

**Knowledge about and attitudes to psychological services in a rural village in South
Africa**

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TABLE OF CONTENTS

	Page
Title page	i
Acknowledgements	ii
Table of contents	iii
Abstract	vi
Samevatting	viii
CHAPTER ONE: INTRODUCTION	
1.1 Introduction	1
1.2 Rationale and background of the study	1
1.3 Objectives of the study	6
1.4 Contextualising the study	7
1.5 Aspects of knowledge and attitude	10
1.5.1 Knowledge	10
1.5.2 Attitude	10
1.6 Terminology	11
1.7 Layout of chapters	12
1.8 Conclusion	12
CHAPTER TWO: LITERATURE REVIEW	
2.1 Introduction	14

2.2 History and development of Psychology in South Africa	14
2.3 History of psychological services in South Africa	16
2.4 Training in Psychology as a profession	20
2.5 The current state of psychological services in South Africa	22
2.5.1 Community Psychology in South Africa	25
2.5.2 Primary Health Care	28
2.6 Professional views of current state of psychological services	32
2.7 Conclusion	33
CHAPTER THREE: RESEARCH METHODOLOGY	
3.1 Introduction	35
3.2 Qualitative research	35
3.3 Participants	37
3.3.1 Description of biographical data	38
3.4 Instrument	39
3.4.1 Biographical questionnaire	39
3.4.2 A vignette	40
3.4.3 Interview guideline	41
3.5 Ethical Considerations	42
3.6 Advantages and disadvantages of interviews	42
3.7 Procedures	44
3.8 The interview process	46
3.9 Reliability and validity in qualitative research	46
3.10 Data analysis	48

3.10.1 Organisation of data	49
3.10.2 Generation of themes and patterns	50
3.11 Reflexivity: the researcher's position through research process	51
3.12 Conclusion	53
CHAPTER FOUR: RESULTS AND DISCUSSIONS	
4.1 Introduction	54
4.2 Knowledge about psychological services	55
4.3 Sources of knowledge of psychological services	61
4.4 Attitudes towards psychological services	67
4.5 The role of psychologists versus other helping professionals	74
4.6 Psychological needs of the community	78
4.7 Availability of psychological services in a rural village	83
4.8 Lay counseling: main form of psychological service rendering	86
4.9 Awareness and educational programmes regarding psychological services	91
4.10 Conclusion	96
CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS	
5.1 Introduction	98
5.2 International public image of psychology: Lessons for South Africa	98
5.3 Recommendations	101
5.4 Limitations and future research	103
REFERENCES	105
APPENDICES	114

ABSTRACT

South Africa has been going through a transformation process and mental health is no exception. As this process of transformation unfolds, the psychological service rendering is being redressed following the criticism on the previous mental health care system. Psychological services were only available in the white suburban areas, therefore they were not meeting the needs of the majority of South Africans.

In the new political dispensation there is a demand for more psychological services to be made available to the historically disadvantaged communities. There is a need to explore the knowledge about and attitudes towards psychological services by black communities in rural areas. The study is aimed at exploring these aspects, as it is essential in establishing appropriate community-based psychological services rendering. In-depth interviews were carried out on a randomly selected sample of 10 participants from a rural village in Hebron. The study indicated that there was a reasonable knowledge about psychological services. The main sources of knowledge possessed by the people are mainly from the media, studying psychology and having had an exposure to the psychologists previously. The attitude towards psychological services depends on whether the people personally or their loved ones had a positive experience with a psychologist. Educational level was found to be playing a major role, as people with

higher level of education had positive attitude towards psychological services. The level of the actual use of psychological services was very low due to lack of such services in the area. The participants expressed the needs for the psychologists to work in collaboration with the communities. There was a need for the psychological services to be made available in the community and that there should be awareness talks regarding these services. The results and implications are discussed and there are suggestions for research.

Key words: Psychological services, knowledge, attitude, rural village, Hebron black community, historically disadvantaged

SAMEVATTING

Suid-Afrika is besig om fundamenteel te verander, en die gebied van geestesgesondheid is geen uitsondering nie. Soos hierdie transformasie-proses ontplooi, word die voorsiening van sielkundige dienste ook reggestel. Dit volg op die kritiek op die vorige sisteem van sielkundige sorg, waar sielkundige dienste slegs beskikbaar was in blanke voorstede en dus nie die behoeftes van die meerderheid Suid-Afrikaners aangespreek het nie.

In die nuwe politieke bedeling is daar 'n behoefte dat meer sielkundige dienste aan die histories agtergeblewe gemeenskappe voorsien word. Daar is ook 'n behoefte om die kennis oor en houdings teenoor sielkundige dienste in die Swart landelike gemeenskappe te ondersoek.

Die mikpunt van hierdie studie was om genoemde aspekte te ondersoek, aangesien dit die basis vorm vir die voorsiening van doelmatige sielkundige dienste wat gebaseer is op die behoeftes van die gemeenskap.

Diepgaande onderhoude is gevoer met 10 deelnemers wat lukraak gekies is uit 'n plattelandse gemeenskap in Hebron. Die studie dui aan dat die mense van die gemeenskap oor 'n redelike kennis van sielkundige dienste beskik, wat hoofsaaklik verkry is uit die media, òf die gevolg is van sielkundige studies, òf die blootstelling aan

sielkundiges. Die houding teenoor sielkundige dienste berus daarop of die mense self, of hulle geliefdes, 'n positiewe ondervinding van 'n sielkundige gehad het.

Die studie het bevind dat die opvoedingsvlak van mense 'n belangrike rol speel, aangesien persone met 'n hoër opvoedingsvlak 'n positiewe houding jeens sielkundige dienste getoon het. Die werklike gebruik van sielkundige dienste was baie laag aangesien sodanige dienste nie in die area beskikbaar is nie. Deelnemers het dit beklemtoon dat sielkundiges met gemeenskappe moet saamwerk. Daar was 'n behoefte dat sielkundige dienste aan die gemeenskap beskikbaar gestel moet word en dat lesings gehou moet word om sodanige dienste bekend te stel. Die resultate en implikasies van die studie word bespreek and voorstelle vir navorsing word gemaak.

Sleutelwoorde: Sielkundige dienste, kennis, houding, plattelandse dorp(ie), Swart gemeenskap in Hebron, histories agtergeblewenes

CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

This chapter provides a background and general overview of the study, which investigates residents' knowledge about and attitude towards psychological services in a rural village in South Africa. The context in which the research will be conducted will also be explained. This is particularly important as the results and discussions of the study must be considered with this unique context in mind. This chapter also sets out the aims and objectives of the study, as well as the theoretical perspective on which the research is based.

1.2 RATIONALE AND BACKGROUND OF THE STUDY

The rationale of this study is to gather information from a rural South African community that will assist in the development of appropriate and relevant psychological services to that community. Clinical psychology in this country has been criticised for being unresponsive to the sociopolitical context (Dawes, 1985), and psychologists are challenged to remedy the situation through the development of appropriate research, training and public advocacy.

Psychology played a dubious role during the apartheid era, and it has a major role to play in the country's process of transformation and its initiation into a new era. According to Dawes

(1985), psychologists and psychology have failed to acknowledge the relationship between psychology and politics. He also further argues that psychology has failed to reflect on the distorted ideological consciousness that was engendered through the discipline as it was practised in the past. Vogelmann (1990) notes that psychologists' interventions were seen as politically aligned with the apartheid system.

The role that the psychologists need to play now should be informed by a greater sociopolitical awareness. Interventions in a certain community should be based on a sociopolitical understanding of that community's problems, and the interventions should help to empower the people they aim to serve.

This study is embedded in the context of the transformation that South Africa is currently experiencing. In this process many mental health issues are being redressed and most of the services being introduced to previously disadvantaged people are new and strange. Consequently, people cannot be expected to automatically know what these services entail. Psychological services are amongst those which are very new to rural black communities. The process of transformation is almost ten years old, and it is at this juncture that a consideration of the progress of psychology in transformation is relevant.

Although there has been a call to transform South African psychology (Pillay & Peterson, 1996), it is not enough to work only with those professionals who are instigating the change. There is also a need to conduct a study among the communities who are to be the recipients of these psychological services. The results of such research could help mental health

professionals to provide relevant psychological services in black communities. Stones (1996) notes that empirical research on attitudes towards mental health service providers and mental illness in South Africa is almost nonexistent.

There is therefore a pressing need to find the most effective way of rendering psychological services. Furthermore, it is clear that psychologists are faced with the challenge of providing knowledge and services that contribute to the development of the entire population in South Africa (Van Vlaenderen, 2001).

As Pillay and Peterson (1996) made an urgent call to transform psychology in South Africa, the information gained in studies on communities' attitudes towards mental health care service providers and mental illness could be used as a point of departure for changing psychology and its uses to the people (Stones, 1996).

Perceptions and attitudes held by lay people determine the extent to which they will take advantage of services or utilise those services. Hence this study will investigate the utilisation of services by black communities. Stroebe and Stroebe (1995) maintain that an individual's attitude towards something depends on the subjective values or utilities attached to the possible outcomes of that action. This implies that people's attitude towards psychological services depends greatly on their subjective experience and the outcome of this experience. This is difficult if people have not had such experiences, and lack even basic knowledge about such services. This shows that there is still much to be done to bring about change in the field. On the other hand, Stroebe and Stroebe (1995) warn that using attitude as a determinant or

predictor of behaviour should be used with caution, as it is not always the case that if people have a positive attitude then they are more likely to act on their attitude. However, Azjen (in Lupuwana & Simbayi, 1999) extensive research on attitude and behaviour revealed a strong relationship between these two constructs. Therefore, people's attitudes towards psychological services may assist in predicting the utilisation of such services if they know very well what these services entail.

The information gathered would also be used to identify appropriate areas for possible future interventions and change, and provide a basis for recommendations on how the mental health system should be restructured so that the needs of the majority of the population can be met.

According to the Government Gazette (White paper, 1997), the one important component of the RDP is the development of the people. It is stated that equipping individuals with the necessary knowledge to care for themselves will be a major step towards improving their health. This implies that, in order for people to take care of themselves, they need to know how. If knowledge is imparted to those who do not have access to information, then this process will be greatly facilitated.

Calitz et al. (1994) point out that psychologists should be actively involved in health planning and health management at the primary care level. If this is to be achieved, then it is necessary for psychologists to conduct research on local communities. If they do so, this will help in the planning of future primary intervention programmes. Psychologists can play a very important

role in this social and political change by planning and developing structures and mechanisms which will ensure appropriate and acceptable services for all (Freeman, 1991).

The previous mental health system profoundly influenced psychological service delivery in this country. However, Calitz et al. (1994) point out that the attitude of uninvolvedness in local communities is also reinforced by the present system of training. Community psychology and primary prevention programmes for local communities are not part of many universities' training curricula for clinical psychology. For psychologists to be able to adapt to new demands, the present ineffective system should change. Universities' curricula should accommodate the new perspectives in psychological service delivery.

The public's participation needs and demands may show which kinds of services are needed by the communities. This may in turn equip psychologists with the necessary skills needed to work in black communities. This may also serve as a stepping stone in developing appropriate psychotherapeutic models, which is still a challenge today. In order to develop such models, individuals should not be seen as failed members of Euro-American middle class but, according to Freeman (1991), as largely socially constructed beings who reflect the ideological underpinnings of the social milieu in each person's psychological makeup.

In her article on psychology in developing countries, Van Vlaenderen (2001) states that local knowledge can serve as a guiding force for the local community's behaviour, and can help in shaping their mental maps. She notes that this knowledge arises from practical activity with others in a particular socio-historical-cultural context, which is constantly changing. For

example, rural people's knowledge is about what exists, as well as how things are done, refers to the whole system of knowledge, including expert knowledge, concepts, beliefs and perceptions, and the process of acquiring knowledge (Van Vlaenderen, 2001). Therefore the more involved psychologists are with communities, the more knowledge people will gain, the more they will learn better practice and end with greater awareness of problems that exist, the causes of these problems and, to a greater extent, their possible solutions.

This study was further motivated by the inclusion of mental health and psychological services under the umbrella of primary health care. This implies that psychologists are more likely to be available in local clinics. As such, service users need to know about them and the services they render. Hence this study looks at how much people know about psychologists and the services they render, and how this knowledge is gained.

1.3 OBJECTIVES OF THE STUDY

There is a movement in psychology towards providing more community-oriented work, so that more services can be rendered within black communities. The current research aims to explore the knowledge about and attitudes to psychological services held by the black residents of the village of Hebron near Pretoria. The information yielded in the research will hopefully be of some use in designing interventions to improve the mental health and social well-being of individuals and communities, which is a stated objective of the current government (White paper for the transformation of the health systems in South Africa, 1997).

1.4 CONTEXTUALISING THE STUDY

The study takes a social constructionist perspective that asserts that the meanings people attach to their world originate in socially shared constructions (Durrheim, 1997). It highlights the historical, social and collective nature of human consciousness and emphasises that individual behaviour is deeply rooted in social, economic and political systems, and not only in the intrapsychic aspect of people.

According to Tucker (2000), the feelings, the thoughts, opinions and attitudes of a person depend on and are constituted by the person's relationship with others. In other words, people's reality is constituted by their sociocultural practices. Therefore exploring people's knowledge and attitude to psychology is a social phenomenon as it involves examining the diverse social practices built around psychology and its uses in the communities.

An action is rendered meaningful within its context against the inherited, historical, social background. The meanings that motivate actions are not defined in terms of individual representations of reality, but in terms of shared conventions. Knowledge is understood as historically relative and meaningful against a background of contemporary social practices (Durrheim, 1997).

Dawes (1985) emphasises that psychologists need to take cognisance of the fact that psychology cannot be practised in a sociopolitical vacuum, and that the training of

psychologists should take into account those social and political positions. Tucker (2000) argues that a sociopolitical approach is needed in order to implement care and render relevant services to the communities concerned. Central to this approach is a conception of people whose essential identity is both dependent upon and constituted by their relationships to others, be they family, friends, or different social, political, cultural and racial groups. For this reason, the context in which the study was conducted must be described.

The investigation will be conducted in a village called Hebron, situated north of Pretoria. This village formerly fell under the control of the former homeland of Bophuthatswana. The population of the village is predominantly Setswana-speaking, although there are members of other ethnic groups, such as Zulu, Tsonga and Venda. In terms of beliefs and values, the village is heterogeneous and customs and ways of thinking differ widely. Indigenous healing forms an important part of the people's lives, and is something that the people have been exposed to as part of their daily lives. This might therefore make it difficult for other healing alternatives to be accepted by the community members.

Few psychological services are rendered in the surrounding area and none exist in the village. These services are normally only available at the Ga-Rankuwa and Odi hospitals, which also cater for several surrounding townships and villages. Furthermore, there are few private psychologists practising in the surrounding townships, most of which are not within walking distance of from the village.

There is a local clinic where people usually first seek help. The villagers also make use of the services of several non-governmental organisations (NGOs), which are very useful in that they focus on the specific needs of the community. However, these NGOs are situated in the townships of Mabopane and Ga-Rankuwa, and the people from Hebron must use public transport to reach them, which requires money. The area is poverty stricken, and unemployment is a serious problem. Most of the people in the identified area are of low socioeconomic status.

Problems in the Hebron area include a lack of sanitation, running water and health services and a lack of proper education. Additional problems, such as a high crime rate, result in trauma, anger, aggression and stress. It is because circumstances such as these have been acknowledged that attempts are being made to allow black communities to benefit from improved mental health services (Calitz, Gagiano & Van Rensburg, 1994).

The people of the area are very traditional and have deeply rooted cultural convictions. The social structure is such that everything that needs to be undertaken in the village must be done through the tribal authority and with the chief's permission. The tribal authority plays a major role as it is the deciding body in the community. All the cases affecting the community are referred to the elders in the tribal office for attention and decision-making. When somebody in the community is afflicted with a mental illness they are usually referred to the tribal authority which will then make decisions that will help to protect the community.

1.5 ASPECTS OF KNOWLEDGE AND ATTITUDE

As this study explores knowledge and attitudes of the people, it is therefore of utmost importance to take a closer look at these interrelated concepts.

1.5.1 Knowledge

Knowledge, for the purpose of this study, refers to an awareness of or familiarity with a subject and an understanding of it. The knowledge that we have, as human beings, does not exist in a void; rather, there are factors that affect our knowing (Duncan, Van Niekerk, De La Rey & Seedat, 2001). Levinson (1974) outlines an important assumption about the nature of knowledge, namely, that it can be replaced or corrected in the ordinary course of experience. Thus, as we learn more about issues we can correct our ideas, thoughts and beliefs about them. Stones (1996) also emphasises the importance of people's knowledge and the fact that this knowledge changes with experience and areas of misunderstanding. In the case of the residents of Hebron, we may thus assume that this knowledge has an effect on the utilisation of mental health services.

1.5.2 Attitude

Foster and Louw-Potgieter (1991) point out that individuals' attitudes do not exist in isolation, but rather depend on meanings which are contextually and culturally shared. Attitudes are also communicated through interactions. Foster and Louw-Potgieter (1991) define attitude as "a mental state of readiness, organised through experiences, exerting a directive or dynamic

influence upon the individual's response to all objects and situations with which it is related”
p.124.

The attitudes that people have are influenced by factors such as information and the manner in which it was gained, contact and exposure. In other words, the information and education that people have can lead to attitude change; while contact and exposure to an object over time may also result in attitude change.

1.6 TERMINOLOGY

Common terms that appear throughout this text are defined below.

Black. This is a racial classification used to refer to those groups previously oppressed by apartheid, namely “African”, “Coloured” and Indian (Pillay & Kramers, 2003). For the purposes of this study the term is used to refer to “Africans” as only Africans live in Hebron.

Disadvantaged communities. This refers to the communities characterised by the highest cumulative unfavourable social experiences. It refers to a group of people produced through disempowerment and discrimination as a result of structures of society. According to Manganyi (1973), they are a population at special risk for mental health problems.

Community. Defining community is complex; however, for the purpose of this study community is considered to be a place where residents experience their society and culture

(Edwards, Jumper-Thurmon, Pested, Oetting & Swanson, 2000). The main focus is on community as a place where a group of people share specific geographic and social contexts. It also refers to the process which allows for the interaction of members, and provides an identity and a sense of belonging (Magodiello, 1994).

Psychological services. This refers to the services rendered by the members of the psychology profession, and includes psychological assessments, therapy and counselling (group, individual, family and community), psycho-education, research and training.

1.7 LAYOUT OF CHAPTERS

The chapters in this study are laid out in the following way. Chapter 2 provides a brief review of the literature relevant to the current study, and examines the process of service rendering in this country to see what has been done to improve the delivery of psychological services in South Africa. Chapter 3 discusses the methodology used in the research. It describes the step by step process of the research, and also explains the population studied. Chapter 4 focuses on the results of the study and a discussion of the findings. Finally, Chapter 5 presents recommendations and conclusions based on the findings of the study.

1.8 CONCLUSION

“The transition from apartheid rule to a new democracy in South Africa has been accompanied by the vision of a national health care system based on the principles of

universal primary health care” (Peterson, 1998, p. 196). This statement is central to the current research. Although this vision is in place, there are many challenges to transformation in terms of the implementation of this vision of mental health care. This study focuses on exploring this vision as far as the provision of psychological services are concerned.

This chapter focussed on providing a background and perspective for this study. As such, the rationale of the study was discussed, together with common terminology used. The study was embedded in a particular epistemological and sociopolitical context: the profile of the village was given to give the reader a picture of the village being studied, and the researcher positioned herself within the social constructionist perspective. The following chapter will examine broader contexts relevant to this study, namely, the knowledge provided by the literature on this field.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The recent changes in South Africa's political and social arenas have included changes in the mental health care system (Fourie, 1995; Pillay & Peterson, 1996; Seedat, Duncan & Lazarus, 2001). Fourie (1995) points out that these changes strongly emphasise the extension of mental health services to all citizens, particularly in previously disadvantaged communities.

This study considers the knowledge about and the attitudes towards psychological services by a black community in the rural village of Hebron in South Africa. This chapter aims therefore to contextualise the study by investigating the history of psychology in this country. The history and current state of psychological services in South Africa will also be explored. This will be done with a consideration of change as a process in South African psychology in order to evaluate past actions and plan future directions.

2.2 HISTORY AND DEVELOPMENT OF PSYCHOLOGY IN SOUTH AFRICA

The history of psychology in South Africa provides a pertinent background to and context for the current study. Psychology in South Africa has been criticised on a number of issues, which

include the role of psychologists in the South African context, the nature of psychological practices and the state of mental health services in South Africa (Berger & Lazarus, 1987).

The literature does not clearly trace the birth of the profession of psychology in South Africa; however, Foster and Louw-Potgieter (1991) mention that it was only in the 1920s that psychology began to operate as an academic discipline. According to these authors, the South African Psychological Association (SAPA) was founded in 1948. It aimed at securing recognition of psychological services and skills and representing the interests of South African psychologists (Suffla, Et al., 2001). According to Foster (1991), Prime Minister H. F. Verwoerd insisted that all psychological associations should be racially segregated. Louw and Foster (1991) note that the intergroup conflict in South Africa has affected “psychology’s organisational life” p.81. This was evident in 1962 when a substantial number of Afrikaans-speaking psychologists broke away from SAPA and formed a whites-only association called the Psychological Institute of the Republic of South Africa (PIRSA). Louw and Foster (1991) add that the main issues that led to the division was whether blacks could be members of the association. These two associations ran separately along racial lines until in 1983 when they joined to form the Psychological Association of South Africa PASA (Louw & Foster, 1991; Lupuwana & Simbayi, 1999; Nicholas, 1993; Suffla et al., 2001). However, the concern remained that black psychologists were still underrepresented (Suffla et al., 2001).

The Psychological Association of South Africa fell under the authority of the South African Medical and Dental Council (SAMDC). In the early 1990s the council disbanded to form a new organisation that was more responsive to the needs of majority of the population. After

the birth of democracy in this country, a non-racial organisation was formed, the Psychological Society of South Africa (PsySSA). Although PsySSA is the first association in the new democratic country, the profession is still facing the challenge of addressing race, racism and other forms of oppression (Suffla et al., 2001).

Stevens (2001, p. 47) notes that in the 1950s and the 1960s, psychology was internationally criticised for its theoretical perspectives that were based on American individualism and its approaches which were “ahistorical, acontextual, asocial and apolitical.” He further argues that the individualistic eurocentric models, which were not relevant to the African context, were forced onto trainees, thus resulting in alienation from their own experiences.

2.3 THE HISTORY OF PSYCHOLOGICAL SERVICES IN SOUTH AFRICA

During the apartheid era, a mental health care system was developed which enhanced and sustained racial segregation and discrimination (Lupuwana & Simbayi, 1999). The result was a system that was highly fragmented, biased towards curative care for the private sector, ineffective and inadequate. Since the black population was not involved in planning or policy formulation (Lupuwana & Simbayi, 1999), the planning for the provision of psychological services did not attend to those aspects which are real priorities across different population groups.

According to Dawes (1985), psychological service provision in South Africa has been criticised for many years. In the past, psychological services were centred mainly on working

primarily with individuals and families, and doing assessment, counselling, therapy and research. According to Louw and Foster (1991), the first psychologist was appointed by the state in 1923 and the second in 1925. The services rendered by these psychologists primarily entailed psychological assessment mainly for people with mental handicaps, using intelligence tests. The issue of race and intelligence was rife at that time, and Foster & Louw-Potgieter (1991) point out that intelligence tests of the day were used to determine the relative mentality of the different races in South Africa. These authors add that the intelligence tests, which were adapted from overseas for use in the South African context, were used by psychologists as instruments to address social problems. With the focus of psychological services being on intellectual assessment, much of the research conducted concerned issues such as racial differences with regard to intellectual performance.

It is important to consider how psychological services have been rendered to the black population in the past in order to understand the attitudes that people currently hold. The effects of historical oppression, discrimination and racism has created psychological barriers where psychologists are perceived as enemies, and attitudes, stereotypes and beliefs are likely to persist (Kriegler, 1993). Dawes (1985) argues that in order for psychology to render a relevant service to the population at large, it needs to take politics into account. He demonstrates the failure of psychologists to acknowledge the relationship between psychology and sociopolitical context in his comment:

Many people would argue that political matters have little to do with the business of being a clinical psychologist. Generally politics and psychology have been seen as

separate areas of inquiry in human affairs and it is not common for authors to acknowledge that psychology is based in society which is in turn politically defined (Dawes, 1985: p55).

He further argues that the transformation of psychological service rendering requires a comprehensive understanding of issues such as social change, individual-society and expert-society relationships. This implies that the profession has avoided taking into account the stress-inducing situation present in this country. Service delivery in psychology has not been relevant due to a lack of understanding of the impact of racism, and structural and individual oppression on South Africans (Dawes, 1985).

A study conducted with community organisers on the relevance of psychological practice demonstrated that it ignored the fact that the people's subjective experiences and emotional problems were generated by the conditions that they live under, such as unemployment and poverty (Berger & Lazarus, 1987). Criticism levelled against the nature of psychological services in the 1980s indicated that psychology used models and intervention strategies informed by Euro-American theories, and that these are not relevant to South African context with its diverse population (Berger & Lazarus, 1987; Dawes, 1985).

Vogelman (1990) stipulates the important ingredients for achieving appropriate service delivery. These include a multidisciplinary team approach, preventative interventions, appropriate use of mental health professionals, and most importantly, community involvement. He also suggests that non-professionals be trained to assist the people with

psychological problems. This poses a threat to psychologists, since clinical skills would no longer be their exclusive domain.

Professionals may fall prey to a sense of superiority which inhibits them from learning about mental health from the ordinary people in a community. However, the establishment of community mental health projects requires joint participation, constant consultation and informed consent before implementation of any policies. Baumann (1998) has emphasised the powerlessness of the rural communities to change the system and notes that, despite political changes, the problems in these areas still persist. Rural areas still suffer from a lack of services and only a fraction of the people needing psychological services seek and obtain treatment. According to Seedat et al. (2001), this is because of societal barriers and norms that lead to psychological services being perceived as irrelevant and inappropriate. Psychologists need to expand their perception of what constitutes mental health practices to include informal support systems, and to do so they need to gain knowledge and understanding of African traditions and practices (Pillay & Peterson, 1996).

Stevens (2001) states that although the discipline of psychology has been undergoing transformation, change has been limited. Some of this change has occurred at an organisational level. This has brought about more political representation and appropriateness as black psychologists are holding critical positions that allow them to influence the restructuring and development of the profession.

Pillay and Peterson (1996) suggest that the nature of psychological services in South Africa needs to undergo changes before such services will be regarded as relevant for the majority of the people living in the country. They add that one of the ways in which the relevance of services can be evaluated is through talking to the people receiving the services, who are often forgotten when studies are being conducted. This is necessary as the process of restructuring the mental health system cannot commence before a great deal of information has been acquired. The most important information needed concerns the characteristics of potential users. Safarjan (2002) strongly emphasises community integration in service delivery. This means that service users are considered to be active collaborators rather than passive recipients of care and services. This study therefore focuses on the grassroots level people for whom such psychological services are intended.

2.4 TRAINING IN PSYCHOLOGY AS A PROFESSION

In South Africa, professional training in psychology is provided at a postgraduate level. Upon completion of a Masters degree, graduates register in one of five sub-disciplines, namely, clinical, counselling, industrial, educational and research psychology. Each sub-discipline is determined chiefly by the setting in which one works (Lazarus, 1988).

The debate around the necessity for these sub-disciplines began during the 1980s. Most psychologists argue for one generic training process and registration category (Lazarus 1988). This position is currently under consideration. This debate is an ongoing one. (Cooper, 2001) points out that the Professional Board for Psychology has recognised:

The increasing intrusion of psychologists of different registration practice categories (clinical, counselling, educational, industrial and research psychology) into other scope of practice areas because of the integrated nature of needs. A holistic professional response was required, against the existence of grey areas between practice categories as defined at present. In many instances the professional jealousy around categories triggers ‘turf wars’ which result in professional energy and resources being misdirected (p.2).

Despite this recognition, currently psychologists are still required to register and practise in the different categories. All psychologists are required to register with the Health Professions Council of South Africa (previously the South African Medical and Dental Council). This professional body is responsible for coordinating psychological practice in South Africa and to ensure proper and appropriate professional practice for the discipline. According to Cooper (2001), the Professional Board for Psychology has recognised the overwhelming demand for psychological services in South Africa relative to the current and future expected available professional resources. There is a need to work in preventative, rehabilitative and curative modes and the discipline needs to respond appropriately to the challenge in delivering psychological services.

2.5 THE CURRENT STATE OF PSYCHOLOGICAL SERVICES IN SOUTH AFRICA

Previous studies have recommended that the imbalance in service delivery be addressed through having more black psychologists and more psychological facilities in disadvantaged communities (Lupuwana & Simbayi, 1999). Problems in current practices and mental health policies such as lack of knowledge of available psychological services, lack of psychological services in rural communities, and psychologists who have been inappropriately trained for the public sector have been identified (Pillay & Peterson, 1996). This highlights the importance of collaboration between the professionals and the people in the communities in developing appropriate and accessible psychological services.

Stones (1996) points out that most psychological practices are privatised and are only available to more affluent service users who are mostly comprised of the white urban population. This assertion is supported by a report in the Government Gazette (White paper, 1997) which states that available mental health services are neither appropriate nor accessible to the majority of the population, especially in rural areas. Those services that do exist are provided through health and welfare structures, the education sector, religious organisations and other mental health workers such as traditional healers, and ministers of religion. Family members also play a major role in rural communities (White paper, 1997). An attempt to address this problem is the recent introduction of the BPsych degree as a new practice framework to address the limitations of the provision of psychological services (Cooper, 2001). This is a four-year degree that allows students, upon completion of the degree as well

as a six-month internship, to register with the Board as Registered Counsellors. The aim of the qualification is to produce psychological service providers who can assist in adequately addressing the psychosocial well-being of this country at a primary level.

Community-oriented work has been identified as a necessary area of involvement of psychologists (Fourie, 1995; Pillay & Peterson, 1996). Magodiello (1994) reports on the work done in Mamelodi township situated east of Pretoria which is a good example of the collaboration between psychology professionals and the community. The study considered a community-oriented psychotherapy clinic which was started in Mamelodi township and traces how the concept of community has evolved amongst the community members. The clinic is an illustration of how psychologists were able to move out of their consulting rooms and get involved with the community. Magodiello (1994) reports that when the clinic was initiated, the idea was to help people to cope with their circumstances. In the initial stages of the clinic's development, the founders identified the problems for the community and came into the community as professionals who had a privileged knowledge of their situation from a distance.

One of the founders, Professor Stan Lifschitz, discusses his experience of the manner in which the community responded to the new psychotherapy clinic (Seedat, M., Duncan, N., & Lazarus, 2001). The township people did not welcome them; and there was uncertainty about who psychologists are and what they do. Indeed, many had never heard of such a profession. It took much effort on the part of the clinic founders to encourage people to finally start using the psychological services that they were rendering. Part of the psychologists' attempts to create awareness and advertise their services entailed convening meetings, and getting

involved in and using the cultural activities within the community (Magodiello, 1994; Seedat et al., 2001).

As Lifschitz continued working in the community, he realised that “after the people had started to redefine the concept of community they started working differently” (Magodiello, 1994, p.154). Furthermore they realised that their services initially went unused because they had not made a connection, fit in or gained credibility with the people that they worked with. It was necessary for both the professionals and the community to redefine the concept of community. This discovery and the changed way of working that was required have significant implications for psychologists who wish to engage in community work.

Du Plessis (2002) proposes that the reality and the meanings that people give their experiences are socially constructed. She conducted a study in which she took a narrative approach to community development. She maintains that every community constructs its own reality about itself and that an expert cannot formulate an objective description of that community.

These studies suggest that psychological knowledge and practice should be seen as a socially constructed community of shared knowledge and skill. Crosby and Barry (1995) also believe that, in order for the services to be centred around the users, professionals need to understand how service users evaluate their services, what views they have, why they hold them and how they can influence subsequent behaviour. From the abovementioned research there is a strong indication that studies such as the current one are needed to gather information from ordinary people and increase the involvement of communities in mental health. The government’s

inclusion of mental health services in primary health care seems to be more community-oriented and offers a way of rendering psychological services to disadvantaged communities.

2.5.1 Community psychology in South Africa

Community psychology is realising the importance of involving the community, especially through community mental health centres (Seedat et al., 2001). There are lessons to be learned from other countries that have similar experiences to South Africa's in this regard. Seedat et al. (2001) conducted a study in which they focussed on community mental health centres (CMHC) in the United States of America and the challenges associated with establishing and running these centres. They point out that the challenges impacting on CMHCs can be "instructive for mental health workers in other cultural and political contexts who are developing community-based services for the poor" (Seedat et al., 2001: p.395).

The American CMHCs were developed to improve services to erase existing differentials in health care status between the affluent and the poor. However, differences remained after the development of the centres. The creation of CMHCs highlighted the need for psychologists working in community mental health centres, offering psychological services such as psychotherapy, and designing and implementing mental illness prevention programmes (Seedat et al., 2001). Mainly due to insufficient funding, it took a long time before mental health services could be provided to poorer communities within the larger health care delivery system (Seedat et al., 2001).

Community psychology in South Africa seems to be one way of ensuring that disadvantaged communities are attended to, in light of the problems mentioned earlier in this chapter. This is due to the emphasis community psychology places on prevention and intervention in mental health problems that affect the majority of South Africans. Frohlich, Botes and Muller (2001) argue that people should be given the opportunity to participate in research in order to find better ways of providing preventive and rehabilitative treatment and promoting health care, and mental health is no exception. They further note that it is universally endorsed that communities are able to take collective action for understanding and improving their own health status, and that their participation makes for better research. Community psychology has been emphasised here because so far it is one area in the field of psychology that seems to focus on addressing the problems pinpointed in the literature.

In South Africa, there is an alarming lack of mental health facilities in black areas in general and rural areas in particular (Lupuwana & Simbayi, 1999). Furthermore, there has long been a shortage of psychologists outside the white community, which has made psychological services inaccessible to the majority of the South African population. To redress the abovementioned problems, researchers have recommended that more black psychologists should be trained and that the number of mental health facilities should be increased (Lupuwana & Simbayi, 1999).

As these problems are addressed, issues such as the community's knowledge about and attitudes to such services need to be explored, as the outcomes of such an investigation might give an indication of how receptive communities may be to such services. It is therefore

necessary to investigate the perceptions and attitudes of people to these intended services, especially because they are something new to the black community.

In addition to the organisational changes in the field of psychology, changes have occurred in the training of psychologists. Psychology students who have completed their fourth year are now employed to improve service delivery and ordinary people's access to services (Stevens, 2001). This has been done through the introduction of a system of compulsory community service for all graduating psychologists as a strategy to achieve a balance between the white urban and the rural and township areas. This system attempts to address the great need for people who can provide basic psychological services that are acceptable and appropriate to the communities.

Stevens (2001) warns that having a large number of black psychologists will not necessarily transform the discipline. In order to achieve transformation, the theoretical essence, processes and content of training must be addressed at the policy and restructuring level. The selection of trainee psychologists should not only focus on psychological knowledge in a one-on-one setting, but also within the settings of community mental health and primary health care.

Another major change is that people are being moved out of psychiatric hospitals back into their own community. Strachan (2000) emphasises that the success of this movement depends on the attitude of local communities. One cannot force the policy to work without considering the community that is at the receiving end of the services. This strategy thus requires an exploration of the community's attitudes to mental health and illness.

2.5.2 Primary health care

The World Health Organisation (WHO) published a declaration that mental health should form a part of primary health care (PHC) in South Africa (WHO, 1990). South African mental health care has put much emphasis on curative treatment, which, according to Vogelman (1987), has meant that psychological services and practice were and still are insufficient, out of reach of the people and incapable of meeting the psychological needs of the majority of South Africans.

The new mental health policy favours the PHC approach for the provision of the basic mental health care for disadvantaged communities. According to Pillay, Naidoo and Lockhat (1999), this seems to be a positive approach. However, they also emphasise that the provision of community mental health services must complement the PHC approach in order to allow practitioners to cope with high demands. This was one of the issues that was addressed by the government (through introducing community service by graduating psychologists) and the Professional Board of Psychology (through the introduction of the BPsych degree). In its Reconstruction and Development Programme (RDP), the government has also decided that the health system will focus on districts as the major locus of implementation, and emphasised the primary health care approach (White paper, 1997). It is further stipulated in the new mental health legislation that there should be a framework for integrated mental health care services with the provision of mental health care, treatment and rehabilitation at primary, secondary and tertiary levels of health service (Freeman, 2002).

There is a very strong shift towards an integrative approach where mental health forms an integral part of primary health care (Giles, 2000). This shift makes it possible for the users of primary health facilities to gain access to mental health professionals. In an attempt to make health care more accessible, affordable and available to all citizens, government policymakers have introduced psychological services in primary health care, and psychologists must accustom themselves to this kind of work (Spencer, 2000).

Pillay and Peterson (1996) indicate that most psychologists are willing to accustom themselves to community-oriented work, although certain reservations were expressed. Practising professionals raised a concern about the financial implications of doing more community work. These issues have the potential to hinder the entire process, especially as far as practising psychologists are concerned. The new policies are therefore more likely to affect trainees as they are expected to undertake community service as one of the requirements for qualification.

The experiences of psychologists who render primary mental health care to rural communities on the Phelophepa Health Care Train have shown the need to work directly with communities. These psychologists have found that they are informed by ideas and information from grassroots level, and are more involved in everyday problems facing the communities (Spencer, 2000).

Spencer's findings were confirmed by the author during her practical Honours training at the University of the Western Cape, where she worked on the Phelophepa Health Care Train.

Phelophepa is a train that provides health services to rural communities across South Africa. It is sponsored by Transnet and was established by a psychologist, Lilian Cingo, in 1994, in an attempt to take health care services to rural communities. The train initially included an eye clinic, dentistry, pharmacy and nursing clinic, with the psychology clinic being added a year later.

The people who used the train's services would initially only come to the psychology clinic when referred by the other health professionals such as the doctors. Most of them were sceptical at first, and did not understand why they were being sent to somebody who would not offer them any tangible treatment such as medicines and injections, but the more exposure they had, the more their perceptions changed. People started to come to ask about their children's behaviour and advised other people to do the same. Services cannot be equitable and effective if they are not known, accepted or accessible.

In order for primary mental health care to be successful, it has been suggested that non-professionals need to be involved, which has the implication of some kind of training (Vogelman, 1990). These people may include nursing sisters, amongst others. These are usually the first people to come into contact with individuals who have a psychological problem. Other people include prominent community members, like religious ministers and traditional healers, who are often consulted by community members. Du Plessis (2002) also emphasises the importance of professionals keeping in touch with the community through meetings with community leaders, and disseminating information through nurses at the local clinics, voluntary organisations and churches.

There have been calls to make the training of psychologists more relevant to the unique demands facing the profession in the present context. Critiques of training include a lack of attention given to cross-cultural issues. The only way to begin making inroads into this deficiency is by entering communities and grappling with these issues in a real life setting. This is therefore an important aim of the current study.

In rural communities primary prevention is imperative as people do not have access to health care facilities. Awareness around the nature and value of psychological services still needs to be raised, as people cannot be expected to simply know what psychological services entail. Awareness may not seem like a priority to professionals who do not comprehend the context and circumstances present in such communities; however, this is a dangerous assumption. People in rural areas have never been exposed to psychological services, and this important fact should not be overlooked.

The views of practising mental health care professionals are important in gauging the degree of involvement or willingness to become involved in community work. The following section therefore briefly investigates the view of professionals on the current state of psychological services in South Africa.

2.6 PROFESSIONAL VIEWS ON THE CURRENT STATE OF PSYCHOLOGICAL SERVICES

As mentioned in the previous sections, there have been many changes in South Africa's social and political structures. These include changes to mental health policy, which is being redesigned to meet the needs of the majority of South Africans.

Wilson, Richter, Durrheim, Surendorff and Asafo-Agyei (1999) state that there is lack of awareness in society about what psychologists have to offer, and identified a need for the profession of psychology to better publicise the value of their discipline for a wide variety of applications. This is necessary since a powerful and good profession is one whose expertise is publicly acknowledged.

A survey conducted among clinical and counselling psychologists in 1996 showed that at that time registered psychologists were aware of the need to change their practice patterns to meet the needs of the black population in South Africa (Pillay & Peterson, 1996). There were indications that change was likely to occur in the direction of fewer private practices and more community-oriented work (Fourie, 1995). This projected shift implied a great need for practitioners who can provide basic psychological services in black communities. In this survey, the respondents indicated that they saw "community work as a role change that they would be willing to undertake" (Pillay & Peterson, 1996, p.79).

It is no secret that there is great need for psychological services in black communities who did not have access to any form of psychological services in the past. The lack of adequate support infrastructure inhibits effective mental health care and results in a situation where a few mental health professionals try to render quality services and are flooded with patients. It should be noted that a lack of facilities does not mean that people do not require psychological services; rather, it shows the imbalance in the provision of such services.

2.7 CONCLUSION

This chapter briefly reviewed the literature on the provision of mental health services in South Africa and the attitudes and knowledge of various stakeholders in this process. The literature indicates a need to further explore the current service rendering in psychology to ensure that South Africans, and particularly historically disadvantaged communities, receive appropriate services.

A history of the profession of psychology was explored in order to trace the changes that have already been made and to determine what still needs to be done. Included was a brief consideration of professional training in psychology and its role in the improvement of service delivery.

The development of psychology at an organisational level was described as it is the responsibility of the Professional Board to ensure equal, relevant and appropriate service

delivery in South Africa. The latest developments in attempting to redress issues raised many years ago were mentioned. The following chapter focuses on the research methodology followed in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter will explore certain of the debates that are key to deciding on an appropriate methodology. Also included in the chapter is an outline of the research instruments that were utilised, a description of the sample population and the procedures that were followed in conducting the study. The chapter also explores issue of reliability and validity. In addition, it discusses the process of data analysis, which includes the thematic categorisation and classification of the research results. It concludes with a reflection of the researcher on the research process.

3.2 QUALITATIVE RESEARCH

Given the nature of the research topic, a qualitative methodology was selected for the study. A qualitative approach was chosen because it is, according to Creswell (1998), appropriate for exploratory research, and aims to develop an understanding of how the world is constructed. This was deemed suitable to the aims of the study discussed in chapter 1.

There are different definitions of qualitative research. However, the definition used in the current study is that of Denzin and Lincoln (2000, p. 7), who define qualitative research as

a multiperspective approach to social interaction, aimed at describing, making sense of, interpreting or reconstructing this interaction in terms of the meanings that the subjects attach to it.

Grbich (1999) provides an interesting view of qualitative research in maintaining that inquirers do not discover knowledge from behind a thick one-way mirror; rather, it is created by the action of inquirers with the object inquired into. This definition suggests that Grbich supports the idea that the world is socially constructed by both the researcher and the participants. It shows a move away from the position of the researcher as an expert in the research process with the participants considered as merely the subjects for the research.

This kind of research allows researchers to obtain an understanding of and interpret the meanings and the intentions underlying everyday human action in a specific context. In order to understand the meanings, perceptions and experiences of the participants, it is necessary to collect data in such a way that the participants' own written or spoken words are captured. De Vos, et al (1998) argue that reality can only be known by those who experience it personally, and who can share it in their own words. Therefore, the participants play an active role in knowledge construction by sharing their opinions, interpretation and their experience of the world.

A qualitative methodology allows researchers to access information in depth regarding the participants' attitudes and perceptions. It therefore provides a framework for participants to speak freely and in their own terms about their attitudes, behaviour and concerns. Creswell (1998) states that a qualitative methodology is more suited to research issues related to culture, interpretation and power. A further attribute of a qualitative methodology is that the voices of generally silenced participants are heard (Denzin & Lincoln, 2000).

3.3 PARTICIPANTS

The biographical data of the participants in this study are shown in the following table:

Table 1: Biographical data of participants

Variable	Categories	No. of participants
Age	20 – 29	4
	30 – 39	1
	40 – 49	3
	50 – 59	2

Sex	Male	5
	Female	5
Educational level	Primary school	2
	Secondary (high) school	3
	College (Teachers)	3
	University	2
Occupation	Student	1
	Unemployed	5
	Domestic worker	1
	Admin clerk	1
	Teacher	2
Marital status	Single	6
	Married	3
	Divorced	1

3.3.1 Description of biographical data

Ten participants were selected to be interviewed in the village of Hebron. The participants' ages ranged from 22 to 56. An equal number of females and males were included. This was achieved with some difficulty as most of the people found in the households were women. This might have been influenced by the fact that the participants were approached during the

day on weekdays when most of the men were at work. When the researcher realised that there was a majority of females, she decided that when approaching the next few households, only males would be asked in order to keep a balance.

The occupations of participants varied between unemployed persons, unskilled labourers (eg domestic worker) and skilled workers (eg teachers). Interestingly, five of the participants had tertiary education: two had Bachelors' degrees and three had a teachers' diploma. Only two of them are working as teachers. Of the unemployed participants, one had a BA degree and one had a teachers' diploma; despite these qualifications they had been unable to find work. This is indicative of the high rate of unemployment in the country and specifically in rural areas. According to Statistics South Africa (2000), the country has an unemployment rate of 33.9%.

3.4 INSTRUMENTS

The instruments used included (1) a biographical questionnaire, (2) a vignette and (3) an interview guideline.

3.4.1 Biographical questionnaire

A biographical questionnaire was designed to cover age, gender, marital status, educational background and occupation of the participants (see appendix 1). All this information was included in order to understand the background of the participants when analysing the data. The participants were given an option of filling the biographical information themselves where

necessary or being assisted by the researcher. All of them opted for the researcher to fill in the information for them, for varied reasons, including an inability to read and write clearly.

3.4.2 A vignette

A vignette was used as it helps to elicit information in a non-threatening manner. It was considered an appropriate instrument for this study as one of its functions is to allow participants to project their feelings and perceptions. According to Steward and Shamdasani (1990), vignettes have been used in research in order to generate discussion on a topic being researched. Considering the nature of the research and the targeted population, a vignette was found to be very helpful in the sense that the participants were able to freely share their opinions and feelings (see appendices 1 [English] and 2 [Setswana]).

The vignettes provided a way of ensuring that the participants give their own meanings without being channelled or feeling pressurised to present answers that would impress the researcher. This was made possible by the fact that they projected their own feelings and opinions onto the fictional characters. Miles and Huberman (1994) assert that vignettes offer an opportunity to engage the participants actively in producing, reflecting on, and learning from the data. It also was further useful as most of the participants were very concerned about giving a “wrong” answer. The researcher had to remind participants several times that there was no right or wrong answer.

Miles and Huberman (1994) further state that a vignette is a portrayal of the conduct of an event of everyday life, in which sights and sounds of what was said and done are described in

a natural sequence of their occurrence in real time. The questions based on the vignette were asked in such a way that they helped to focus the analysis on the subject matter. The specific categories were relevant to the questions of the study, and therefore the material was scrutinised in order to evaluate and classify these categories.

3.4.3 Interview guideline

Data was collected by means of in-depth individual interviews. The vignette was used as a starting point as it allowed for the participant to freely share their views. It was developed in such a way that it would elicit the information needed to suit the objectives of the research. An interview guideline was then developed to guide the researcher and to ensure that all the issues were covered. The research questions also informed the development of the interview guideline. Previous studies on the related topics were also used in developing this interview schedule (see appendices 1 [English] and 2 [Setswana]).

This instrument was developed and written in English, and was translated into Setswana to accommodate participants who might not understand English. The instrument was translated by the researcher herself, as she is fluent in both Setswana and English. To ensure accuracy, an independent translator was asked to check the translations.

Participants were given a choice of language when they were interviewed. Setswana is the language mainly spoken in the community. Most of the interviews took place in Setswana as most people were comfortable and were able to express themselves in their own language. Two participants preferred to be interviewed in English. Interestingly, these participants had a

higher level of education (Bachelor degrees). They explained that their choice of English was not to alienate themselves from their mother tongue, but because it was easier to express themselves in English when dealing with issues of emotional and psychological nature.

3.5 ETHICAL CONSIDERATIONS

The following steps were taken to ensure that the researcher maintained respect and concern for the dignity and welfare of participants. Before commencement, the project was approved by the university's ethical committee, and participants were given a consent form (see appendix 3) which they signed in order to give their informed consent to participate in the study. A letter from the tribal authority was included, giving permission for the study to be conducted in the village. All the forms were available in both English and Setswana.

3.6 ADVANTAGES AND DISADVANTAGES OF INTERVIEWS

Qualitative interviews were conducted amongst the people in the community, in order to pursue more detailed information. This technique allows researchers to probe further in order to delve into an individual's views. According to Denzin and Lincoln (2000), increased time spent with an individual and focused attention results in the development of attitudinal and behavioural insights into the person. A higher proportion of responses is obtained from all the potential respondents. During in-depth individual interviews, interviewers can establish rapport, which makes it easier for the participants to provide information on sensitive issues. It

is a flexible method in a sense that objections can be answered, and the established rapport encourages respondents to respond accordingly and to cooperate.

The interview allows researchers to listen to what people themselves tell about their lived world, and hear them express their views and opinions in their own words. The qualitative research interview attempts to understand the world from the subjects' point of view, to unfold the meaning of people's experiences (Kvale, 1996). The respondents are free to ask questions where they do not understand so that they can be repeated and they can give a better response. The interviewers' presence enables them to observe exactly what takes place. In addition to listening, researchers are able to read participants' emotions and the nonverbal communication and allow complex emotional reactions to be revealed.

Interviews are not without pitfalls, however. Interviewers can very easily fall into the trap of influencing the interviewee. This can happen either by rephrasing the questions where the interviewees ask for clarity and explanations, or through the interviewers' biases. In addition, interviews can be quite costly and time consuming. Although interviewers and interviewees can agree on a certain time to meet, none of them has control over unforeseen circumstances that might prevent the meeting from taking place. In the current study it often happened that appointments were made and the respondents did not honour such appointments. It was difficult then to select new respondents when those selected initially did not arrive, because the participants' permission needed to be obtained in advance.

3.7 PROCEDURE

In qualitative research it is necessary for one to gain entry into the community, which is often very difficult. The process of data collection requires deep involvement and commitment. Since the study was conducted in a rural village, it was of utmost importance for the researcher to obtain permission from the authorities who are the gatekeepers in the village. The tribal authorities were therefore approached and the research aims and procedures were explained to them. All the necessary practical aspects, such as the recording of data, were also highlighted so as to let them know exactly what to expect.

In reaching the agreement with the gatekeepers it was necessary for the researcher to make sure that the agreement would not influence the participants in any way. Consequently, both consent forms for the individual participants and a separate letter of permission to the authorities were included. Thus the tribal authority was also consulted in order to get permission to involve the community members in the study. A meeting was set up with the elders of the community, in which the aims of the study were explained and permission was obtained to conduct the study in the village.

The village of Hebron was selected as it was considered a suitable context for the study, and also because the researcher had easy access to its gatekeepers (the tribal authority). In addition, there is a clear lack of psychological services in this particular village. The ten households from which the participants came were selected by means of random sampling. Random sampling was used as it allows for the researcher to draw a portion of a population in

such a way that each member of a population has an equal chance of being selected (Berg, 1998). The researcher selected the participants by travelling down the only main road that cuts through the village, making alternate left and right turns on every tenth street and selecting the fifth house away from the main road. Since there is an informal settlement within the village it was of utmost importance to include people from that section. It was difficult to recruit the people in the informal settlement as they felt that they did not have much information to contribute and they did not have knowledge about the process of research itself. The researcher therefore recruited only two people from the informal settlement to form part of the ten participants. These two participants were selected randomly as was done with the others.

Once the households were identified, they were approached and the purpose of the study was explained to them. They were informed that they had a right to choose whether they wanted to be part of the study or not. They were then asked to give their consent to be part of the study and the arrangements for the interview were made. The participants were told in advance about the specific day and place where the research would be conducted.

In cases where the researcher could not get hold of the people in a selected house, a neighbour was asked to participate in the study. In two houses only could the people not be contacted and therefore their neighbours were asked to participate in the study. In each house, one member of the household who was 18 years or older was asked to participate in the study. These people were selected as they are the main people to whom the services are intended. Also, most of the research undertaken to date has excluded this section of the population.

3.8 THE INTERVIEW PROCESS

Appointments were set with the participants on the days that best suited them. Their houses were used as the venues for conducting the interviews. This was done for financial reasons, as it was cheaper for the participants who could not afford to travel to any alternative place. All the interviews were conducted by the researcher. The issue of confidentiality was explained to the participants, as was the procedure to be followed. This was done so that the participants knew what they were consenting to beforehand. It was also explained that should they feel that they did not want to continue with the study, they were allowed to withdraw at any time.

The importance and appreciation of their participation in the study was explained to the participants, that is, that the information gathered would assist in the exploration of the attitudes and knowledge that people have towards psychological service rendering in rural areas.

Once they were at ease with the process, a vignette was presented to the participants. All the interviews were tape-recorded with the participants' permission and then transcribed verbatim for analysis.

3.9 RELIABILITY AND VALIDITY IN QUALITATIVE RESEARCH

In social research it is very important for any knowledge brought forward to be verifiable in terms of validity, reliability and generalisability (Kvale, 1996). As these are important concepts in research, they will be discussed here.

Reliability refers to the consistency of the research findings (Kvale, 1996). In qualitative research, reliability is relevant particularly with reference to leading questions, which may influence the participant's response, especially when such questions are not part of the interview technique (Kvale, 1996). In the present study the researcher was careful not to ask leading questions and to keep the question as open as possible to allow the respondent to give their understanding on the subject matter.

Validity refers to whether the study measures what it is supposed to measure. This definition reflects a positivistic stance as it focuses on measurement. An alternative definition is that offered by Kvale (1996), who describes validity as the truth and correctness of a statement. While a positivist philosophy operates on the basis of one view of the external world, and absolute truth and knowledge as a mirror of reality, this dissertation takes the position that knowledge is a social construction of reality (Kvale, 1996). Miles and Huberman (1994) note that there are no infallible decision-making rules for establishing the validity of qualitative research. In this study, the involvement of the ethical committee served, among others, as a measure to control the validity of the study.

Although these concepts are very important in the world of research, they have been criticised for belonging to some abstract realm in a sanctuary of science, which is removed from the interactions of the everyday world. Kvale (1996) points out that the positivistic concepts of reliability and validity are employed by mainstream researchers to disqualify qualitative research. Some of the criticisms on the reliability and validity of qualitative research

interviews include the position that the results are not reliable as they are produced by leading interview questions, the results are not valid as they are only based on subjective interpretations, and that the participants in the interview research are too few for the results to be generalised (Kvale, 1996). Kvale (1996) argues, however, that there is no evidence to suggest that interviews as a data elicitation technique yield data that is less valid and reliable than other methods. In interview research, the approach is reliant on respondents being able and willing to give accurate and complete answers to questions, posed regardless of how they are asked.

There are multiple ways of knowing and multiple truths. The concept of validity, however, suggests a firm boundary between the “truth” and the “non-truth”, which is problematic (Kvale, 1996). The social constructionist approach does not seek to reject the concepts of reliability and validity, but it acknowledges and accepts the possibility of local, personal and community forms of the truth with a particular focus on daily life and experiences. Therefore the concepts of reliability and validity need to be reconceptualised in forms which are relevant to interview research.

3.10 DATA ANALYSIS

The data were analysed using a thematic analysis, in which the contents of the interviews were analysed to identify dominant and less dominant themes. The process of analysis includes the thematic categorisation and classification of results. The researcher drew on the guidelines of

Marshall and Rossman's (1995) nonlinear model for the analysis of qualitative data. This model identifies five procedural steps:

- Organisation of the data
- The generation of categories, themes and patterns
- The testing of categories and patterns against the literature
- A search for alternative explanations
- The writing of the report

3.10.1 Organisation of data

Each interview was read several times so that the researcher could obtain a general overview of the information gathered. As most of the interviews were conducted in Setswana, the researcher listened to the tapes, translated them into English and transcribed them. The process of analysis had already begun when the recorded interviews were transcribed as the notes relevant for analysis were taken at that stage. The main concepts, themes and issues were noted as they appeared in the interviews. Similar information from different texts was grouped together and recurring patterns were observed to make the analysis more manageable. The focus of the analysis did not only include the participants' words, but their nonverbal behaviour was also considered for analysis as this constitutes important information allowed for with in-depth interviews. Miles and Huberman (1994) note that transcripts can be done on different levels, and may include facial expressions, gestures and tone of voice which cannot be typed, although these give valuable information for analysis. During the interviews, these aspects were observed and it was noticed that some of the participants shared certain aspects with more passion, and became emotional when talking about other issues. The tone of voice,

and emotions picked up from facial expressions and speech were the main nonverbal information gained in the study. This will be discussed in more detail in the following chapter.

3.10.2 Generation of themes and patterns

Marshall and Rossman (1995) state that this stage of data analysis requires creative thinking. In this stage, salient themes, recurring ideas or language are identified, together with the patterns of belief that link people and settings together. These are then incorporated in the interpretation of results.

The themes identified in the data were guided by the research questions. The recurring patterns in the interviews were also noted and analysed in light of the literature and previous studies. The themes identified from the data in this study are:

- Knowledge about psychological services
- Sources of knowledge of psychological services
- Attitudes towards psychological services
- Role of psychologists versus other helping professionals
- Psychological services needs of the community
- Availability of psychological services in a rural village
- Lay counselling: Main form of psychological service rendering
- Awareness and educational programmes regarding psychological services

3.11 REFLEXIVITY: THE RESEARCHER'S POSITION THROUGH THE RESEARCH PROCESS

The research was conducted in a rural village, which is very traditional, and I was therefore required to obtain permission from the tribal authority to proceed with the study. I entered into that community as a young woman, as such, certain things were expected from me by virtue of being a young woman talking to the elders in the community – elders who happened to be only males. Being a female influenced the manner in which I was received into the community. For example, I was expected to dress appropriately (eg wear a long skirt and not pants, and cover my head and shoulders); however, not knowing this, I arrived wearing jeans. I was therefore not allowed to enter the tribal offices until I had borrowed some clothes to wear. This highlights the importance of the researcher's entry into a community setting as well as the role played by the researcher when entering the community. Researchers' background does not matter so much; rather, adherence to the traditions and cultural values of the community is essential.

I found it a tremendous struggle to maintain a neutral stance and perspective when conducting the interviews. For instance, when interviewing people who seemed not to have a clear understanding of what psychological services entail, I felt a strong urge to intervene. Each time I experienced this, I tried to remind myself that I wanted their knowledge and understanding and not mine. At times I became frustrated when they did not answer the questions or when they requested that the question be rephrased. This happened particularly during the interview with Mr G, who is a volunteer teacher and has a teaching diploma. As he

is a teacher, and especially because he reported that he has studied psychology for at least one year, I expected him to respond well and clearly. In this case, my expectations came into play and again I forgot that the idea was to obtain insight into Mr G's knowledge, and whether or not I expected him to have knowledge was not the issue.

It was also necessary for me to show sensitivity towards the respondents and the information they shared with me. For example, one participant disclosed that she had been to a psychologist before for an eating disorder. She did not share the reason for her consultation while being interviewed, and preferred to tell me about it after we had finished recording the interview. She did not want that part to be tape-recorded, despite all the explanations given to her.

The interest for conducting this particular study stemmed from the day I saw an advertisement for a psychologist on a billboard in one of the surrounding townships while travelling in a taxi. I got very excited that there were in fact psychologists practising in the township. To my surprise, I was the only person in the taxi who was excited by this; the other passengers were looking at me oddly, not knowing what I was excited about. They did not have a clue about what psychologists are and what they do. I then decided to go and chat to the psychologist who had advertised. From my meeting with the psychologist, the idea of conducting research on the knowledge about and attitudes towards psychological services was born. With the help of my supervisor, the idea was refined and narrowed down from a vague idea to a workable research topic.

3.12 CONCLUSION

This chapter focused on the step-by-step process followed in this research. Qualitative methodology was discussed, together with the significance of choosing this particular methodology for this study. This was followed by a discussion of the research process, and included information on the instruments used, the participants and the actual process of research. The manner in which the data were analysed was also mentioned in this chapter and will be discussed in more detail in the chapter that follows.

This chapter also considered the issues of reliability and validity, together with the debate on the role of these concepts in qualitative research. The role of the researcher is cardinal in qualitative research. This is because researchers' characteristics interact with the subject matter. As such, it is important that researcher reflect on the experiences they have throughout the research process. For this reason, a section was devoted to a reflection of the researcher's position and experiences in the course of the data gathering process. The following chapter focuses on the results of the data analysis and a discussion of the results.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 INTRODUCTION

This chapter presents, interprets and discusses the results of the present study. It provides an analysis of the results, based on the themes that emerged from the individual interviews with the participants. The themes that emerged in the course of the interviews, and which will be discussed below, are as follows:

- knowledge about psychological services
- sources of knowledge of psychological services
- attitudes towards psychological services
- role of psychologists versus other helping professionals
- psychological services needs of the community
- availability of psychological services in a rural village
- lay counselling: main form of psychological service rendering
- awareness and educational programmes regarding psychological services

As each theme is discussed, parallels will be drawn from the literature and excerpts drawn from the interviews will be included to illustrate the issues raised by the researcher.

4.2 KNOWLEDGE ABOUT PSYCHOLOGICAL SERVICES

In this category the focus is on the amount of knowledge that people have about psychological services. Cooper (2001) asserts that there is a poor understanding in our society about what the profession of psychology is all about, resulting in its reduction to its narrow conceptualisation as mental health counselling. It is for this reason that the accuracy of the people's knowledge was explored. The results indicate that half of the participants interviewed (5 of 10) had knowledge about psychological services. The extent of knowledge seemed mainly affected by the participants' educational level and their exposure to the media. These participants were aware of the existence of such a profession and knew that psychologists' work entails helping people. The following definition was offered by a participant who is a teacher by profession. This respondent studied psychology until third year level and also has an interest in reading any information about psychology:

I think a psychologist is a person who knows the mental functioning of people and they explain people's behaviour. They study the mental capacity so that they can try to help them by understanding their behaviour and what causes them to behave that way, counsel and advise them.

Another participant's definition of psychologist was that:

They treat mental problems not to say by giving medicine but by talking to the people in a professional way. They talk to you, ask questions and you are free to talk to them so that they can counsel you. Even if you lost your value and interest in life ... they can show you your psychological makeup, like they can tell you the kind of archetype you have.

These answers reflect a good use of psychological jargon, which indicates that these participants possess both intellectual and emotional insight and knowledge about psychology. These observations were, however, generally offered by participants who had a high level of education. The people with a sound knowledge of psychological services were the ones who had studied psychology at a tertiary level and also those who had been exposed to a psychologist because they, family members or friends had consulted a psychologist before. The following is an excerpt from a participant with a lower educational background (Std 7):

Interviewer(I): What kind of help do you think she needs?

Participant(P): I think if we as the community can sit down with her and talk to her and collect some donations among ourselves so that we can give it to her 'cause I think her real problem is finances.

I: Have you ever heard of psychologists?

P: No I have never heard of them and I don't know what are they all about.

The participants were asked if they had ever heard of psychologists. Most of the participants had some idea, however, they did not mention using a psychologist when they were asked

where they would take Mrs X (the character in the vignette) for help. Although participants seemed to have some knowledge about what psychologists are and how they function, they found it difficult to apply this knowledge. The participant who had studied psychology and is interested in pursuing her career in psychology showed more insight into Mrs X's psychological problems. This was indicated by her ability to identify the psychological problems that needed to be addressed, for example:

Interviewer: What kind of help do you think she needs?

Participant: Firstly dealing with loss of her husband; again the kids have a trouble – that is one of the major problems, especially the one who is taking drugs, I think it is one of the most difficult thing that is causing her pain –her son needs a rehab where he will also be dealing with the loss of his father in a more healthy way.

This participant mentioned that she would help Mrs X to deal with the bereavement and help her children to come to terms with their father's death. She would also get rehabilitation for the eldest son. She indicated that non-governmental organisations and support groups for women would be ideal for Mrs X to approach.

Although there is unavailability of support groups, the fact that they were mentioned as one way of helping Mrs X suggests some insight into her psychological problems. There is also evidence of the belief that talking to other people with similar experiences, in a form of a support group, could be therapeutic.

One of the participants, who said that she would counsel Mrs X herself, put a lot of emphasis on advising her to attend a support group. This indicates an acknowledgement that, even though she would talk to Mrs X herself, she understands that Mrs X would need additional help in a form of a support group. When she was asked how she would help Mrs X, she responded:

I'll talk to her, I'll try to counsel her by telling her that she is not the first and only one experiencing these problems. Lots of people have faced such things but they are trying to cope.... She can go to church and also the women's organisations and meet other women whom she can talk to.

There was only one participant who had consulted a psychologist before and this happened while she was at university and had easy access to psychological services. The other participants reported that they had not consulted with a psychologist but that they would go when they needed to. The main reason cited for not having consulted a psychologist before was the unavailability of psychological services in their area.

A different finding was that some people confused the role of psychologists with that of people such as the police. This seemed to stem from the high crime rate that is prevalent in the village. The following participant was particularly concerned with the high crime rate, and this came across very strongly in this participant's interview to the extent that most of his answers revolved around crime. He gave the following answer when asked what he understands about psychologists:

They are people who help the community to be well and balanced in their lives, first by assisting them from harassment, live an orderly life; if you have a problem you go to them then they check if there is something wrong with your mind. They can help to get all these people who does crime arrested.

From this response one can deduce that according to this participant's understanding of psychologists, they help to maintain order in the community and that a fine line exists between the roles played by psychologists and the police. Furthermore, this participant reported that psychologists are the first people that the community should be able to contact when there is family violence.

The results indicate that there is a fair knowledge about psychological services and psychology itself. This finding echoes that of a study conducted in the Eastern Cape by Batty and Simbayi (1991). In this study, participants were given a list of problems, accompanied by a list of different professionals, and they were asked to indicate to whom would they go for each of the different kinds of problems. The study found differences in the degree of knowledge that the participants had: most participants had some basic knowledge, and there were those who even attempted to give a textbook kind of definition. Still others could provide an appropriate definition of psychology, although they were not able to apply that knowledge to a given scenario.

None of the participants in the current study spontaneously mentioned that they would take Mrs X to a psychologist. Only when they were asked later on in the interview did they acknowledge that it was a good idea for Mrs X to consult a psychologist. This may be attributed to the fact that there are no psychologists in the community and so it is not something that people initially consider. According to Stones (1996), the environment plays a major role in the help-seeking behaviour of the community. In the vignette, Mrs X is a resident of Hebron, and the participants answered the question based on their knowledge of the environment. The impact of this environment is illustrated in the following excerpt by a participant who has a sound knowledge of psychological services and sees herself as “a psychologist in the making”:

I'll refer her first to the doctor... 'cause doctors know how to deal with these kind of problems, like they know they'll refer to the psychologist. I think she has to go via the doctor 'cause sometimes it's difficult for people to go to the psychologist alone, so I don't think it is a good idea for Mrs X to go and see a psychologist first.

Interviewer: Why is it difficult for people to directly go to see the psychologist?

Participant: People are not used to seeing people such as psychologists, so they feel more comfortable with the doctors.

This view is in line with Duncan et al. (2001) who holds the position that the knowledge that people have does not exist in void, but that there are factors that affect our knowledge. The ordinary course of experience can correct or replace the existing knowledge. Thus, even if the

participant possesses particular knowledge, the experiences of the community she lives in will influence this knowledge.

The study further revealed that younger people, between the ages of 20-29, tended to have more knowledge about psychologists. This may be because they have opportunities denied to their elders. The following is an extract from a 23 year-old participant:

Interviewer: Have you ever heard of psychologists?

Participant: Yes.

I: How did you come to know about them?

P: Because I studied psychology, so I have a slight idea of what psychologists are.

(Laughs) I'm a psychologist in the making so I would know about them.

I: (Laughs) OK, what kind of work do they do?

P: They deal with people who have problems, emotional problem things like depression, drug abuse those kinds of things.... I think as a psychologist in the making, it is a good thing to have psychologists because we are used to having social workers but psychologists are more... hmmm, they deal with more intense problems.

4.3 SOURCES OF KNOWLEDGE OF PSYCHOLOGICAL SERVICES

The participants indicated that the information that they have about psychological services originated from a variety of sources, with the media as the main source of information. The media includes newspapers, television dramas and other educational programmes. This is

contrary to the findings in previous studies (see Batty & Simbayi, 1991; Lupuwana & Simbayi, 1999). In the quantitative study conducted by Batty and Simbayi (1991), the media was found to be the second main source of information, whereas in the current study it was found to be the main source of information. This may be attributed to the fact that rural people are more exposed to the media than they were previously. In the past, only few households in rural areas had television sets. For example, as a child the researcher used to visit her grandparents in Hebron and the family used to go and watch television at the neighbours' house. The house would be very full because they were the only ones in the area who had a television set. This anecdote illustrates how inaccessible information was to rural people in the past.

Today many people in Hebron have their own television sets, which makes it easier for them to access information. The content of certain programmes on TV is educational and informative; for example, talk shows sometimes host psychologists when debating certain issues. Such exposure is likely to assist in imparting knowledge about psychological services to rural people. Television dramas and talk show, radio programmes, as well as increased reading and writing skills that allow access to newspapers increase people's exposure to psychologists who are talked about or talked to. This is illustrated in the following participant's reply when asked how she came to know about psychologists:

I read about them on newspapers and books. I do a lot of reading and I also heard about them on radio and TV, we see them on talk shows like 'Felicia' and the others.

When this information is compared to the contrasting results of previous research (Batty & Simbayi, 1991; Lupuwana & Simbayi, 1999) which found that the media did not play a major role in informing people about psychologists, we may infer that the influence of the media has increased dramatically over the past few years. More psychological problems are being exposed in the media, which gets people talking and thus sensitises people to the existence of psychologists.

There were two participants who indicated that their information about psychologists was obtained from studying psychology, in which they developed a deep interest. Both of these participants mentioned an interest in graduating with a psychology degree. One of them mentioned that:

I got very curious such that I picked up everything written on psychology, and I did a lot of reading; I started to understand.

These were the only participants who first heard about psychologists through a tertiary institution, as most of the participants had not studied up to that level. The fact that the majority of the remaining participants had obtained their knowledge chiefly from the media indicates the latter's major role in imparting knowledge about psychologists and the services that they render.

An interesting finding was the age differences that correlated with the source of information about psychologists. The younger participants are those whose knowledge was obtained from

tertiary institutions, while the older people generally first heard about psychologists through the media. The biographical data indicate that the older participants are less educated compared to their younger counterparts. This is in line with Lupuwana and Simbayi's (1999) finding that skilled workers and students have more knowledge about psychologists because they had been exposed to them to a greater extent.

One participant was curious about psychology because she felt that she would benefit from consulting a psychologist. She shared her painful experience which she felt that she needs assistance with:

I can go to them (psychologists) so they can help me, what I want to know is my past because of the way I grew up, it was hard and rough. I came in Hebron village when I was 14 years old. I was being told lots of things that I even forgot so if they can help me to remember, maybe by hypnotising me so I can know myself, who am I, where I come from.

This participant's need prompted her to seek information about psychologists. Psychology had also been one of her subjects at the teachers' training college. As a result, she developed an interest in studying psychology further.

Another, less common, source of information about psychologists was personal experience of contact with a psychologist, or knowing people who have had contact with these professionals

in some way. This source includes family members who studied psychology, as was the case with one participant:

I heard about psychologists from my uncle's child who is a psychologist, she was helping people with their problems as a psychologist. She is the one who usually explains about her work, how she works on psychological matters, matters like family problems. She always knows how to give advice to us so that our lives can be better.

This participant's response emphasises the fact that if psychologists explain what they do to the community, then it will help to inform people. She appreciated the fact that her cousin was very helpful by telling the family about what she does and the kind of problems she usually deals with.

Colleagues at work were also mentioned as sources of knowledge. When asked about how she got to know about psychologists, one participant offered the following response:

Interviewer(I): Have you ever heard of psychologists?

Participant(P): Yes I have heard of them.

I: How did you hear about them and where?

P: They are like counselling, nê? I heard from one of my friends whose child is attending a multiracial school at Laudium. Her performance at school was very poor and they decided to take the child to a psychologist to see if she might have a mental problem.

I: I heard you saying counselling, so what do you understand about counselling and psychologists?

P: Counselling is like advising people about certain matters; psychologists are people who deal with mental problems and they do testing on people's mental functioning.

I: Who are those people who do the counselling?

P: They are different; any person who is giving advices can be a counsellor, it can be the pastor, social worker or your friend as long as they provide the advice that can improve your life.

Two points are of relevance here. Firstly, formerly privileged schools, which employ or refer to psychologists, are now more accessible to previously disadvantaged populations and so bring psychology closer to these populations. Parents are thus sensitised to psychological services when their children are referred to psychologists for assessments or treatment. Secondly, this process permits not only the children, but also the parents and their friends or colleagues, to make contact with psychologists. The participant cited above explained that going with her friend to look for a psychologist for her child made her aware of what psychologists do, and that they help adults as well. In this way, a broader pool of adults in the community gain access to knowledge about psychological services.

4.4 ATTITUDES TOWARDS PSYCHOLOGICAL SERVICES

A very interesting finding on the attitudes of people towards the psychological services concerns the nature of participants' contact with the profession. The people who had contact with psychologists either through having a psychologist in the family or through having personally consulted one, have a much more positive attitude towards psychologists and the services they render than their counterparts whose knowledge is more abstract or 'second-hand'. Stones (1996) supports this when he mentions that people's education and exposure to psychologists determines how positive or negative they are about the profession. From this he concludes that more knowledge leads to more positive attitudes. In the current study, one of the participants had consulted a psychologist due to an eating disorder. She reported that she had a positive experience and attitude although she would not like other people to know about it. The reason for this was that she likes to keep things to herself, and not because it is embarrassing. She shared this experience:

I think there should be more psychologists sent to work in our community because we need them. I have consulted a psychologist before and it was excellent, it was like I was talking to someone who knew me, who understood what I'm going through, it was really helpful. It feels like a weight is being taken away from my shoulder and I was free to talk without being judged.

This excerpt illustrates the link between knowledge and attitudes. The more knowledgeable people are about psychological services, the more positive their attitude is likely to be towards

these services. This is indicated in the responses from the participant whose colleague's child was referred:

Interviewer: Based on your knowledge about the psychologists, what do you think about them?

Participant: They are very important because the child can improve her performance at school as they can determine the correct school for the child, for instance if she needs to go to a special school.

I: Do they only help school children?

P: It is not only school problems because a child can have a problem at home caused by parents' insensitivity and strange behaviour that we sometimes show as parents.

I: Do you think it's a good idea for Mrs X to go to these psychologists?

P: Yes, it is a good idea for Mrs X to visit a psychologist, because if she does not, her family will end up being miserable and her children might turn into street kids as you can see that she has already withdrawn from the community activities and neglected her responsibilities.

This participant's positive attitude towards psychologists was based on what she has learned about them and how helpful they were to her friend's daughter. The implication is that if people know where to find psychologists, then they will be helped with many of the problems they face in their everyday lives. In contrast, those participants who did not have knowledge

about psychological services found it difficult to adopt a particular attitude because of their unfamiliarity with the issue. An example of this is the following exchange:

Participant(P): I think if we as the community can sit down with her and talk to her and collect some donations among ourselves so that we can give it to her 'cause I think her real problem is finances.

Interviewer(I): Have you ever heard of psychologists?

P: No I have never heard of them and I don't know what are they all about. ... I cannot say if it is a good idea for Mrs X to go to them because I am not sure of how they can assist her.

A second participant gave this response:

I do not know who psychologists are and what they do; I only know that there are AIDS counsellors who usually come to the clinic... they are the ones who can deal with these things (his face showed irritation as he said this).

When this irritation was reflected back to him, he said:

It's difficult for me to talk about something I don't know and you are asking many questions yet I told you that I do not know anything about psychologists.

From the above excerpts it can be deduced that if people do not have enough or no knowledge then it is difficult for them to express a view on the subject. The participants referred to above found it difficult to say if it would be a good idea for Mrs X to consult a psychologist. This does not necessarily suggest that they have a negative attitude towards psychological services, however. Furthermore, it seems that the irritation expressed by the latter participant communicates a sense of frustration caused by lack of knowledge. This was picked up in the tone of his voice.

One participant stated that she would not have a problem with consulting psychologists, although she would not let other people know about it. When asked the reason for this, she mentioned that people would not understand why she would choose to see a psychologist. This participant comes from a family of traditional healers, and it is usually not expected of such people to seek for help from Western culture. She felt that her need to see a psychologist was discouraged by her family, and as a result she never found out much about her childhood and her true identity, which she believes a psychologist could help her to find through hypnosis. The literature suggests that hypnosis is often used in therapy to assist people to access the unconscious level of their minds (Plotnik, 1993). Coming from a participant who had studied psychology at college and reads much on the subject, it is not surprising that she knows that hypnosis is used to assist people in dealing with past experiences. This participant's nonverbal communication during the course of the conversation gave extra information to the researcher. She spoke very softly as if she was scared of being overheard saying things which she was not supposed to say. She shared this experience with a voice full of concern:

Participant: If I can go to them (psychologists) and they help me. What I want to know is my past because of the way I grew up it was rough and hard. I came to stay in this village when I was 14 years and there are things about my past that my family cannot tell me so if they (psychologists) can help me to remember maybe by hypnotising me so that I can know myself.

It is important to note that many rural families prefer to consult traditional healers when they have psychological problems. It should also be noted that among the reasons Africans rely on indigenous healers is that they were never provided with sufficient health care resources (Pillay & Kramers, 2003). According to Pillay et al. (1999), it has been suggested that 80% of indigenous people in South Africa consult traditional healers and this practice is more likely to influence help-seeking behaviours in terms of Western mental health services. These authors furthermore found that rural families' understanding of Western concepts of mental health problems may be such that they do not seek assistance from specialists. This finding is supported by the above extract.

One participant indicated that consulting a psychologist was not embarrassing, since it is like going to the doctor; however people's attitude change as soon as they hear that someone has been admitted to Weskoppies Psychiatric Hospital or the psychiatric ward of Ga-Rankuwa hospital. Therefore there seems to be a difference in terms of people's attitudes towards consulting a psychologist and being admitted in psychiatric setting. This participant mentioned that:

People are taken to Weskoppies or Ga-Rankuwa hospital in a psychiatric unit but when they come back people start to think that they are insane and it was only a temporary thing. To me it is not embarrassing at all because it is something we are living with, it is like when we go to see the doctor, whatever you discuss with your doctor is between the two of you, so the same thing applies to consulting a psychologist.

The positive attitude shown by the participants towards psychologists and their services has the potential to assist in raising the awareness about psychology of people in the community. This was suggested by the following response to the question asking how they or their family members would feel about consulting a psychologist:

I would let them know and explain the reasons to them so that they can know that they can also be helped when they experience problems which are similar to Mrs X's in their lives.

This was the general feeling that was expressed by most participants. There was a very strong link between knowledge and attitude. Batty and Simbayi (1991) have also found out that factors such as lack of knowledge and unavailability of psychological services pose some problems in predicting the effects of people's attitudes, especially in determining the utilisation of psychological services. It has been suggested that people who have a sound knowledge of psychologists and the services they render have a relatively positive attitude towards the psychological services. However, this also depends on whether the experience

they had was positive. For instance, most of the participants mentioned that if Mrs X obtained help from a psychologist, then people would come to know about psychological services and start using them. Furthermore, when they were asked if they would want people to know that they have consulted a psychologist, their responses indicated that they would let people know about their visit to the psychologist after they were cured, and would use themselves as a proof that there is help. This is illustrated in the following extracts:

I: As you have visited a psychologist or if your family member were to visit one, would you want people to know about it?

P: I think it would be better for people to know it and about all my problems but also telling them how I was helped. I'm free-spirited, my heart is free and I'm relieved. I can explain to them that I was helped by a psychologist to be a better person today and also advise them to go and seek for help instead of stressing themselves.

Another participant gave the following response to the same question:

Maybe that person has improved so he can set an example to others and they can know the importance of psychologists.

This requires good service by psychologists. It seems from these responses that people first need to see some good results before they can start to use certain services. This concurs with the statement made by Pillay and Kramers (2003) that the profession of psychology should not expect to be held in high regard without proving its value to the average citizen. Only by

demonstrating its good faith and ability to contribute to the betterment of society can psychology hope to be acknowledged as a valuable resource.

Lupuwana and Simbayi (1999) also point out that psychologists are seen as helpers who are successful in what they do, and it is for this reason that people have positive attitudes. Their study revealed that people who had a negative attitude did not know how psychologists work and that they were not used to discussing personal issues with strangers.

Although people had a positive attitude towards seeking psychological assistance, there was a major concern about what other people would say about them visiting a psychologist. This is particularly important because it seems that people may discourage others from consulting due to lack of understanding. Potential service users fear stigmatisation as other people might think that they are insane.

4.5 THE ROLE OF PSYCHOLOGISTS VERSUS OTHER HELPING PROFESSIONALS

According to the information gathered, there was confusion between the roles played by psychologists, social workers and police. One participant mentioned that psychologists help the police to bring the people to order:

They are people who help the community to be well and balanced in their lives, first by assisting them from harassment, live an orderly life; if you have a problem

you go to them then they check if there is something wrong with your mind. They can help to get all these people who does crime arrested.

This participant's understanding is that psychologists are associated with keeping order in communities, even though there are no psychologists at all in his area. This implies that he attributes the high crime rate to the unavailability of psychologists, and that if there were more psychologists, then there would be more order in the village. According to Freeman (2002), the police play a role in cases where the person has become a danger to himself and others, by legally causing the person to be evaluated psychologically, even without his or her consent.

Interestingly, when this was further explored, some of the participants mentioned that psychologists could help those affected by the high crime rate. There was a concern about the trauma that the people have been through due to crime. They do not usually receive any help afterwards. This was also looked at from the perpetrators' side, that is, if they are assisted to deal with their personal problems, then they would not resort to crime, and as a result they would be less crime in the village.

Psychologists are seen as the people who can help in examining the damage in people's minds through testing. They are seen as people who can assist:

People who have been raped, who were affected by house breaking and crime, unemployed, school problems and family problems. They can help in sicknesses that

cause death, in cases of terminal illnesses they can give support to the people who lost hope and thinking a lot about illness such that it gets even worse.

The distinguishing role between psychologists and social workers was identified as being that psychologists deal with emotional problems as well as more intense problems. The participant who had this sophisticated knowledge has studied psychology and was intending to register for an Honours degree in psychology, therefore she had more knowledge as a “psychologist in the making”. This was indicated by the following extract from this participant:

As a psychologist in the making I think it is a good thing to have a psychologist because we're used to having social workers but psychologists are more uhm... actually they deal with more intense problems, so I think it is a good idea to have a psychologist.

They deal with emotional problems, like when there is a lot of crime, people are being beaten and raped, family members have been killed – all these lead up to post-traumatic stress, so they need a psychologist. Abused women will also benefit a lot from psychological services.

Psychologists are seen to have a preventative role to play, as it was mentioned that they do not only help the people who already have a problem, but also teach people so that they can attend to their problems whilst there is still time. More problems can be avoided if people know how to keep themselves mentally healthy.

Most participants tended to confuse the roles of different professionals. The most confused were the roles of social workers and psychologists. The people who had studied psychology had sophisticated knowledge compared to those who did not have any formal education about psychology. The latter could not clearly differentiate psychologists from other professionals. One participant who differentiated between the two mentioned that:

The psychologists offer counselling in a formal and professional way whereas the social workers can help maybe by providing food, shelters and protection and other welfare needs.

This was one of the participants who had previous exposure to what psychologists do and she used her experience to differentiate between the psychologist and social worker. She mentioned that she is used to social workers who usually assist with giving food to the needy and who take care of the social welfare of the people. This participant experienced psychologists to be different in a sense that they bring emotional healing. She referred to her therapy sessions, stating that they were more intense and focussed a lot on her emotions. She described her experience with the psychologist as follows:

I have consulted a psychologist before and received excellent services. I felt good because a weight was carried off my shoulders, you have somebody to talk to who understands what you are going through and not judge you.

Her description of the therapy sessions she had is in line with the Rogerian person-centered therapy. This approach, according to Plotnik (1993), focuses on showing the client that one understands the feelings of the client. This is done mostly through reflections of the feelings and showing positive regard towards the client.

4.6 PSYCHOLOGICAL NEEDS OF THE COMMUNITY

When the participants were asked about the psychological needs of the people in the community, the need to control crime and maintain order was mentioned. This shows the extent to which people misunderstand the role of psychologists and the services that they render. A few participants mentioned that the type of services needed included dealing with rape and violence in families and the entire community. The participants found it difficult to differentiate psychological needs from general needs in the community, such as the building of tarred roads and welfare needs like giving food to the poor. There was an expressed need for a police station to be built in the area, which would help to reduce crime and consequently reduce trauma to the victims of crime. This is illustrated in the following extract:

Interviewer(I): In your opinion, what are the psychological needs of this community?

Participants(P): There must be more clinics; there is only one clinic which is overcrowded and this village is so big. There must be a police centre to stop this criminal harassment that we have, there must be tarred roads as there is no official roads at Hebron. People are struggling because we only use one road.

I: You have mentioned quite a lot of needs of this community, and I just want to find out from you, in your opinion, amongst those needs that you've just mentioned, which of them needs more of the psychologists' attention?

P: In our community crime rate is very high, and there is unemployment which is the reason why there is so much crime. This emphasises the need for a police station because if there is rape or any criminal offence we have to travel about 50km to call the police and to get help.

Although participants focussed on the more general needs of the community, they were able to look at the problems facing the community in a holistic manner. Problems were understood in a circular rather than a linear way; in other words, the participants did not only consider the fact that people commit crime, but also acknowledged social problems that contribute to the high crime rate. In this respect, the participant quoted above has the following to offer:

I: If there were psychologists in Hebron, how do you then see them helping in that regard [combating crime]?

P: There will be counselling especially with these youngsters who does these criminal offences in the name of money, they do not have anything else to do.

This participant made a link between all the problems experienced and the need for a combined effort of all the people with their different expertise in order for problems to be addressed. The participant quoted above implies that a curative approach alone will be ineffective; rather, a preventative approach is needed. Attending to the general needs of the community will reduce the problems experienced, including psychological problems. One participant voiced her concern that:

We need recreation centres, most youngsters don't have places to relax, for example parks, cinema, cultural centres. ... Sometimes lack of jobs count as it is causing some negative behaviour from the youngsters especially when they have been to tertiary and graduated but have nothing to do – it is demoralising.

Another participant shared the same concern:

I can't give out advices to our young people because they usually ask me 'what am I talking about', because I went to the university but still I am doing nothing at home so there is no point for them to go school.

This supports the point raised earlier that these problems are interlinked, and that they need to be collaboratively addressed by all the disciplines. The principle of community psychology and primary health care, namely, that prevention is better than cure (Duncan et al., 2001), can be applied to address this problem. Indeed, the literature states that there is a need for a

multidisciplinary team that will work collaboratively to ensure better mental health for all (White paper, 1997).

The Hebron community clinic plays a major role in providing services to the residents. However, it is overcrowded, and the need was expressed for another clinic to be built. Such a clinic could include offices for psychologists and social workers. This need is emphasised in the following extract:

In our schools our children need counselling and teachers were not trained to counsel children so they need assistance. Again not all of us go to church so for those that do not have pastors to talk to, it becomes a problem for them. So there is really a great need for us to have psychologists.

This excerpt highlights a need for people to be given information and trained where necessary in order for them to provide psychological assistance. For instance, the teachers need to be trained to identify children who have serious psychological problems and also to know where to send them for help.

A few participants were able to link the emotional needs, welfare needs and physiological needs of the community. The following participant saw the need to let other people know that psychologists offer different kind of services:

I'll tell the other people in the community that psychologists are not doctors who give or prescribe pills to patients, or social workers who offer welfare services such as giving food to the poor, but they also help people. People can go to them so they can be helped. Psychologists can sit down with them talk to them and show them the way to better their lives.

A second participant added:

They [psychologists] treat mental health problems not by giving medicine but by talking to the people in a professional way. They ask questions and you are free to talk to them. Even if you lost value and interest in life, they try to help you to get better ways of dealing with your problems than killing yourself.

Most participants indicated a need for a centre to built for all health professionals so that they can assist the people with their different needs. The general understanding seems to be that it is not only emotional needs that must be met, but also welfare needs.

The introduction of psychologists in schools was one of the needs identified to assist teachers.

This came from one of the participants who is a teacher by profession. He mentioned that his training included the ability to identify learning problems but not how to assist these learners.

This participant said that:

I have only a little bit of information because I only did a bit of psychology only for a year in my training as a teacher, so teachers must constantly be trained to be able to assist children who needs help. At times you can see that there is something wrong with the child but you don't know what, and what to do.

This participant identified referral as another problem that exists due to a lack of knowledge and infrastructure. The principal usually sees the parents to assess what the problem is and then refers them to the tribal office or the hospital. It seems therefore that there is a need for training to help other prominent members of the community to understand what psychological services are all about and how they can benefit from these services.

All the participants mentioned the high crime rate and a need for ways to combat crime. The fact that they all emphasised the crime rate suggests that it is the biggest problem that this village is experiencing and they have hope that having a psychologist will assist in this regard.

4.7 AVAILABILITY OF PSYCHOLOGICAL SERVICES IN A RURAL VILLAGE

It was noted that there is usually a problem in making contact with the appropriate people who can assist in providing psychological assistance. The nurses at the local clinic play a major role in this regard; and it seems as if they are the group of professionals who make all sorts of arrangements with the neighbouring hospitals for people to be assisted.

Although some participants knew about psychologists, they indicated that these professionals were not within their reach. This is illustrated in the following excerpt:

Firstly they need to deal with the loss of the husband and father, especially the one who is taking drugs. He needs to go to a rehab where he will also deal with his father's death, but there isn't a place here. There is one medical centre here so he can see the doctor. He has to go to the doctor who will help in that the doctor can see which area can he go to.

The nearest place to which people can be taken for psychological assistance is Ga-Rankuwa hospital. In order for people to get there they need money, which is a major problem. One of the participants, who is a teacher, shared the frustration she experiences due to lack of psychological services in the area:

I think if there was a psychologist in our area, he was going to help our people and then be able to make follow-up to check the progress while he is nearer to them without them spending money for transport to get help in other places. So I think if there were services available many of us would get help nearby.

Most participants shared a frustration that the procedure of getting to the hospital was not effective. They have to go through the clinic where the sister in charge does the counselling and uses her discretion in referring them to the hospital:

I'd take Mrs X to the clinic. The sister in charge will see what arrangements to make, she does everything in the clinic. Sometimes she even counsel the people herself and do the assessment and then refer when necessary; she often gets irritated when she deals with all these cases.

This system is followed even for rehabilitation: the sister does the assessment and then refers to the hospital where the referral to a rehabilitation centre can be made.

Social workers were mentioned amongst the professionals who help people. However, the problem of unavailability and inaccessibility also applies in their case. A similar situation exists with regard to non-governmental organisations (NGOs), which are found to be helpful but are also not within the people's reach:

We don't have a place here but in Gauteng province, in places like Mamelodi and Atteridgeville, they have NGOs like SANTA and POWA.

Therefore even in situations where the people have knowledge about services that are put in place for them, they still have to spend money in order to travel to town or to other townships where these services are available.

The tribal leaders of the community also play a major role in this village as many cases are referred to them for a solution. This was also mentioned as a source of frustration, as the tribal

office is only open two days a week. As a result, people must stand in long queues in order to be assisted, despite the urgency of their problems:

The help we get from the sister is not enough, we also go to the tribal office but it only opens on Tuesdays and Thursdays so there must definitely be more offices in our area.

Lack of facilities was one of the main problems identified in the previous studies (Batty & Simbayi, 1991; Lupuwana & Simbayi, 1999) and it is significant to note that the problem still exists. In the past, this was seen as one of the reasons why people do not know about psychological services. However, people's knowledge seems to have improved, despite the lack of facilities. Nonetheless the problem still exists in the sense that even if people have the knowledge, they still do not know where to go for help. The majority of the participants thought that it was a good idea for Mrs X to see a psychologist; but they voiced the frustration that there was nowhere for her to go in their community, and she did not have the finances to get to the nearest places where such services are available.

4.8 LAY COUNSELLING: MAIN FORM OF PSYCHOLOGICAL SERVICE RENDERING

The most common help-givers identified by the participants were lay counsellors. These are usually the people who have first contact with people needing counselling. These people range from the pastors in the community to teachers, policemen and the tribal authority; with the

tribal authority, social workers and pastors being at the top in the list. They were followed by medical doctors, who are seen as good referral sources. Although doctors were mentioned by most of the participants, they are also not easily accessible, which is why they are not the first people to be contacted. The following excerpts illustrate the people that community thinks of first when seeking psychological help:

In our village if Mrs X is a churchgoer and she has these problems she can go to the members of the church, especially the pastor, where she can get advices. She can also go to the elders in the tribal authority to talk to her.

Mrs X must join the women groups and be involved in the community projects like vegetable gardens to help her and the children to survive.

When they were asked where they would send Mrs X for help, most people said that they would counsel her themselves by reminding her of the good things that she has done in the past, and also advise her to go to the pastor or even the women's prayer group. In cases where the participants would provide counselling themselves, they seem to focus primarily on social activities. For instance, Mrs X's son was advised to join the choir and Mrs X was advised to join the prayer groups and to get involved in the activities of the community such as growing vegetables.

There was an indication that other women, who have gone through similar experiences to Mrs X, were helped through the projects run in the community. These projects were initiated by the

women's groups to help other women to alleviate poverty. The participants even mentioned advising her on how to use the money received after her husband's death wisely.

The clinic seems to be the only place where people can go for help. The participants indicated that the people are sent to the clinic and that the nursing sister usually sees to it that they are referred to the appropriate centres. Apart from the clinic sister, the doctors were mostly the first health professionals to be consulted. According to one of the participants, although she knew that social workers and other people could assist, she would rather take Mrs X to the doctor so that he can refer her further. The doctors play an important role because people consult them even for psychological problems. They are also the professionals who explain the relationship between physical symptoms and emotional and psychological problems, and refer them to psychologists. When asked how they would help Mrs X, this is how one responded:

Interviewer(I): If you were to help Mrs X, how would you help her?

Participant(P): First to the doctor (took some time thinking)... there are also social workers around, she should try and consult one, but I'll advise to her to go to the doctor.

I: Why is that?

P: Doctors often know how to deal with this kind of problems, like they know they'll refer her to the psychologist or social worker.

This response suggests that there are certain channels that are followed in this community. Even though the people know that certain problems need the attention of a psychologist or

social worker, they still need to go through the doctor. The above participant emphasised that the people are not as comfortable with psychologists as they are with doctors because they are not used to psychologists.

I think she should go via the doctor because sometimes it is difficult to go to the psychologist alone cause she might not have that kind of strength ... so I don't think it is a good idea for her to go directly to the psychologist.

This particular participant has been to a psychologist before, and had contacted the psychologist directly and not through a referral system. It was initially rather uncomfortable for her, and it seems that she used her own experience in formulating her response.

Doctors are seen as important people who can assist community members, and participants expressed frustration that, as with social workers and psychologists, there are few doctors available. The participants reported that the doctor only comes to the clinic once in a while, and even then, the sisters decide if their problem warrants the doctor's attention.

The police were also amongst the people who are more likely to help, especially with more aggressive people who are not "psychologically healthy", as one participant put it. They were also identified by one of the respondents as people who can counsel Mrs X

by helping her to start thinking straight and remind her how to live like any other person in the community. The police usually helps with this crazy people who are

fighting people on the streets for no reason at all, because they are not psychologically healthy.

Even though the police were identified as people who can help, there are no police forums in the community.

The participants indicated that the people who usually assist are lay counsellors in the form of pastors, police, teachers and family members. These people fill the gap left by a lack of psychologists and provide important emotional resources. Although this is an important finding, previous studies suggest that psychologists fear that lay counsellors (especially if they receive more training) may detract from the speciality of psychology (Pillay & Peterson, 1996; see also chapter 2 for more details).

The conflict is that it would benefit the community to have lay counsellors trained; however, the professionals who can assist, but who are not available, do not seem happy with such a move. Psychologists do, however, agree that there is a need to shift more towards community-oriented work; however the issue of finances was a major concern. At the centre of this debate stand the community, which suffers as a result. Non-governmental organisations were also found to be useful to the communities as they are slightly more accessible to people. Frohlich et al. (2001) place a strong emphasis on the role of lay counsellors as being able to identify problems within the community and define the needs of the community.

The Professional Board of Psychology has realised the importance of lay counsellors in communities and has therefore attempted to address this problem. This is indicated in the following statement from the chairman of the Board: “While lay counsellors formally function outside of the framework of professional psychology, they often implicitly function within some of the ambit and scope of professional psychology” (Cooper, 2001, p.6). The existence of these lay counsellors, their roles and their important contribution are fully acknowledged even though they formally fall outside of the parameters of this professional practice framework. Cooper further mentions that the Board has decided to accredit lay counselling institutions, on a voluntary basis, that meet certain training, ethical and other requirements, and under whom lay counsellors may function (Cooper, 2001).

4.9 AWARENESS AND EDUCATIONAL PROGRAMMES REGARDING PSYCHOLOGICAL SERVICES

There was a very strong feeling shared by most participants that psychologists should conduct workshops and awareness talks to help people obtain a better understanding of what psychologists have to offer the community. The principle that prevention is better than cure was used by the participants, with the emphasis on knowing how to protect oneself and knowing what to do when experiencing problems in life. This is particularly emphasised in the following extract:

Interviewer(I): Do you think there should be more psychologists sent to work in your community?

Participant(P): I think that if the psychologists can be sent to our community everything will be fine for everyone, even those who do not have the problems yet. People will hear that the psychologist has helped so-and-so. If the psychologist give Mrs X advices and she changes, she will be able to tell everybody how psychologists helped her. I think that if others with the same problems will do what Mrs X has done, they can be helped. That is where the community will notice the importance of psychologists.

I: I don't know if I understood you well, but I heard you saying psychologists do not help only people with problems, they can also help those have not had problems yet?

P: I think prevention of the problem before it occurs is much better than when you are already in danger. When you know how to protect yourself, you will be able to know what to do when you are in danger. I think prevention is better than cure.

Collaboration with the police and other prominent members in the community was also considered important, as it is these community members who usually deal with the people at grassroots level. The participant who has an interest in psychology shared that she would be willing to run workshops and teach people about what kind of help they can expect from psychologists and their services. Her willingness was expressed in the following statement:

I think that teaching them first about what a psychologist is will make it easier for them to consult these psychologists. ... There are many people who have problems and they don't even know it, so with the psychologist being around and running workshops, they will be aware of what they are feeling or what the problems are and then they will start coming to the psychologist.

The meetings and workshops should be run on a regular basis to ensure consistency and constant evaluation of the process of imparting knowledge to people. An important aspect was raised by one participant when asked about service rendering by psychologists:

Psychologists are needed in our area to help the people and then be able to make follow-up and check the progress while he is nearer to them without people spending money; if he is around many of us would get help nearby.

Previous studies have raised the point that professionals enter communities to do research and they do not return to evaluate the progress made. Most importantly, they do not even report back to the community (Macleod, Masilela & Malumane, 1998).

Frohlich et al. (2001) emphasise the importance of involving communities in research as it gives the people an opportunity to participate in their own health care system and to find better ways and methods to provide preventative health care. They further argue for the need for communities to take collective action to understand and improve their community's health status. The participation of the community in research serves as an educational process where

knowledge is created by all the stakeholders involved (researchers, community, service providers and the government).

The interviews in this study served the purpose of imparting knowledge, clarifying and explaining whenever necessary. At the end of each interview the researcher asked the respondents if there was anything they would like to ask. Most respondents asked about what psychologists do and how can they help in a community such as Hebron. This was seen as an opportunity to provide some information. A similar opportunity was also identified when the researcher went to ask permission from the tribal authority to conduct this study, as the elders in the community also had questions to ask before granting permission.

All the participants mentioned at the end of the interviews that they would like to have more knowledge about psychological services. One participant shared the story of her friend's child who could not be helped until the mother heard about psychologists from her senior at work. She was very tearful as she spoke about their experience of running around for help, to no avail. At the end of her interview she made a sad appeal that:

Many people go to the doctor when they are sick, even when they need psychological help; they do not know about much about psychologists. So they need to let people know about their existence and the role they play, what kind of help they give. If Mrs X knew about them, she would have been able to cope better with the death of her husband and the children would not turn into drug addicts and they would be coping well at school. Her situation ended up being worse, so if

we have psychologists such things can be avoided and they can get help before there is more damage.

The community also has a role to play in helping promote psychologists and build knowledge.

This point was raised by a participant who said that:

I think they should build the centre for psychologists and people need to know first about what psychologists do. Those psychologists must go around the village telling people about the services that they render. And as the community, we must also get involved and stop being ignorant, we must start to read, at this day and age people are now free to learn and they can read and write but they are not using their skills to help themselves.

This indicates that a joint effort is needed to bring information about psychology to people. It is implied that if only one side is involved, then the process will not speed up. In order to ensure acceptance of the psychological services, the results indicate that people need to be educated (psycho-education). However, the community also needs to help itself so that it can be helped. People need to take responsibility as individuals to overcome their ignorance. For instance, when an awareness talk is held, they should attend.

There was a call for different professionals and community leaders to work in collaboration with each other. According to the information gathered, this is necessary to apply the principle

that prevention is better than cure. The results also suggest that it is important to constantly evaluate services.

The responses clearly indicate that training and workshops are needed to create more awareness among the people in the community. Previous studies indicate this as one of the greatest needs if psychology is to be made available and accessible to rural communities (Batty & Simbayi, 1991). A great emphasis was put on the role of the Professional Board for Psychology in promoting psychology as a profession. Eleven years later, this finding is still relevant and the same need exists.

4.10 CONCLUSION

This chapter focussed on the results obtained in this study. The themes generated from the data were discussed, and parallels drawn from the literature regarding the findings.

The participants offered responses based on their experiences and the difficulties they face in their community. Cultural and educational background was found to play an important role in the construction of participants' stories and opinions. Most participants seem to have a slight knowledge about psychologists although they were generally unable to formally define psychology and its services.

It was also interesting to discover that even the people who have a knowledge of psychology, and who have a clear understanding of psychological services, do not first think of referring

Mrs X (in the vignette) to a psychologist. Rather, they first consider the helping roles of various figures in the community. This emphasises the socially constructed nature of people's opinions and attitudes.

The participants indicated an overwhelming need to know more about psychological services, psychologists and their role. Most participants even suggested that workshops and training should be done in their community. The data reveal the confusion people have concerning the general needs and the psychological needs of the community.

The following and final chapter concludes the study by briefly exploring the international public image of psychology in order to learn from the experience of other countries, and by making recommendations for improvement to psychological service delivery in South Africa. Recommendations for future research are also made, and limitations of the current study are discussed.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In this study the importance of psychological service rendering in a rural community in South Africa was explored. The study investigated what has been done in the profession of psychology to date to ensure relevant and appropriate service rendering to the country's rural communities. To this end, the knowledge about and attitudes towards psychological services of members of a rural village north of Pretoria were explored. In this chapter, the international public image of psychology is briefly explored in order to learn from the experience of other countries, and suggestions are given for appropriate service rendering that will meet the needs of the entire South African population.

5.2 INTERNATIONAL PUBLIC IMAGE OF PSYCHOLOGY: LESSONS FOR SOUTH AFRICA

For years psychologists have been concerned about their public image. For this reason, Wood (1986) attempted to document the nature of that image through surveys of public knowledge and opinion. It was found that knowledge about the field of psychology appears to be improving over years. According to Wood (1986), psychology had a very negative and poor

image, particularly during the 1970s. Prior to that, the main criticism concerned psychology's scientific status (Wood, 1986). It was only in the 1980s that the American Psychological Association (APA), in response to lack of appreciation for psychology, increased its attempts to improve the accuracy of the public's perception of psychology and to publicise its goals.

The American psychologists took it upon themselves to ensure that people obtain the necessary knowledge about the field. They did this by establishing the Public Information Committee, through televised public service announcements and the publication of a brochure. According to Safarjan (2002), psychologists in California made advances to educate administrators and policy makers about the ways in which psychological services can benefit people. This was achieved through the joint effort of psychologists and lay people in the communities, who believed that people have the right to access a broader range of health care services. This is one of the lessons that South African psychologists can learn in order to claim their place and become involved in policy making. Psychological service rendering must include, amongst others, proactive legislative action and public education about services and how they can benefit communities.

The current position is that psychologists have the knowledge, expertise and experience necessary to change the health care delivery system, but that they are not positioned to easily promote change (Safarjan, 2002). This is mainly because the services that they offer continue to be seen as secondary to the main treatment intervention, namely, the medical model.

In the surveys conducted in the mid-1980s, attitudes towards the field were generally found to be highly favourable. This was attributed to the fact that people showed more accurate knowledge and started using psychological services (Wood, 1986).

Community mental health centres services were introduced in the United States of America, where people were given more power in terms of controlling these facilities within their communities. A multidisciplinary approach seems to have worked as professionals cooperated on an equal basis with tribal consultants (Dana, 1998). Most psychological services were provided by consultant-trained, tribal mental health technicians, who in turn trained other consultants in the community.

Cooperation between mental health professionals allows both parties to focus on how and when to use their skills to assist the community and meet their needs. This approach has the potential to bring about many changes in the community, in the sense that people show an interest in and willingness to recognise psychological problems. Dana (1998) reports that, in the United States, people were seen mainly for depression, sexual abuse, suicide potential, and alcohol and drug problems.

These same problems were identified by most of the participants in the current study. In the American programme, the services were rendered according to the needs of the community, and more emphasis was put on special programmes that focused on school-based preventative education. The problems at hand, rather than psychopathology, were given priority attention (Dana, 1998).

In recent years, South African mental health policymakers have realised that prevention and promotion were almost nonexistent. Therefore a strong emphasis has been placed on community services. This includes time spent on needed prevention strategies; as well as the promotion of psychological services (Strachan, 2000).

5.3 RECOMMENDATIONS

Based on the previous section and the results of the study, the following recommendations are made:

- Communities should be consulted when formulating the policies that affect them. Communication with the community is imperative in order to establish relevant services which will be used by the people for whom they are intended. This communication is a two-way process and a feedback loop must be established in order to continue improving the services and meeting the needs of the community.

- The study indicates the need for a multidisciplinary team effort. As nurses and doctors are the most popular health professionals, they can assist in imparting knowledge about psychological services. People need psychological services but they do not know that these services exist, because they are not within their reach. There is a need for health professionals to collaborate and work together to educate the community. This could be

achieved through the creation of a central clinic or office where social services, including psychological services, are rendered.

- Traditional healers and tribal authorities should be educated about the procedures required in order to assist people with psychological problems. These leaders play an important role in the decision-making in the community. For this reason, they should be included in the multidisciplinary team. If health professionals have their support in providing psychological services, effective service delivery will be facilitated.
- A forum, consisting of all the people who offer any form of counselling, including lay or professional counselling, and NGOs, should be created to monitor the progress of knowledge dissemination. This is recommended to encourage health care providers to take responsibility for promoting the field and facilitating change. Unless such steps are taken, change is unlikely to occur at the needed pace. As the literature has shown, studies done in the past have highlighted problems which are found to remain years later in the absence of action.
- The study highlighted that the main source of knowledge about psychology is the media. It was found that most people in rural communities have access to some form of mass communication, and that it is an effective form of knowledge dissemination. In order for psychology to market itself effectively, then the media should be utilised to a greater extent. Psychologists could, for example, become more involved with television and radio programmes that address psychological problems. Furthermore, psychologists could also

be consulted when TV dramas are produced to ensure that the profession is portrayed correctly, and to correct misconceptions around psychology as a profession.

- Educational programmes could be designed to ensure that the nation is educated about their mental well-being and the uses of psychology to communities. The research results indicate the need for more workshops and training to be done within the community. This could, for example, be included in the curriculum of the BPsych degree: students could design programmes that can be used to market the profession.

5.4 LIMITATIONS AND FUTURE RESEARCH

- The current study included a very small number of people who hail from informal settlements. It is likely that the attitudes, knowledge and needs of people in these communities differs from other rural areas. It is therefore recommended that further studies be conducted, particularly in informal settlements.
- The current study focussed only on the African population of Black South Africans. Other historically disadvantaged communities, such as Indians and Coloureds, should be included in future research, as their experience of psychology and the provision of psychological services during the apartheid era is likely to have affected their current experience of psychology in significant ways.

- This study was undertaken at the time where there were many changes introduced in the field of psychology, and therefore these changes might address some of the points raised by this study. There should be follow-up studies to monitor the progress of psychological services rendering to disadvantaged communities.

- This kind of research is needed in order to continuously assess the needs of the community and to ensure that the services rendered are still relevant in this rapidly changing and challenging world.

- There should be more research conducted specifically amongst the youth in rural areas. In the current study, the youth were portrayed as having taken a back seat and not wanting to be involved. They rather seemed despondent about the unemployment rate in this country and had therefore given up.

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APPENDIX ONE

Interview Guideline

Interviewer: Kelebogile Mokgale

Date of interview:.....

As you know I am conducting some interviews for my university studies. I would like your opinion on the following story.

Biographical information

Name of respondent (optional).....

Age Sex

Marital status.....

Level of education.....

Occupation

Vignette

Mrs X is a widow living in the village of Hebron. She is known as an outgoing and active member of the community. She started to change soon after her husband's death two years ago. She withdrew from the activities of the community and stopped to take care of her family. She has attempted to kill herself (so that she can be with her husband) on a number of

occasions, and this was a concern to most of the community members. This has affected her children so much that their performance at school has dropped. Her eldest son, who is 18 years old, also has problems in coping with his father's death hence he started using and dealing with drugs to try and deal with the loss. His use of drugs often lands Mrs X in trouble, as the drug lords often harass her by demanding money from her. The people in the village noticed the pain that Mrs X's family is going through and they want to help.

Interview guideline

- If you were to help Mrs X and her family, what kind of help/advice would you offer?
- Where in the community could she go for help?
- What kind of help does she need? How would you help her eldest son? Where would you send him /her for help?
- Have you ever heard of psychologists? If yes, how did you come to know about them?
- What do you think about these psychologists?
- Would you think it is a good idea for Mrs X to go to them.
- Why? Why not
- Do you think that there should be more psychologists sent to work in your community
- What type of work do psychologists do?
- Is there a place in your area where you can advice Mrs X to go to for psychological help?
- Do you think services which could help Mrs X are needed in your area?
- Have you personally consulted the psychologist before?
- How would you feel about going to the psychologist?

- If you or your family member were to visit a psychologist would you want people to know about it, why or why not?
- Where in your area do people with serious psychological problems go for help?
- Is the help given there adequate?
- If you were to have psychologists in your local clinic, what type of services would be necessary for them to render?
- What in your opinion are the psychological needs of your community?
- Who would be the appropriate person to assist in meeting each of those needs?

APPENDIX TWO

Kaediso ya dipotsolotso

Mmotsolotsi: Kelebogile Mokgale

Letlha la potsolotso:.....

Jaaka o itse gore ke dira dipatlisiso mabapi le dithuto tsa me tsa kwa unibesiti, ke rata go ka utlwa dikakanyo tsa gago ka kgangkgutswe e e latelang.

Tshedimosetso ya botshelo

Leina la motsayakarolo (fa o rata go le tlhagisa).....

Dingwaga.....Bong

Maemo a lenyalo.....

Maemo a dithuto.....

Tiro.....

Kgangkgutswe

Mme Mmamoketeke ke motlhologadi o o agileng mo motseng wa Hebron. O itsege jaaka motho yo o mathagatlhaga mo mererong ya tsa setshaba le motse wa gagwe. O simolotse go fetoga morago ga loso la monna wa gagwe dingwaga tse pedi tse di fetileng. O ile a simolola go ikgogela kwa morago mo merererong ya tsa mo motseng mme ebile a se tlhole a

tlhokomela ba lelapa la gagwe. O lekile go ipolaya makgetho a le mantsi ka maitlhommo a gore o tla kopana le molekane wa gagwe. Se se ile sa tshwenya baagi ba mo motseng, mme le bana ba gagwe ba ne ba simolola go amega kwa sekolong. Morwaagwe o mogolo wa digwaga di le 18, le ene o na le mathata ka go amogela loso lwa ga rraagwe ka jalo o ile a simolola go dirisa diritibatsi le go di rekisa ka maitlhommo a gore o tla lebala tse di bosula. Go dirisa diritibatsi ga gagwe go ne go tsenya mmaagwe mo mathateng, ka barekisa diritibatsi ba bagolo ba ne ba batla madi mo go ene. Baagi ba mo motseng ba ne ba bona masetlapelo a a aparetsteng mmaMoketekete mo ebileng ba batla go mo thusa.

Dipotso

- Fa o ne o batla go thusa mmaMoketekete le ba lelapa la gagwe, o ne o ka ba thusa jang?
- Ke mo kae mo motseng o wa Hebron mo a ka yang go bona thuso?
- Ke thuso e e ntseng jang e a e tlhokang? Morwaagwe ene o ka mo thusa jang? O kamo romela kwa kae ko ba ka mo thusang?
- A o setse o kile wa utlwela ka bo mosaekholoji (batho ba ba dirang ka malwetse le mathata a ditlhaloganyo)? Fa go le jalo, o itsitse jang ka bona?
- Dikakanyo tsa gago ke eng ka batho ba?
- O nagana gore ke kakanyo e ntle gore mmaMoketekete a ka ya go bona batho ba?
- Goreng? Fa go sa nna jalo le gone ke goreng?
- O nagana fa ele kakanyo e ntle gore bomosaekholoji ba romelwe mo motseng o wa Hebron?
- Ke ditirelo di fe tse ba di dirang?
- A go na le tulo mo tikologong ya gago mo oka romelang mmaMoketekete go bona thuso ee neelwang ke bomosaekholoji?
- O nagana gore ditirelo tse di ka thusang mmaMoketekete di a tlhokagala mo tulong ya lona?
- A wena o setse o kile wa etela phaposi bookelo ya mosaekholoji?
- O ka ikutlwa jang ka go etela mosaekholoji?
- Fa wena kgotsa mongwe wa lesika la gago a ka etela mosaekholoji, o ka batla fa batho ba ka itse ka seo, go reng?

- Ke kwa kae mo tulong ya gago mo batho ba ba nang le mathata le malwetse a tlhaloganyo ba ka yang go bona thuso?
- A thuso e ba e fitlhelang e lekane?
- Fa go ka bo go na le mosaekholoji mo kliniking ya momotseng wa lona, ke ditirelo dife tse o bonang go tlhokega gore a ka thusa ka tsona?
- Go ya ka kakanyo ya gago ditlhoko tsa baagi ba momotseng mabapi le mathata le malwetse a tlhaloganyo ke eng?
- Ke batho ba fe ba o bonang ba le maleba go ka thusa ka ditlhoko tse?

APPENDIX THREE

CONSENT FORM

You are hereby requested to participate in a research project. The information gathered and received from you as a community member will form part of and will be used in a research project on psychological services in communities.

Your consent will enable me, Kelebogile Mokgale, to complete my Masters thesis.

Your assistance in this regard will be highly appreciated.

I,, realise that the information I will provide will form part of Kelebogile Mokgale's research project, I give my consent that the information can be utilised for research purposes.

Signed on2002

.....
Signature

APPENDIX FOUR

FOROMO YA GO NAYA TETLA

O kopiwa fano go nna motsaya karolo mo projekeng ya rona ya dipatlisiso. Tshedimosetso e e tllileng go kokoanngwang fano e bile e amogelwa go tswa go wena jaaka leloko la setshaba, e tllile go nna karolo le go dirisiwa mo projekeng ya ditirelo tsa malwetse le mathata a tlhaloganyo mo setshabeng.

Go naya tetla ga gago go tla thusa nna, Kelebogile Mokgale, go fetsa dithuto tsa me tsa Masters.

Ke leboga thata fa o dumela go nna le seabe mo thutong e ya botlhokwa.

Nna,....., ke lemoga gore tshedimosetso e ke tllileng go naya, e tllile go nna karolo ya projeke ya dithuto tsa Kelebogile Mokgale. Ka jalo ke letlelela gore tshedimosetso e ke tllileng go e naya e dirisiwe mo projekeng.

E saenilwe ka.....2002

.....
Tshaeno