

Unit 5

Contemporary psychological registration categories and practices in South Africa

Learning outcomes

After you have studied this unit, you should be able to

- discuss the professionalisation of psychology in South Africa
- distinguish between the different psychological registration categories in South Africa
- discuss the underutilisation of Western psychological services among the South African black majority
- identify the ethical principles that guide the scope of professional psychological practices in South Africa

5.1 Introduction

Despite the transition to democracy in 1994, South Africa is still grappling with an enduring legacy of apartheid, a system of oppressive educational, economic, socio-political and geographical measures that deprived black South Africans of full citizenship. This system, which was aimed at sustaining white economic privilege, led to inadequate social services, a shortage of skills and limited life opportunities for black people (Bantjes et al., 2016). South African psychology, with its skewed demographic representativity, is a cause of concern despite significant efforts to transform the discipline and the profession during the country's first two decades of democracy (Carolissen et al., 2015). In this unit we will discuss the practice of psychology and professional registration in the South African context.

5.2 The professionalisation of psychology in South Africa

Professional psychology is relatively new in South Africa, considering that formal training in the sub-disciplines of psychology began less than 40 years ago (Pillay et al., 2013). The professional practice of psychology in South Africa has been greatly influenced by the country's history of racial segregation and the economic exploitation of indigenous

black people by whites. During the 1980s, critical voices began to emerge, calling attention to the racist and exclusionary character of the discipline, which led to some form of transformation (Bantjes et al., 2016). The professional practice of psychology in South Africa cannot be detached from its politicised past, and remnants of its history are still present, although much has changed (Leach et al., 2003).

Shortly after the apartheid government came into power in May 1948, the South African Psychological Association (SAPA) was founded in Bloemfontein. **Apartheid** was a policy of segregation and political, social and economic discrimination against the non-white majority in the Republic of South Africa. The association had 34 members and was under the leadership of AJ le Grange (Cooper & Nicholas, 2012). Although SAPA's constitution did not explicitly exclude black people from becoming members, it became apparent that some members believed that membership should be restricted to Europeans (whites) only when the membership application of an eligible black psychologist, Josephine Naidoo, was declined in 1957 (Cooper & Nicholas, 2012). Between 1957 and 1962, there were discussions about whether to admit black people into SAPA. After five years of ongoing debate, SAPA eventually decided to accept black people as members, and many black psychologists applied to join the association. Dr C Ramfol became the first full member and Mr BN Mokoatle the first associate member of SAPA (Cooper & Nicholas, 2012).

Soon after the decision was taken to open membership to black people, many dissatisfied white members (including Hendrick Verwoerd, who later became South Africa's head of state) withdrew from the association to form a new psychological association, the Psychological Institute of the Republic of South Africa (PIRSA), with Le Grange as its first president (Cooper & Nicholas, 2012). Owing to the need to collaborate on issues such as the statutory registration of psychologists, SAPA and PIRSA held joint conferences (Cooper & Nicholas, 2012).

In 1983 the Psychological Association of South Africa (PASA) was formed with a leadership that remained white and overwhelmingly Afrikaner male until the dawn of democracy in South Africa in 1994. **Democracy** is a form of government where supreme power is vested in the people and exercised directly by them or by their elected agents under a free electoral system. The non-racial Psychological Society of South Africa (PsySSA) was inaugurated in January 1994. PsySSA replaced PASA and other psychology formations and unified South African psychology (Cooper & Nicholas, 2012).

Several professional bodies governed psychology in South Africa. These bodies are discussed below.

5.2.1 The South African Medical and Dental Council

South Africa began to regulate the practice of medicine and allied professions in the late 19th century. The Colonial Medical Council of the Cape Province was established in terms of Section 18 of the Medical and Pharmacy Act of 1891. The first meeting of the council was held in January 1892. Following this, the Natal Medical Council was established in Natal in accordance with Section 18 of the Medical and Pharmacy Act of 1896; later, the Medical and Pharmacy Council of the Orange River Colony and the Transvaal Medical Council were established. The South African Medical and Dental Council (SAMDC) was established in terms of Act 13 of 1928 to carry out the functions of the four former provincial councils (i.e., Cape Province, Natal, Orange River Colony and Transvaal). The SAMDC was also in charge of the registration of nurses until the South African Nursing Council (SANC) was formed in 1944. Similarly, until the formation of the South African Dental Technicians' Council in 1945, the SAMDC oversaw the registration of dental technicians.

5.2.2 The Health Professions Council of South Africa

The SAMDC under Act 56 of 1974, which substituted Act 13 of 1928, was renamed the Health Professions Council of South Africa (HPCSA). The statutory registration of psychologists is governed by the HPCSA, a body that comprises 12 professional boards, one of which is the Professional Board for Psychology (PBP). The HPCSA also makes provision for the registration of professional counsellors (who have completed four years of university training) to practise in a limited capacity by offering counselling services (Bantjes et al., 2016).

The HPCSA is responsible for ensuring that health-care practitioners are fit to practise their profession free from any physical or mental impairment. The council also sets the regulatory framework for the psychological practice of psychologists and defines the scope of practice for each practice category (Fynn & van der Walt, 2019; HPCSA, 2012).

5.2.3 The Professional Board for Psychology

The Professional Board for Psychology initially reported to the SAMDC and now reports to the HPCSA (Leach et al., 2003). The board recognises clinical psychology, counselling psychology, research psychology, industrial psychology, educational psychology, forensic psychology and neuropsychology as separate categories of registration and mandates different scopes of practice for each category (SA. Department of Health, 2011).

The vision statement of the PBP is to regulate and advocate responsive, relevant and equitable psychological health care and well-being for all.

The mission statement of the PBP is to

- enable regulations that protect the public and guide and uphold the integrity of the profession
- develop progressive regulations, standards, guidelines and policies
- engage and advocate the work of the board to all relevant stakeholders
- ensure compliance with legislation
- implement effective, efficient and transparent procedures and processes
- promote the equitable provision of psychological health-care services and well-being for all

(HPCSA, retrieved online on 12 July 2022)

5.2.4 The Psychological Society of South Africa

The Psychological Society of South Africa was formed in 1994 to unite the various professional bodies that existed up to that point. It is an independent non-racist and non-sexist professional association that relies on member dues and receives no government financial support (Cooper & Nicholas, 2012). The society is responsible for organising professional psychology in South Africa and comprises several divisions, such as Community and Social Psychology, Research and Methodology, Neuro- and Forensic Psychology, Registered Counsellors and Psychometrists, the South African Society for Clinical Psychology, the Student Division and others. PsySSA publishes the *South African Journal of Psychology* (SAJP) and the newsletter, *PsyTalk*. It offers regular professional development opportunities through the Annual South African Psychology Congress (Cooper, 2014). Unlike the HPCSA, membership of PsySSA is voluntary (Bantjes et al., 2016).

PsySSA serves as the representative body for psychologists in the country. The society lobbies for members, advocates psychology as a vital science and a relevant practice and provides a valuable networking facility for its members.

5.3 Psychological registration categories in South Africa

A degree in psychology not only opens the door to the mind but can also open the door to a successful, rewarding career (SACAP, 2019). A psychology background helps people in many fields since it gives them a basic understanding of human behaviour and social dynamics. Undergraduate training in psychology can equip an individual to excel in diverse contexts. Graduates who have studied psychology can build significant careers in areas where having a grounded knowledge of psychology, an applied skill set and well-developed research and writing skills are valued.

Registration (or licensing) with the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA, 2012) is based on formal academic education and practical training. Five categories are currently recognised, namely, clinical psychology, counselling psychology, educational psychology, industrial psychology, research psychology and forensic psychology (Truter et al., 2017). These categories are discussed later.

To practise as a psychologist in South Africa, an individual must be registered with the HPCSA. Individuals can choose to follow one of two routes to become psychologists. Firstly, they can complete a three-year undergraduate bachelor's degree, followed by an honours degree. They can then continue towards a master's programme and one-year internship training. Depending on the institutional requirements, students must achieve an average of at least 60% in all subjects completed in their bachelor's degree to continue on to an honours degree. On completion of an honours degree, they may choose to become psychometrists (who administer and interpret certain psychological tests) or registered counsellors (who provide basic psychological screening, assessment and counselling). The HPCSA requires psychometrists and registered counsellors to complete a six-month accredited practical and a national board examination (SACAP, 2017).

Secondly, individuals can enter a four-year psychology programme that includes more psychological studies, including specialisation and a practicum, and then advance to a master's programme. Institutions such as Nelson Mandela University, North-West University, the Cornerstone Institute, the South African College of Applied Psychology (SACAP), Stellenbosch University, the University of Limpopo, the University of Venda and Walter Sisulu University offer a four-year BPsych degree (SACAP, 2017).

Following registration with the HPCSA, psychologists must pay annual registration fees, attend continuous professional development (CPD) sessions and earn points to maintain registration, according to HPCSA regulations. Registration with the HPCSA does not automatically entitle a practitioner to practise in another country (SACAP, 2017).

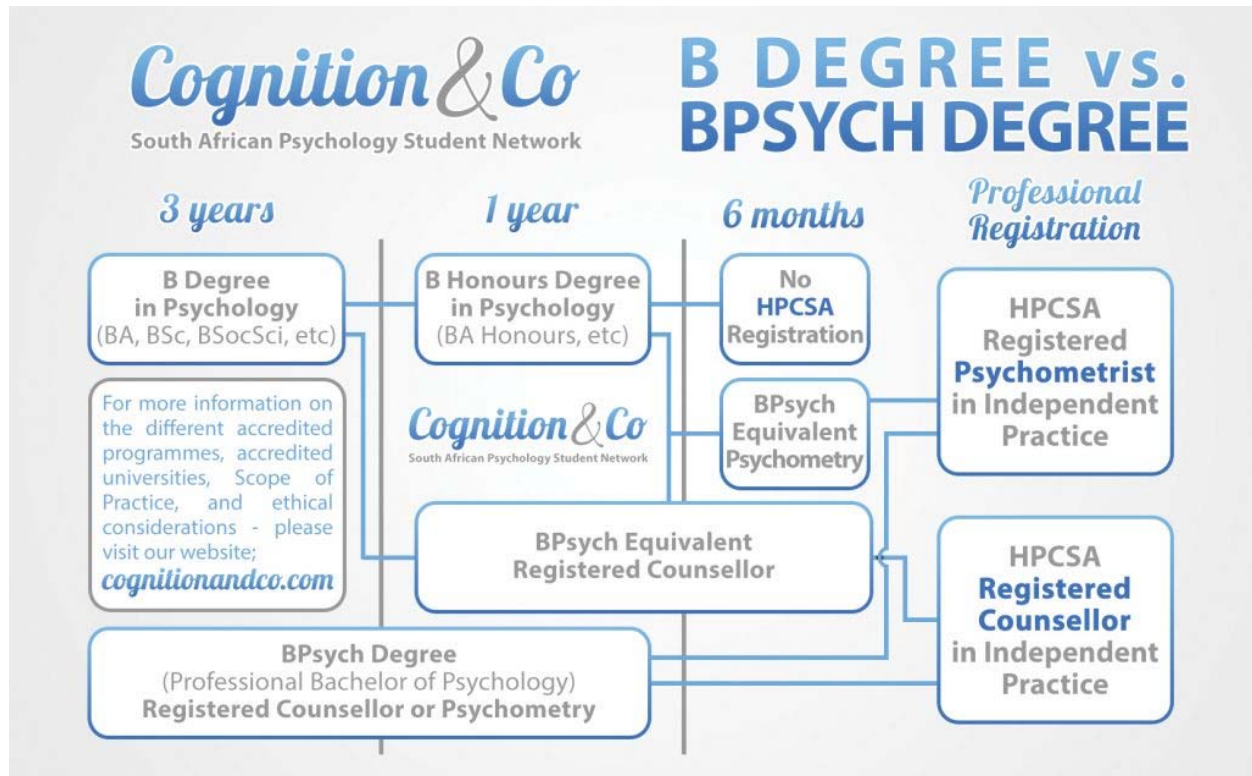


Figure 5.1: Two routes towards becoming a psychologist
(<https://cognitionandco.co.za/2020/08/03/whats-the-difference-between-a-b-degree-and-a-b-psych>)

In South Africa, graduates can register with the HPCSA in the following categories:

- Clinical psychology
- Counselling psychology
- Educational psychology
- Industrial or organisational psychology
- Research psychology
- Neuropsychology
- Registered counsellor
- Psychometrist

The minimum requirements for registration with the HPCSA in the first seven categories are as follows:

- A five-year full-time formal education in psychology, that is to say,
 - a three-year bachelor's degree majoring in psychology or its equivalent
 - a one-year honours degree in psychology

- a one-year directed master's degree programme in psychology approved by the HPCSA
- the successful completion of a full-time approved internship of 12 months' duration, and
- the successful completion of the national examination of the Professional Board for Psychology in the relevant registration category

The minimum requirements for registration with the HPCSA as a registered counsellor and/or a psychometrist are

- a four-year Bachelor of Psychology professional degree approved by the HPCSA, including a 720-hour practicum, and
- the successful completion of the national examination of the Professional Board for Psychology in the registered counsellor or psychometry category (SACAP, 2017)

As indicated above, an individual has to complete a master's degree in psychology to qualify and practise as a psychologist. Master's degrees are offered in clinical psychology, counselling psychology, educational psychology, industrial/organisational psychology, neuropsychology, research psychology and forensic psychology. Once the master's degree coursework has been successfully completed, an HPCSA-accredited internship of one year is undertaken. In the case of a clinical psychology qualification, an added year of community service is mandatory. The new HPCSA guidelines stipulate that the board examination has to be completed before an individual can begin with his or her community service.

There six psychological registration categories in South Africa are discussed below.

5.3.1 Clinical psychology

The American Psychological Association (APA) defines clinical psychology as “a clinical discipline that involves the provision of diagnostic, assessment, treatment, prevention and consultative services to patients of an emergency room, inpatient units, and clinics of hospitals” (Padlyalpattani, 2018, p. 4).

There are two essential elements to clinical psychological practice, namely, (i) identifying that something in a person's psychological well-being or behaviour is causing distress and (ii) delivering an intervention to prevent the distress (Burns & Zitz, 2015). Therefore, clinical psychology is the psychological specialty that involves providing continuing and comprehensive mental and behavioural health care to individuals and groups across the lifespan (SACAP, 2017).

The practical internship for clinical psychology requires students to serve a 12-month intern period in a health-care setting, of which at least 6 months should be completed at a psychiatric facility (HPCSA, 2010). In 2003, a further year of paid community service became mandatory for clinical psychology trainees (Pillay et al., 2013).

In 2011 a new scope of practice (SoP) (a set of written instructions that describes the step-by-step process that must be taken to perform a routine activity) for the psychology profession was promulgated in South Africa. The purpose of the SoP was to redefine overlapping but essentially separate scopes of practice for clinical and counselling psychology. The new SoP explicitly states that clinical psychologists focus on “treating psychological and psychiatric conditions” (SA. Department of Health, 2011, p. 6). Within this framework, clinical psychologists are restricted to perform work that entails identifying psychopathology in psychiatric disorders and psychological conditions (Bantjes et al., 2016).



Source: Shutterstock.com

Most clinical psychologists work as part of a multidisciplinary team that offers interventions aimed at addressing psychosocial aspects of care. They also work with medical professionals, social workers, support workers, advocacy agencies and so on (Burns & Zitz, 2015). About 95% of all clinical psychologists spend their working lives engaged in some combination of activities, such as assessment, treatment, research, teaching (including supervision), consultation and administration (Padlyalpattani, 2018). Therefore, clinical psychologists deliver a range of high-intensity psychological

interventions with demonstrated effectiveness in treating mental health disorders and psychological distress associated with medical conditions (SACAP, 2017).

5.3.2 Counselling psychology

Counselling psychology is a field that aims to help individuals, at any stage in life, overcome mental health challenges to improve their quality of living. Critics have pointed out that counselling psychology has a Euro-American inclination and tends to involve the use of theoretical models developed for wealthy white Western individuals. Counselling psychologists have therefore been prompted to engage actively with the indigenisation of counselling theory and practice in South Africa, which is in keeping with multiculturalism as a fourth force in psychological practice (Bantjes et al., 2016).

In South Africa, the category of counselling psychology was recognised in 1974 (SA. Department of Health, 2011), and professional training programmes were established at four Afrikaans-medium universities, namely, Stellenbosch University, the University of Port Elizabeth, the University of the Orange Free State and the Rand Afrikaans University, and at one English-medium university, namely, the University of Natal in Pietermaritzburg (Leach et al., 2003). All these universities were at the time only accessible to white students. More recently, professional training programmes have been initiated at some English-medium universities and at universities that were previously reserved for black students. Presently, there are about 13 institutions that are accredited to offer postgraduate training in counselling psychology (Bantjes et al., 2016).

A person has to register with the HPCSA to practise as a counselling psychologist in South Africa. Prerequisites for registration are the successful completion of a four-year degree in psychology, an accredited master's degree in counselling psychology (one year), a one-year internship and the board examination (HPCSA, 2013).



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In respect of practice, the new SoP for counselling psychologists focuses on offering counselling interventions to resolve development issues and adjustment disorders. The work of counselling psychologists is delineated as assessing, diagnosing and intervening in clients dealing with life challenges and developmental problems to optimise their psychological well-being (SA. Department of Health, 2011). This specialist category of psychology promotes the personal, social and career functioning and the well-being of individuals, couples, families, groups, organisations and communities (SACAP, 2017). Owing to some overlaps between the clinical and counselling sub-disciplines in the past, some training institutions combine clinical and counselling training, which serves to further diffuse differences between the two sub-fields (Bantjes et al., 2016).

Counselling psychologists in South Africa can be found in a variety of public and private sectors, such as the police service, the military, universities, schools, non-profit organisations (NGOs), community organisations, social service organisations and industry. About half (49%) of all counselling psychologists in South Africa work in private practice, a setting that excludes the country's economically marginalised, mostly black residents (Bantjes et al., 2016). Be that as it may, counselling psychologists deliver a range of high-intensity psychological interventions that consider the therapeutic potential of positive relationships and people's strengths and resources (HPCSA, 2020).

Owing to South Africa's history and the country's current socio-cultural and mental health-care context, counselling psychologists face a number of challenges. These challenges include finding ways to overcome the legacy of apartheid and working as agents of change. The specialty also needs to achieve greater racial diversity in the application of

psychological knowledge to promote people's physical health and well-being and to respond to the call to indigenise the practice of psychology in South Africa (Bantjes et al., 2016).

5.3.3 Educational psychology

Educational psychology is the scientific study of human behaviour in an educational setting. It is concerned with the factors, the principles, the concepts, the methods and the techniques that relate to various aspects of learners' growth and development. It is a science of education that deals with the 'how', the 'when' and the 'what' of education (Shakir & Sharma, 2017).



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In a classroom setting, educational psychology helps teachers to understand the development of learners, the range and the limits of their capacity, the process by which they learn and their social relationships. It provides information about the many factors that affect teaching-learning and offers useful and tested ideas for improving instruction (Shakir & Sharma, 2017). Educational psychology is related to an understanding of

- the individual learner's developmental needs, potential, interests and aptitude
- the learning environment, which includes group dynamics that foster learning through social interaction
- the learning process, its nature and ways to make it effective

Educational psychology professionals who work in highly unequal societies such as South Africa require training that prepares them to be resilient professionally in the face of hardship (Ebersöhn, 2019). Educational psychologists often consult with children and young people in settings such as families, schools, early childhood and development contexts, and social and residential settings. Educational psychologists conduct individual, group and family therapy and other therapeutic interventions, demonstrate psychological consultation skills and have knowledge of a range of psychological interventions required in contexts that relate to the development and learning of individuals, families, groups and communities (SACAP, 2017).

Educational psychology gives importance to learners in making the classroom a social platform where healthy discussions and an exchange of ideas can take place among learners and teachers. It focuses on making the classroom a favourable learning environment to ensure effective teaching-learning (Shakir & Sharma, 2017). The literature is full of evidence of educational psychology's usefulness in creating a classroom atmosphere that promotes effective teaching-learning. Williams and Williams (2011), for example, identified five key ingredients for improving learner motivation, namely, learner, teacher, content, method/process and environment. However, these five components could contribute to and/or hinder learners' motivation to learn (Shakir & Sharma, 2017).

Educational psychology has contributed considerably to the creation of the modern system of education. It helps teachers and administrators to develop an impartial and democratic attitude towards learners and helps learners to develop integrated personalities. The speciality is of prime importance in addressing the future needs of the education system. It plays a central role in helping teachers deal with problems related to learners. It further helps teachers in respect of aspects such as children's stages of development, the identification of children with special needs, effective teaching methods, and guidance and counselling, among other things (Shakir & Sharma, 2017). Psychologists in educational settings need to assist young people who live with the trauma of chronic and cumulative environmental demands and resource constraints (Ebersöhn, 2019).

5.3.4 Industrial psychology

Industrial or organisational psychology is concerned with the performance and the wellness of people at work and with how individuals, groups and organisations behave and function (SACAP, 2017).



Source: Shutterstock.com

Industrial psychology is aimed at helping individuals pursue meaningful and enriching work and assists organisations in managing their human resources effectively. Industrial psychologists provide psychological assessments, diagnoses and interventions to address psychological factors of critical relevance to organisations and their members (SACAP, 2017).

5.3.5 Neuropsychology

Neuropsychology is the branch of psychology that studies the relationship between behaviour, emotion and cognition, on the one hand, and brain function, on the other. Neuropsychology as a discipline in South Africa is of relatively recent advent. Watts and Shuttleworth-Edwards (2016) indicate that the origins of neuropsychology in South Africa can be traced to the requirements of the South African Air Force to establish a reliable and valid means of selection of pilots along cognitive abilities during World War II. Neuropsychology in South Africa was formalised in 1953 with the establishment of the Division of Neuropsychology at the National Institute for Personnel Research (NIPR). Later, in 1985, negotiations for neuropsychology registration were initiated with the PBP. Official recognition of neuropsychology as a speciality was only promulgated through a parliamentary process in 2011 after a new professional registration category had been proposed and adopted by the HPCSA (Lucas, 2022).

Although some universities maintained neuropsychology laboratories during the 1950s, it was only after the 1970s that neuropsychology emerged as an area of study in its own right. By the 1980s and 1990s, neuropsychology was being taught at different universities, including the University of South Africa (Truter et al., 2017). Currently, the University of Cape Town is the only university that offers a master's degree in neuropsychology.

Registered clinical, counselling and educational psychologists who have experience in the field of neuropsychology (i.e., a portfolio of evidence of core competencies in neuropsychology and two referee reports) can apply to the HPCSA to be registered as neuropsychologists (SACAP, 2017).



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There are two dominant traditions in neuropsychology, namely, (i) a **syndrome-based clinical approach**, which was first practised in the late 19th century with the cortical localisation of function by Dax, Broca, Wernicke and Charcot, and (ii) a **cognitive approach**, which grew out of cognitive psychology and neuroscience in the late 1970s. The cognitive approach assumes that mental activities operate in terms of specialised sub-systems or modules that can be separated (dissociated) from one another (Lucas, 2022). The two approaches are complementary, and each adds valuable information to studying the brain and the mind. Lucas (2022) maintains that, despite their different starting positions, the approaches appear to be moving towards a more unified model.

In 2011 the HPCSA promulgated the SoP for neuropsychology. In 2013 the HPCSA's Professional Board of Psychology announced the recognition of neuropsychology as a separate registration category, pending attention to outstanding legislative issues. In the interim, clinical practice in the field of neuropsychology remains an activity that falls within the SoP of the 'conventional' categories of registration (i.e., clinical, counselling and educational psychology), with many practitioners undergoing formal, albeit incidental, training (in the process of their formal master's degree training) or informal postgraduate

training, and with some practitioners undergoing formal postdoctoral neuropsychological training at international institutions (Truter et al., 2017).

Neuropsychologists are concerned with the assessment, diagnosis, management and rehabilitation of not only cognitive impairment but also the emotional and behavioural consequences of the causal illness or injury, which are optimally assessed within the framework of a person's social and cultural background. As with clinical psychology, the discipline sets out to understand and to prevent psychological distress or dysfunction and to diagnose central nervous system impairment (Lucas, 2022). Neuropsychology is also concerned with rehabilitating people with neurological problems, including traumatic brain injury, stroke, toxic and metabolic disorders, tumours and neurodegenerative diseases (SACAP, 2017). Neuropsychologists work in research and academic settings (research institutions or laboratories), clinical contexts (assessing or treating individuals with neuropsychological disorders), industry (in product design or the coordination of pharmaceutical trial research for neurocognitive agents that might affect central nervous system functioning) or forensic settings (Swanepoel, 2020).

Neuropsychologists who work in a developing nation like South Africa face certain challenges. One such challenge is the complexity and the diversity of the country's population – the country has 11 official languages, wide discrepancies in socio-economic status and different cultures, all against a historical backdrop of political and socio-economic inequality. Neuropsychologists need to be able to assess the day-to-day functioning or dysfunction of a heterogeneous society objectively (Lucas, 2022).

5.3.6 Research psychology

This branch of psychology is concerned with systematic efforts to discover or confirm facts, to investigate new problems or topics, to describe events and to understand relationships among variables, most often through scientific methods of observation and experimentation. It also entails giving advice on the development of policies based on psychological theory and research (SACAP, 2017).

Research psychologists are, among other things, involved in training and supervising other registered psychological practitioners in research psychology, conducting psychological practice and research in accordance with the Ethical Rules of Conduct for Practitioners registered under the Health Professions Act of 1974 and referring clients to appropriate professionals for assessment or intervention (SACAP, 2017).



Source: Shutterstock.com

Registration with the HPCSA as a research psychologist requires an individual to complete an accredited coursework programme, an internship and the board examination (Fynn & van der Walt, 2019).

In a study by Laher (2005, in Fynn & van der Walt, 2019), involving 33 registered research psychologists and departmental chairs at four institutions, there was general consensus among the respondents that research psychology plays an important role in psychology and is essential to the transformation of psychological practice in the South African context.

Task 1: Categories of psychology

- (a) Explain the main scope of practice/functions of the following categories of psychology:
- Clinical psychology
 - Counselling psychology
 - Educational psychology
 - Research psychology
 - Industrial psychology
- (b) As a future psychologist, which category (or sub-field) would you prefer for your career and why?

5.4 The underutilisation of Western psychological services among the South African black majority

For several decades, psychology in South Africa has been accused of lacking ‘relevance’ insofar as the country’s social challenges are concerned. The question of relevance continues to be a topic of discussion among psychologists in South Africa. The sentiment shared by some psychologists is that, as during the apartheid years, psychology is indifferent to the lived realities of most South Africans. This has given rise to widespread concern about the commitment of the country’s psychologists to the post-apartheid nation-building project (Long & Foster, 2013).

South Africa’s current professional codes of ethics are still dominated by the epistemological paradigm of the Western system. The existing knowledge base for psychology emerged from epistemologies that express European historical and cultural development, especially since the existing educational structures and policies guiding the training of psychologists were conceived during the European colonial period. Leach and others (2003) provide the following reasons for the underutilisation of Western psychological services among black communities in South Africa:

- Exposure to psychology is limited or even non-existent in many parts of the country. This may be because of a lack of personal experience with psychology or a lack of access to resources that satisfy basic human needs (such as electricity or a telephone, let alone a television), which may offer an introduction to the profession of psychology. Therefore, psychology is outside the mental framework of the majority population and is perceived as a ‘foreign’ way of solving problems. From a cultural perspective, other forms of traditional healing would be far more prevalent as ways of dealing with problematic issues.
- Some black community members with some knowledge of psychology tend to mistrust white psychologists and consequently mistrust the profession as a whole. In this regard, black people often perceive psychology as a Western system designed to allow the continuation of oppressive philosophies and interventions.
- South Africans who are rooted in traditional families have extended family networks through which to seek support, and many consult traditional healers, particularly in rural areas. Such people subscribe to collectivist beliefs and tend to keep personal matters within the clan or the community. Traditional healers are a central source of assistance when psychosocial and medical problems are encountered. Counselling that falls outside traditional cultural boundaries is foreign to many black South

Africans. However, the urbanisation of a large part of the population has disrupted many traditional sources of assistance, and alternate sources such as professionally trained counsellors are increasingly considered by individuals from black communities.

- Language is an additional barrier because most white psychologists do not speak black African languages. When white psychologists work in traditionally black African communities, they usually rely on interpreters or use a non-African language to communicate with their clients. Therefore, language and cultural differences are barriers to working with black clients since most white psychologists speak only English and/or Afrikaans.
- Many regions of the country do not have basic water and electricity services; transportation is also a problem. Few psychologists work in traditionally underserved areas, thereby contributing to the lack of awareness of psychology in these areas. Additionally, if psychological services were available, it is unlikely that these services would be affordable for most people.

Dr Jaclyn Lotter, a counselling psychologist and Head of Academic Programmes at SACAP, notes that the biggest problem that South Africa currently faces is that most psychologists are not working for the majority of the people. Most qualified psychologists work in private practice and serve only the minority of the South African population – those with the economic means to afford private services. Therefore, most of the country does not have access to adequate mental health-care services (SACAP, 2017). Furthermore, Dr Lotter indicates that the distribution of psychologists is a problem. Even within the public mental health system, resources are largely based in urban areas, and a significant proportion of the country's rural areas is left without access to mental health-care services (SACAP, 2017).

Some studies have indicated that several issues emerged in psychology students' perceptions and reported experiences of the discipline of psychology. Most studies found that many students feel that the psychology curriculum in higher education, in its current form, does not accommodate the needs or the contexts of the majority of the population of South Africa and does not prepare them for working with diverse communities or engaging with issues of racism in their interactions with others. Student concerns include a need for more black psychologists to serve disadvantaged communities. Moreover, owing to the dominance of English or Afrikaans and a lack of emphasis on indigenous languages, psychologists are not equipped with the language skills that are necessary to work with most language groups in South Africa (Carolissen et al., 2015).

Task 2: Western psychology in black communities in South Africa

Do you think there is a need for Western psychological services in black communities in South Africa? Provide reasons for your answer.

5.5 The ethical principles that guide the scope of professional psychological practices

Ethics play an important role in the field of psychology, particularly because they relate to therapy and research. The APA published a document titled, *Ethical principles of psychologists and code of conduct*, that outlines aspirational principles and enforceable standards that psychologists should consider when making decisions. Not all ethical issues are clear-cut, and the APA strives to offer psychologists guiding principles to help them make sound ethical choices within their profession (Cherry, 2020).

5.5.1 Principle A: Competence

The principle of competence encourages psychologists to strive for and to maintain high standards of competence in their work. Psychologists recognise the boundaries of their competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training or experience (Bermuda Psychologist Registration Council, 2007; PsySAA, 2007).

Furthermore, psychologists maintain knowledge of relevant scientific and professional information related to the services they render and recognise the need for ongoing education. They use scientific, professional, technical and administrative resources appropriately in their profession (PsySSA, 2007).

5.5.2 Principle B: Integrity

This principle encourages psychologists to promote accuracy, honesty and truthfulness in psychological science, teaching and practice (Bodner, 2012). In describing or reporting their qualifications, services, products, fees, research or teaching, psychologists do not deceive their clients by making false or misleading statements. Furthermore, they strive to be aware of their own belief systems, values, needs and limitations and the effect of these on their work. They also clarify for relevant parties the roles they are performing and they function appropriately in accordance with those roles. Moreover, psychologists avoid improper and potentially harmful dual relationships (PsySSA, 2007).

In research and practice, psychologists should never attempt to deceive or misrepresent. Deception can involve fabricating or manipulating results to achieve the desired outcome. When deception is used in research, psychologists must make an effort to mitigate the effects. This type of research deception must be justified, and the possible gains must outweigh potential drawbacks. Deception should be minimal, that is, not result in distress, and must be disclosed at the earliest possible opportunity (Cherry, 2020).

5.5.3 Principle C: Professional and scientific responsibility

Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behaviour and adapt their methods to the needs of different populations. They consult with, refer to, or cooperate with other professionals to the extent needed to serve the best interests of those with whom they work (APA, 2017).

The APA maintains that psychologists have a moral responsibility to ensure that others working in their profession also uphold high ethical standards. Therefore, psychologists should participate in activities that enhance the ethical compliance of their colleagues' scientific and professional conduct. These activities may include serving as mentors, participating in peer reviews and pointing out ethical concerns or instances of misconduct of colleagues (Cherry, 2020).

5.5.4 Principle D: Respect for people's rights and dignity

Psychologists respect the dignity and the worth of all people. They respect individuals' right to privacy, confidentiality and self-determination (Bodner, 2012). Psychologists are aware of cultural, individual and role differences, including those related to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socio-economic status. They strive to minimise their own biases and to be aware of issues related to diversity and the concerns of particular populations (Cherry, 2020; PsySSA, 2007).

5.5.5 Principle E: Concern for others' well-being

Psychologists seek to contribute to the welfare of those with whom they interact professionally. In their professional actions, psychologists weigh the welfare and the rights of those they work with and the welfare of animal research subjects. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles responsibly in a manner that avoids or minimises harm. In addition, psychologists are sensitive to real and ascribed differences in power between themselves and others (PsySSA, 2007).

5.5.6 Principle F: Social responsibility

Psychologists are aware of their professional responsibilities to the community and the society in which they work and live (Bermuda Psychologist Registration Council, 2007). They therefore contribute a portion of their professional time to the betterment of the community for little or no personal advantage (Cherry, 2020; PsySSA, 2007). They also apply and make public their knowledge of psychology to contribute to human well-being. They work to mitigate the causes of human distress and to advance the science of psychology. In addition, psychologists comply with the law and encourage the development of laws and social policies that serve the interests of their clients and the public (PsySSA, 2007).

Task 3: An ethical principle in practice

A group of psychologists who work in a university setting have embarked on a community engagement project that focuses on mentoring teenage girls. The project is aimed at, among other things, providing counselling and sex education to teenage girls in various communities. Sanitary products are also distributed to teenage girls as part of the project.

Which ethical principle underlies this scenario? Explain your answer.

5.6 Summary

Psychology in South Africa has a dark history of racial exclusion and unequal membership representation between black and white people. However, the professionalisation of psychology saw many changes taking place, leading to the development of professional bodies that regulate the scope of practice and the professional registration of psychologists. In this learning unit we discussed the professionalisation of psychology in South Africa, focusing on various organisations that led to the formation of the HPCSA. We also discussed different psychological registration categories in South Africa, the underutilisation of Western psychological services among the South African black majority and the ethical principles that guide the scope of professional psychological services.

5.7 Glossary

apartheid: a policy of segregation and political, social and economic discrimination against the non-white majority in the Republic of South Africa

clinical psychology: a discipline that involves the provision of diagnostic, assessment, treatment, prevention and consultative services to patients in clinics, hospitals and so forth

counselling psychology: a field that aims to help individuals, at any stage in life, overcome mental health challenges to improve their quality of living

democracy: a form of government where supreme power is vested in the people and exercised directly by them or by their elected agents under a free electoral system

educational psychology: the scientific study of human behaviour in an educational setting; it is concerned with the factors, the concepts, the methods and the techniques that relate to various aspects of learners' growth and development

Ethical principles of psychologists and code of conduct: a document published by the American Psychological Association (APA) that outlines principles and enforceable standards that psychologists should consider when making decisions

Health Professions Council of South Africa (HPCSA): the statutory association that governs the registration of psychologists in South Africa

industrial (organisational) psychology: a discipline that is concerned with the performance and the well-being of people at work and with how individuals, groups and organisations behave and function

neuropsychology: a branch of psychology that studies the relationship between behaviour, emotion and cognition, on the one hand, and brain function, on the other

Professional Board for Psychology (PBP): the board that regulates and advocates responsive, relevant and equitable psychological health care and well-being for all

Psychological Society of South Africa (PsySSA): a non-racial psychological association in South Africa

research psychology: a branch of psychology that is concerned with systematic efforts to discover or confirm facts, to investigate new problems or topics, to describe events and to understand relationships among variables, most often through scientific methods of observation and experimentation

South African Medical and Dental Council (SAMDC): an organisation that regulated the practice of medicine and allied professions in the late 19th century

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