qualitative themes.

CHAPTER FOUR: RESULTS

4.1 INTRODUCTION

The previous chapter outlined the methodology employed by the study. This chapter focuses on the findings from the statistical analysis. Chapter 5 explores the qualitative themes and consider these in conjunction with the quantitative data.

4.2. METHOD OF ANALYSIS: CHI SQUARE ANALYSIS

In order to do statistical analysis, the data generated from the questionnaires were coded and categorized. The reader will be reminded that the units of analysis for this study are the problems (n=118) presented by participants, and not the participants. Statistical significance was tested with Chi-square analysis, to establish whether any associations between the categories of problems and specific demographic variables, types of causes and the types of interventions aimed at the problems. Further tests were conducted to examine the association between types of problems and the reported effectiveness of interventions, and between specific practices and types of interventions. Analysis of variance was used with numerical data, where mean scores could be compared, as with the ratings on the Likert scale. Significance was set at the 5% level.

4.3. PARTICIPANT VARIABLES AND PROBLEMS

This section reports the analysis conducted on variables from section one of the questionnaire. These findings should be treated with caution, as the variables from section one were not equally weighted. The analysis tests whether any association exists between problem categories and selected information on each participant, and since not all participants gave the same number of problems, they will not have equal representation. Thus those participants who gave two problems (74%) would be represented doubly, for each problem. Although most participants gave two problems, some participants (17%) gave only one problem, whereas those who gave no problems

(9%), which include those from overseas contexts, were not included in the analysis. Furthermore, as previously mentioned, these finings should be treated with caution as the rule of independence of observations is potentially problematic when testing association with problem categories and participant characteristics. Due to this issue, analysis on demographic variables is limited to testing association with the problem categories and is not extended to any analysis on demographic variables and causes or interventions.

As explained in the methodology section, when conducting the analysis with problem categories and variables from section one of the questionnaire, it was necessary to ensure that the "rule of thumb", stating that "the expected frequency should be no less than five in 80% of the cells", would not be violated (Lachenicht, 2002). In most cases, the low frequency in cells was the result of having several categories for particular variables. For example testing association between settings (which had six categories) and the eight problem categories would result in a 6x8 contingency table and would violate the statistical rules. For this reason, problem categories with theoretical similarities were combined to create three categories (referred to as CC). These categories are "Psychological" Problems, "Social" *issues*, and the final category of "Professional" Issues, which remained a category on its own.

Chi-square analysis was conducted with problem categories and the following participant variables: gender, race, degree type, salary and setting. No significant relationship was found between category (CC) and gender (χ^2 = 0.038, df=2, p= 0.981) or race (χ^2=6.095, df= 4, p= 0.192). Furthermore, no association was found between salary and categories (CC) (χ^2= 4.356, df=6, p= 0.629), psychologists earning a certain salary level were not more or less likely to work with particular types of problems. It was not possible to conduct Chi-square analysis on the collapsed categories (CC) and degree type as the low expected frequency would violate the "rule of thumb". A frequency count of problems (using the eight original categories) reported by each registration category is reported in Table 4.1.

Table 4.1 Frequency count of problems per registration category

Problem Category	REGISTRATION CATEGORY					Total
	Research	Clinical	Counselling	Educational	Industrial	
clinical synd	2	12	5	3	0	**22**
Public Health	10	4	4	0	0	**18**
Socio/ec P	4	1	9	2	0	**16**
Prof Issue	7	3	10	1	1	**22**
Adjustment	1	2	12	0	2	**17**
Assessment	2	0	4	1	1	**8**
org/lab	1	0	1	0	3	**5**
Specific issue	0	6	3	1	0	**10**
Total	**27**	**28**	**48**	**8**	**7**	**118**

These findings are treated with caution, as they were not subjected to statistical analysis. Again the potential problem of independence should be flagged. From this table, it appears that research psychologists show a tendency to deal with "public health" issues and "socio/economic" problems (half the problems they deal with are these "Social" *issues*) and unlikely to deal with "Psychological" problems. Clinical psychologists seem more likely to deal with "Psychological" problems, in particular with "clinical syndromes", and tended to report less "Social" issues. Twenty-four out of 48 problems reported by counselling psychologists were "Psychological" problems, predominantly "adjustment" problems, and also a high number of "professional" issues. Counselling psychologists also reported a high number of "socio/economic" problems. As expected, industrial psychologists seemed the most likely to report more problems dealing with "organisational/labour relations".

Chi-square analysis was conducted on the collapsed problem categories and setting to determine whether any association existed between a particular setting and problem categories. A significant association was found between type of setting and the category of problem (CC) (χ^2= 37.64, df=10, p<0.001, Cramer's V= 0.565). The adjusted standardised residuals of the 6x3 contingency table are presented in Table 4.2. Although the test does not satisfy the "rule of thumb", Wickens' (1989, in Lachenicht, 2002) set of rules can be applied. Wickens suggests that if the degrees of freedom are more than one, an expected frequency of one is acceptable in one or two cells. However, findings need to be treated with caution.

Table 4.2 Settings and collapsed categories (CC) (Adjusted Standardised Residuals)

SETTING		PROBLEMS (CAT)			
		psychological	Social	Professional	Total (n)
	Govt Hospital	**3.9**	**-3.3**	-1.2	**21.0**
	University	-1.2	1.7	-.5	**37.0**
	Business	1.4	-0.8	-0.9	**18.0**
	NGO	**-3.7**	**3.7**	.4	**18.0**
	School	1.3	-1.5	.1	**5.0**
	Mixed/ Private Practice	-0.9	-0.9	**2.2**	**19.0**
Total		**61**	**35**	**22**	**118**

Note: Mixed/ Private Practice, includes all participants working in private practice and those who work in dual settings where private practice was one of the settings

The findings suggest that participants in government settings are significantly more likely to deal with "Psychological" problems (adjusted standardised residual =3.9) and less likely to deal with "Social" issues (adjusted standardised residual = -3.3). NGO/Research unit settings were significantly more likely to deal with "Social" issues (adjusted standardised residual =3.7) and significantly less likely to deal with "Psychological" problems (adjusted standardised residual =-3.7). The table also shows that psychologists working in private practice and mixed private practice settings were significantly more likely to report "Professional" problems (adjusted standardised residual= 2.2).

In the interest of statistical rigour it was essential to use these combined categories when conducting these analyses. Where significant relationships were found between specific variables concerning each participant, using the collapsed categories (CC), may obscure some of the more subtle distinctions within problem categories. When conducting test of association with problem categories and causes, as well as interventions, wherever possible the eight primary categories were used.

4.4. CAUSES

In section three of the questionnaire, participants were invited to give an account of what they thought caused the problems they had described. Participants listed an average of 2.38 causes per problem. Each description of a cause was coded into one of four levels of causes: individual, interpersonal, contextual and socioeconomic. Each level of cause was

listed as either present or absent for a particular problem, thus ensuring that each code was treated independently and that, within each cause the assignment of a code was mutually exclusive, the cause was either present or not present. Thus each level of cause represented a binary category. Table 4.3 contains a frequency count of the different levels of causes. Systemic was added to take into account the number of problems that had either contextual or socioeconomic cause (or in some cases both), in order to have an idea of the number of problems with external causes.

Table 4.3 Frequency count of Causes

Causes	Total	Percentage of problems
Individual	49	41.5%
Interpersonal	30	25.4%
Contextual	67	56.7%
Socio/economic	63	53.3%
Systemic	104	88.1%

Note: Percentage adds up to >100 because each problem had an average of 2.38 causes.
In addition systemic = contextual + socio/economic

Just less than half (41.5%) of the problems reported by participants were coded as having individual causes. Twenty-five percent of the 118 problems were coded as having interpersonal causes. The highest percentage of a type of cause reported for problems were 56.7% of contextual causes followed by 53.3% of problems with socioeconomic causes. A high number (85.6%) of problems were described as having some kind of systemic cause (socioeconomic or contextual or both).

Chi-square analysis was conducted to test association between categories of problems and the type of causes given by participants. Is a specific category of problem more likely to be explained as having a certain type of cause? In this case all eight categories of problems were used for the analysis, with the exception of interpersonal causes, where the collapsed categories (CC) were used so as not to violate the "rule of thumb". Four separate χ^2 analyses were conducted to determine whether an association existed with any level of cause and the problem categories. The eight problem categories were

mutually exclusive and each level of cause was treated separately as a binary category, thus fulfilling the rule of mutually exclusive categories. The findings of the Chi-square are summarised in table 4.4, each column representing a separate χ^2 analysis.

No significant relationship was found between individual causes and a particular type of problem (χ^2=12.223, df= 7, p=0.093, Cramer's V=0.322), suggesting that the way a problem was defined (as a "clinical syndrome" or "socio/economic" problem) did not have any association with whether that cause was coded as individual. Although not significant, a glance at the adjusted standardised residuals in table 4.4, suggest that "clinical syndromes" were most likely to be reported as having "individual" causes (adjusted standardised residual=2.3). There was a tendency for "adjustment" issues to report individual causes, whereas "professional" issues seem to be least likely to have individual causes.

Examining the association between the problem categories and reported individual causes, it is not only significance that is worth reporting, but the absence of significant relationships found within certain problem categories. For example, no particular trend was observed between individual causes and "socioeconomic" problems or "public health" issues. This is surprising as one might expect a "public health" and a "socio/economic" problem not to have many individual causes, that is, a negative association. Seven out of 16 "socio/economic" problems were described as having a cause at an individual level, and six out of 18 "public health" issues were described as having individual causes. An example is problem 111, a "socio/economic" problem, described as: "Financial difficulties: students on financial aid battle to manage finances, no food, academic material leads to battling academically and face exclusion", has the cause described as the students "lack of understanding of how to manage finances". This finding is particularly relevant and will be further explored in the qualitative section. Although a significant association was suggested between specific problem categories and interpersonal causes (Table 4.4), 43.8% of the cells had an expected count of less than 5 with a minimum of 1.31, and thus the "rule of thumb" is not satisfied.

Table 4.4 Problem Categories and Causes (χ^2 Analysis)

		Individual	interpersonal	contextual	socioeconomic	Total
	χ^2	12.223	55.484	17.236	15.193	
	p	0.093	<0.0001	0.016	0.034	
	df	7	7	7	7	
	Cramer's V	0.322	0.686	0.382	0.359	
Clinical Syn	Count	14	18	11	10	**23**
	Residual	*2.3*	*6.7*	-.7	**-.8**	
P Health	Count	6	1	9	11	**19**
	Residual	**-.8**	*-2.1*	-.6	.7	
Socio/ec Pr	Count	7	0	5	14	**16**
	Residual	**.2**	*-2.5*	*-2.2*	*2.9*	
Prof I	Count	5	2	15	8	**21**
	Residual	*-2.0*	*-2.0*	**1.2**	**-1.8**	
Adjustment	Count	10	7	7	9	**16**
	Residual	**1.6**	**1.6**	**-1.4**	**.0**	
Assesm	Count	3	0	8	3	**9**
	Residual	**-.2**	**-1.7**	*2.6*	**-.9**	
Org/lab	Count	2	1	4	1	**5**
	Residual	**-.1**	**-.3**	**1.1**	**-1.5**	
Specific	Count	2	1	8	7	**9**
	Residual	**-1.4**	**-1.2**	**1.5**	**1.1**	
	TOTAL	**49**	**30**	**67**	**63**	**118**

Note: each **column** represents a **different** χ^2 testing the relationship between a level of cause and problem categories

An analysis of the combined categories (CC), having only three categories: "Psychological" problems, "Social" issues and "Professional" problems, was conducted as it does satisfy all rules. There was a significant association between interpersonal causes and CC (χ^2= 23.914, df=2, p< .001, Cramer's V = 0.450). These findings were congruent with the trends observed in Table 4.4.The adjusted standardised residuals reveals that "Psychological" problems were significantly more likely to be described as having interpersonal causes (Adjusted standardised residual= 4.9). Whereas "Social" issues (Adjusted standardised residual= -3.7) and "Professional" problems (Adjusted standardised residual= -2.0) were significantly less likely to be reported as having interpersonal causes. If these residuals are compared to the results in table 4.4 one observes similar trends, "clinical syndromes" and "adjustment" issues were significantly more likely to report "interpersonal" causes, whereas "socio/economic" problems" and

"public health" issues were significantly unlikely to be reported as having interpersonal causes.

The analysis suggested a significant association between particular problem categories and reported contextual causes (χ^2= 17.236, df= 7, p=0.016, Cramer's V= 0.382). Although 30% of the expected frequency of less than 5, thus violating the "rule of thumb", the data does satisfy Wickens' rule (1989, in Lachenicht, 2002). The adjusted standardised residuals reveal that "socio/economic" problems tended *not* to have contextual causes (Adjusted standardised residual= -2.2). This finding seems unexpected as one would expect a "socio/economic" problem to be located within the context, but it should be remembered that contextual causes exclude causes dealing with social and economic issues. These are coded under socio/economic causes. "Assessment" problems tended to have more contextual causes (Adjusted Standardised residual= 2.6), but this is treated with caution as "assessment" was one of the categories with a low count.

Finally, there was a significant association between socio/economic causes and the specific category of problem (χ^2= 15.193, df= 7, p=0.034, Cramer's V=0.359). Although 25% of the cells have an expected frequency of less than 5, Wickens' rule is satisfied. Examining adjusted standardised residuals to determine the nature of the associations revealed that "socio/economic" problems were significantly more likely to have socio-economic causes (Adjusted standardised residual = 2.9). An interesting observation is that both "clinical syndromes" and "adjustment" problems showed no significant relationship with reported "socio-economic" causes. In fact, 10 out of the 23 problems in the "clinical syndrome" category are reported to having socio-economic causes, and 9 out of 16 "adjustment" problems. This represents quite a high number of socio-economic causes for these psychological problems, an issue which will further be investigated in the qualitative section, as it seems to be significant for the South African context, particularly how a "Psychological" problem is thought to have a socio-economic cause.

It was not possible to conduct Chi-square analysis with systemic causes and problem categories, as the expected count in the cells did not satisfy the "rule of thumb".

4.5. INTERVENTIONS

In Section four of the questionnaire, participants were invited to list the practices used to manage the problems they had described. Participants listed an average of 2.15 interventions per problem. Each intervention was coded according to whether they were targeted at the "individual" or at a "systemic" level. Thereafter, the intervention was further subdivided according to the type of practice involved. Table 4.5 presents a frequency count of the coded interventions. This table shows that 77 problems had interventions targeted at the individual and 65 had interventions aimed at a systemic level. Most individual interventions were either "directive" interventions (52) or "therapeutic" interventions (44). A large portion of systemic interventions were referrals or interventions targeted at the profession of psychology. It is interesting that, when comparing frequency counts, although a larger percentage of problems were described as having systemic causes (88.1%) than individual/interpersonal causes (51.7%), more interventions were targeted at the individual (65.3%) than at the individual's system (55.1%). Each code was treated as separate and each intervention listed was thus coded as present or absent for that code. This meant that each category ("individual" or "systemic" or "therapeutic" etc.) thus was a binary category.

Table 4.5 Frequency table of interventions

		Total
Individual n =77	Directive	**52**
	Therapeutic	**44**
	Assessment	**12**
Systemic n=65	Referral	**21**
	Professional	**21**
	Social Change	**16**
	Research	**4**
	Systemic therapeutic	**16**

Note: the total number of interventions is >118 as each problem had an average of 2.15 interventions

Two separate χ^2 analyses were conducted to test association between categories of problems and i) individual interventions and ii) systemic interventions. This analysis was interested in determining any relationship with particular problems and the type of interventions used. The findings are presented in table 4.6. To give a better understanding of whether any trends existed within specific individual interventions, Chi-square analysis was also conducted on those specific practices that had a large enough frequency count, in this case only directive and therapeutic interventions satisfied statistical rules for comparison with the eight problem categories.

The analysis indicated that there was a relationship between interventions targeted at the individual and categories of problem (χ^2= 46.117, df= 7, p <.0001, Cramer's V= 0.642). Although 25 % of the cells had an expected count of less than 5, the data satisfied Wickens' rule (Lachenicht, 2002). A closer inspection of the adjusted standardised residuals reveals that problems defined as "clinical syndromes" were significantly more likely to intervene at an individual level (adjusted standardised residual = 3.0), as were "adjustment" problems (adjusted standardised residual = 2.0) and "specific" issues (adjusted standardised residual = 2.2). Problems coded as "public health" issues had significantly less "individual" interventions targeted (adjusted standardised residual = -3.5), and "professional" issues (adjusted standardised residual=-4.7) also had a negative association with "individual" interventions. Interestingly there seemed to be no association between "individual" interventions and "socio/economic" problems. In fact, with 12 out of the 16 "socio/economic" problems, the interventions were targeted at an individual level.

Looking at specific individual interventions, Chi-square analysis conducted on problem categories and therapeutic interventions and also on problem categories and directive interventions are included in Table 4.6. "Assessment", as an "intervention", was excluded as the expected frequency did not satisfy the statistical rules. There was a significant association between the category of problem and therapeutic intervention (χ^2= 47.778, df = 7, p <0.001, Cramer's V=0.653), as well as category of problem and directive intervention (χ^2 = 15.753, df = 7, p <0.01, Cramer's V=0.375).

Table 4.6 Problem Categories and Interventions

		INDIVIDUAL	Therapeutic (Individual)	Directive (Individual)	SYSTEMIC	Total
	χ^2 p df cramers V	46.117 <0.0001 7 0.642	47.778 <0.0001 7 0.653	15.753 0.027 7 0.375	17.593 .014 7 0.396	
Clinical syn	Count Residual	21 *3.0*	20 *5.5*	13 **1.3**	10 **-1.3**	22
P Health	Count Residual	5 *-3.5*	2 *-2.4*	4 **-1.9**	13 **2.0**	16
Socio/ec pr	Count Residual	12 **1.0**	6 **.1**	7 **.0**	9 **.2**	15
Prof I	Count Residual	5 *-4.7*	0 *-4.0*	5 *-2.1*	16 *2.2*	20
Adjustment	Count Residual	15 *2.3*	6 -.2	11 **1.9**	4 *-2.9*	16
Assesm	Count Residual	5 -.4	2 -.9	2 -1.3	4 -.5	8
Org/lab	Count Residual	4 **.6**	1 -.9	4 **1.5**	4 **1.0**	5
Specific	Count Residual	10 **2.2**	7 **2.1**	6 **.9**	5 -.5	10
	TOTAL	77	44	52	65	112

Note: n is < 118 as there was some missing data
Note: each column represents a different $\chi 2$ testing the relationship between a type of intervention and a problem category

Examining the adjusted standardised residual, a strong association was found between therapeutic interventions and "clinical syndromes" (adjusted standardised residual= 5.9), whereas "public health" issues were significantly less likely to use therapeutic interventions (adjusted standardised residual = -2.2). Although no association was found between "socioeconomic" problems and therapeutic intervention, quite a high numbers of therapeutic interventions (40%), and directive interventions (46%) were targeted at "socioeconomic" problems. "Adjustment" problem tended to report more "directive" individual interventions (11 out of 16 problems). Results for directive interventions are treated with caution as more than 20% of cells had and expected count of less than 5, although Wickens' rule is satisfied.

Chi-square analysis was conducted to examine whether an association existed between "systemic" interventions and categories of problem. Although these findings are included in table 4.6, since 31.3% of the cells had expected count less than five, violating the "rule of thumb", the combined categories, CC (Psychological, Social and Professional Issues), were used. Analysis of association was also conducted with specific systemic interventions that satisfied statistical rules ("social change", "referral" and "professional" interventions). "Systemic therapeutic" interventions and "research" are not presented as they did not satisfy the "rule of thumb". The findings are presented in Table 4.7.

Chi square analysis revealed significant relationships with the following: between "systemic" interventions and CC (χ^2 = 11.804. df= 2, p=0.003, Cramer's V=0.325), between interventions targeting "social change" and CC (χ^2= 23.050, df= 2, p<.001, Cramer's V= 0.454), between "referral" interventions and CC (χ^2=5.771 , df = 2, p=0.056, Cramer's V= 0.227) and between "professional" interventions and CC (χ^2= 34.202, df=2, p<0.001, Cramer's V= 0.553).

Table 4.7 Problem category and Systemic interventions

		SYSTEMIC	Social Change	Referral	Professional	Total
	χ^2 p df Cramer's V	11.804 0.003 2 0.325	23.050 0.001 2 0.454	5.771 0.056 2 0.227	34.202 .0001 2 0.553	
Psych Prob	Count Residual	26 ***-3.4***	2 ***-3.8***	16 ***2.3***	5 ***-3.0***	**60**
Social Issues	Count Residual	23 **1.9**	13 *4.7*	4 **-1.1**	3 **-1.6**	**32**
Prof Issues	Count Residual	16 **2.2**	2 -.7	1 **-1.7**	13 **5.8**	**20**
	TOTAL	65	17	21	21	112

Note: n is < 118 as there was some missing data
Note: each column represents a different χ^2 testing the relationship between a type of intervention and problem categories

Examining the adjusted standardised residuals (table 4.7) to determine the nature of association, shows that "systemic" interventions were significantly unlikely to be targeted at "Psychological" problems (adjusted standardised residual= -3.4). Examining the residuals in Table 4.6, similar trends are observed; "clinical syndromes" and "adjustment" issues both show a negative relationship with systemic interventions. Systemic interventions were more likely to be targeted at "professional" issues (adjusted standardised residual=2.2). Table 4.6 also suggests that there is a tendency for "systemic" interventions to be targeted at "Social" issues, but examining trends in Table 4.6, shows that although such a relationship is suggested with "public health" problems and systemic interventions (with 13 out of 16 "public health" problems having "systemic" interventions) no such a relationship seemed to exist between "socio/economic" problems and systemic interventions (although nine out of 15 social problems (60%) had interventions targeted at the system). This is an example where collapsed categories obscure the more subtle distinctions between problem categories. "Social change", as an intervention, was significantly unlikely to be targeted at "Psychological" problems (adjusted standardised residual = -2.8). A significant association was found between interventions targeted at "social change" and "Social" issues (adjusted standardised residual= 4.7). Thirteen of the 32 "Social" issues have interventions targeted at "social change", and looking at the exact numbers within this combined category, eight were from the 16 "public health" problems and five were from the 15 "socio/economic" issues. Referral, as an intervention was significantly related to "Psychological" problems (adjusted standardised residual= 2.3). Not surprisingly, interventions targeted at the profession showed a significant association with professional problems (adjusted standardised residual = 5.8).

The above analysis testing association between problem categories and individual and systemic interventions treated these interventions separately in order to ensure that the analysis conformed to the rule of mutual exclusivity. In order to examine whether certain problem categories were likely to use a combination of individual and systemic interventions, interventions for problems were categorised into three mutually exclusive

groups: a category for interventions targeting the individual alone, interventions targeting the systemic alone and those with a combination of individual and systemic interventions.

The above analysis has looked at the relationship between problem categories and the types of interventions used. A further question examined investigates whether there was a particular relationship between the type of intervention used and particular causes. For example, is there a relationship between a problem with an individual cause and individual intervention? Is there a relationship between a problem with a systemic cause and a systemic intervention?

4.5.1 Causes and interventions

This section compares whether any significant association exists between types of causes and interventions. The reader is reminded that four levels of causes were coded: individual, interpersonal, contextual and socio/economic. For the purposes of this analysis individual and interpersonal causes were combined as they both refer to "psychological" causes. The first question of interest is whether psychological causes (individual and interpersonal) are likely to have psychological interventions (individual interventions). To answer this question: Are problems with individual and interpersonal causes more likely to have "individual" interventions, a Chi-square analysis was conducted to test the association between these variables. To ensure that all problems were included and to ensure that they were mutually exclusive, individual/interpersonal cause was a binary category, either present or absent, and, individual intervention was also a binary category, having an individual intervention as either present or absent. The findings (Table 4.8) were significant (χ^2=6.666, p=0.010, df=1, Cramer's V=0.248), thus if you consider all problems that have individual or interpersonal causes there is a significant association with "individual" interventions (Adjusted standardized residual= 2.6).

Table 4.8 Psychological causes (individual/interpersonal) and Interventions

			INDIVIDUAL INTERVENTION		Total
			Absent	Present	
INDIVDUAL CAUSE	Absent	Count	20	27	**47**
		Residual	2.6	-2.6	
	Present	Count	12	49	**61**
		Residual	-2.6	2.6	
Total			**32**	**76**	**108**

Note: N< 118 due to missing data

The table also shows that of the 47 problems that did *not* have an individual/interpersonal cause, 27 had individual interventions as part of the management of the problem. The fact that some of the problems may also have "systemic" causes is of no concern, as we are primarily interested in whether the presence or absence of an "individual" or "interpersonal" cause affects the presence or absence of "individual" intervention.

The second question examined is whether any significant relationship exists between problems with systemic (contextual or socio/economic) causes and systemic interventions. Again the presence of "individual" causes in this case is not relevant, because the interest is in whether the presence or absence of a "systemic" cause is likely to influence the presence of an intervention targeting the system. The findings, presented in Table 4.9, show that no significant association exists between a problem with a "systemic" cause and a systemic intervention (χ^2= 3.27, p=0.070, df= 1). However, the adjusted standardized residual (1.8) suggests a tendency for problems with systemic causes to have interventions targeted at the system. 38.8% of problems with systemic causes do not have any interventions targeting the system.

Table 4.9 Systemic Causes and Systemic Interventions

			SYSTEMIC INTERVENTION		Total
			Absent	Present	
SYSTEMIC CAUSE	**Absent**	Count	9	5	**14**
		Residual	*1.8*	*-1.8*	
	Present	Count	38	60	**98**
		Residual	*-1.8*	*1.8*	
Total		**Count**	**47**	**65**	**112**

Note: N< 118 due to missing data

4.5.2 Effectiveness of interventions

In Section four of the questionnaire, participants were asked to comment on whether they thought their interventions were effective. They were invited to give an account of why they thought these interventions were effective. In the coding process, interventions were coded as effective if a positive effect was reported. It should be noted that these findings be treated with caution. If coded effective, the intervention was also coded as to the nature of the effect they were producing, that is, were they "psychologically" effective, or were they "systemically" effective, "professionally" effective or effective because of some "practical" reason. Table 4.10 provides a frequency count of the reported effectiveness of different types of interventions.

An overwhelming amount of problems reported some effectiveness in the management (87%). This number should, however be treated as a conservative estimate. More interventions were described as being "psychologically" effective (54%) than "systemically" effective (25%). It is worth pointing out the low percentage of systemic effectiveness reported for these problems, despite having high percentages of systemic causes (88.1%)

Table 4.10 Frequency table of the effectiveness of interventions

		Total
Effective n =87	Psychological	**54**
	Systemic	**25**
	Practical	**4**
	Professional	**15**
Not effective n=13		**13**

Note: n=100, as some missing data
Note: effectiveness >100 as each problem could report more than one type of effect

It was not possible to test whether there were significant differences between different problem categories and reported effectiveness as the "rule of thumb" would be violated. Chi- square analysis was conducted on collapsed categories (CC). The findings are

presented in Table 4.11 and were found to be significant (χ^2= 7.505, df= 2, p=0.023, Cramer's V= 0.274). Examining the adjusted standardized residuals, "Psychological" problems were more likely to be effective (adjusted standardized residual=2.3), and professional problems were more likely to be ineffectively managed (adjusted standardized residual= -2.4). No significant relationship was reported between "Social" issues and effectiveness (adjusted standardized residual= -.6)

Table 4.11 Collapsed categories and Effectiveness of interventions

Category (CC)		EFFECT Not Effective	Effective	Total
psychological	Count	3	50	53
	Residual	***-2.3***	***2.3***	
Social issue	Count	5	26	31
	Residual	*.6*	*-.6*	
professional	Count	5	11	16
	Residual	***2.4***	***-2.4***	
	Count	13	87	100

Participants were asked to rate, on a 5 point Likert scale, whether they understood the causes of the problem/issue they had discussed, and secondly, whether they thought they were effectively managing the problems/issues. The scale ranged from 1 (Strong agreement that they were effectively managing or effectively understood the problem) to 5 indicating strong disagreement with the statement that they were effectively managing or effectively understood the problems.

Table 4.12 shows the mean ratings for each problem category. The table shows that on average, participants felt they understood problems well (average rating of 2), which suggests that, on average, participants agree with the statement that they "understand the cause of the problem". Participants rated their effectiveness for managing the problems at 2.50. Thus participants seem to rate their understanding of the particular problems better (2) than their effectiveness in managing the problems (2.50). Examining the table of means, it seems that this holds true for most problem categories, participants rate their understanding of problems better than their management of the problems (scores on management are higher than on understanding).

Table 4.12 Mean ratings for each category of problem understanding and management:

	N	Mean-understand	Mean-manage	Difference in the rating
clin syndrome	21	2.05	2.43	0.38
PHealth	12	2.17	2.30	0.13
Socio/ec	14	1.79	2.50	0.71
Prof I	19	2.05	2.95	0.90
Adjustm	16	1.88	2.31	0.43
Assm	8	2.38	2.63	0.25
org/lab	5	1.40	2.00	0.60
Specific	10	2.10	2.50	0.40
Total	105	2.00	2.50	0.50

Note: 1= indicates effective understanding and effective management and
5= indicates not understanding and ineffective management of problems

The largest difference is found in "professional" issues (0.90) and "socio/economic" problems (0.71) and organizational/ lab (0.60). Thus for "socio/economic" problems participants felt that they understood problems well (1.79) but were not managing them well (2.5). The lowest rating for understanding problems was for organizational/ labour issues (1.40).

Analysis of variance was conducted to test whether any significant difference were present in the rating of participants understanding or management of problems for the different problem categories. The findings were not significant either for understanding (F=0.630, p=0.730, df=7 SS=4.351) or for management (F=1.015, p=0.426, df=7, SS=6.245). Thus there was no significant difference in participants' ratings of their understanding or management of problems for different problem categories.

4.5.2.1 Causes and Effectiveness

Analysis of variance was conducted to explore whether problems with certain causes were rated as more effectively managed. ANOVA conducted revealed no significant difference between the mean ratings for management of different problems (F=0.375, SS=0.835, df=4, p=0.826).

4.5.2.1 Interventions and Effectiveness

A similar process was conducted to determine whether a particular type of intervention was rated as more effective. Of particular interest was whether "individual" interventions were rated as more effective than "systemic" interventions. The three mutually exclusive categories were individual interventions (n=43), and systemic interventions (n=19) and a third category to account for interventions targeting at both levels (n=33). This ensured that codes were mutually exclusive. The mean ratings are presented in Table 4.13. ANOVA conducted showed no significant difference in the ratings of management for the different interventions (F=1.127, SS=1.954, df=2, p=0.329). A glance at the means suggest that combined interventions tended to be rated as the most effective (mean=2.30), followed by individual interventions (mean = 2.53). Systemic interventions when conducted alone own were rated the least effective.

Table 4.13 Mean ratings of effectiveness (managing) for interventions

Interventions	Mean	N	Std. Deviation
INDV	2.53	43	.935
SYST	2.68	19	1.157
Combined (INDV+SYST)	2.30	33	.770
Total	**2.48**	**95**	**.932**

Note Likert scale ranged from 1=effective management to 5=ineffective management
N<118 as some data was missing

This concludes the findings from the quantitative section. A brief summary of the findings of this section is presented below.

4.6 SUMMARY OF FINDINGS

This section summarises the relevant findings from chapter 4:

4.6.1 Problems and participant variables

The findings from this section are treated with caution.

- A significant association was found between combined categories of problems and registration categories. Research psychologists were significantly unlikely to report "Psychological problems" and more likely to report "Social" issues, in particular "public health" issues. Counselling psychologist's reported a high number of "adjustment" problems, "professional" issues and "specific" issues, whereas clinical psychologists reported significantly more "clinical syndromes"
- A significant association was found between combined categories and Settings. Government settings were more likely to deal with "psychological" problems and less likely to deal with "socio/economic" issues. NGO settings reported significantly more "socio/economic" issues and less likely to deal with "psychological" problems.

4.6.2 Causes

- An overwhelming number of problems (88.1%) reported systemic causes. Furthermore, 53.3% of problems had "socio/economic" causes, compared to 41.5% of "individual" causes, and 25.4% of problems that had "interpersonal" causes.
- No significant association was found between problem categories and "individual" causes, although "clinical syndromes" and "adjustment" issues tended to report more "individual" causes.
- Surprisingly, a high proportion of "socio/economic" problems (43.7%) and "public health" issues (31.6%) had "individual" causes.

- A significant association was found between "interpersonal" causes and categories (collapsed CC). "Psychological" problems (especially the category of "clinical syndromes") were more likely to report interpersonal causes, whereas "Social" issues reported significantly less "interpersonal" causes.
- A significant association was found between "contextual" causes and problem categories.
- A significant relationship was found between "socio/economic" causes and problem categories. Socio/economic *problems* were significantly more likely to report "socio/economic" causes. Whereas "clinical syndromes" (43.5%) and "adjustment" (56.3%) problems also reported high numbers of "socio/economic" causes.

4.6.3 Interventions

- Significant association was found between categories of problems and individual interventions. Categories significantly more likely to report individual interventions were "clinical Syndromes", "adjustment" and "specific" issues, whereas "public health" issues had a negative association with "individual" interventions. Of note is that 12 of the 16 "socio/economic" problems had interventions targeted at the individual.
- Problems presented as "clinical syndrome" were likely to use "therapeutic" interventions.
- A significant association was found between systemic interventions and combined categories (CC). "Psychological" problems (especially "clinical syndromes" and "adjustment" issues), had significantly less "systemic" interventions targeted at them.
- A significant relationship was found between "social change" and collapsed categories (CC). With "Psychological" problems, participants reported significantly less interventions targeting "social change". "Social" issues reported more interventions targeted at "social change", but this was mostly associated with "public health" than "socio/economic" problems.

- A significant relationship was found between interventions targeting the "profession" and combined categories (CC). "Professional" issues were more likely to intervene at a professional level.

4.6.3.1 Relationship between "causes" and "interventions"

- 88.1% of problems had "systemic" causes, whereas only 55.1% of problems had interventions targeted at a systemic level
- 51.7%% of problems had psychological causes (individual or interpersonal), whereas 65.3% of interventions were targeted at the individual.
- "Individual" interventions were significantly likely to be targeted at problems with "individual/interpersonal" causes.
- Although not significant, there was a tendency for problems with "systemic" causes to have "systemic" interventions. However, 38.8% of problems with "systemic" causes did not have systemic interventions.

4.6.3.1 Effectiveness of interventions

- 87 percent of interventions were reported as effective, high percentages were present for both systemic and individual interventions.
- Participants reported more "psychological" benefits (54%), compared to "systemic" benefits (25%)
- "Psychological" problems tended to be rated as more effectively managed.
- There was a tendency for combined "individual" and "systemic" interventions to be rated as more effective, than "individual" or "systemic" alone

The above chapter has reported the findings from the statistical tests conducted on the coded data. The next chapter looks at the significance of these findings in the light of more in-depth qualitative themes.

CHAPTER FIVE: QUALITATIVE ANALYSIS

5.1 INTRODUCTION

The qualitative analysis consisted of a detailed analysis of extracts, to identify whether participants' accounts were congruent with the Rosean understanding of psychology. As explained in the methodology section, the aim was to explore the ways conduct become problematized and "shaped into phenomena deemed to require expert intervention" (Miller & Rose, 1994, p. 30) and to investigate the proposed connections between the "techne" of psychology and the aims of governmentality. The analysis was thus influenced by theoretical considerations, and as such was theory driven, but the quantitative findings also informed the focus of the analysis.

Of particular interest from the quantitative findings, was the overwhelming presence of socio-economic dimensions in problems reported by psychologists. This includes "Social" issues ("public health" problems and "socioeconomic" problems), as well as problems identified as having systemic causes (contextual and socio/economic). Thirty-five problems dealing with "Social" issues were reported, 19 were "public health" issues and 16 were "socioeconomic" problems. If one excludes "professional" issues, then 36.4% of all problems reported were "Social" issues. Furthermore, 81.1% of all problems (including "Psychological" problems and "professional" issues) had some type of systemic cause, 53.3% of all problems having socio/economic causes. Despite the high number of systemic causes, interventions were predominantly focused on an individual level, which includes high numbers of both therapeutic and directive interventions. Therapeutic and directive interventions, it will be argued, are in line with what Foucault termed the "technologies of the self" (Foucault, 1988, as cited in Louw, 2002), which refers to "the ways in which we experience ourselves" (Louw, 2002, p. 4). The question posed is how it has come that these systemic and "Social" issues are transformed into problems requiring therapeutic and directive intervention. Furthermore, when commenting on the effectiveness of the interventions, for 54% of problems, participants alluded to their interventions being psychologically effective compared to only 25%

reporting "systemic" benefits. Again, it is worth noting that this occurs in the context of an overwhelming number of systemic issues present in problems.

There may be a number of explanations for these findings, and it is not suggested that they are unexpected in the South African context, but a closer inspection of participants' responses may be a valuable way to understand the role of expertise in the management of conduct. Thus, the qualitative analysis explored the thesis that psychology operates as a tool for the government of conduct. This section begins with an analysis of how participants' accounts present problems as amenable to psychological intervention. The first section is an attempt to expose the rationality of this process. Thereafter the focus will shift specifically to the systemic and socio/economic dimension and how these problems are presented as amenable to "technologies" and "techniques of the self". Some participants reflected on the limitations of applying the techne of psychology to the local context and these dilemmas will be examined in the final section of this chapter.

5.2 THE APPLICATION OF THE "TECHNE" OF PSYCHOLOGY

This section investigates the application of Rose's arguments in the South African context. The theoretical arguments propose that psychology is a "particular kind of social authority characteristically deployed around social problems" (Rose, 1996a, p.86). Psychology operates as a human technology consisting of "complex technical forms: ways of combining persons, truths, judgements, devices, and actions into a stable reproducible, and durable form", and this technology is arranged in such a way "to produce certain outcomes in terms of human conduct: reform, efficiency, education, cure, or virtue" (Rose, 1996a, p. 88). This section seeks to identify how the techne of psychology operates within the South African context and suggests that the "outcomes in terms of human conduct" are congruent with the aims of "governmentality", principally by producing autonomous self-governing individuals.

Before focussing on findings from the detailed analysis of the text, perhaps it would be useful to return to the earlier suggestion that individual interventions act as what

Foucault, and later Rose, refer to as "technologies of the self". The high number of individual psychological interventions targeting problems, it will be argued, suggests some support that psychology operates as a "social authority" in this context. Technologies of the self, which include what was also referred to as "techniques of the self", are "models proposed for setting up and developing relationship with the self, for self reflection, self knowledge, self examination, or deciphering the self by oneself" (Foucault, 1988, as cited in Rose, 2000, p.16). Interventions coded as "therapeutic" were those where the participant alluded to the use of a therapeutic modality by the use of particular phrases, such as "empathy" or "support". Examples are problem 109 (Adjustment to relationships) where the intervention involves therapy, focussing on an "exploration of the clients' intra- and interpersonal personality dynamics on quite a deep level, as some clients interpersonal problems are a manifestation of a maladaptive pattern of relating" or problem 2 (Trauma) where the intervention is focussed on "encouraging the client to talk about (the) experience", after a hijacking, to facilitate catharsis. The individual is thus encouraged to attend to some aspect of their subjectivity. Psychotherapy is "any technique or procedure that has palliative or curative effects upon any mental, emotional or behavioural disorder" (Reber, 1985, p. 621) and this was applied to coding of interventions as therapeutic.

Directive interventions were focussed interventions where the participant aims to develop some specific attribute in the individual, such as "teaching or training the client"; examples include "psycho-education" or "problem-solving". An example is problem 19 (Behaviour problems in children) where the solution involves teaching a child with behaviour problems "social skills" and "anger management" and improving "self esteem". The client thus attends to some aspect of themselves, directed by the therapist/participant, with the aim of modifying that aspect. Techniques of the self operate as tool for government in liberal democracies because they "instil" in the subject a "self-scrutiny, an evaluation of (our) personal experience, emotions and feelings in relation to psychological images of fulfilment and autonomy" (Rose, 2000, p. 17). Techniques of the self may involve "attending to different parts of the self", "ways for disclosing the self", and "languages for evaluating the self" or "techniques for curing of

the self" (Rose, 2000, p. 17). This refers to the ability of the "techne" of psychology to govern through subjectivity, thus not impinging on freedom.

The analysis argues that directive and therapeutic interventions, as "technologies of the self", are consistent with psychology as a type of "social authority". The question investigated would be how it has come about that these "technologies of the self" are so readily advocated as solutions to such a range of different problems, in particular, how "Social" and systemic issues are presented as amenable to individual interventions. Another point of interest would be an exploration of how these "technologies of the self" operate as a technology to produce individuals that are active in their own government. These issues form the focus of the analysis. The first part of this section looks at how the techne of psychology, through psychological concepts such as "normality" and "adjustment", are incorporated into problems, presenting them as amenable to intervention. Thereafter the focus will turn specifically to "systemic" problems and issues, exploring how techniques of the self are advocated in these situations.

In his analysis, Rose (2000) argues that psychological concepts such as, "normality", "adjustment" and "fulfilment" have been "incorporated into programmes for the regulation of conduct" (Rose, 2000, p. 13) and play an important role in the construction of problems as amenable to psychological intervention. The following extracts from the questionnaires provide an illustration of this process, in this case with the psychological concept of "adjustment". Framing of problems in psychological language, constructs the intervention as a normal and natural consequence of the problem, and furthermore, more importantly, it will be suggested that these interventions are a strategy to produce "self governing" citizens. In these first extracts the focus will not be on the actual intervention, but on the rationality involved in constructing the territory for the intervention, and thereafter will look specifically at intervention.

Consider the following extracts, the first two occurring in the university context, and the final one in the context of work:

*"**Adjustment** difficulties: students present with stress, anxiety, relationship problems. **Struggling to cope** with academic performance. Predominantly first year students, and mostly (but not always) residence students. Often second language students struggling to adjust to academic requirements, specifically the use of English. Often disadvantaged students on financial aid" (Problem 32)*

*"The issue we are faced within the context we work in is that of sexual violence. Clients often come into therapy themselves or are referred by friends/members of staff etc as they are **struggling to cope** with their academic tasks. After exploring the issue further we often discover that these clients have experienced a trauma (of a violent and/or sexual nature). The work of counselling then becomes the **exploration of the trauma** and its associated affects in order to **relieve** the current symptoms (e.g. lack of concentration, irritability, isolation etc.)" (Problem 38)*

*"Unhappy staff approaching me about their problems which are making them think of leaving the company, e.g. not getting on with their managers, no recognition for hard work, **unable to cope with the stress of the job**" (Problem 45)*

The extracts illustrate a connection between "adjustment" and the specific context within which the client operates, the individual is struggling to "cope" or "adjust" to the demands of the situation. Psychological concepts such as "poor adjustment" or "unable to cope" locate the problem in the individual's functioning within the "context". The problem is located within the space of the individual's subjectivity. In the first and second, the individual is not coping as a "student" in the university context, and in the third, as a "staff member" in their work context. "Adjusting" is presented as a normal and expected way of being, poor adjustment being the consequence of certain factors, in problem 32, it is "academic tasks" or being a "disadvantaged student", and in Problem 38 the effects of "trauma". The point is that psychologist construction of the space for intervention is the individual's inability to adjust, interfering with their ability to function "in context". Note in Problem 38, the intervention is suggested, and the individual will "free" themselves from the "symptoms" by attending to different aspects of themselves, such as disclosing a painful trauma. The goal for the psychologist would be to restore the client in their ability to function in the way that the context requires, in Rosean terms it is "a calculated attempt to bring the subject from one way of being to another" (Rose, 1990, p.245) and in so doing, to restore their autonomy.

By framing the problem as "lack of adjustment", the psychologist has problematized the issue as potentially amenable to a psychological technique that focuses on the self. The following sequence of extracts, focussing on a problem occurring within an organisational context, outlines how a problem becomes amenable to intervention, and will trace the process whereby a conduct is problematized in this way.

The problem is described as follows:

*"**Financial life skills**: Employees who overextend themselves financially and expect the company to come to their assistance (sic). More prevalent in blue collar workers, but not limited to this sector of the business. Common financial needs are as follows: School fees, transport, housing, medical…" (Problem 29, Financial life skills)*

The causes are described as:

*"Employees living outside their means: **Psychological issues** relating to financial wellbeing. Blue collar workers- **lack of financial education** and background to put together a holistic personal financial portfolio…culture within which they live sustains their financial position… Are the employers remunerating their employees fair?" (Problem 29, Financial life skills)*

In the above extract, three causes are listed. The first locates the problem clearly within the individual, the problem being framed as the individual lacking in "financial education", the territory again is constructed within the individual and their capacities. The second cause, "culture", although is a more contextual cause, also reflects on the individual, suggesting a possible lack of awareness in the individual as how "culture sustains their financial position". In the third reason the problem is located in the individual's context, where it is suggested that the employer may not be remunerating their employees fairly, and is thus an economic issue. Now consider the intervention:

*"Individual **counselling** when necessary, provide **training** that addresses the psychological issues related to financial life skills. **Practical training** with regards to methods of getting out of debt and budgeting" (Problem 29, Financial life skills)*

These individual interventions focus on the identified individual causes. Concepts such as "financial life skills" or "lack of financial education" interferes with the individual's capacity to cope with financial demands. The problem is "framed" in such a way that the

proposed solution, "practical training", is a normal and natural consequence to deal with this problem. "Lack of financial skills" also positions the responsibility for change in the individual, the solution being to restore their ability to manage their own affairs, encouraging autonomy and self-governance. The goal of autonomy is illustrated clearly when the participant reflects on the effectiveness of the intervention:

*"Yes, once employees have addressed their immediate crisis and overcome the resistance they begin to **plan for the future** and some have started to make headway in reaching for **financial freedom**" (Problem 29, Financial life skills)*

This intervention (which is a directive intervention) has allowed the participant to take ownership of the problem by endowing him with the necessary skills to "self-manage". This intervention constructs a discourse of responsibility; the client needs to accept the responsibility of managing their own finances. Psychology provides the concepts and practices required to construct the problem so that the "outcomes", in this case "financial freedom", or in the previous problems "adjustment"/ "coping", create an autonomous individual. The goals of autonomy are illustrated in the following two problems:

*"A stressor will present itself in the client's life, the client will **lack the necessary coping mechanisms** to deal with it, and therefore present with some symptoms to indicate lack of coping" (Problem 40, Trauma debriefing)*

Psychologists expertise and lie in the individual or interpersonal space, and by locating the problem within that sphere, it becomes amenable to their expertise. And the intervention is focussed on the individual

*"talking about the problem that **provides catharsis** and better understanding of the process. Education and ensuring the client is **contained emotionally**. Then **reinforce coping mechanism so** clients leave emotionally contained and leave therapy knowing that they have the capacity to **take charge of their situation and life**" (Problem 40, Trauma debriefing)*

In this example parents and teachers are encouraged to take responsibility for their children's good behaviour:

*"Behaviour modification: teachers and parents are instructed on **how to monitor** behaviour and use rewards to reinforce good behaviour and reduce unwanted behaviour" (Problem 19, Behaviour problems in children)*

The interventions aim to restore the client (or parent) back to their sense of autonomy, which has been lost. The problem is framed so that the client is constructed as one who can have control, and have their autonomy back through the "techniques of the self". Problem 40 (Trauma debriefing) relates to a "specific issue" such as a trauma or sexual violence, and the intervention, which includes psychotherapy, described above is not once off. The quantitative analysis showed that 100% of "specific issues" target the individual as the object of the intervention, even though many have systemic causes, as for example a "high crime rate" (Problem 2, Trauma) or Problem 113 (Sexual Abuse in children) where one of the causes is described as society's "inability to create a safe environment for people to live in and to convict criminals with greater regularity" (Problem 113, Sexual Abuse in children).

The extracts trace a process culminating in the production of a subject that becomes active in their self governance. The section above has taken its cue from the high numbers of "individual" interventions and examined how psychological concepts, such as "adjustment" are applied to a range of problems to make them amenable to psychological intervention. Other concepts such as "normality" and "self-fulfilment" also open up a significant territory for psychological expertise. For example, the following extracts point out how the concept of "self-fulfilment" in the context of career assessments, are congruent with the aims of government:

"Career planning/selection: Psychometric (16PF, CDQ, SDS, Value Scales) ***analysis*** *of the individual's* ***interests and ambitions*** *for themselves. This also includes a more holistic narrative analysis of the individual's life narrative, with respect to work and the work they anticipate doing" (Problem 36)*

"For prospective students the consultation for career counselling is one step in the process of ***finding out who they are*** *and where they fit into in the world of work" (Problem 41)*

Due to assessments individuality is no longer beyond knowledge, "it can be known, mapped, calibrated, evaluated, quantified, predicted and managed" (Rose, 1996a, p.88). The above extract shows how an individual's career path can be seen as part of an expression of their self, and at the centre of this is the notion of a self free to choose a

career to best suite their identity, an identity that is organised around "nature and not around human prejudice" (Rose, 1996a, p.90).

*"Some of them (learners/students) have little or no input to give them **awareness** of their **personality type, their interests and skills, their emotional intelligence, their values** etc. Some of them find themselves in a career ten years later that they never seemed to have actually **chosen**...we try to cater to each of these different 'markets' by treating each client **as an individual** and by looking at their particular needs in stead of prescribing a 'one size fits all' test battery" (Problem 48)*

In these problems, psychology provides the individual with an "awareness" of their personality and self, with a constant search for their true identity, as happiness and self fulfilment is constructed around knowing oneself, and being able to fulfil one's potential. The above issues also bring one's attention to the reflexive nature of psychology and its ability to influence subjectivity, by "giving awareness" one becomes tied to this identity as "the self that is liberated is obliged to live its life tied to the prospect of its own identity" (Rose, 1990, p.253).

The above elucidates the relationship between power and knowledge that has been articulated by both Rose and Foucault (1982). The psychologist's "power" is dependent on their position as experts, thus having particular claims to knowledge grounded in rationality and truth. The authority that psychologists have due to possessing the "truth" about human conduct, means that they can enter the private spaces of individuals and by "compelling subjects to disclose themselves, finer and more intimate regions of personal and interpersonal life come under surveillance and are opened up for expert judgement, and normative evaluation, for classification and correction" (Rose, 1990, p. 240). Power is linked to expertise and knowledge, allowing government of the individual's private existence to occur at a distance. Relationships are one example where an individual's private space is opened up. Sexuality, in the context of HIV, is another private space that is governed by psy-expertise. The following are some examples:

"Relationship issues revolve around dysfunctional relationships, patterns of attracting abusive/inconsiderate partners; self esteem/ insecurity, pregnancies and abortions, betrayal and multiple partners. These lead to depression/ suicide attempts and ideation; hopelessness as well as anxiety disorders" (Problem 17, "Relationship issues")

"One aspect of the campaign is targeted at young people- project to encourage youth to delay the onset of sexual activity and to encourage safer sex practices" (Problem 69, HIV/AIDS)

This relationship between power and freedom in liberal democracies allows psychologists to overcome the "problem of authority", how to "govern" free and autonomous citizens so that they enact their freedom appropriately. Citizens are encouraged to manage their behaviour in order to achieve autonomy and possible happiness. In Problem 29 (Financial life skills) attention is focussed on to the individual, and pointing out what they lack in managing finances, what is preventing them from achieving this goal of autonomy and freedom. Through this awareness the individual has entered into a relationship with themselves, and governs themselves and as such the "process of surveillance becomes internalised by those who were watched, who come to monitor their own standards of 'normality'" (Burr, 1995, p.67). Similarly in problem 17 above the solution to "Relationship problems" is explained as:

"Most of the problems I see require a lot of solution focused therapy as they impact on academic progress for students and one needs to take that into account in therapy with students. With long-term cases CBT works better for me as it produces results quicker...I believe in ***empowering*** *my clients to deal/cope and* ***solve their own problems*** *and I tend to be very interactive with them...***helping them understand their problems and patterns***" (Problem 17, Relationship problems)*

The norm of achieving autonomy also ties the individual to "constant and intense self scrutiny" (Rose, 1990, p. 253). The above analysis has shown how problems are constructed by these "experts" in ways that makes them amenable to the goal of an autonomous self. This analysis has demonstrated the application of the governmentality framework to understand how psychological expertise is a tool for the government of conduct in a liberal democracy. The focus had been on psychological concepts such as "adjustment", "normality" and "self-fulfilment" in the context of psychological causes. The next section focuses on the use of individual interventions, or "techniques of the self" in the context of socio-economic dimensions (including problems with systemic causes as well as "socioeconomic" problems and "public health" issues).

5.3 THE TECHNE OF PSYCHOLOGY: SOCIO/ECONOMIC DIMENSION

The quantitative findings indicate that individual interventions, including directive and therapeutic interventions, are significantly more likely to be targeted at "psychological" problems such as "clinical syndromes", "adjustment" and "specific issues". However, individual intervention also form a large portion of the intervention targeted at "socioeconomic" issues. Twelve out of 15 (80%) "socio/economic problems" had interventions targeted at the individual and five out of 16 (31.3%) of "public health" issues had individual interventions. The extract on "Financial Life skills" already gave some indication where a practical and economic problem, such as having too little money, becomes transformed into a problem where working on their subjectivity is presented as the solution.

The following extract is another example of a problem with a socio/economic dimension; in this case it is a "clinical syndrome":

*"Depression: the majority of clients I see present with symptoms of major depression. The most common issues related to their depressed mood are **poverty, unemployment** and **abusive partners**. These persons are often in **powerless** positions and are dependent financially on their abusive partners" (Problem 72, Depression)*

With causes listed as:

*"Gender inequality and high levels of unemployment...They often **resign** themselves to a sense of helplessness, which presents as symptoms of depression" (Problem 72, Depression)*

In the construction of this problem there are real systemic issues involved, but the use of "symptoms of depression" and the sense of "helplessness" constructs a territory for the psychologist to intervene, suggesting that this client also lacks a similar "state of mastery" of their situation as in the previous problem. And the solution:

*"Individual psychotherapy with various aims depending on the patient's situation: **Supportive therapy, empathic** relationship. **Exploring** these various **options** available to deal with social problems and change current situation. Cognitive therapy aimed at gently **challenging** perceived powerlessness and blame" (Problem 72, Depression)*

Three interventions are proposed. Firstly a supportive and understanding relationship, secondly, more directive exploring of options and thirdly, using cognitive therapy to address the issue of powerlessness and blame. The intervention aims to restore the client's autonomy by exploring their "options" and focussing on aspects of the self interfering with this goal through the use of "Cognitive therapy". The participant also comments on the effectiveness:

*"Most clients' **symptoms** of depression show some **improvement** as they feel that they are understood and their difficulties are taken seriously. The therapeutic relationship offers them **social support**, which they do not find elsewhere. However, many patients' do not institute any major changes in their social situation" (Problem 72, Depression)*

The above extract illustrates the way psychologists can position themselves within the context of a "social problem", and in this case it seems to be around alleviating the symptoms predominantly through a supportive therapeutic relationship, or as in previous situations with the use of more directive interventions. Implicit in the intervention are the ideals of "individuality", as the intervention depends on the "client's situation", and the client's "freedom" and "choice" is maintained throughout.

Note the point made by the last line commenting on the effectiveness of interventions, that the intervention targeted at "exploring various options available to deal with social problems and change current situation" is in effect unaffected as "many patients do not institute any major changes in their social situation". So clients may feel better, but remain docile in their social situations. The quantitative findings suggest that psychologists in general report little systemic effectiveness in the management of problems. The participant from the problem above reflects on the process of making a "socioeconomic" problem amenable to psychological intervention:

*"The type of clients I see present with serious social problems and my training enables me to conceptualise how these social factors can lead to **biological** changes and **psychological difficulties**" (Problem 72, Depression)*

This extract illustrates the previous point, that psychologists are "experts" basing their interventions and solutions in "truth" gained through "training". Psychologists themselves need to believe in the validity of their knowledge claims. The section above has examined how a problem with systemic causes is made amenable to psychological intervention. This also occurs in the domain of "public health" where research psychologists, play a major role. The work done by research psychologists, particularly in the domain of "public health", illustrates the link between rational knowledge/ truth and the government of conduct. Consider the following problem, presented by a research psychologist who deals with:

"Respiratory health problems...caused by the indoor burning of polluting fuels such as wood, coal, cow dung and paraffin has been causally linked to respiratory health problems...in children less than five years old. Due to widespread poverty, over half of South African dwellings are reliant on polluting fuels that are burnt in open gas fires or poorly maintained stoves...resulting in poor levels of indoor air quality" (Problem 52, Indoor Air pollution)

The participant presents a link between poverty and a "public health" issue: the burning of pollutants due to poverty causes "respiratory health problems". The psychologist becomes relevant as through research they can effect the development of:

*"A **behavioural intervention** to reduce childhood exposure to indoor air pollution" parents and caregivers are trained in these interventions "until more technical solutions become available" (Problem 52, Indoor air pollution)*

The problem, which is a "public health" problem with a socio-economic dimension, is constructed as a behavioural problem; individuals can monitor their behaviour, so as to reduce the child's risk to developing a respiratory disease. Note that with both the above problems, systemic issues are not the major concern of the psychologists, the first (Problem 72, Depression) comments that the client shows no "improvement in their socio/economic situation", and the second (Problem 52), the intervention is on the psychological dimension "until more technical solutions become available".

Research is useful in providing the scientific and objective knowledge, making the objects of government knowable. Governmentally by expertise depends on the "condition that it observes the nature of what is governed" (Foucault, 1988, as cited in Durrheim & Foster, 1999, p. 57). Research psychologists, as suggested by the quantitative findings, play an important role in "public health" issues and most of the interventions focus on an understanding of psychological issues in "public health". As can be predicted a lot of this research is concerned with HIV/AIDS. The following extract looks at issues affecting "vulnerable communities" like commercial sex workers and truck drivers.

"Public Health: Most research I've been involved in looks at ***health seeking behaviours****. The main focus is on vulnerable communities like commercial sex workers, truck drivers who spend many days away from home". (Problem 81, Public health)*

"Commercial sex work presents an environment where people are put under danger of being infected with HIV and there is great exposure to substance abuse as well as physical abuse...The same applies for truck drivers as well as migrant workers. These workers are most vulnerable to STIs and HIV... " (Problem 81, public health: causes)

So psychologists are 'relevant' to both the problems presented as they can help identify psychological issues involved in managing these problems. This participant points out the importance of research

"If research is understood to be a tool that indicates the extent of the problem, many recommendations can be made to influence policy development around each issue...including making recommendations on how these "problems" could be prevented" (Problem 81, Public health)

In this example the "techne" of psychology extends beyond the individual therapeutic sphere, and is brought to bear on the calculations involved in policy decisions. Psychology provides the terms and the languages that make human behaviour governable, whilst maintaining the citizen as a free autonomous individual and their technology is available to solve "socioeconomic" and "public health" problems by constructing the individuals' subjectivity as the site of intervention. The aims in the above problem remains consistent with the production of a psychologized individual, working on themselves, as in both cases, the individual's behaviour is targeted. The

above examples also highlight the use of psychological expertise in governing the behaviour of communities, as in the above cases it was the "poor" and "vulnerable" communities, such as commercial sex workers and truck drivers that were targeted. Rose (1996b) proposes that "governing through community" is one way that governmentality operates in liberal democracies. "Governing through community" emerged as an important way of intervening with this sample of problems, and the following section examines this process.

5.4 THE REACH OF THE "TECHNE" OF PSYCHOLOGY: "GOVERNING THROUGH COMMUNITY

As suggested by the previous section the techne of psychology provides the language to construct social and economic problems within the locale of the self and its attributes, and makes it more amenable to the "techniques of the self". Examples examined were, needing "financial management" to better manage finances or providing "support" and "empathic" understanding to cope with depression and helplessness as a result of adverse social conditions. Psychologists have also become relevant to "public health" issues, the extracts above illustrating psychologists' relevance in designing "preventative" programmes, research psychology being useful in providing the knowledge about the psychological territory to design these interventions. The analysis has examined social problems where the focus of the interventions was the individual as the target of intervention.

As the arguments above have shown, psychology as a tool for government operates through creating responsible, self-regulating citizens. A new emerging application of the "techne" of psychology has emerged, what Rose (1996b) refers to as "governing through community". Rose (1996b) explains this form of expertise suggesting that "what began to take shape here was a new way of demarcating a sector of government...deployed in novel programmes and techniques which operates through the instrumentalization of personal allegiances and active responsibilities: government through community" (p. 332). What is suggested is that individuals are encouraged to become active citizens,

not only in the government of their own selves, but also within the communities to which they belong. The following two examples suggest that when psychologists intervene systemically they heighten individual's awareness (and sense of responsibility) of themselves as members of a community, and that these broad systemic interventions are congruent with the aims of governmentality. Consider the following extract where the psychologist is involved in assisting a community to care for a particularly "vulnerable" sector of their community: AIDS orphans.

"Due to unemployment and death there are a lot of orphans and vulnerable children who live in poverty…to provide training (to the caregivers), they get to realise they can ***do things for themselves****, they also get to know about the resources that are available to them…our* ***duty*** *is to* ***educate the public*** *about steps to take in order to assist such children and their families" (Problem 74, Aids orphans)*

Government through community relies on individuals' awareness of their role and responsibilities as Rose says "our allegiance to each of these communities is something we have to be made aware of requiring the work of educators, campaigns, activists, manipulators of symbols, narratives and identifications" (Rose, 1996b, p. 334) and psychologists have a key position to play in fostering this awareness. In the above extract "training" cultivates this awareness, heightening individuals sense of responsibilities towards the communities to which they belong. Psychologists, due to their status as professionals, have claims to expert knowledge and thus have the power (and "duty") to appeal to people as the knowledge they have about human subjectivity, in this case about the "psychosocial needs of vulnerable children", are "grounded in truth". This mentality of government thus relies not only on self-governance, but also on the activation of a sense of responsibility to govern the community, "our" community. Note the appeal for "self governance" at the community level in the following extract:

"Rural development-with regard to problems in specific programmatic areas- I primarily work within the context of rural development- the problems are many and equally important-access to land, water, sanitation, schools, healthcare facilities, recreational facilities, food security, work, finance for entrepreneurs, information, etc" (Problem 59, Rural development)

The causes described as systemic:

"Post- colonial chaos in African countries-new democracies insufficiently experienced, left with huge problems once Europeans are overthrown- like lack of infrastructure, skills, education, health facilities, land etc, etc, etc, for the majority of people" (Problem 59, Rural development)

The intervention:

I do not actually work as a traditional consultant- I work more as a negotiator. I try to get the people affected by programmes to ***take ownership of the process****, be* ***more empowered*** *to say- yes we do want your money, but we want to use it in a way that best suites us- not you (the donor). I use M&E skills and training to set up mechanisms for communities affected by funding programmes to* ***self-manage*** *and be* ***self-accountable*** *for funds and progress with programmes. If they don't own it- it falls on its face the minute the donor is gone" (Problem 59, Rural development)*

The participant deals with "social" problems located within the community. Both of the above problems have broad systemic causes, and both allude to using community to identify and manage the problems presented. The first teaches community members to identify and care for vulnerable children and the second aims to get community members to take responsibility, by taking "ownership" for their development, by controlling the use of resources allocated to them by "donors". Both rely on the construction of a self as an active agent in the context of the well-being of the community to which they belong. The extracts also suggest that governmentality as a "mentality of rule" is not something that occurs independently relying only on expertise, but it works together at different points, and that psychology is one among many strategies of governing conduct. In the second example, the fact that money is donated is another strategy for managing poverty, in line with the Liberal democratic mode of government. Marbeau (as cited in Procacci, 1991) argued for the importance of assisting the poor as a means of "government": "Assisting the poor is a means of government, a potent way of containing the most difficult section of the population and improving all others" (p. 151). Procacci (1991) continues by drawing the link between knowledge and governmentality, arguing that the "poor most certainly must be educated but they must also, above all, be implicated in the order into which they are integrated" (p. 151).

Psychological concepts such as empowerment, are intrinsic concepts in the sub-discipline of "community psychology", and play an important role in the production of a responsible self governing citizens: "Empowerment, then is a matter of experts, teaching coaxing, requiring their clients to conduct themselves within particular cultural communities of ethics and lifestyle, according to certain specified arts of active personal responsibility" (Rose, 1996b, p. 348). Thus the proliferation of "community psychology" in South Africa, with its aims of "extending mental health services to all citizens, in particular the historically unserved, underserved and oppressed" and that "redefines the role of psychologists towards a broader public health portfolio that embraces the functions of advocacy, lobbying, community mobilisation, community networking and policy formation" (Seedat, Duncan & Lazarus, 2001, p. 6) makes psychology both relevant to the majority of the South African population, but, as the above extracts point out, plays an important part in the "government of conduct".

The focus thus far has been on providing evidence that supports the thesis presented by Rose about the role of expertise in a liberal democracy. The analysis has demonstrated how the techne of psychology operates in South Africa by showing how problems, especially socially *relevant* issues are amenable to intervention with the psycho-sciences. The findings have suggested that, by intervening at the level of the individuals' subjectivity, individuals are made aware of aspects of their selves, encouraging a relationship with the self by, for example heightening the individuals' awareness of themselves as a responsible member of a community. South Africa is also a diverse country and this has been reflected in the different types of ways expertise operates in this context. Psychologists in the sample also presented some dilemmas where the "techne" of psychology, with its implicit values of encouraging autonomy and governing through subjectivity, found limits in application.

5.5 "GOVERNING THE MARGINS": DILEMMAS

Throughout participants' accounts of the work they do, psychologists also presented some of the dilemmas they faced when applying the "techne" of psychology to this

context. In many cases, for example, clients' socio/economic circumstances are presented by participants as a barrier to successful or effective psychological intervention. The following analysis examines these limits so as to arrive at better understanding of the status of the profession. These problems explore participants' accounts of clients' economic and practical concerns and the psychologist's dilemma of resolving this, and, secondly, it exposes the limits of the implicit assumptions of the goals of psychology. The first extract occurs within a university context and exposes the boundaries of applying psy-expertise:

*"Many of the students I see are on financial aid...A number of students battle financially. I find a difficult boundary issue when a student comes to me without food and transport money. I feel like I should give them money in some instances, but **I also have to draw boundaries**. Mostly, if I give them money I do so out of a 'fund' so they know its official and they have to return the money. But in actual fact the money is from my purse" (Problem 75, Socio/economic issue)*

Thus in the context of this participant's work, the boundaries preventing "giving student money", presents a dilemma and they go on to elaborate on some of the reasons for the "causes" or their dilemma in the nature of psychology:

*"I understand the problem to be that psychologists are trained to be fairly **neutral** and **non-practically involved helpers. Obviously** we are supposed to **empower** our patients with the impetus to change in a positive sense and also to **manage their lives** more effectively. In my work environment the students **need** outweigh the 'how do you feel about that?' option. I find that I am much more hands-on in my work: I'll be quite active in helping the student resolve an issue and become more like a 'problem consultant'. Although I always try and **get them to find solutions** to their problems before I make any suggestions. But I also think it is just the nature of the work I do. It's not just about therapy, but helping the student to adjust to the University environment and that's where I am often an educator, more than a therapist" (Problem 75, Socio/economic issue)*

The participant has identified the aim of the intervention as "empowering our patients with the impetus to change in a positive sense and also manage their lives more effectively". These suggestions are in line with the goal of autonomy and the encouragement of self governance. However, in the context of the problem, the aims of producing an autonomous responsible individual presents a dilemma as there seem to be more pressing concerns, that of not having basic needs met, in this case, money for

transport or food. Due to the "neutral" stance of psychologist this person finds themselves in a difficult position, how to address this issue without interfering with the participant's autonomy. The very fact that psychology has social power in a liberal democracy is "because they share this ethic of competent autonomous selfhood, and because they promise to sustain, restore selfhood to the citizens of such politics" (Rose, 1996a, p.100) and in this case the "ethic of autonomous selfhood" is complicated by the issue practical problems. The intervention is described as follows:

*"I usually try to get a **full understanding** of the problem (i.e. financial aid/ student housing)...Frequently I will make phone calls to Student Housing and Financial Aid...It is important to **empathise** with them...i.e. to realize that they might be **feeling scared/angry and allow them to vent**. I try and build a team-working together mentality when dealing with practical problems so the students **feel supported** but realize they also need to do their part. The money situation is tricky: if I lend money I always try and make **it seem official**: like it's out of an "emergency fund" which students need to repay" (Problem 75, Socio/economic issue)*

The participant also comments on the effectiveness of the intervention:

*"I do what I can but ultimately the student needs to **take responsibility** for their situation. I don't regret lending students money sometimes because I make it as **official** seeming as possible and the students nearly always pay one back." (Problem 75, Socio/economic issue: Effectiveness of the intervention)*

The participant reverts to a technique of the self, "empathy" and "allowing them to vent", as well as giving them money. Note the repeated mention of using a "fund", suggesting some discomfort with this solution, perhaps feeling that they need to explain the rationale behind it, by making it "as official seeming as possible". This is something out of the bounds of the norms that govern the practice of psychologists, that of "being fairly neutral and non-practically involved helpers", as this would interfere with the client's autonomy. The goal of an autonomous self, which is often implicit, is made explicit when the aim of the "techne" is confronted with barriers. As in the following extract:

*"The challenge of designing appropriate and sustainable intervention strategies... it becomes **increasingly** difficult to **provide therapy** to clients who come from disempowered/impoverished backgrounds as their first priority is basic survival" (Problem 39, HIV intervention, public health)*

"Depression is hard to heal completely because it is so often inextricably linked to the client's external circumstances. ***Empowering and supporting*** *the client is beneficial, but their sadness may not disappear until their* ***circumstances improve*** *" (Problem 1, Depression,)*

Grants are legitimate ways that psychologists can assist the poor practically, but the system is governed by rules. In the following case the solution to the problem is not psychological at all, and therefore not all psychologists are finding comfort in the "neutral" stance that psychology promotes, but are actively involved in systemic solutions.

"Poverty is a huge problem I have to deal with on a daily basis. The people in the areas we live in are extremely poverty stricken. Most guardians/ parents are unemployed and are not receiving government grants…and ask us regularly to help them. I try to help them as much as I can by liaising with the Home Affairs and Social Welfare Department, but most times to no avail" (Problem 5, HIV orphans)

"I have established a good relationship with some social workers at the Department of welfare and refer people to see them. I also monitor that cases have been followed up… I have managed to get a social worker to visit the area on a monthly basis, which helped the community tremendously. She is now able to help community members access grants, which they were unable to do before" (Problem 5, HIV orphans)

According to Louw (2002) psychology's growth in the non-Western context is hampered because the "regulation of the self depends so heavily on the prior creation of a certain kind of subject", "the discourse of individuality and freedom hails autonomous individuals into existence, who 'accept' the norms of greater independence, and self knowledge" (p. 4). He argues that psychology does not do well outside of its host country due to the fact that this subject created by these discourses exists in a specific time and space, Western liberal democracy, and since psychology relies on these constructions, it is faced with many challenges when operating in spaces where this discourse may not yet be part of the fabric of existence. However, when participants explain the limits of the techne of psychology they seem to allude rather to socio/economic issues than the actual limitations of the techne of psychology. Foucault (1977) explains that "discourses are

limited practical domains which have their boundaries, their rules of formation, their conditions of existence" (p. 61) and since "Advanced liberal democracies value individuality, freedom and choice...and the norms of autonomy and self realisation that psychology elaborates are integrally bound to this ethico-political discourse of individuality and freedom" (Rose, 2000) this forms the boundaries or limits of what can be said. Psychologists are bounded by the limits of their professional ethics informed by the ideals of autonomy and freedom, and their explanations are formed "within a narrow range of possibilities whose restrictions are hard to discern because they form the horizon of what is knowable" (Rose, 1996a, p. 17). Psychologists recognise the limits of their techne as a systemic or socio/economic issue, and mostly do not question the possible incongruence of their practices in the local context.

In the context of the limits of their expertise, psychologists are also faced with individuals who refuse the "bonds of obligation" of the responsible self:

"People feel disempowered and as a result have ***given up*** *on trying to make things happen for themselves. This means that those who are unemployed aren't trying to create incoming generating projects but are waiting for someone to offer them employment." (Problem 74, Social Problem)*

Here the limits are rationalised as within the individual, as Rose (1996b) argues, in such instances: "they have either refused the bonds of civility and self-responsibility *or they aspire to them but have not been given the skills, capacities and means*" (italics added) and "the subject of expertise is now understood, at least for the purpose at hand, as an individual who lacks the cognitive, emotional, practical and ethical skills to take the personal responsibility for rational self-management" (p. 348). The discourse of psychology has a profound effect on the practices elaborated by its technology and languages, and the psychologists use this to rationalise why they cannot help certain clients. In the following extract the participant also comes across the limits of applying psychology:

"The community clinic I work for is in a rural area with a high rate of poverty due to unemployment. Parents bring their children with the high hope of being assessed for a minute and walk away with a report recommending that they get a disability grant (for

cognitive impairment). A parent becomes angry at the intern who does not recommend this grant" (Problem 117, Social issue)

It is suggested that people are trying very hard to use the service, the same participant also says:

"social workers, lately refer almost every community member they come across for psychological services. ***Some are just poor, they need financial support*** *and the social worker thinks they must go to the psychology clinic to get a Government grant...they feel the psychologist is cruel, why could she not just write the 'letter' to the department of pension (welfare) that recommends a disability grant" (Problem 118, Professional issue with social workers)*

Clearly people are accessing psychological services in certain sectors of the population for completely different reasons; one that the psychologist above is not equipped to deal with. The implicit assumptions about promoting autonomy is apparent as there are no other ways the psychologist can help the client and the participant recognises the boundaries or limits of intervening as "some are just poor, they need financial support". A similar attitude is reflected in the following extracts where participants comment on their effectiveness (or ineffectiveness) in managing social and systemic issues.

"not much can be done ***except support****, and referral to financial aid etc." (Problem 33, Social Problem)*

"Yes. But I cannot claim that I help every person that makes use of the service. Sometimes the ***odds are just too great****. The problems are so vast, the* ***insight*** *sometimes so* ***limited*** *that the process is doomed before it begins. The truth is that, where skills run out, the* ***only thing left is genuine concern*** *for my clients. So when I say what I do helps, I refer to the one client in a hundred whose life changes." (Problem 16, Adjustment)*

Even if effective "...but it all takes time (and ***resources are limited****" (Problem 61, Addressing disparities due to previous disadvantage)*

"It often does help ***if the social conditions are not too severe****" (Problem 97, Major Depression due to socioeconomic factors)*

"No (does not help). ***Poverty is poverty.****"(Problem 33, Financial impoverishment)*

"Perceived control over a situation often leads to an external locus of control, which can be ***paralysing*** *for the client, when there is* ***insufficient resources to empower*** *the client to attain an internal locus of control...It is often a great challenge to empower clients in*

attaining a state of mastery *over their circumstances" (Problem 40, "Trauma debriefing")*

What is implied in these extracts is the limitation of applying the techne of psychology to these social (*relevant*) problems where the constructs of psychology and the aims of producing self governing and autonomous citizens is hampered by socio/economic issues, such as poverty or previously disadvantaged. Thus although the first section of the analysis identified ways that the techne of psychology is applied to problems with socio/economic dimensions, such as governing through community, the problems reflecting on dilemmas, suggests the limits of the techne of psychology to socially *relevant* problems. The above extracts illustrate the complexity of applying psychology outside of its Western home. In a diverse country, such as South Africa, where psychology has flourished, compared to other African countries, it certainly proliferates in certain contexts, where it operates as a tool for governing conduct by promoting the values of autonomous selfhood. The data has also suggested that South Africa has diverse settings and psychology has not colonised all these settings.

5.5 CONCLUSION

This section has examined the data qualitatively as an attempt to expose the subtle rationality involved in the techne of psychology, which may have been obscured by the quantitative findings. The findings have illustrated how psychology operates as a technology for the government of conduct through its individualising discourse and fostering awareness of citizen's subjective experiences, from the perspective of psychological theories and techniques which render subjectivity calculable. By rendering conduct problematic in this way, psychology heightens individuals' awareness of themselves as responsible individuals who can achieve the goals of autonomous selfhood. The analysis has shown that psychology may operate differently for different sectors of the population. It has drawn attention to the relevance of psychology to social and systemic problems that result from socio-political history and current economic conditions. It has however raised issues around the application of the ideals and implicit assumptions of the techne of psychology in specific arenas. These issues will be elaborated in the discussion.

CHAPTER SIX: DISCUSSION

6.1 INTRODUCTORY COMMENTS

This chapter discusses the findings from the study with reference to some of the issues raised in chapter two. It continues the historical analysis presented in chapter two, and locates the findings within the socio-political search for a *relevant* psychology in the context of democratic South Africa. It discusses how the governmentality framework allows for a critical engagement with *relevance*, suggesting that an engagement with these issues is vital to understand how new relations of power may be obscured by the rhetoric of relevance. Based on the findings it assesses the application of the techne of psychology to the South African context. Finally, it will explore some of the limitations of this study.

The historical examination of psychology in chapter two has illustrated how the profession of psychology has evolved in the light of changing practical demands, and how this was often linked with socio-political changes. At the end of apartheid, South Africa entered a phase as a developing democracy, and for psychology, it has become necessary to become more *relevant* to new social and political demands. It has become particularly imperative for psychology to align with reconstruction and development initiatives, especially because of its dubious involvement with apartheid. De la Rey and Ipser (2004) suggest that, relevance, post-1994, "has by and large been interpreted as a form of social responsiveness, judged in terms of the degree to which psychology has responded to government led initiatives to promote social change and economic development" (p. 548).

As proposed in the literature review, psychologists have professed commitment to become more *relevant* at the level of its professional bodies, and also by the introduction of more *relevant* training curricula. Furthermore, psychology's *relevance* has been

examined in terms of "changes in demographics" and "changes in content" (de la Rey & Ipser, 2004). Picking up from the historical analysis in chapter two, this study examines the application of psychology in the current context, and, by focussing on the application of psychology, critically examines relevance in terms of problematizations. The discussion begins with a discussion on some of the trends suggested by the findings, and locates this within the context of post-apartheid South Africa.

6.2 TRENDS IN PROBLEMATIZATIONS

The findings are drawn from chapter four and examine the settings psychologists work in, as well as the practice of different registration categories, relating these to the specific problems that psychologists deal with. By focussing on these trends this study provides important empirical evidence to consider the practice of psychology in post-apartheid South Africa.

Findings suggest that psychologists operate in diverse settings, suggesting a mixture of private (private practice and business) and public (government hospitals, university, NGO) settings. Foster and Swartz (1997) have argued that the delivery of mental health service in South Africa operates in plural sites, but continues to be affected by the socio-political history, running along racial lines. The findings suggest that certain settings, such as NGO/Research unit and university settings tend to deal with "Social" problems. This is not surprising for NGO settings, but interestingly University settings seem an important emerging context for the application of psychology. Psychologists working in university settings provided the largest percentage of problems (31%) in this study.

Psychologists working in the government sector reported a significantly higher number of "psychological" problems, particularly "clinical syndromes". Furthermore, psychologists in the government settings tended to report less "social" problems. This is surprising as government settings would service largely the mental health needs of the public sector. Foster and Swartz (1997) suggest that the government sector which had historically been

divided along racial lines, largely restricts itself to "more serious disorders" (p. 5), and this may account for why psychologists working in these areas report "psychological" problems. Furthermore, as clinical psychologists tend to work in this setting, and they would be more likely to frame problems as "clinical", relying on the diagnostic systems that dominate these medical settings.

Examining registration categories, modest generalisations suggest that research psychologists tend to be involved in "social" problems, particularly with "public health" issues. Other registration categories may also be involved in research, but findings are suggestive of a shifting trend in the type of knowledge being produced. Derman (2002) examining employment trends in research psychology also found that there has been an "increase in demand for community psychology specialists and employment in social development contexts" (p. 78), and findings from the current study also suggests a tendency for research psychologists to be involved in more socially *relevant* problems.

Research psychology shows less involvement in "assessment" and "labour/organisational relations", although business settings remain an important area of application. These areas have historically been a major area of application for psy-expertise. Even for other registration categories, less involvement in these areas are suggested, although "assessment" remains an important practice employed in therapeutic settings. Both "assessment" and "organisational/ labour relations" have played an important role to establish psychology as a profession, however, with new socio-political imperatives the need for these types of practices has disappeared, particularly when one considers how research into "organisational/ labour relations" carried out by institutions, such as the NIPR, used psychology as a tool to further apartheid initiatives (TerraBlanche & Seedat, 2001).

The review in chapter two has suggested that therapeutic applications of psychology showed a strong growth in the 1980s and findings from this study indicate that psychologists continue to deal with a range of traditional therapeutic problems ("clinical syndromes", "adjustment" issues, "specific issues" such as trauma and violence),

indicating that this remains an important practical/applied field. This is supported by the high numbers of intervention practices that focus on the individual, either therapeutic or directive interventions.

The findings also indicate that psychologists are dealing with more socially *relevant* problems, such as poverty, HIV/AIDS and various other issues as the result of "previous disadvantage". In fact, excluding "professional" problems, 36.4 % of problems in the sample of problems in this study are either "socio/economic" problems or "public health" issues. Furthermore, an overwhelming number of systemic issues were implicated as "causes" (88.1%) and in particular, 53.3 % of problems in the sample had socio/economic causes. This supports the notion that psychologists are dealing with the types of problems advocated by relevance.

Findings suggest a new and emerging context towards socially *relevant* issues. Findings suggest a growth in particular applied arenas, for example in university contexts, and a shifting focus of research towards socio/economic issues. In terms of its application to problems in the South African context, these findings suggest that psychologists are involved in *relevant* problems in line with RDP initiatives. The discussion now focuses on the use of theoretical arguments around governmentality to critically examine these shifts in application.

6.3 *RELEVANCE* AND GOVERNMENTALITY

Using the "governmentality" framework provides insight into the role of psychology in the operation of new forms of power, and allows one to critically examine the role of a *relevant* psychology advocated in the new South Africa. This part of the discussion particularly focuses on the findings from chapter five, but reference is made to the quantitative findings to provide empirical support for claims made.

These findings from the qualitative analysis have shown how the languages and constructs of psychology construct the self as the site of intervention, including

socio/economic or systemic problems, the focus being on restoring the individual to autonomous selfhood, as self governing citizens, and framing interventions within a discourse of responsibility. This provides support for the thesis presented by Foucault on disciplinary power as a new method of government, where individuals "freely subject themselves to the scrutiny of others" and internalise methods of surveillance by the focussing or attending to aspects of the self. Thus even problems where the individual is not implicated as part of the cause, subjectivity is constructed as the site of the intervention.

The findings are congruent with the Rosean suggestion that "the moral codes and ethics of psychology constructs subjectivity as the site of intervention" (2000, p. 15) and it has been suggested that the high numbers of individual interventions in the sample of problems provide support that the techne of psychology focuses on the self and subjectivity as the rationalised object of intervention. Analysis in chapter four indicates that although there is a relationship between problems with individual causes and interventions targeting subjectivity (individual interventions), high numbers of individual interventions (27 out of 47 problems) were also targeted at problems that did not have psychological (individual/interpersonal) causes.

Empirical evidence suggests that the participants reported very little systemic effectiveness. Together with, low levels of actual interventions targeting the system supporting the notion that "subjectivity" remains the site of intervention for psychologists. In the context of a *relevant* psychology what is also concerning is that problems with systemic causes do not have a significant relationship between interventions targeting the system. The analysis indicated that 38 problems with systemic causes did not have systemic interventions. In fact only 12 out of 58 (12%) problems with socio/economic causes had interventions aimed at "social change". If a *relevant* psychology aims to focus on the marginalised and oppressed, the question posed is whether this new application solves important systemic issues, promoting mental health and equality or whether they represent new forms of control and surveillance that have been extended to the new territory of the marginalised and oppressed.

Psychology has succeeded in extending its technology to socially *relevant* applied spheres, such as the "community" or the "previously disadvantaged", whilst still choosing to intervene at the level of "subjectivity". The reliance of government through instilling the process of self governance is an excellent tool in the context of limited resources. The discourse of *relevance* echoed by "community psychology" initiatives and "liberatory" and "democratising" psychology has constructed its subject the "oppressed" and "previously disadvantaged", and the findings support the extension of the "techne" of psychology. Is it possible that the rhetoric of *relevance* obscures this power relation inherent in the practices of psychology? By focussing interventions on their area of expertise, subjectivity, the techne of psychology may be inappropriate if it encourages citizens to remain docile in adverse socio/economic circumstances.

In Rose's arguments on using community as a new technology for governance on liberal democracies, he draws our attention to the distinction between the "affiliated" and the "marginalised" (Rose, 1996b). "By affiliated I mean those who are considered 'included': the individuals and families who have the financial, educational and moral means to 'pass' in their roles as active citizens in responsible communities" (p. 340).

The use of affiliated refers to an individual who has the financial, educational and moral means to "pass" in their roles as active citizens in responsible communities" in "rearing children, in schooling, in training and employment, in ceaseless consumption, the included must calculate their actions in terms of a kind of 'investment' in themselves, in their families, and maximise this investment with reference to the codes of their own particular communities" (Rose, 1996b, p. 340). In Rose's analysis the marginalised refer to an underclass which includes a "heady mixture of long-term welfare recipients, hostile street criminals, hustlers in an alternative underground economy, traumatised alcoholics, vagrants" and so on, who are marginalised due to moral problematization, have become subjects that need to be "reframed" and "re-unified ethically and spatially" as they have refused the bonds of civility and self responsibility or they aspire to them but have not been given the skills, capacities or means" (p. 347). In South Africa one can identify two instances of Rose's marginalised, those similar to Rose's "moral" problematized

marginalised, where the aim is to bring these individuals back to the "included" active and responsible citizens using the "technologies of the self", and, as the qualitative analysis has shown this applies to some community interventions.

However, reflection n the dilemmas presented by psychologist's also suggest that the marginalised in South Africa are not only, the subject that has "refused" the bonds of civility and self responsibility nor necessarily the subject who aspires to them "but have not been given the skills, capacities or means" but, rather, also an economic "subject" who lack the economic means to "enterprise" themselves and their lives. It is in these contexts that the limitations of applying the techne of psychology to the South African context become most apparent. In these situations psychologists may feel misplaced, unacknowledged or they may rely on other techniques to solve the problems presented by their clients, such as "giving them money" or "getting a social worker into the area". The dilemmas examined in chapter five has exposed the aims of the project of the techne of psychology as congruent with the production of an autonomous, self regulating citizen, yet unless systemic change is also considered these "technologies of the self" may be inappropriate. The dilemmas examined in chapter five have drawn attention to the problem of a *relevant* psychology.

The aim of a *relevant* psychology is to extend mental health services to previously underserved areas. These are "positive objectives" as Louw (2002) points out, the aims are "to minimize maladjustment, extend the benefits of modernisation to all members of society, prevent disease, promote health and happiness, create contented and productive workers" (p.3), and becoming more *relevant* means extending these aims to all South African citizens. Studies such as these, critically examining psychology, are important to highlight tensions in creating this environment and the operation of power and surveillance. The current study, as an empirical endeavour is important as it provides evidence of what occurs where psychology is practiced "on the ground". The limitations of this undertaking are now examined and may inform future studies such as these.

6.4 LIMITATIONS

This section will explore the limitations of this study firstly by providing a methodological appraisal and thereafter identifying some theoretical limitations.

The study used dual methodologies. Qualitative analysis was necessary to provide the depth required to apply the governmentality theory and statistical analysis, to provide adequate empirical evidence to support these claims and to identify trends in psychology. However, using dual methodologies is not without its problems and along the process various compromises ensured a balance without compromising the quality of either methodology. The first issue relates to the generalizability of the findings, and thereafter the issue of reliability is examined.

Psychologists were requested to "name and describe the two most common problems" they face in their work context. Many participants reflected on the length of the questionnaire and the amount of time required for its completion, and hence the response rate was very low. The limited numbers of problems raise the issue of whether these problems adequately reflect the scope of problems that psychologists deal with, especially considering that a large percentage of problems described were professional issues. The low number of problems also limited the statistical analysis that could be done without violating statistical rules. Shortening the questionnaire may have resulted in more responses. However, shortening questionnaires would have compromised the quality and depth of information required in the qualitative reading of the responses. The theoretical focus was to understand the subtle ways problems are constructed as amenable to psychological intervention, and thus required detailed descriptions. Although this detail was necessary, it may have compromised the generalizability of findings, and secondly, it may also have affected the reliability of the coding process.

The low reliability still remains a constraint in the design of the study. It is thought that the lengthy and open-ended nature of the questionnaire meant that the researcher and coder had to sift through quite complex and often contradictory explanations to

extrapolate the important information. As a result, there was a strong interpretive component to generating the coding scheme, and this may have affected the rigour of the quantitative methodology. The selected coder, an undergraduate psychology student, although having some psychology experience, may not have had adequate understandings of the subtle distinctions, particularly where causes of problems were concerned, and the process may have benefited from a more experienced coder. This is an issue which will need to be borne in mind for future studies of this nature.

A theoretical limitation of the qualitative analysis may be the lack of reflection on the cultural applicability of psychology in the local context. Louw (2002) considers the importance of this variable, pointing out that not only is psychology "Westocentric" or "Eurocentric", as suggested by critics such as Bulhan (1985, as cited in Louw, 2002), but the very subject matter of psychology, human subjectivity, with "its vocabulary and its frameworks have been historically constituted in the Western world" (p. 3). Thus the issue of culture is important to understand the exporting of psychology outside its original cultural contexts, especially where the construction of subjectivity is dissimilar to Western constructions of self. Adequate reflection on cultural issues was beyond the scope of this research, but the governmentality framework could be useful to provide insights into the marginalisation of other constructions of self by the application of expertise as a dominant and rational form of judgement about what it is to be a "normal" human being. Although a few participants commented on cultural issues, they were largely absent from responses, and this may be a reflection on how psychology may have colonised alternative explanations to problems in society.

This study was useful as it provided both and exploration of some trends occurring in a sector of South African psychology, whilst also focussing on the nature and rationale of specific practises in the local context. This study has value as it provides a critical appraisal of the techne of psychology in the South African context.

6.5 CONCLUDING COMMENTS

> "Through these different practices- psychological, medical, penitential, educational- a certain idea or model of humanity was developed, and now this idea of man has become normative, self-evident, and is supposed to be universal...This does not mean that we have to get rid of what we call human rights and freedom, but we can't say that freedom or human rights has to be limited to certain frontiers...What I am afraid of about humanism is that it presents a certain form of our ethics as a universal model for any kind of freedom. I think there are more secrets, more possible freedoms and more inventions in our future that we can imagine in humanism as it is dogmatically represented on every side of the political rainbow" (Foucault, 1982, p.15)

Rose's analysis provides the theoretical concepts to critically examine the role of psychology in power relations in liberal democracies. Authors, such as Louw (1986, 1987) have provided a historical analysis of psychology looking at the social and practical contexts within which the expertise of psychology is applied. Louw (2002) has also provided a theoretical reflection of the psychology in democratic South Africa. However, the current study was important as it provided empirical evidence to examine Rose's concepts in the local South African context.

Louw (2002) argues that it is impossible to exactly predict the influence of psychology in South African society, that this is not done by knowing how many black psychologists there are, or how the leadership is black but the membership is white etc, thus suggesting a re-examination of *relevance*. He points out that "exactly how human subjectivities will be constructed in these sites, given the numerous and different cultural resources individuals will draw on in South Africa, is almost impossible to predict" (Louw, 2002, p.6). The effects of the techne of psychology are beyond the actual practical intentions or interventions, they are at the level of the individual's subjectivity (and also beyond simply experts, but also part of other professionals), they produce a particular subjectivity through their language and constructions, a citizen, whose goal is autonomy, and one that is responsible to maintain their status of a free citizen, and who, because of being free, has a responsibility to "work on themselves" to live up to that status.

Expertise such as psychology is increasingly being presented as a "solution" to the many types of problems that persist in South African society, this study suggests that the profession needs to remain reflexively aware of the effects of applying a technology developed in a different society to the developing context, remaining vigilant that it may serve as an instrument of power. The concept of governmentality, as articulated by authors such as Foucault and Rose, provides a useful framework for understanding the complex role expertise plays in a developing liberal democracy.

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APPENDIX I: COVER LETTER AND QUESTIONNAIRE

Dear Participant

My name is Shelene Gentz. I am working with Professor Kevin Durrheim on a study that investigates the application of psychological expertise in post-apartheid South Africa.

The sample is drawn from Masters graduates from the merged UKZN (previously University of Natal and University of Durban-Westville) from 1994-2004. The questionnaire gathers information about your demographic details and your work settings. We also ask questions about the employment sphere in which you work and the types of problems you deal with in your work context. We are especially interested in how you apply psychological knowledge and skills in thinking about and managing these problems. All the questions relate to your *current* employment.

Some of the questions will ask you to reflect on particular aspects of your training. We will feed this information back to training institutions where it will help curricula planning.

I would be most grateful if you complete the attached questionnaire. To fully complete the questionnaire will take about an hour. If you have limited time, I would appreciate if you focus more specifically on the questions in Section 2, 3 and 4, which deal with aspects of your current employment. Once completed, you can email it to the following address: 204503406@ukzn.ac.za.

Your contribution is much appreciated
Yours sincerely

Shelene Gentz
M1 (Clinical Psychology)
University of KwaZulu-Natal

Please provide the following information about yourself. For each question, from the options provided, type the correct answer into the red answer box that looks like this

SECTION 1

I have read and understood the aims and purposes of the study outlined above and agree to participate in the study YES/ NO

Type in this box

Gender: Male/Female

Type in this box

Race: Black
White
Indian
Coloured
Other(specify)

Type in this box

Degree Type: Clinical
Counselling
Industrial
Research
Educational

Type in this box

Are you registered with the HPCSA? YES/NO

Type in this box

In which country do you currently live and work?

Type in this box

Think now about your **current employment**. In what type of setting do you work as a psychologist? (Indicate one or more)

Private practice **Private Hospital** **Govt/Provincial Hospital**

University/College **Research Unit** **Prison**

Business Sector **NGO** **Community Clinic**

Other community setting **School** **Other (please specify)**

Type in this box

Please Name your employer

Type in this box

What is your annual (gross) salary, including benefits?

Type in this box

SECTION 2

In this section we would like you to think about problems and/or issues that arise in your workplace or in society more generally that you are called on to address or 'work with' in the course of your working life. ***Please list and then provide a description of the two most common problems or issues that you deal with in your daily practice.***

For example, if you are in private practice and treat mostly eating disorder patients, you could list eating disorders, and then describe the difficulties patients report. If you work in a Human Resource Department in an organizational setting, doing personnel selection, you may list 'personnel selection', and then describe the difficulties you/the company face in selecting staff. Alternatively, if you work in a research setting, studying the effects of HIV on communities, you may say list 'HIV/AIDS', and then describe the problems that you have observed your research communities to face.

Please list ***specific problems*** (e.g, eating disorders not individual mental health, personnel selection, not human resource management, and HIV/AIDS not health)

Problem/issue 1 (Name the problem/issue): **Description:**

Problem/issue 2 (Name the problem/issue): **Description:**

SECTION 3 – Understanding the problems

In the section above you have described how the problems or issues that you manage present themselves to you. We are now interested in ***how you understand these problems***. What do you think is the ***basic cause*** of each the problem/issue. Please think broadly and discuss these causes in detail.

Problem/issue 1 (Name the problem/issue):
Your understanding of the causes:

Problem/issue 2 (Name the problem/issue):
Your understanding of the causes:

How has your training in psychological methods (for example theory, assessment techniques, research method etc.) aided your *understanding* of the problems

Problem/issue 1:

Problem/issue 2:

SECTION 4 – Managing the problems

What do you do to manage these problems/issues. Please describe your actual practice.

Problem/issue 1:

Practices to manage the problem:

Problem/issue 2:

Practices to manage the problem:

Do you think what you do helps? Why? How?

Problem/issue 1:

Problem/issue 2:

How would you rate the following statement, from 1 to 5 where

Strongly agree.........1
Agree 2
Neutral 3
Disagree 4
Strongly disagree......5

I ***understand*** the causes of problem/issue 1	Type in this box
I ***understand*** the causes of problem/issue 2	Type in this box
I am effectively ***managing*** problem/issue 1	Type in this box
I am effectively ***managing*** problem/issue 2	Type in this box

Do you think there are *other* ways these problems/issues can effectively be addressed/ managed?

Problem/issue 1:

Problem/issue 2:

SECTION 5 – Reflections on training

Institution at which Masters was completed:

Type in this box

UDW
UND
UNP

M1 year

Please indicate your M1 year:

In what ways has your Masters training equipped you with the skills necessary to help you achieve the goals and manage the problems that you deal with. What aspects of your training were specifically helpful to provide you with the skills to manage these problems?

Problem/issue 1:

In retrospect, what do you think were the limitations of your training – what needs to be included in the training syllabus to better equip you to deal with the types of problems discussed above?

How would you rate your training as related to the problems you have discussed, from 1 to 5 where

Strongly agree.........1
Agree 2
Neutral 3
Disagree 4
Strongly disagree......5

My training in psychology has helped with my *Understanding* of problem/issue 1

Type in this box

My training in psychology has helped with my *Understanding* of problem/issue 2

Type in this box

My training in psychology has helped with the *management* of problem/issue 1

Type in this box

My training in psychology has helped with the *management* of problem/issue 2

Type in this box

All the information that you have provided in this questionnaire is completely anonymous. The information will be released in the form of statistical summaries and no identifying data will be released.