

LIFE AFTER TRAINING: PROFESSIONAL EXPERIENCES OF RECENTLY  
QUALIFIED CLINICAL AND COUNSELLING PSYCHOLOGISTS IN SOUTH AFRICA

A half-thesis submitted in partial fulfilment of the  
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## Abstract

Professional psychology in South Africa has experienced numerous transformations since its tainted historical affiliation with the apartheid regime. However, despite the profession's attempts to respond to the burgeoning mental health needs of the country, psychologists in South Africa continue to be confronted by a number of challenges within the professional field. International research suggests that early career psychologists, in particular, experience further challenges in adjusting to new professional careers. Considering the dearth of research on this topic within local literature, the aim of this study was to gain an in-depth understanding of the lived professional experiences of recently qualified clinical and counselling psychologists in South Africa, following training. An interpretive phenomenological method was employed to investigate the fundamental early career professional experiences of participants, as well as the meanings participants attributed to these experiences. Four participants were recruited using purposive sampling. Data was collected through the use of semi-structured, one-on-one, Skype interviews, and the interview data were analysed using interpretative phenomenological analysis. The study revealed four super-ordinate themes, including: (i) Training as a 'rite of passage'; (ii) Expectations for a professional future; (iii) Professional psychology: Entering the work space; and (iv) Future directions. The findings suggest that clinical and counselling psychologists' experiences as recently qualified professionals in South Africa are both positive and negative, with the overall experience being positive. Emerging themes suggest that early career psychologists are faced by a number of personal and professional challenges on entering the work place. Furthermore, findings suggest that the early career experiences of recently qualified clinical and counselling psychologists in South Africa might not necessarily be due to personal choice, but rather due to greater systemic factors, such as limited available posts, maladministration, the devalued status of mental healthcare in comparison to other healthcare concerns in the country, an unresponsive marketplace and limited efforts by government to accommodate psychologists in different contexts.

*Keywords:* professional, recently qualified, clinical psychologist, counselling psychologist, South Africa

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To my parents, mom and dad, thank you for your unwavering love, support and gentleness. My gratitude for you both is beyond what I can express in words. This thesis is dedicated to you.

**DECLARATION**

I, Phillipa Haine, declare that 'Life after training: Professional experiences of recently qualified clinical and counselling psychologists in South Africa', is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before in any other degree at any other institution.

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**SIGNATURE****(Phillipa Haine)****22 May 2019**

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**DATE**

## Table of Contents

|   |            |
|---|------------|
| <b>Abstract.....</b>  | <b>i</b>   |
| <b>Acknowledgements .....</b>   | <b>ii</b>  |
| <b>Declaration.....</b>   | <b>iii</b> |
| <b>Table of Contents .....</b>  | <b>iv</b>  |
| <b>List of Abbreviations .....</b>  | <b>vii</b> |
| <b>List of Figures.....</b>   | <b>vii</b> |
| <b>List of Tables .....</b>   | <b>vii</b> |
| <b>1. Introduction.....</b>   | <b>1</b>   |
| 1.1 Introduction .....  | 1          |
| 1.2 Background to Research Problem .....  | 1          |
| 1.3 Rationale for this Research.....  | 2          |
| 1.4 Significance of the Study .....   | 3          |
| 1.5 Research Aim, Question and Objectives.....                                      | 3          |
| 1.6 Structure of this Dissertation.....   | 4          |
| 1.7 Scope of the Research .....   | 4          |
| 1.8 Conclusion.....   | 4          |
| <b>2. Literature Review .....</b>   | <b>5</b>   |
| 2.1 Introduction .....  | 5          |
| 2.2 Literature Search Strategy .....  | 5          |
| 2.3 Professional Psychology in the Context of South Africa.....                     | 6          |
| 2.3.1 The relevance debate.....   | 7          |
| 2.3.2 South Africa's mental health policy and the turn to community psychology..... | 9          |
| 2.4 Professional Psychology in South Africa 'Now' .....                             | 10         |
| 2.4.1 Registration and licensure.....   | 10         |
| 2.4.2 Training: Master's, internship and community service years .....              | 11         |
| 2.4.3 Challenges currently facing psychologists in South Africa.....                | 12         |
| 2.4.4 Clinical <i>versus</i> counselling psychology: A comparison .....             | 15         |
| 2.5 Early Career Psychologists: A Global Portrait.....                              | 17         |
| 2.5.1 Global employment trends for early career psychologists.....                  | 18         |
| 2.5.2 Financial challenges.....   | 20         |
| 2.5.3 Establishing a work-life balance .....  | 20         |

|  |           |
|--|-----------|
| 2.5.4 Establishing a professional identity .....                                 | 21        |
| 2.5.5 Influence of student characteristics and training programme variables..... | 22        |
| 2.5.6 Mentorship as a means of support .....                                     | 22        |
| 2.6 Conclusion.....  | 23        |
| <b>3. Research Design and Methodology .....</b>                                  | <b>24</b> |
| 3.1 Introduction .....   | 24        |
| 3.2 Research Design .....  | 24        |
| 3.3 Interpretative Phenomenological Analysis (IPA) .....                         | 25        |
| 3.3.1 IPA and phenomenology .....  | 26        |
| 3.3.2 IPA and hermeneutics .....   | 27        |
| 3.3.3 IPA and idiography .....   | 27        |
| 3.3.4 Researcher reflection on personal embeddedness in IPA.....                 | 28        |
| 3.3.5 Evaluation of IPA .....  | 29        |
| 3.4 Participant Sample and Sampling Technique .....                              | 30        |
| 3.5 Data Collection.....   | 32        |
| 3.6 Data Analysis .....  | 35        |
| 3.7 Trustworthiness .....  | 36        |
| 3.7.1 Sensitivity to context.....  | 37        |
| 3.7.2 Commitment and rigour of research .....                                    | 37        |
| 3.7.3 Transparency and coherence.....  | 38        |
| 3.7.4 Impact and importance.....   | 39        |
| 3.8 Ethical Considerations .....   | 39        |
| 3.9 Conclusion.....  | 41        |
| <b>4. Findings and Discussion .....</b>  | <b>42</b> |
| 4.1 Introduction .....   | 42        |
| 4.2 Description of Participants .....  | 42        |
| 3.4.1 Participant 1 (P1) .....   | 42        |
| 3.4.2 Participant 2 (P2) .....   | 43        |
| 3.4.3 Participant 3 (P3) .....   | 43        |
| 3.4.4 Participant 4 (P4) .....   | 43        |
| 4.3 Super-ordinate Theme 1: Training as a ‘Rite of Passage’ .....                | 44        |
| 4.3.1 Sub-theme 1: Choosing psychology .....                                     | 45        |
| 4.3.2 Sub-theme 2: Challenge of entering the training space .....                | 46        |
| 4.3.3 Sub-theme 3: The transformational pressures of training .....              | 47        |

|   |           |
|---|-----------|
| 4.3.4 Sub-theme 4: Concerns of completing the dissertation timeously .....              | 48        |
| 4.3.5 Sub-theme 5: Positive feelings on completion of training .....                    | 50        |
| 4.4 Super-ordinate Theme 2: Expectations for a Professional Future .....                | 50        |
| 4.4.1 Sub-theme 1: “Now what?” .....  | 51        |
| 4.4.2 Sub-theme 2: Financial anxieties .....  | 52        |
| 4.4.3 Sub-theme 3: Ethical and moral expectations .....                                 | 54        |
| 4.4.4 Sub-theme 4: Expectations to work in public and community contexts .....          | 55        |
| 4.5 Super-ordinate Theme 3: Professional Psychology: Entering the Work Space .....      | 55        |
| 4.5.1 Sub-theme 1: Failed initial attempts: Public <i>versus</i> Private .....          | 56        |
| 4.5.2 Sub-theme 2: Academia .....   | 58        |
| 4.5.3 Sub-theme 3: Influences of Scope of Practice .....                                | 59        |
| 4.5.4 Sub-theme 4: Emigration and the ‘brain drain’ .....                               | 62        |
| 4.5.5 Sub-theme 5: Current career position: A high level of satisfaction .....          | 64        |
| 4.6 Super-ordinate Theme 4: Future Directions .....                                     | 64        |
| 4.6.1 Sub-theme 1: A call for intra- and inter-sectoral collaboration and support ..... | 65        |
| 4.6.2 Sub-theme 2: Finding a balance .....  | 66        |
| 4.6.3 Sub-theme 3: Giving back: Teaching and training .....                             | 67        |
| 4.7 Conclusion .....  | 68        |
| <b>5. Conclusion .....</b>  | <b>70</b> |
| 5.1 Introduction .....  | 70        |
| 5.2 Summary of Results .....  | 70        |
| 5.3 Final Conclusions .....   | 71        |
| 5.4 Limitations .....   | 72        |
| 5.5 Recommendations for Future Research .....   | 72        |
| <b>References .....</b>   | <b>74</b> |
| <b>Appendices .....</b>   | <b>90</b> |
| Appendix A: Interview Schedule .....  | 90        |
| Appendix B: Participants’ Invitation to Participate .....                               | 91        |
| Appendix C: Participants’ Informed Consent Form .....                                   | 93        |
| Appendix D: Participants’ Audiotape Informed Consent Form .....                         | 94        |
| Appendix E: Emergency Contact Form .....  | 95        |
| Appendix F: Institutional Permission and RPERC Clearance Letters .....                  | 96        |
| Appendix G: Table of Super-ordinate, Sub-themes and Corresponding Quotations .....      | 98        |

### List of Abbreviations

|        |  |
|--------|--|
| APA    | American Psychological Association                               |
| CPWAR  | Center for Psychology Workforce Analysis and Research            |
| DA     | Discourse Analysis   |
| ECP    | Early career psychologist  |
| HPCSA  | Health Professions Council of South Africa                       |
| IPA    | Interpretative Phenomenological Analysis                         |
| M1     | Master's degree year of psychology training                      |
| M2     | Internship year of psychology training                           |
| NGO    | Non-governmental organisation                                    |
| PASA   | Psychological Association of South Africa                        |
| PhD    | Doctor of Philosophy   |
| PIRSA  | Psychological Institute of the Republic of South Africa          |
| PsySSA | Psychological Society of South Africa                            |
| RPERC  | Rhodes University Research Proposals and Ethics Review Committee |
| RUESC  | Rhodes University Ethical Standards Committee                    |
| SA     | South Africa   |
| SAPA   | South African Psychological Association                          |
| SASH   | South African Stress and Health Study                            |
| SoP    | Scope of Practice  |

### List of Figures

|   |           |
|---|-----------|
| <i>Figure 1. Flow diagram of the data collection procedure.....</i> | <i>35</i> |
|---|-----------|

### List of Tables

|   |           |
|---|-----------|
| Table 1 <i>Participant Demographics.....</i>              | <i>44</i> |
| Table 2 <i>List of Super-ordinate and Sub-themes.....</i> | <i>45</i> |



## **CHAPTER ONE**

### **Introduction**

#### **1.1 Introduction**

This study seeks to explore the professional experiences of recently qualified clinical and counselling psychologists in South Africa. This first chapter begins by briefly outlining the background to the research problem, as well as the rationale for the selection of the research topic. This is followed by the research aim, question and the objectives of the study. Finally, this chapter provides a structural overview of the remaining four chapters in this dissertation.

#### **1.2 Background to the Research Problem**

Professional psychology in South Africa has experienced numerous transformations since its tainted historical affiliation with the apartheid regime, according to Pillay, Ahmed and Bawa (2013). However, Lund, Kleintjes, Kakuma, Flisher and MHaPP Research Programme Consortium (2010) have noted that, despite the profession's attempts to respond to the burgeoning mental health needs of the country, psychologists in South Africa continue to be confronted by a number of challenges within the professional field. As a result, an extensive body of literature currently exists surrounding the profession of psychology in South Africa, which includes debates on the profession's relevance, credibility, legitimacy and applicability within a demographically diverse population that is also characterised by social inequality and a disproportionate distribution of resources (De Kock & Pillay, 2017; Rock & Hamber, 1994). Furthermore, as a result of the profession's need to re-position itself within the country's health context following the dawn of democracy in 1994, an extensive body of literature currently exists on the various facets of professional psychology training and curricula in South Africa, including on the Master's, internship and community service years (see, for example, Booysen & Naidoo, 2016; Kottler & Swartz, 2004; Pillay & Harvey, 2006; Pillay & Johnston, 2011; Pillay et al., 2013). However, there is limited literature on the unique needs and concerns of early career psychologists in South Africa, following professional training. This study thus focuses on exploring the professional experiences of recently qualified clinical and counselling psychologists in South Africa.

According to O'Shaughnessy and Burnes (2016), there are several factors that create challenges for early career psychologists in adjusting to new professional careers, regardless of where professional training takes place. For example, globally, increases in unemployment

rates and reliance on student loans for graduate education limit career mobility and career opportunities for the majority of early career psychologists (American Psychological Association [APA], 2011a). Additional macro-system factors, such as lowered starting salaries and decreased funding for mental health services, further exacerbate the challenges faced by early career psychologists following training (APA, 2008). According to Green and Hawley (2009), however, more general challenges faced by early career psychologists include, for example, the need to establish a professional identity, navigate new roles and expectations, and balance work life with the demands of a personal life. Scott, Ingram, Vitanza and Smith (2000) highlight that such early career challenges are infrequently addressed in graduate psychology training programmes, in turn heightening anxiety and self-doubt for newly qualified professionals on entering the field. Further challenges experienced by early career psychologists globally will be elucidated within the literature review in Chapter Two.

In light of these realities, it is essential to develop an understanding of how current and salient historical factors within the South African context might further impact on the professional experiences of early career psychologists. The complex realities and challenges that act to either support or inhibit the career trajectories of recently qualified clinical and counselling psychologists in South Africa and, in turn, affect the successful provision of mental healthcare, must thus be explored fully before methods of intervention and support can be developed.

### **1.3 Rationale for this Research**

Given the limited knowledge surrounding the experiences of early career clinical and counselling psychologists in South Africa, and the important role that these professionals play in providing mental health services within the country, it is essential to study their experiences. Furthermore, it is important to study this group's experiences, as findings from this study can inform future local research on this topic.

Green and Hawley (2009) highlight the importance of investigating the experiences of early career psychologists, as these authors suggest that today's recently qualified psychologists are tomorrow's leaders of the profession. Early career psychologists thus play a fundamental role in defining the future path of professional psychology research, practice and education, as well as in shaping the career trajectories of future generations of early career psychologists. Moreover, studying the experiences of recently qualified clinical and counselling psychologists is potentially valuable, as it is envisaged to offer new, fresh

perspectives on professional psychology in South Africa, in comparison to those offered by more senior generations of psychologists.

#### **1.4 Significance of the Study**

A further potential benefit of this study is that it can be perceived as allowing a voice to recently qualified clinical and counselling psychologists. This involves making their inputs known surrounding issues that they perceive to be of importance. This can illuminate significant hurdles that early career psychologists often have to navigate on entering the mental healthcare field in South Africa. Furthermore, this study has the potential to highlight factors experienced by early career psychologists that might be contributing to the current debate on the relevance and credibility of the profession and its accessibility within the country. This area of research is, moreover, important, considering that over one third of South African intern psychologists plan on emigrating following the completion of their professional training (Pillay & Johnston, 2011). This research, thus, has the potential to highlight how measures can be taken to decrease the emigration of early career South African psychologists. The current research is also important as it can enable local researchers to determine the extent to which the professional experiences of international early career psychologists may vary and overlap with those of local practitioners.

Another potential practical implication as a result of this study might involve various psychology departments at institutions of higher learning becoming more sensitised to the issues experienced by clinical and counselling psychologists immediately following training. This may lead to psychology curricula and professional training programmes being re-structured to better facilitate the transition from training psychologist to practicing mental healthcare professional within South Africa. Finally, the findings from this research have the potential to contribute towards future mental healthcare policy, administration, governance, funding and even curriculum reform in post-apartheid South Africa.

#### **1.5 Research Aim, Question and Objectives**

The aim of this study was to add to the knowledge base on understanding the professional lives of early career clinical and counselling psychologists in South Africa, following training. The research question that was asked in this study was: “What are the lived professional experiences of clinical and counselling psychologists following their training and registration with the Health Professions Council of South Africa (HPCSA) between the years 2013-2017?” In order to achieve the research aim and to address the

abovementioned research question, the following objectives were chosen to form the basis of the study:

- 1) To investigate the current work experiences of clinical and counselling psychologists who registered with the HPCSA in the past five years;
- 2) To explore how recently qualified clinical and counselling psychologists feel that their training has prepared them to be psychologists in South Africa;
- 3) To determine how recently qualified clinical and counselling psychologists view their career prospects in South Africa; and
- 4) To discern how recently qualified clinical and counselling psychologists perceive their future as mental health professionals in South Africa.

## **1.6 Structure of this Dissertation Research**

This dissertation is divided into five chapters. The following chapter, Chapter Two, situates the current research within a review of the most pertinent literature. This is followed by Chapter Three, which discusses the research design and methodology employed in this study. In addition, Chapter Three includes a discussion on the theoretical underpinnings and principles of interpretative phenomenological analysis (IPA) as a methodology, which was also the theoretical framework used to carry out this study. The findings of this research are then presented and discussed in Chapter Four. Finally, Chapter Five provides a summary of the main findings, final conclusions, limitations and future recommendations of this study.

## **1.7 Scope of the Research**

This study was narrow in scope, given the limited time and resources available, as well as the constraining technical requirements of a Master's dissertation. This study was thus limited to exploring the professional experiences of recently qualified clinical and counselling psychologists in South Africa, following training. South African clinical and counselling psychology training programmes and curricula were thus not extensively explored, as these aspects were viewed to lie beyond the focus of this research dissertation.

## **1.8 Conclusion**

This chapter has provided a brief introduction to the current study and provided a rationale to explore the professional experiences of recently qualified clinical and counselling psychologists in South Africa. The following chapter presents a review of existing literature surrounding this research topic.

## **CHAPTER TWO**

### **Literature Review**

#### **2.1 Introduction**

This chapter presents a review of the literature relevant to this research topic and begins with a brief description of the literature search strategy that was employed. The chapter then outlines a broad discussion of the history of professional psychology within the South African context. This is then followed by elaboration on the debate regarding the profession's relevance and an overview of mental health policy in South Africa. The chapter moves on to a brief discussion of the training process used in professional psychology within the country. Furthermore, the review engages with literature describing the current challenges faced by qualified clinical and counselling psychologists within South Africa, and includes a comparison of the two registration categories. The chapter concludes with literature that depicts a global portrait of early career psychologists' professional experiences. In this manner, important themes relevant to this research topic are outlined in order to fully contextualise the experiences of newly qualified psychologists in South Africa.

#### **2.2 Literature Search Strategy**

In an attempt to explore existing research concerning recently qualified clinical and counselling psychologists in South Africa, literature searches were conducted across several relevant databases subscribed to by Rhodes University. Although a decision was made to focus on South African literature in this dissertation, relevant international literature was also explored. This decision informed the development of the search strategy. The following five key words thus formed the basis of a Boolean search query for publications related to the professional experiences of recently qualified clinical and counselling psychologists in South Africa: (i) professional (ii) recently qualified; (iii) clinical psychologist; (iv) counselling psychologist; and (v) South Africa. From these key words, lists of synonyms and related terms were created and then extensively searched. An inverted pyramid structure was employed to approach this literature review, by beginning with the wider historical context in which this research is positioned, and concluding with international literature currently available on this topic.

### 2.3 Professional Psychology in the Context of South Africa

Macleod (2004) indicates that the profession of psychology holds a chequered history within South Africa. This is supported by Johnston (2015), who outlines the strong connections between the apartheid political system and the first professional psychology organisations within the country. Apartheid was the system of institutionalised racial segregation and discrimination implemented by the National Party government in South Africa from 1948 until 1994 (Worden, 1996). As noted by Mathur, Richeson, Paice, Muzyka, and Chiao (2014), apartheid ideology enforced the segregation of different racial groups, creating gross inequalities and having devastating effects on the people of the country, particularly those of colour. This section aims to outline how the profession of psychology played a fundamental role in perpetuating racial inequality, as well as salient historical differences in status and power (Adjai & Lazaridis, 2014; Seekings, 2008). From this point forward in the current study, the various racial groups will be referred to as those defined during apartheid by the South African Population Registration Act of 1950, namely White, Black, Indian and Coloured, as described by Worden (1996).

Associations between early psychology organisations and the development of discriminatory apartheid practices within the country have been well documented (for example by Burke, 2006; Cooper, 2014; and Cooper & Nicholas, 2012). Cooper and Nicholas (2012) note that, simultaneously with the dawning of apartheid in 1948, the first national association of psychology in South Africa was established, known as the South African Psychological Association (SAPA). However, in contrast to the current values of inclusivity and transformation held by the existing Psychological Society of South Africa (PsySSA), Cooper (2014) describes the SAPA to have explicitly advocated for White exclusivity and mentions that initially Black professionals were prevented from becoming members of the organisation. Cooper (2014) attributes this, in part, to the organisation being run by A.J. le Grange, a strong supporter of Hendrick Verwoerd, who was a Professor of Applied Psychology, the former Prime Minister of South Africa and commonly referred to as “the architect of apartheid” (p. 839). According to Cooper (2014), it was only in 1962 that the SAPA first allowed Black professionals to become members of the organisation. However, the Psychological Institute of the Republic of South Africa (PIRSA) was subsequently formed in reaction to the SAPA’s decision to include Black membership. Further demonstrations of racial segregation were evident in university training and internship sites, as well as in the biased application and development of psychometric tests, which were

primarily concerned with serving the goals of the nationalist government and further segregating citizens of the country (Cooper, 2014). Chitindingu and Mkhize (2016, p. 73) thus maintain that professional psychology's "complicity with apartheid has been established beyond rational doubt".

It was only in 1994, not long before the emergence of democracy, that the Psychological Society of South Africa (PsySSA) was founded, following discussions between emerging Black psychologists, progressive Whites, the exclusively White Afrikaner leadership of the Psychological Association of South Africa (PASA) and the Professional Board for Psychology (Johnston, 2015). According to Cooper (2014), despite some racial tensions remaining, the establishment of PsySSA was a prelude to a shift in South African approaches to professional psychology in establishing a more nonracist, non-political and non-sexist psychology. Johnston (2015) highlights that much of the progressive work was also undertaken by community-based non-governmental organisations (NGOs).

**2.3.1 The relevance debate.** De la Rey and Ipser (2004) state that in the 1980s, many critical psychologists, along with a number of NGOs, began intensely debating the relevance of psychology within the country's socio-political context of apartheid. According to Kagee (2014), critical psychology can be defined not only as a critique of empirical science, but also in terms of methodological critique of existing research studies. During the 1980's, many critical psychologists thus began accusing South African psychology of ignoring the fundamental relationship between individuals and their social context (Macleod, 2004). In this manner, the relevance debate emerged, as proposed by Johnston (2015). De la Rey and Ipser (2004) suggest that due to the intensity of the relevance debate, it was identified as a state of crisis within South Africa. This crisis grew in the late 1980s, coinciding with the heightening struggles against the oppressive apartheid system (Long, 2016). Seedat and Lazarus (2011) propose a number of factors that contributed to this debate, including professional psychology's lack of resistance to opposing the apartheid regime and the degree to which the discipline perpetuated oppressive ideological discourse and practices (Dawes, 1985; Seedat & Lazarus, 2011). According to de la Rey and Ipser (2004), the relevance debate thus emphasised a call for a more liberatory psychology that embodied values of social justice and advocacy.

In addition, the relevance debate questioned the strong influence of Eurocentric, Western and medical perspectives on psychology practice in South Africa (Chitindingu & Mkhize, 2016; Johnston, 2015). According to Chitindingu and Mkhize (2016), as a discipline

inherited from North America and Europe, the profession of psychology mostly adopts a reductionist and decontextualised view of the individual. This is considered problematic in the context of South Africa, where long-term, individual therapy is costly, inaccessible and often ineffective for the majority of the population (Johnston, 2015). Some scholars have thus called for the Africanisation of the discipline and, more recently, for the indigenisation of psychological knowledge (Mkhize, 2004; Sodi & Bojuwoye, 2011). Berry (2013) posits this call to be consistent with psychology movements globally, where psychological research has been encouraged to establish indigenous philosophical, scientific and theological conceptual systems. However, some authors have cautioned against the possible alternative being the reification of culture and the expulsion of class, as seen in the apartheid-era discourse of cultural difference (Sher & Long, 2012).

Nevertheless, Johnston (2015) highlights that debates continue on whether psychology in South Africa should reflect a relativist or universalist perspective. For example, Kagee (2014) argues that much of what has been termed indigenous psychology in South Africa is either minimally different from mainstream psychology or is it not evaluable as psychological theory in its own right. Furthermore, Painter and Terreblanche (2004) suggest that calls for an African psychology be accompanied with caution, due to what can be too simply referred to as ‘African culture’. In other words, according to Kagee (2014), not only are there a multitude of different African cultures on the continent, but also that African cultures are often inextricably infused with cultures of non-African origin and, thus, a single, monolithic African culture is merely a “chimera” (p.359). In agreement, Swartz (2008) highlights the impact that globalisation has had on the relevance of psychology practices surrounding mental health in local contexts.

Johnston (2015) outlines that issues of mental health and culture should not be understood in isolation, but rather as positioned within the vicious cycle of poverty, violence, displacement, inequality and migration, as evident in other middle- and low-income countries. This is supported by Kagee and Price (1994), who assert that apartheid’s system of economic inequality and political oppression contributed significantly to the origin of psychological difficulties in South Africa. As a result, Swartz (2008) suggests that in order for effective mental healthcare provision and debates on culture to be fully understood in South Africa, psychosocial difficulties caused by the apartheid system need to be recognised. The current research is thus important, in order to explore how ongoing debates surrounding the profession’s relevance in the country might influence the professional experiences of recently qualified clinical and counselling psychologists in South Africa.



### **2.3.2 South Africa's mental health policy and the turn to community**

**psychology.** The provision of mental health services during apartheid was characterised by a combination of racial segregation, oppression, privatisation and institutionalisation, as described by Freeman and Pillay (1997). A major shift in mental health policy was thus required by South Africa's new democratic state in order for the development and implementation of more relevant and inclusive mental healthcare practice. De Kock and Pillay (2017) posit that those developing the new mental health policy needed to be cognisant that over 70% of the country's population is dependent on the public health system and that almost half of the population resides in rural settings. The positioning of psychologists within the public health system, and within historically under-resourced communities, is therefore viewed as a priority (De Kock & Pillay, 2017).

As a result of these considerations, the White Paper for the Transformation of the Health System endorsed the Mental Health Care Act of 2002, which secured mental health treatment at a primary healthcare level (Department of Health, 2004). The new primary healthcare approach emphasised community empowerment, community-based treatment interventions, prevention of illness through education and the promotion of individual and community well-being (Department of Health, 2004). In this manner, a shift was evident from the past individualistic, curative approach to mental healthcare, towards the emergence of a preventative, community-orientated psychology (Gibson & Swartz, 2001). The concept of 'community psychology' thus emerged (Naidoo, Duncan, Roos, Pillay, & Bowman, 2007).

According to Carolissen, Rohleder, Vivienne, Swartz and Leibowitz (2010), community psychology is both a sub-discipline and an approach to psychology. As a sub-discipline, it focuses beyond the individual, to groups, organisations and communities (Nelson & Prilleltensky, 2005). As an approach, community psychology incorporates values of empowerment, collaboration and a systems approach to intervention (Carolissen et al., 2010). Naidoo et al. (2007) suggest that communities are typically understood as being geographically located areas; however, in South Africa, the term 'community' has historical associations with apartheid discourse and practices. Naidoo et al. (2007) thus argue that community psychology approaches in South Africa are often misconstrued as being limited to poor, Black townships, viewed as needing some form of upliftment. Despite this misconception, Naidoo et al. (2007) emphasise that community psychology is applicable within various forms of social groups and organisations, including those that might share similar values, beliefs, practices or cultures.

Carolissen et al. (2010) highlight that since its emergence, the values and applications

of community psychology have, in turn, been integrated into undergraduate psychology curricula and, moreover, into professional psychology training programmes. The current research is thus important, in order to explore how South Africa's mental health policy and shift towards community-based approaches to mental healthcare practices in the field may be experienced by early career clinical and counselling psychologists in South Africa.

## **2.4 Professional Psychology in South Africa 'Now'**

According to Cooper and Nicholas (2012), over the last few years, psychology has become an increasingly popular field of study, as evident by the growing enrolments of psychology undergraduate students at South African universities. However, as suggested by Kottler and Swartz (2004), the process of becoming a qualified psychologist is an arduous one. The following sections aim to outline this process, and include a description of the prerequisites and training process leading to registration and licensure as a psychologist in South Africa. Furthermore, this section aims to outline some of the challenges currently facing the profession in the country and includes a comparison of the clinical and counselling psychology registration categories.

**2.4.1 Registration and licensure.** According to Bantjes, Kagee and Young (2016), in order to practice as a clinical or counselling psychologist in South Africa, it is necessary for individuals to register with the Health Professions Council of South Africa (HPCSA). The Health Professions Act 56 of 1974 describes the HPCSA as a body that comprises 12 Professional Boards, one of which is the Professional Board for Psychology. Bantjes et al. (2016) outline that the Professional Board for Psychology recognises seven separate categories of psychology registration in South Africa, namely: clinical, counselling, research, industrial, educational, forensic and neuro-psychology. Young (2013) describes the HPCSA to have mandated separate Scopes of Practice (SoP) for each of the abovementioned sub-disciplines. In addition to the various psychologist registration categories, the HPCSA has also made provision for the registration of professional counsellors. According to Bantjes et al. (2016), professional counsellors are required to complete four years of university training and are then able to practice in a limited professional capacity by offering basic counselling services.

Prerequisites for registration as a clinical or counselling psychologist in South Africa include successful completion of the following components, namely: (i) a four-year degree in psychology; (ii) a one-year accredited Master's coursework degree in clinical or counselling

psychology, commonly referred to as the “M1” year; (iii) a one-year accredited internship, usually referred to as the “M2” year; and (iv) successful completion of the HPCSA Board Examination (HPCSA, 2013). Knoetze and McCulloch (2017) highlight that while clinical psychologists and other members of the medical and allied health professions are required to complete one year of compulsory community service before they may practice independently, there is no such requirement for counselling psychologists.

**2.4.2 Training: Master’s, internship and community service years.** According to Manganyi (2013), professional psychology training is challenging, irrespective of where training takes place, both nationally and internationally. While the selection process and requirements often differ across South African universities, Pillay et al. (2013) suggest that criteria including academic excellence, reflexivity, life experience and a community approach to psychology are often used to recruit the most suitable applicants. These stringent criteria, along with the limited number of spaces available within the programmes, make selection for a Master’s degree in clinical or counselling psychology highly competitive (Ahmed & Pillay, 2004).

Booyesen and Naidoo (2016) highlight that each university accredited for Master’s level training in psychology offers its own unique academic training programme in alignment with the specifications of the HPCSA. According to Pillay and Kritzinger (2007), the academic training usually includes a variety of components, including lectures, seminars, oral and written examinations, projects, case studies, clinical work and the completion of a research dissertation. Historically, clinical and counselling psychologist training programmes have overlapped considerably; however, more recently, calls from the Professional Board of Psychology have been made to further partition the two categories (Leach, Akhurst & Basson, 2003). This will be further expanded upon in section 2.4.4.

Following the successful completion of the one year of Master’s degree training, psychologist trainees then engage with the required one year of internship training (HPCSA, 2009). The HPCSA describes the internship training programme as providing the intern psychologist with a wide range of practical experiences. Young and Young (2019) suggest that, in alignment with current professional psychology training requirements, clinical psychologists are required to complete at least 50% of their internship in a psychiatric setting. Other internship training sites for clinical and counselling psychologists include general hospitals, university clinics, NGOs, private practices and other health facilities.

As mentioned previously, following successful completion of the internship training,

clinical psychologists are then required to complete one year of mandatory community service (Knoetze & McCulloch, 2017). The year 2003 saw the introduction of community service for all graduating clinical psychologists in South Africa (Pillay & Harvey, 2006). These authors describe community service as graduate health professionals working in state healthcare facilities for a compulsory one-year period upon completion of internship and academic training requirements. The national aims of introducing the community service year programme include retaining health professionals in state hospitals and addressing health service inequities between urban and under-served areas (Pillay & Harvey, 2006). Young (2013), however, highlights that the decision to make the community service programme mandatory for clinical and not counselling psychologists has heightened disparities in status between the two specialities. Further disparities between the two registration categories will be outlined in section 2.4.4.

It is important to acknowledge that there is currently an extensive body of literature exploring and critiquing the various facets of professional psychology training and curricula in South Africa (for example, Kottler & Swartz, 2004; Pillay & Harvey, 2006; Pillay & Johnston, 2011; and Pillay et al., 2013). However, considering the limited scope of this Master's dissertation, further elaboration and discussion on professional psychology training and curricula, and how this might influence the experiences of early career clinical and counselling psychologists in South Africa, was not deemed feasible. Nevertheless, it was considered important to briefly explore the various facets of professional psychology training in order to provide context to this study.

**2.4.3 Challenges currently facing psychologists in South Africa.** In spite of the many advancements that have been made in the profession since the dawn of democracy in 1994, professional psychology in South Africa continues to be confronted by challenges that prevent it from fully responding to the country's needs (Ahmed & Pillay, 2004; Bandawe, 2005; Long, 2013). According to Jack et al. (2014), one of the greatest challenges still facing the profession within the country includes the large treatment gap. Jack et al. (2014) describe the treatment gap in mental health as the number of people with mental illnesses who require treatment, but who do not receive it. The treatment gap is expressed as a percentage, as suggested by Jansen et al. (2015). According to Jack et al. (2014), the South African Stress and Health Study (SASH) was conducted between 2002 and 2004 and is the only national data illustrating the prevalence of mental illnesses in South Africa. Herman et al. (2009) highlight that, according to the SASH study, there is currently a treatment gap of 75% in

South Africa. This suggests that only 25% of South Africans diagnosed with a mental disorder have received psychological treatment (Long, 2017). Furthermore, according to the SASH study, the lifetime prevalence of common mental disorders in South Africa is a high of 30.3% (Herman et al., 2009). This suggests that 30.3% of South Africans have, at some point in their life, experienced a mental illness. Jack et al. (2014) postulate that the high lifetime prevalence of mental illness in South Africa is largely attributable to the trauma and stress caused as a result of the apartheid regime, as well as the continuing racial tensions, inequality, crime and violence that has followed. Furthermore, this may be due to South Africa's Gini coefficient of 0.63, which is reported to be the highest internationally (Adjaye-Gbewonyo, Avendano, Subramanian & Kawachi, 2016). According to Adjaye-Gbewonyo et al. (2016), the Gini coefficient is the measure of income inequality, ranging from 0 to 1, with 0 representing a perfectly equal society and 1 representing a perfectly unequal society. South Africa's Gini coefficient of 0.63, suggests that South Africa is the most unequal country internationally. This is problematic, as Patel et al. (2018) suggest that there is a statistically significant positive relationship between income inequality and the risk of mental disorders.

Saraceno et al. (2007) suggest that, in addition to the limited mental healthcare services available in the country, there are currently a number of other barriers that are preventing South Africans from accessing available treatment. For example, according to Ruane (2011), mental health stigma continues to be a major deterrent for members of South African society to seek treatment. Other challenges include the high cost of psychological services, as well as the shortage of psychologists practicing within primary healthcare and community-based settings (Pillay et al., 2013). Kakuma et al. (2010) and Skeen et al. (2010) suggest that although there has been some success in the establishment of community-based initiatives, for example in the treatment of the HIV/AIDS epidemic, the majority of South Africa's mental health services remain confined to non-community-based psychiatric services, where the focus is predominantly curative, rather than preventative. Furthermore, according to Young and Young (2019), although research findings indicate that there has been a remarkable increase in psychologists working in public and community contexts, almost 50% of clinical and counselling psychologists in South Africa continue to practice in the country's urban and peri-urban private sector. According to Painter, Kiguwa and Böhmke (2013), the calls for a more relevant psychology have thus not yet been answered, as the majority of rural and under-resourced areas continue without adequate access to mental healthcare services.

Long (2016) proposes that an additional challenge currently facing the South African psychology profession is its attempt to remain competitive internationally. Research by Macleod and Howell (2013) suggests that, as a result, a number of socially relevant issues faced in the country remain unexplored and thus unpublished in local journals, such as the *South African Journal of Psychology* and *Psychology in Society*. Macleod and Howell (2013) suggest, for example, that challenges surrounding housing, land reform, development programmes, water resources, socioeconomic inequalities and the psychological effects of these on individuals and communities, remain under-researched. According to Kagee (2014), numerous social and psychological challenges faced in South Africa have thus continued unresolved, now two-and-a-half decades after the end of apartheid.

Johnston (2015) maintains that despite extensive critique of Westernised approaches to psychology, there also continue to be limited shifts in psychology practice towards an indigenous psychology. In a similar manner, Chitindingu and Mkhize (2016) highlight that many psychometric tests remain standardised with reference to Eurocentric populations. A further challenge includes the profession's continued demographic under-representation in comparison to the majority of South Africa's population. For example, a recent survey conducted by Young and Young (2019) indicates that 72% of both clinical and counselling psychologists in South Africa are White. According to Young and Young (2019), this is an improvement from Pillay and Peterson's (1996) survey, which indicated that 92.4% of clinical and counselling psychologists were White. However, Young and Young (2019) propose that factors including the small numbers of clinical and counselling psychologists being trained each year, taken together with the longevity of a professional psychology career, are in part to blame for the slow change.

A final challenge currently facing psychologists in South Africa includes the HPCSA's Scope of Practice (SoP) regulations. According to the Government Gazette (2011), each registered psychologist must provide psychological services that are in line with his or her relevant HPCSA's SoP and is thus legally prohibited from providing services outside of this SoP. According to Pretorius (2012), however, there is uncertainty arising from where SoPs overlap, and thus debates ensue about who can perform certain acts and who cannot. This is particularly problematic when social problems then fall to the wayside in place of SoP and power debates, as maintained by Pretorius (2012). In linking to the first challenge mentioned in this section, namely the challenge of South Africa's large treatment gap, SoP regulations are further considered a challenge within the profession, as it is argued that debates surrounding SoP do not meaningfully contribute to closing the treatment gap, but

rather act as another barrier (Chitindingu & Mkhize, 2016). Further debates on the SoP regulations, specifically between clinical and counselling psychologists, will be expanded upon in the section 2.4.4 below.

Considering the numerous challenges currently facing the psychology profession in South Africa, it is thus important to conduct this research, in order to explore how the abovementioned obstacles may be experienced by early career clinical and counselling psychologists in the country. In addition, this research is important in order to discover the unique challenges that may be facing this particular group of psychologists within the profession and, in turn, impacting on the adequate provision of mental healthcare.

**2.4.4 Clinical *versus* counselling psychology: A comparison.** As briefly described in sections 2.4.1 and 2.4.3, the similarities and differences between professional psychology categories in South Africa are usually understood in alignment with the HPCSA's SoP regulations. However, according to Banjtes et al. (2013), outlining clear and consistent distinctions between clinical and counselling psychology has been an ongoing point of contestation, given the considerable overlap between the two categories. The fact that historically, clinical and counselling training programmes were combined contributes to the challenge of separating the two specialities now (Leach et al., 2003; Norcross & Sayette, 2016). For this reason, numerous calls, as outlined by Norcross (2000), have been made to merge the two categories, but to minimal effect.

Instead, in 2011, a new SoP for professional psychology was promulgated into law in South Africa, with the aim to further partition clinical and counselling psychology (Government Gazette, 2011). The new SoP regulations have since been contested, with arguments suggesting that the regulations are limiting for counselling psychologists in practice, misaligned with South African counselling psychology training programmes, inconsistent with global practices in counselling psychology and that the regulations would leave numerous counselling psychologists open to practice violations, as described by Young (2013).

Within the new SoP framework, Young and Young (2019) describe the current major distinctions between the two professional categories in South Africa as being drawn along the normality-pathology continuum. In this framework, clinical psychologists are described as being primarily associated with severe psychopathology and psychiatric disorders, and counselling psychologists primarily associated with issues of development, adjustment, life challenges and optimising psychological wellbeing. However, Brems and Johnson (1997)

argue that the similarities between the two disciplines outweigh the differences and that any differences that remain are relatively insignificant. In a similar manner, Norcross and Sayette (2016) propose that clinical and counselling psychologists in the United States of America spend a similar amount of time in the day doing similar activities. Many similarities between the two specialities have therefore been highlighted in the literature (for example by Goodyear et al., 2008). Possible differences indicated between clinical and counselling psychologists in international and local literature include the respective theoretical orientations. For example, Johnson and Brems (1991) and Young and Young (2019) maintain that clinical psychologists are more likely to view mental health problems as resulting from biological and within-person factors, as opposed to counselling psychologists, who are more likely to draw on multicultural and contextual explanations.

Nevertheless, Young and Young (2019) highlight that, currently, half of clinical and counselling psychologists are practising privately, which, combined with their predominantly White racial profile, suggests that accessibility to psychological services for Black, working-class communities continues to be a problem for both specialties. This challenge is further perpetuated in the provision of services by counselling psychologists as, according to Banjtes et al. (2016), there are limited employment opportunities for counselling psychologists in South Africa's public healthcare system and outside of private practice and higher education institutions. Therefore, despite Watson and Fouche's (2007) suggestions that counselling psychologists can be found in a variety of public and private sectors, including the police services, military, universities, schools, NGOs, community-based organisations, social service organisations and industry, recent research indicates otherwise.

Packard (2009) maintains that counselling and clinical psychology may be best differentiated not by their activities, practice settings, the problems they address, or the theoretical orientations used, but rather by their respective core values. Young (2013) describes the values of counselling psychology to emphasise the following: (i) client strengths, wellbeing and positive relationships; (ii) recognition of the sociocultural and developmental contexts in which people are located; (iii) celebration of diversity and multiculturalism; and (iv) the promotion of social justice. However, recent research by Young and Young (2019) suggests that counselling psychologists are no more likely than clinical psychologists in South Africa to endorse values of prevention, social justice and advocacy. According to these authors, both clinical and counselling registration categories are therefore slowly responding, at least in the orientation of core values, to calls for a more relevant profession in South Africa (Young & Young, 2019).



Young and Young (2019) suggest that, regardless of the similarities and differences outlined between clinical and counselling psychologists, both groups indicate a high level of satisfaction with their career choices and the standard of their professional training. The current research is thus important in order to investigate how the current SoP regulations and abovementioned areas of distinction between the two categories might be influencing recently qualified clinical and counselling psychologists' professional experiences within the field. Furthermore, this research is important in order to reflect on how the current SoP regulations might translate into serving, or not serving, the mental health needs of the population, and particularly those sectors of the population that have for so many years not had access to adequate mental healthcare.

## **2.5 Early Career Psychologists: A Global Portrait**

According to the American Psychological Association (APA) (APA, 2006), an early career psychologist (ECP) is an individual who is within seven years of having received his or her doctoral degree. Here, it is important to note that international definitions and requirements for licensure as a clinical or counselling psychologist vary in detail from those in South Africa, as outlined in sections 2.4.1 and 2.4.4. However, according to Young (2013), despite some differences, clear and important commonalities are evident across different international practices and definitions of clinical and counselling psychology (see, for example, Pelling, 2004 and Savickas, 2007). For this reason, and due to the limited available literature on this topic in the local context, a global portrait of the professional experiences of clinical and counselling psychologists is important to explore, in order to determine the extent to which experiences may vary and overlap with those of local practitioners.

According to O'Shaughnessy and Burnes (2016), there are several factors that create challenges for early career psychologists in adjusting to new professional careers, regardless of where professional training takes place. Green and Hawley (2009) indicate that today's early career psychologists are more likely to juggle multiple roles and face new challenges than any previous generation of psychologists. This is important, considering work by Judge and Hurst (2008) that suggests that improved early career experiences help set early career professionals on a course for stronger career progress over time, in turn, increasing productivity and an overall sense of satisfaction and fulfilment. Furthermore, the challenges faced by ECPs are also important to acknowledge given Green and Hawley's (2009) notion that today's ECPs are the leaders of tomorrow's professional psychology. Early career psychologists, globally, thus play a significant role in defining the future path of professional

psychology research, practice and education, as well as in shaping the career trajectories of future generations of ECPs.

However, despite the tremendous benefits offered by the new group of practitioners in shaping the profession's current and future perspectives, ECPs continue to encounter various obstacles in their early professional lives (Green & Hawley, 2009). For example, Rozensky (2014) posits that in addition to career-related stress, ECPs are also confronted by a number of other challenges, including: evolving marketplace trends; educational debt; finding a work-life balance; and difficulty in establishing a professional identity. Furthermore, according to Rozensky (2014), other variables that might influence the experiences of ECPs include: availability of financial support; the quality of internship training; initial salary expectations; and expectations for a career trajectory. Moreover, Myers et al. (2012) maintain that individual self-care factors, including sleep hygiene, social support, emotion regulation and acceptance within a mindfulness framework, all significantly impact on how recently qualified psychologists might experience their early professional careers.

These factors are important to consider, since international literature by Weiss and Weiss (1992) suggests that training to become a psychologist is a longer and more arduous process than it was 20 or 25 years ago. Weiss and Weiss (1992) thus argue that not only are student psychologists globally faced with the highly competitive professional psychology training process, but they are also then faced with a number of challenges upon entering the professional field. Furthermore, Scott et al. (2000) suggest that the challenges experienced by ECPs, are rarely discussed within professional training programmes. The following sections therefore aim to highlight some of the major challenges, as outlined in international literature, that are shown to influence the professional experiences of ECPs. First, however, a section outlining some international employment trends for early career psychologists will be presented.

**2.5.1 Global employment trends for early career psychologists.** Michalski and Kohout (2011) have found that the most utilised and successful job search strategies employed by newly qualified psychologists globally include those of informal job search channels, electronic resources, faculty advisors and classified advertisements in newspapers. Michalski and Kohout (2011) highlight that over the past decade, the most successful job search strategies have shifted from print media to informal sources, with electronic resources a distance second. As a result, Rozensky (2014) maintains that almost 30% of newly employed psychologists begin their primary employment within three months of professional

qualification. Moreover, according to Rozensky (2014), a further 38% of newly employed psychologists secure employment before completion of their training and 6% are guaranteed employment before professional training is even begun. Nevertheless, Rozensky (2014) maintains that approximately 75% of newly employed psychologists report their psychology training to be closely aligned with their position of employment following training. As a result, most newly qualified psychologists report high levels of job satisfaction in their early career positions, as indicated by Michalski and Kohout (2011).

Looking at specific workplace settings, Rozensky (2014) suggests that in the United States of America (USA), there are currently more newly qualified psychologists employed in organised care or institutional settings, than in individual or group private practices (31% compared to 6%, respectively). Rozensky (2011) predicts that this trend will continue to increase, given global trends and changes in healthcare systems, health service delivery, attempts to respond to an increasingly diversity society and attempts to answer calls for improved interprofessionalism in the general health sector. Irrespective of this trend, however, other employment sites for early career psychologists include university, school, business and other educational settings (Michalski & Kohout, 2011). Changes in the demographic profile of newly qualified psychologists have furthermore been evident, in line with global trends towards inclusivity and transformation in the profession of psychology. For example, in the USA in 2009, women increased representation to 75% and newly qualified psychologists younger than the age of 35 years also increased to represent 71% of the cohort. According to Rozensky (2011), improvements in racial distribution of newly qualified psychologists were also noted. For example, research by the APA Center for Psychology Workforce Analysis and Research (CPWAR) (2018) indicates that between 2007 and 2016, the number of psychologists who were racial or ethnic minorities almost doubled, where in the USA ten years ago, 83% of newly qualified psychologists were White, 5% Hispanic or Latino, 5% Black or African American and 7% Asian.

Given the abovementioned global trends in employment of ECPs, including trends in employment search mechanisms, workplace settings and increased values of inclusivity in the profession, the following sections aim to focus on personal challenges that may be experienced by ECPs upon entering the field. However, it is important to note that the following personal challenges are positioned within and are thus influenced by the abovementioned broader market trends within society, healthcare and the field of psychology.

**2.5.2 Financial challenges.** According to O'Shaughnessy and Burnes (2016), ECPs are subject to the same external forces as all other professions and are not immune to external circumstances, such as economic downturns and decreased funding of mental health and education. Rozensky (2014) thus suggests that, globally, one of the greatest challenges faced by ECPs involves their low starting salaries and their significantly high educational debt. Research by the APA's CPWAR (2007) indicates that in the USA, over two thirds of ECPs are in debt to some degree following completion of training.

As a result, Green and Hawley (2009) suggest that, in order to match the financial demands experienced in their early careers, the majority of ECPs take on additional work responsibilities, including additional teaching, consulting, secondary private practices and academic writing for research funding. O'Shaughnessy and Burnes (2016) suggest that although educational debt is mostly viewed positively, as it is seen an investment in an individual's future, its negative impact on an ECP's life should not be overlooked. Green and Hawley (2009), for example, highlight that with increased educational debts and lowered starting salaries, ECPs have less disposable income than in the past. This is interpreted as particularly problematic for the profession, as many ECPs may begin to question whether pursuing the psychology profession was 'worth it' (Braxton et al., 2004). This is supported by Fagan, Liss, Ax, Resnick and Moody (2007), who conducted a study with 497 psychologists on general satisfaction with their training and career choice. The study asked participants if they would still become psychologists if they had the choice to do it again. Not surprisingly, a significant number of respondents with high debt levels indicated that the costs associated with becoming a psychologist outweighed the benefits (Fagan et al., 2007).

**2.5.3 Establishing a work-life balance.** In addition to the large financial burden experienced, as outlined above, emerging ECPs often describe experiencing difficulty in (re-)establishing a balance between their personal and professional lives following professional training (Fouad, 2003). This is supported by Rizzolo et al. (2015), who outline that the quest to find more balance in life is never-ending for practicing professionals. This is compounded for ECPs, however, as an extensive amount of time is needed to 'start up' and to navigating the expectations of a new professional system (Solem & Foot, 2006). Furthermore, while a disproportionate amount of time is spent 'starting up', for example, in establishing a private practice, ECPs are simultaneously expected to navigate new roles such as small business owner or manager (Green & Hawley, 2009). Early career psychologists thus often experience role conflict or rival expectations between the self and external forces.

Moreover, ECPs may experience role ambiguity or uncertainty surrounding expectations of the new role and how to meet expectations, as described by Olk and Friedlander (1992). When negotiating this conflict, ECPs may be uncertain whether to assert themselves or defer to colleagues with more experience. According to Scott et al. (2000), this often leaves ECPs feeling guilty and anxious, as they attempt to balance family and personal life with additional professional expectations.

Although it is beyond the narrow scope of this Master's dissertation, it is important to acknowledge that, in addition to the challenges experienced by ECPs on entering the workforce, numerous challenges of systemic misogyny and sexism specifically impact ECP women and their corresponding early career work experiences (Nadal & Haynes, 2011). According to Nadal and Haynes (2011), such challenges ensue for ECP women, despite efforts to enhance cultural competence in this area. For example, according to the APA (2011b), although women represent approximately two-thirds of all practicing psychologists in the USA, female ECPs continue to report receiving a median salary of \$8,000 lower than male ECPs. Furthermore, female ECP are often expected to balance additional roles in their early careers arising from motherhood and other family responsibilities in comparison to men (O'Shaughnessy & Burnes, 2016). Nevertheless, as initially mentioned, due to the narrow scope of this study, further elaboration on this area of research, was not deemed feasible.

**2.5.4 Establishing a professional identity.** According to Rozensky (2014), the challenge of navigating new roles and establishing a work-life balance is further compounded when ECPs are simultaneously attempting to establish a professional identity. For example, O'Shaughnessy and Burnes (2016) suggest that the identity of an 'early career professional' can, at times, be considered a source of stigma. Many ECPs thus often experience the workplace as a stigma-driven environment that colleagues at different professional levels may not experience. As a result, many ECPs experience increased career demands and are often made to feel delegitimised in the workplace (Olson, Downing, Heppner, & Pinkney, 1986; Smith et al., 2012). In turn, ECPs can, at times, be faced with heightened anxiety, self-doubt and power struggles with more experienced professionals in the field (Ellis & Douce, 1994).

According to Cohen, Morgan, DiLillo and Flores (2003), ECPs are also at heightened risk of experiencing 'imposter syndrome', which is characterised by persistent self-doubt and a consistent fear of being exposed as a fraud. In a qualitative study of career adjustment, this imposter effect, and particularly self-doubt about the ability to accomplish the demands of a

role, was a significant barrier to the establishment of an identity as a psychologist, and to general early career adjustment (Reybold & Alamia, 2008).

Furthermore, ECPs are often viewed as “new energetic blood” in the workplace, and are thus often used by departments and organisations to attend to underrepresented or less desirable aspects of the professional environment (O'Shaughnessy & Burnes, 2016, p.66). As a result, O'Shaughnessy and Burnes (2016) maintain that early career psychologists are at heightened risk of being over-utilised within professional environments and, in turn, at risk of early burnout and fatigue, and overall lowered career satisfaction, in comparison to their colleagues.

### **2.5.5 Influence of student characteristics and training programme variables.**

Graham and Kim (2011) reviewed predictors of positive career experiences in newly qualified psychologists by looking at individual student characteristics as well as university and training programme variables. Graham and Kim (2011) suggest that higher quality accredited internships, higher individual board examination scores, and increased peer perceived likelihood of becoming board certified, are the best predictors for positive professional outcomes as ECPs.

Furthermore, Graham and Kim (2011) report that the clinical and counselling psychology programme type, and not the programme selection criteria, for example academic scores, is related to positive early career experiences following professional psychology training. As mentioned in section 1.7 in Chapter One, however, the exploration of the impact of professional psychology training programmes and curricula was not deemed feasible in this study, due to time and resource constraints. Therefore, although it remains important to acknowledge that such factors might influence the professional experiences of recently qualified clinical and counselling psychologists, further elaboration on such factors is beyond the scope of this research.

**2.5.6 Mentorship as a means of support.** According to Rozensky (2014) and Green and Hawley (2009), challenges experienced by new professionals upon entering the workplace are often mitigated globally with the help and support of mentors. Green and Hawley (2009) describe mentoring as individuals assisting ECPs to decide ‘what comes next’ following training, for example whether to relocate for a job, whether to start a private practice, how to negotiate a salary or how to pursue a certain niche in the profession. Green and Hawley (2009) maintain that while many ECPs are optimistic and enthusiastic about their future careers, many become overwhelmed upon entering the field. Green and Hawley (2009)

thus suggest that the use of mentorship programmes can be useful as a safe sounding board to discuss career options and the implications of career choices. Early career psychologists are also identified as benefitting from hearing mentors discuss their own career challenges, in turn normalising the experiences and feelings of ECP mentees (Rozensky, 2014).

From the discussion above, it is evident that ECPs are valuable to the profession. Globally, ECPs offer new and fresh perspectives that are less traditional than those of previous generations of psychologists, and are likely to shape the future of professional psychology. It is therefore imperative that current leaders in professional psychology continue to explore the possible challenges faced by ECPs, both nationally and internationally. These challenges might include: finding a work-life balance; navigating new roles, expectations, educational debt and departmental politics; finding and maintaining a job; networking; establishing a professional identity; becoming involved in professional organisations; and adapting to broader trends within society, healthcare and the profession.

With the above in mind, it is thus important to explore the experiences of recently qualified psychologists in the context of South Africa, where there is currently a gap in the body of literature. Furthermore, this research is important considering South African psychology's historical associations with the apartheid regime, ongoing debates surrounding its relevance within the country, as well as the various unique challenges facing the profession within the South African context. The professional experiences of early career psychologists in South Africa are thus imperative to explore so that significant and unique challenges can be identified and mitigated against, and opportunities for professional development improved, perhaps through the use of mentorship programmes, as suggested in international literature.

## **2.6 Conclusion**

The purpose of the literature review in this chapter was to explore and gain a greater understanding of the major themes surrounding the topic of the professional experiences of recently qualified clinical and counselling psychologists in South Africa. This review looked at both current and historical literature to contextualise the study. Although there is considerable international research on the experiences of early career psychologists, there is, however, limited research within the South African context that specifically focuses on the professional experiences of clinical and counselling psychologists following training. The current research attempts to address this gap in the current body of literature. The following chapter will focus on the research design and methodology that was used in this study.

## **CHAPTER THREE**

### **Research Design and Methodology**

#### **3.1 Introduction**

This chapter outlines the research design and methodological considerations that were employed by the researcher in this study. This includes a discussion on the theoretical underpinnings and principles of interpretative phenomenological analysis (IPA) as a methodology and the theoretical framework used to carry out this study. Clarification and a motivation for choosing a qualitative research design, and particularly that of IPA, will be provided. More details will also be given about the participant sample that was used, as well as the sampling technique, data collection methods, data analysis, and the trustworthiness and ethical considerations of the study.

#### **3.2 Research Design**

As mentioned previously in section 1.5, the aim of this study was to add to the knowledge base on understanding the professional lives of early career clinical and counselling psychologists in South Africa. This study thus aimed to answer the following research question: “What are the lived professional experiences of clinical and counselling psychologists following their training and registration with the Health Professions Council of South Africa (HPCSA) between the years 2013-2017?”.

A qualitative research method was chosen to collect primary data surrounding recently qualified psychologists’ lived professional experiences. Primary data is data that is collected specifically by the researcher for a particular purpose, and qualitative research is the collection of any information that is not numerical in nature, and that exists from an inductive and interpretivist approach (Bryman, 2012). Collecting primary qualitative data was considered advantageous in this study, since it allowed the researcher to specifically tailor questions to elicit material for the study, as noted by Bryman (2012). Qualitative data also allowed for a more in-depth and nuanced understanding of the material, in comparison to quantitative data, which gives precedence to an objective rather than a subjective truth (Bryman, 2012; Willig, 2001). Furthermore, this study did not aim to represent the population under study nor aim for generalisability, but rather to gain an in-depth understanding of individual experiences, as suggested by Ingham, Vanwesenbeeck, and Kirkland (1999). A qualitative research method was thus deemed more appropriate than a quantitative research method.



According to Connelly (2010), qualitative research is based on the notion that individuals are unique and that their contexts are complex, and therefore that interpretations and views of the world differ from person to person. The goal of qualitative research is to understand behaviour in a natural setting, to understand a specific situation from the perspective of the research participant and also to understand the meaning that the research participant attributes to his or her experience (Ritchie & Lewis, 2003). For this reason, qualitative research utilises approaches such as interviewing or case studies in order to gain a deeper understanding of a phenomenon (Greenhalgh & Taylor, 1997), in this instance, the professional experiences of the participants

The qualitative research method used in this study comprised holding semi-structured, one-on-one Skype interviews with four recently qualified clinical or counselling psychologists, in order to explore and gain a more descriptive understanding of their professional experiences following their training. The interview schedule that was used can be found in Appendix A. There are numerous approaches to conducting qualitative research. However, the methodology and theoretical framework selected for this study was that of IPA, firstly because of the ontological and epistemological position that it holds, and secondly because of the systematic precision of its data collection and analytical process. These factors will be expanded upon in more detail below.

### **3.3 Interpretive Phenomenological Analysis (IPA)**

Interpretative Phenomenological Analysis (IPA), proposed by Smith (1996), is an in-depth qualitative approach that is concerned with exploring how an individual perceives and attributes meaning to his or her experiences (Smith, Flowers, & Larkin, 2009). IPA aims to understand specifically how an individual experiences a phenomenon from a particular perspective, within a specific context, and involves the manner in which people make sense of their experiences and attach meaning to life events (Larkin & Thompson, 2011; Larkin, Watts, & Clifton, 2006). Smith (2004) suggests that one of the fundamental aims of IPA is to assist in advancing psychological knowledge through providing new perspectives on extant research, or to assist in uncovering new areas for future research.

Since research surrounding the professional experiences of newly qualified clinical and counselling psychologists in South Africa is limited, IPA was thus employed in this study as a framework to expand upon this field of research. Furthermore, since this study's aim was to understand how clinical and counselling psychologists viewed and attached meaning to their professional experiences following training, IPA was viewed as an appropriate

approach. This is confirmed by Smith and Osborn (2003, p. 55), who suggest that “IPA is a suitable approach when one is trying to find out how individuals are perceiving the particular situations they are facing, how they are making sense of their personal and social world”.

According to Reid, Flowers and Larkin (2005), IPA is the exploration of lived experience associated with a subjective and reflective process of interpretation, and thus the aim of IPA is two-fold. Firstly, the IPA researcher accurately and coherently describes the experiences of the research participant. Secondly, the researcher makes an interpretive account of the participants’ descriptions with respect to contextual, situational and personal factors (Larkin et al., 2006). The findings are not viewed in isolation but, rather, are engaged with and discussed in relation to the researcher’s own personal experiences and the extant psychological literature (Smith, 2004). According to Larkin et al. (2006, p. 104), this process aims “to provide a critical and conceptual commentary” upon the participants’ personal sense-making activities. There are three core theoretical principles of IPA, namely phenomenology, hermeneutics and idiography. A brief discussion on each of these key principles follows below.

**3.3.1 IPA and phenomenology.** Phenomenology refers to the study of conscious experience (Larkin et al., 2006). The phenomenological approach was founded by Austrian-born, German philosopher Edmund Husserl, in an attempt to break free of the positivist orientation to reality (Larkin et al., 2006). Positivism argues that knowledge is based on direct, verifiable observations or manipulations of natural phenomena that can be demonstrated with empirical or experimental means. Husserl (1962) proposes, instead, that people are the creators of their own subjective realities and that their thoughts and perceptions influence the reality they are experiencing in any given situation (Larkin et al., 2006). Phenomenology therefore emphasises that individuals have their own perspectives on their world (Howitt & Cramer, 2008). Willig (2001) argues that phenomenology and IPA are similar in that, as qualitative research methodologies, both processes require descriptions of an experience, after which the researcher engages in a process of meaning extraction and reflection. Furthermore, neither phenomenology nor IPA attempts to confine experiences into predefined or overly abstract categories and thus acknowledges the meaning that is attributed to the experience by the individual (Smith & Osborne, 2003). This is achieved through ‘bracketing’, where the researcher puts aside his or her own preconceptions, thus allowing for the phenomenon to speak for itself (Pietkiewicz & Smith, 2014). That being said, IPA differs

from phenomenology in that IPA supports the interpretative role of the researcher in the process and outcome (Smith, 2004).

**3.3.2 IPA and hermeneutics.** Hermeneutics refers to the theory and methodology of interpretation (Smith, 2007). Hermeneutics was developed by the German philosopher, Martin Heidegger (1962), as an extension of the school of phenomenology (Pietkiewicz & Smith, 2014). As mentioned by Lopez and Willis (2004), hermeneutics goes beyond simply describing concepts and instead searches for hidden meanings and intersubjectivity within a narrative. Schutz (1975, p. 15) proposes that an individual's reality is influenced by his or her context, or "lifeworld". The hermeneutical orientation of IPA thus demands consideration of the participant's context. Interpretative Phenomenological Analysis is hermeneutical in that it recognises the researcher within the hermeneutic process (Smith & Osborne, 2003). In other words, IPA acknowledges that the researcher cannot fully be objective as the researcher exists within his or her own lifeworld.

For this reason, IPA involves a "double hermeneutic", in which the researcher attempts to make sense of the participant, who attempts to make sense of his or her own experiences (Smith & Osborne, 2003, p.51). Interpretative Phenomenological Analysis requires that a researcher takes on two positions, namely the hermeneutics of empathy and the hermeneutics of questioning or suspicion (Smith et al., 2009). The hermeneutics of empathy requires the researcher to attempt to understand what an experience is like for a participant (Smith, & Osborn, 2008). For example, in this study, the researcher assumed an empathic approach before reading deeper into the participants' detailed accounts of their professional experiences. Suspicious interpretation refers to going beyond the surface description that the participants provide, and thus offering alternative insights (Eatough & Smith, 2008). In this study, the process of suspicious interpretation involved situating the participants' experiences and the meanings they ascribed to them within the extant literature surrounding the profession of clinical and counselling psychology in South Africa. Finally, the theory of the hermeneutic circle is also important within IPA. This refers to the cycle of shifting between the participants' detailed accounts of their experiences, to the larger context, to the researcher's own personal knowledge and experiences, and then back again (Willig, 2013). In this study, emphasis was placed on the hermeneutic circle, particularly during the data analysis stage.

**3.3.3 IPA and idiography.** Idiography refers to an in-depth analysis of an individual case rather than of populations or large groups of people and thus allows for an

analytical process that embodies a subjective tone (Larkin et al., 2006; Smith & Osborn, 2003). The aim of IPA is similar to idiography in that idiography suggests that each individual is unique and therefore should be studied as such, rather than be reduced to a generalisation (Smith et al., 2009). Generalisations or comparisons across cases can be made to some extent in IPA, but only once each case has been explored extensively (Smith & Osborn, 2003). Smith et al. (2009) suggest that IPA makes use of idiography in two ways. Firstly, IPA allows for an in-depth analysis and illuminates detail and, secondly, it acknowledges the subjective experiences of individuals in particular contexts. In this study, the researcher therefore placed emphasis on the unique contexts, details and meanings that the participants ascribed to their subjective professional experiences as recently qualified clinical or counselling psychologists.

**3.3.4 Researcher reflection on personal embeddedness in IPA.** Interpretative Phenomenological Analysis theory suggests the impossibility of directly and accurately accessing another individual's internal world (Smith & Osborn, 2003). Interpretative Phenomenological Analysis theory proposes that even when a participant provides a detailed account of his or her experience, the participant's words are not automatically understood by the researcher (Smith & Osborn, 2003). Instead, the researcher engages in a "double hermeneutic", as described in section 3.3.2. Brocki and Wearden (2006) thus propose that the final analysis of data can be considered a co-constructed interpretation of the researcher's and the participants' experiences. For this reason, Willig (2001) suggests that a reflexive approach to IPA is required. Brocki and Wearden (2006) recommend that the researcher acknowledges his or her subjectivity in the process, and should bracket his or her preconceived ideas and experiences, such that interpretations remain firmly grounded in the participants' opinions and not in those of the researcher. However, these authors argue that while the researcher's acknowledgement of his or her own subjectivity improves transparency, IPA researchers should explicitly state their subjective positions. For this reason, the researcher acknowledged her position in the study as follows.

I, the researcher, was a student counselling psychologist and then an intern counselling psychologist (during the years 2018-2019) when this research was conducted. It was my acceptance into and ultimate involvement in the psychology training process that inspired me to engage with the research topic at hand. I was aware of my own curiosities, desires, motivations and fears surrounding a professional career in psychology. Furthermore, I was aware of my own experiences in the psychology training programme that may have

influenced my interpretations of the participants' experiences post-training. I saw this as potentially beneficial, however, as I was also familiar with the psychology training process and, for some participants, I felt this allowed a more open exploration of their professional experiences due to the familiarity and common ground that we shared.

Another potential benefit of my position as a training, rather than qualified, psychologist was that I was not known to or recognised by the research participants both during the research stage and the data collection stage. This was beneficial in order to limit concerns of bias surrounding familiarity with me as the researcher, and in turn limited concerns regarding coercion to participate or influencing the answers provided by participants.

Another noteworthy position to acknowledge was my training category being that of counselling psychology. I saw this as potentially problematic, since I may have unintentionally skewed material by engaging with greater interest in the experiences of counselling psychologists, over that of clinical psychologists. However, I decided that my position as a training counselling psychologist was not significantly problematic, since I had trained closely alongside clinical psychologists, and was fully aware of the important roles that each category of practitioner holds within the mental healthcare field. Overall, when considering a cost-benefit analysis (Smith, 2004), I felt that my involvement in and registration as a training counselling psychologist outweighed the negatives sufficiently to justify the continuation of the research. Ultimately, by remaining aware of my position, I was able to make a conscious effort to minimise bias and to ground interpretations in the participants' accounts.

**3.3.5 Evaluation of IPA.** Since IPA was employed as an approach in this study, it was important to acknowledge both the strengths and limitations that it held. For example, Willig (2001) outlines the following limitations of IPA methodology. Firstly, IPA can be criticised for its strong focus on cognition over other aspects of personal experience. Secondly, although IPA acknowledges that its findings are co-constructed by the researcher and participant, IPA refers to themes emerging as if these are concrete entities. Thirdly, Willig (2001) argues that IPA does not effectively acknowledge the role that language plays in constructing reality. Willig (2001) thus proposes that IPA can be criticised for not effectively capturing the experiences of those not fluent in the language employed in the study. For example, this study was conducted in English; however, one of the participants was an isiZulu home language speaker. This implied the possibility that even though the

participant was able to communicate effectively in English, the meaning and richness of the data may have been lost or skewed due to the participant communicating in his second language.

However, numerous strengths of IPA have also been acknowledged. As suggested by Tuffour (2017), IPA's methodological approach is transparent; its theoretical foundation is firm, and its design is flexible and versatile and it is thus a useful approach to employ. Other major strengths of IPA are that it elicits rich, in-depth data and it acknowledges the important role of using hermeneutic, idiographic and phenomenological analysis to understand the contextual position of a person's subjective experiences (Smith & Osborn, 2003; Tuffour, 2017). Biggerstaff and Thomson (2008) suggest that, in addition to IPA's strengths of a theoretical, personal and practical nature, IPA methodology is increasingly useful to employ within the context of healthcare. This follows from the notion that IPA places emphasis on research-in-context and therefore is closely aligned with research-in-practice. The use of IPA within this study can thus be considered a strength, since its subjective, explorative methodology allowed an opportunity for mental healthcare practitioners, namely recently qualified clinical and counselling psychologists, to contribute to research involving professional practice within the mental healthcare field, as suggested by Biggerstaff and Thomson (2008).

Another qualitative research method that is useful to employ within the healthcare context is that of Discourse Analysis (DA), according to Tannen, Hamilton and Schiffrin (2015). The major difference between IPA and DA is, however, that DA examines how language plays a role in the description of an individual's experience, whereas IPA investigates how individuals ascribe meaning to their experiences within their unique contexts (Smith, Jarman, & Osborn, 1999). For this reason, IPA, as opposed to DA, was deemed more appropriate to explore how recently qualified clinical and counselling psychologists perceived and ascribed meaning to their professional experiences.

### **3.4 Participant Sample and Sampling Technique**

Due to IPA's idiographic underpinnings, as discussed in section 3.3.3, IPA makes use of "small, purposively-selected and carefully-situated samples" (Smith et al., 2009, p. 29). A purposive sampling method was therefore considered the most appropriate for this study. Purposive sampling, also known as judgement sampling, is a non-probability form of sampling where the goal is to sample participants in a strategic way, such that those sampled are relevant to the research questions being posed (Bryman, 2012). In particular, a

homogenous sampling technique was employed. Homogenous sampling refers to the selection of participants who share the same, or similar, characteristics, such as the same occupation, as suggested by Bryman (2012). This sampling technique was deemed relevant since the focus of this study concerned individuals who shared similar occupations as clinical or counselling psychologists. In addition, a homogenous sample was considered advantageous for this study since it ensured that similar participants with similar contexts could be compared, thereby allowing for themes to emerge surrounding the professional experiences of recently qualified psychologists. Possible disadvantages of this sampling method included a strong risk of researcher bias and findings holding limited external validity. However, as previously mentioned, the aim of IPA is not to generalise information to larger populations, but, rather, to produce an in-depth examination of each participant's experiences (Pietkiewicz & Smith, 2014). These proposed disadvantages were thus not of concern in this study.

Smith (1996) holds that the main concern of IPA is to allow a full appreciation of a participant's individual experiences. For this reason, samples in IPA studies are usually small (Pietkiewicz & Smith, 2014). Given the scope of this research and the guidelines offered by Pietkiewicz and Smith (2014) on IPA as a methodology, four participants were selected, which was considered sufficient to explore and analyse, in detail, the professional experiences of recently qualified clinical and counselling psychologists. Using a larger sample within the scope of this small study was predicted to compromise a thorough exploration and analysis of the participants' nuanced experiences, given the time and technical constraints. That being said, larger sample sizes are possible, but are uncommon (Smith, 2007).

In this study, the target population was identified as qualified clinical or counselling psychologists who registered with the HPCSA within the years 2013-2017. The aforementioned time period was chosen as an inclusion criterion in order to narrow the study's focus to 'recently qualified' psychologists. The decision to include clinical and counselling psychologists was due to the ease of accessing such a sample of mental healthcare practitioners, since clinical and counselling training programmes are often more aligned and found within the same department, namely Psychology Departments, as opposed to, for example, educational psychology programmes, which are often found in separate departments, such as Education Departments. The participants were required to be registered with the HPCSA, since this ensured that they were qualified within South Africa in the categories of either clinical or counselling psychology.

As suggested by Pillay and Johnston (2011), the open access register is a public document holding the names and postal addresses of practitioners, from which the sample could have been drawn. However, at the time that the study was conducted, the open access register did not contain the contact details of registered psychologists, and merely contained their physical addresses. For this reason, the researcher felt that contacting potential participants through the post would be impractical and time consuming within the constrained timeframes of this research project. Another recruitment method attempted by the researcher involved contacting the HPCSA directly in order to explore possibilities of recruiting participants through its practitioner records. However, this attempt was unsuccessful.

A decision was thus made by the researcher to recruit participants through an identified university of training where the training programmes of clinical and counselling psychology were offered. Participants were recruited from this particular institution due to the extensive amount of time that it would have taken to gain approval to conduct research through an alternative university. Although a potential criticism could be that the researcher was training at the same institution from which the participants were recruited, the researcher felt that this was not significantly problematic since she was not known to or recognised by the research participants both during the recruitment stage and the data collection stage. This was owing to the fact that all potential participants were required to have been qualified psychologists and thus were no longer affiliated with the particular training institution.

Once various permissions, as expanded upon in section 3.8, were granted to conduct the research, the researcher made contact with her training institution's psychology department. On behalf of the researcher, the psychology department then distributed an email, inviting potential participants to participate. This invitation was sent to 48 previous clinical and counselling psychology students who had completed their training through the department (see Appendix B). In this way, the researcher was able to ensure that all prospective participants' details remained confidential, since the researcher gained no access to the departmental records or participant contact details at any point. Four participants responded to the invitation by directly emailing the researcher and expressing their wish to be involved in the research.

### **3.5 Data Collection**

Individual, face-to-face, semi-structured interviews were first encouraged due to the nature of the research design being a qualitative, IPA study. As mentioned by Reid et al. (2005, p.22), this method of interviewing "allow[s] participants to think, speak and be heard",



and provides practical advantages, such as being able to develop and maintain rapport between the researcher and participant. Semi-structured interviews were employed in the attempt to elicit a rich, in-depth, qualitative understanding of the participants' experiences and to allow for enough room for novel and unexpected issues to arise, which the researcher could probe with further questions, as noted by Pietkiewicz and Smith (2014). Individual, face-to-face, semi-structured interviews were aligned with the purpose of this study, which was to conduct an in-depth exploration of the professional experiences of recently qualified clinical and counselling psychologists.

However, due to the extensive geographical distance between all four participants and the researcher, as well as limited time and funding, four individual, semi-structured, Skype interviews were organised. The Skype interviews were organised such that the time and date of the interviews were at the convenience of the participant. As suggested by Smith et al. (2009), the majority of IPA studies make use of face-to-face interviews. However, other studies do exist where alternative methods are employed, often due to pragmatic challenges. For example, in studies by Turner, Barlow and Illbery (2002) and Sweet (2002), telephone interviews were employed. In studies by Murray (2004) and Murray and Harrison (2004), e-mail interviews in addition to direct interviews were utilised. A study by Novick (2008) proposed that the use of Skype interviews was questionable within qualitative research, since Skype interviewers may miss vital body language cues and be unable to establish rapport. However, in line with suggestions by Lo Iacono, Symonds and Brown (2016) and Janghorban, Roudsari and Taghipour (2014), the researcher observed no loss of quality with the Skype interviews that were employed. This was partly attributed to the good video call quality of the Skype used by the researcher, which allowed both the researcher and the participant to engage in a real time, 'face-to-face' interview, thereby maintaining eye contact, observing each other's body language, responding to visual cues, and developing and maintaining a sense of rapport.

In addition to an agreed time and date, informed consent forms to participate and to be audio-recorded were emailed to each participant, who were required to sign and return the forms to the researcher before the commencement of the interview (see Appendices C and D). Since all four participants were to engage in Skype interviews, the participants were also expected to complete and return an emergency contact form (see Appendix E). The emergency contact form served as a precautionary measure. The completion of such a form allowed the researcher to effectively intervene in the case where a participant experienced distress as a result of the interview process. Prior to the interview, the four participants were

required to provide the emergency contact details of someone whom the researcher could contact in the event that the participant experienced distress. The onus was then on the researcher, prior to the interview, to locate a counselling centre or psychological service that was most easily accessible for the participant. The emergency contact person that was indicated by the participant on the form was then required to remain available for the duration of the interview (an hour and a half), in the event that the researcher needed that person to assist the participant in receiving psychological assistance. Although the researcher designed this protocol as precautionary measure, none of the participants experienced any distress during or after the interview was conducted. The researcher felt that this was partly attributable to the participants all being qualified psychologists and, thus, fully trained to identify and manage psychological distress both in themselves and in others.

During the interviews, the interview schedule (see Appendix A) was followed in a more flexible manner in order to encourage a dialogue between the researcher and the participants, as suggested by Pietkiewicz and Smith (2014). The schedule structure covered three sections. The first section focused on gaining an understanding of the participant's thoughts, feelings and experiences leading up to his or her professional qualification as a clinical or counselling psychologist. The first section thus included questions such as, "Could you give me a brief history of the process you experienced in order to ultimately register as a clinical/counselling psychologist?" and "Could you describe how you felt on completion of your professional training?". Although not the main focus of the research, an understanding of the participants' experiences prior to qualification as professional psychologists was deemed necessary to contextualise how the participants viewed and attributed meaning to their experiences as qualified professionals. The second section focused on the participants' current professional experiences, namely their work experiences at the time of the interview. Questions here included "How do you feel about the current work you do as a psychologist?" and "Could you tell me more about what led you to choose the current work you do as a psychologist?" The third and final section asked a single question, which was, "How do you feel about your future career as a psychologist in South Africa?". In total, the schedule consisted of seven questions.

All four individual Skype interviews were conducted by the researcher within a soundproofed room at the university's Psychology Clinic. The use of this location ensured that the interviews remained confidential and were conducted within a quiet, secure space. All four interviews were conducted in September 2018. The interviews each lasted between one, and one-and-a-half hours, and depended largely upon the participants' openness to

sharing their experiences with the researcher. Smith and Osborn (2003) argue that it is impossible to execute the form of interviewing required by IPA without audio-recording, as it would be impossible to write everything down that the participant was saying without missing important nuances. All interviews were therefore audio-recorded, with the written consent of participants, and only a few notes were made by the researcher concerning important visual cues where meaning was being conveyed. The audio-recordings were then transcribed 'verbatim' by the researcher, as this allowed the researcher an opportunity to fully immerse herself within the data from the beginning, as suggested by Smith et al. (2009). Due to time constraints both on the researcher's and the participant's parts, follow-up emails occurred in order to clarify any ambiguities from the audio-recordings, as opposed to further Skype interviews. According to Willig (2001), this follow-up was useful to ensure that interviewer bias was minimised and the trustworthiness of the findings was increased. Below is a summary flow diagram of the data collection procedure.

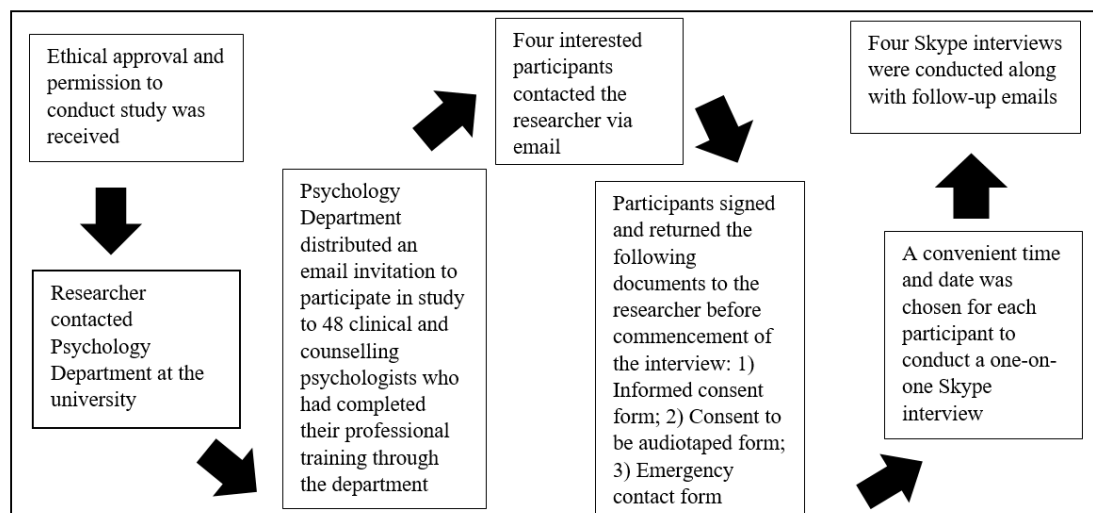


Figure 1. Flow diagram of the data collection procedure

### 3.6 Data Analysis

The qualitative data in this study was analysed using an IPA strategy. Pietkiewicz and Smith (2014) highlight that IPA does not prescribe a particular method for analysing data, but rather provides a set of principles and guidelines that should be followed. Flexibility and creativity was thus required in this study's analysis process. The six-stage analysis process outlined by Pietkiewicz and Smith (2014) was followed when interpreting the data. A description of the application of this process follows.

The first stage encouraged the researcher to become familiar with the data by reading the interview transcripts numerous times. According to Smith et al. (2009), this step allowed

the researcher to immerse herself within the raw data and gain a holistic view of the material.

In the second stage, the researcher constructed two margins on either side of the interview transcript. The left-hand margin was used by the researcher to annotate any significant meanings or observations within the participant's accounts. Comments were made, for example, on the content, language use, context and the researcher's personal reflexivity. Distinctive phrases were also highlighted at this stage.

In the third stage, the researcher transformed her own detailed annotations in the left-hand margin into tentative emerging themes, and annotated these in the right-hand margin. The provisional emerging themes in the right-hand margin remained grounded in the participant's accounts, but existed at a higher level of abstraction and made use of more psychological conceptualisation, as suggested by Smith and Osborn (2003). At this stage, the researcher was conscious to make use of the hermeneutic circle, as described in section 3.3.2.

In the fourth stage, the researcher searched for connections between emerging themes by grouping these together according to conceptual similarities, and provided these a descriptive label. These descriptive labels were written on a separate piece of paper. Some themes fitted together well in terms of their content, while others reflected hierarchical relationships with each other and were thus clustered beneath superordinate themes. A summary table was created at this stage so that the superordinate and subordinate themes could be illustrated visually (Willig, 2001). The fifth stage involved the researcher repeating the above process for each participant's interview transcript. At this stage, the researcher was cautious to bracket all ideas from the previous case or transcript, in order to analyse the subsequent case with individuality and idiographic commitment.

The final stage involved the researcher identifying patterns across cases and recording these patterns. Flowers et al. (2006) propose that repetitions of emergent themes across transcripts are indicative of shared understandings by participants and, thus, should be noted and considered with priority. The researcher reviewed and scrutinised the themes identified to ensure that these were well represented and supported by text in the transcripts, as highlighted by Smith and Osborn (2003). The researcher experienced this stage of analysis to require the most creativity and flexibility, since reordering and relabelling of the emerging themes was required. A consolidated list was finally produced and is presented in Chapter Four.

### **3.7 Trustworthiness**

According to Yardley (2000), assessing the validity and quality of IPA research requires a departure from the typical criteria employed to define a valid and reliable

quantitative research study. This follows from quantitative research tending to focus on factors or relationships that can be observed and generalised to larger populations of people, whereas qualitative research studies tend to have an in-depth focus on specific situations and experiences of individuals (Yardley, 2000). Yardley (2000) describes four broad principles that are applicable in assessing the quality of an IPA research study. These include: (i) sensitivity to context; (ii) commitment and rigour of research; (iii) transparency and coherence; and (iv) impact and importance. A discussion of the four principles and how these were practically implemented follows below.

**3.7.1 Sensitivity to context.** Yardley (2000) suggests that sensitivity to context may be initiated through displaying sensitivity to the sociocultural setting, the extant literature and the theory surrounding the study. In this study, the researcher sensitively situated the study within the field of literature that was available at the time, thus displaying a consciousness of the broader scope of the field. This was illustrated by means of a literature review, which can be found in Chapter Two. By remaining sensitive to the context, the researcher gained a greater understanding of the early careers of clinical and counselling psychology within the context of post-apartheid South Africa. Furthermore, sensitivity was demonstrated during the data collection process, where the researcher made attempts to situate the participants' account within their social context. This context will be elaborated upon within the Results in Chapter Four. In addition, the researcher remained sensitive during the data collection stage by demonstrating empathy towards the participants and by recognising any cross-cultural differences and power dynamics that could have been at play between herself and the participants. Finally, sensitivity was attempted by the researcher during the data analysis phase by substantiating analytical claims with verbatim extracts from the participants' accounts. This gave 'voice' to the participants' experiences and attempted to assist the reader in understanding how the interpretation was rooted within the context of the participants' experiences.

**3.7.2 Commitment and rigour of research.** According to Yardley (2000), rigour refers to the thoroughness and systematic approach of data collection and analysis within a study. In contrast, commitment refers to an extended engagement with the topic, complete immersion within the data and the development of competence and skill in the method used (Yardley, 2000). Smith et al. (2009) suggest that commitment may be established through attentiveness to participants during data collection and during the analysis. Since the researcher was a training counselling psychologist at the time, her training and experience

were thus advantageous in allowing her to attend empathically and sensitively to participants in a committed manner. Furthermore, the researcher demonstrated commitment by reading up extensively on the IPA methodology and data analysis procedure, conducting a thorough literature review and immersing herself within the data.

Although the rigour of this study may have been compromised by the time constraints, the researcher attempted to remain thorough and systematic by engaging in close supervision and carefully documenting the research process. To further establish rigour, the purposive selection of a homogeneous sample was conducted in order to ensure that the sample would be sufficient and appropriate to provide all the information needed for a comprehensive IPA analysis. Finally, the researcher ensured rigour by engaging in prolonged contemplative exploration and theorising of the data and by substantiating emerging themes with direct quotations from the participants' accounts.

**3.7.3 Transparency and coherence.** Yardley (2000) notes that the principle of transparency and coherence refers to the extent of clarity and plausibility that the researcher's descriptions hold within a study. Transparency was thus achieved by detailing each step in the data collection and analysis process, and by supporting the researcher's interpretations of the data with textual excerpts from the participants' detailed accounts, as suggested by Smith et al. (2009).

Coherence specifically refers to the alignment between the research question, the philosophical perspective, methodology and the analytic process adopted within a study (Yardley, 2000). The researcher ensured coherence in this study by adopting an IPA approach, since this aligned itself with the purpose of the study, which was to explore and give voice to the professional experiences of recently qualified clinical and counselling psychologists. This argument is outlined in detail in section 3.3. Another aspect of transparency involves reflexivity (Yardley, 2000). Reflexivity includes the ability to reflect on and consider intersubjective dynamics between the researcher and data (Yardley, 2000). The researcher accomplished this by presenting a detailed reflection on her personal embeddedness within the research study, as illustrated in section 3.3.4. Furthermore, the strengths and limitations of this study were clearly outlined in sections 3.3.5 and 5.4. Finally, the researcher was able to maintain a reflexive stance throughout the data collection and analysis process, by engaging in the hermeneutic circle as described in section 3.3.2 and by Willig (2013).

**3.7.4 Impact and importance.** Yardley (2000) suggests that perhaps the most significant criterion by which the quality of research may be evaluated is the extent of its impact and usefulness. Yardley (2000) defines usefulness and impact in relation to the aims and objectives of the study and the community for which it was deemed relevant. The researcher has argued for the clinical relevance and significance of this study and presented it within the Introduction in sections 1.3 and 1.4, and has also highlighted the aligning aims of the study in section 1.5, in Chapter One.

### **3.8 Ethical Considerations**

Harper and Thompson (2012) note that all types of research experience ethical considerations. These authors argue that this is often the case due to tension created between the aims of the research to make contributions to the field of study, and the rights of participants. However, tensions can be reduced through the application of appropriate ethics principles in order to protect the rights of participants (McKenna & Gray, 2018). As a result, a number of ethical considerations were accounted for in this research project. In this study, all research was designed and executed in accordance with the guidelines outlined by the Rhodes University Ethical Standards Committee (RUESC). In addition, the research was compliant with Rhodes University's Policy on Research Ethics. Collection of data for this study commenced only once approval was granted by both Rhodes University's Research Proposals and Ethics Review Committee (RPERC) (reference: PSY2018/35), and institutional permission was received by Rhodes University's Registrar (see Appendix F).

As previously mentioned in section 3.5, signed informed consent was obtained from all four participants prior to the commencement of their participation in the study (see Appendices B and C). The informed consent form outlined to the participants the purpose, aims and the significance of the study, and explained what the interview procedure would entail and explained any potential risks. Furthermore, the form emphasised that participation was voluntary and that the participants could withdraw at any point and without penalty. The form also explained to the participants how anonymity and confidentiality would be maintained. According to Harper and Thompson (2012), anonymity refers to the desire to remain unidentifiable, whereas confidentiality refers to the protection of private information that an individual has chosen to share for a particular reason. Participants were also required to sign and return an informed consent form giving consent to being audio-taped during the interview (see Appendix D). The participants' names and signed informed consent forms were not attached to the participants' transcripts, in order to ensure both anonymity and

confidentiality. The informed consent forms that were used were based on the template recommended by the RUESC.

During the data collection stage, the researcher remained alert to physical, emotional and/or behavioural cues of distress demonstrated by participants. For example, looking pale, finding difficulty breathing, perspiring, appearing tearful, anxious, irritable or confused and/or avoiding certain topics. The researcher's training as a counselling psychologist was advantageous in order to engage sensitively and empathically during the interview and to monitor and manage levels of distress. It was acknowledged by the researcher that possible negative reactions could have resulted from the participants talking about their personal professional experiences as recently qualified clinical or counselling psychologists. Although the researcher did not foresee any negative consequences of participation, participants were expected to complete an emergency contact form (see Appendix E), as detailed in section 3.5. It should be noted that no participants experienced visible distress or made use of the emergency contact form as a result of the interview.

Once data was collected, confidentiality was maintained by only allowing the researcher and her supervisor to access the data. Participant data and information was stored electronically on the researcher's private laptop and only the researcher and her supervisor had access to the electronic copies by means of a password. Participant responses remained anonymous, as their names were replaced with pseudonyms. Furthermore, the printed transcripts did not contain any information through which the participant could be identified. All four participants gave permission to the researcher to store the audio recordings for possible reuse following the completion of the study. This was in accordance with the Rhodes University Research Ethics Policy. On completion of the study, the audio recordings were securely stored electronically on the researcher's personal laptop and were password protected.

Debriefing is a fundamental step in the consent process, as argued by Bryman (2012). Participants were debriefed following the end of interview process and on completion of the study. Debriefing entailed a full explanation of the purposes of the study and was used as an opportunity to assess contentment with participation and difficulties or problems experienced by the participants. Care was taken to ensure that participants left the research process in a positive frame of mind. Participants were offered the opportunity to withdraw their responses from the data set even after they had been debriefed. No participants chose to withdraw their responses from the study.



### **3.9 Conclusion**

The current chapter has provided the research aim and design, the methodology and theoretical framework, the participant sample and sampling technique, the data collection and data analysis procedures, and considerations relating to validity, reliability and ethics, in order to explore the professional experiences of recently qualified clinical and counselling psychologists. In the following chapter, the findings of the study and a discussion of these will be presented.

## CHAPTER FOUR

### Findings and Discussion

#### 4.1 Introduction

This chapter presents and discusses the findings of the study. The chapter begins with a brief description of each of the four participants involved in this study, in order to provide context to their experiences and to highlight the idiographic nature of each participant's experience. Thereafter, the chapter presents the major emerging themes that were identified from the four semi-structured interviews. The findings have been grouped under four super-ordinate themes, namely: (i) Training as a 'rite of passage'; (ii) Expectations for a professional future; (iii) Professional psychology: Entering the work space; and (iv) Future directions. In this chapter, each theme will be described in detail, the researcher's interpretation explained, and verbal extracts of participant accounts are referred to and linked to extant literature where appropriate. Attempts were made to balance the participant's individual experiences with the collective experience, so that the idiographic nature of the participant's experiences are not lost within the collective experience.

#### 4.2 Description of Participants

In order to ensure that the four participants remained anonymous throughout this research study, participants were labelled as "P1", "P2", "P3" or "P4". The following descriptions aim to situate the four participants within the context of their detailed accounts. Since the participants were a homogenous sample, as required by IPA and as described in section 3.4, the four participants thus held some shared characteristics, including having completed their clinical or counselling training through the same training institution. Furthermore, all four participants qualified and registered in the category of clinical or counselling psychology with the HPCSA between the years 2013-2017. A table highlighting the demographic profiles of the participants follows the participant descriptions below.

**4.2.1 Participant 1 (P1).** Participant 1, aged 28, is a Black, isiZulu-speaking male who registered with the HPCSA in 2017 as a counselling psychologist. At the time of the interview, P1 was residing in Cape Town, and was single with no children. Furthermore, at the time of the interview, P1 was completing his PhD and reported being employed by a tertiary institution as a post-graduate assistant. In this position, P1 worked in close association with the institution's lecturers, with the hope of ultimately becoming employed as

a lecturer within the higher education institution himself. As a result, in his professional career, P1 focused on completing his PhD the majority of the time, while his remaining time was spent on research-related projects for the institution.

**4.2.2 Participant 2 (P2).** Participant 2, aged 35, is a White, English-speaking female who registered with the HPCSA in 2017 as a clinical psychologist. Prior to qualification as a clinical psychologist, P2 completed her Master's degree in Play Therapy with the intention of pursuing a career in working therapeutically with children. However, according to P2, promises of accreditation of her Master's degree were never upheld, thus leading P2 to complete the HPCSA accredited Master's degree in clinical psychology. Participant 2 went on to complete her community service year at a public hospital in Pretoria. At the time of the interview, P2 was running a private practice in Pretoria, was married, and was about to give birth to her first child. In her private practice, P2 worked predominantly with adult and adolescent individuals and couples; however, P2 was also involved in group therapy processes at a local mental health community centre.

**4.2.3 Participant 3 (P3).** Participant 3, aged 32, is a White, English-speaking female who registered with the HPCSA in 2013 as a counselling psychologist. At the time of the interview, P3 was working and residing in Cape Town, and was engaged with no children. Immediately following her training, P3 completed her PhD, before moving to Cape Town, where she became involved in a large sub-urban private practice working alongside a number of other psychologists. After 18 months of working within the private practice, P3 applied for a psychology training position at a private, higher education institution, also in Cape Town. Within 18 months of working at this institution, P3 was promoted to Head of Department. Participant 3 continued to hold this position at the time of the interview.

**4.2.4 Participant 4 (P4).** Participant 4, aged 28, is a Coloured, English-speaking male who registered with the HPCSA in 2016 as a clinical psychologist. At the time of the interview, P4 was single with no children. Participant 4 took a gap year following his internship training in order to complete his Master's research dissertation. Participant 4 went on to complete his community service year within a rural town in the Western Cape. At the time of the interview, P4 was working and residing in Cape Town and held the position of district psychologist within the South African public health system.

Table 1

*Participant Demographics*

| Participant | HPCSA<br>Registration<br>Category | Age | Gender | Race     | First<br>Language | Marital Status | Children  | Current<br>work<br>context |
|-------------|-----------------------------------|-----|--------|----------|-------------------|----------------|-----------|----------------------------|
| P1          | Counselling                       | 28  | M      | Black    | isiZulu           | Single         | None      | Tertiary<br>Institution    |
| P2          | Clinical                          | 35  | F      | White    | English           | Married        | Expecting | Private<br>Practice        |
| P3          | Counselling                       | 32  | F      | White    | English           | Engaged        | None      | Tertiary<br>Institution    |
| P4          | Clinical                          | 28  | M      | Coloured | English           | Single         | None      | Public<br>Health<br>Sector |

According to Smith et al. (2009), emerging themes are identified by the researcher engaging in a double hermeneutic, as described in section 3.3.2. It is thus important to acknowledge that the following themes are one possible interpretation of recently qualified clinical and counselling psychologists' professional experiences in South Africa. The four super-ordinate themes, together with their related sub-ordinate themes and supporting quotations from the transcripts, are presented in a detailed table in Appendix G. A brief summary of the table of themes, without supporting quotations, is given on the following page. A discussion of each of the themes follows below.

#### **4.3 Super-ordinate Theme 1: Training as a 'Rite of Passage'.**

The participants felt that it was important to first explain their training experiences prior to qualification as clinical or counselling psychologists. The participants felt this was beneficial in order to afford the researcher a better understanding and contextualised view of their described professional experiences as recently qualified psychologists in South Africa. All four participants described experiencing challenges and changes in personal and professional identity as a result of their professional psychology training. This super-ordinate theme thus aims to encapsulate the participants' training experiences as a "rite of passage" into the world of professional psychology (Kottler & Swarts, 2004, p.55). Kottler and Swarts (2004) have defined a "rite of passage" as a process of change marked by a shift in status and social identity.

Table 2  
*List of Super-ordinate and Sub-themes*

| Super-ordinate Theme                                | Sub-theme   |
|---|---|
| Training as a 'rite of passage'                     | Choosing psychology<br>Challenge of entering the profession<br>The transformational pressures of training<br>Concerns of completing the dissertation timeously<br>Positive feelings on completion of training |
| Expectations for a professional future              | "Now what?"<br>Financial anxieties<br>Ethical and moral expectations<br>Expectations to work in public and community contexts   |
| Professional Psychology:<br>Entering the work space | Failed initial attempts: Public <i>versus</i> private<br>Academia<br>Influences of Scope of Practice<br>Emigration and the brain drain<br>Current career position: A high level of satisfaction               |
| Future Directions                                   | A call for intra- and inter-sectoral collaboration and support<br>Finding a balance<br>Giving back: Teaching and training   |

**4.3.1 Sub-theme 1: Choosing psychology.** All four participants described an early interest in the field of psychology and expressed an inherent desire to understand and help others. According to Heimann (1989) as cited in Mander (2004, p.165), the process of becoming a psychologist can be understood as being "summoned by an inner voice" to help others to help themselves. Examples of this are found in the following statements made by participants:

*"I've always wanted to be a psychologist... not always... but once I found it, I knew I wanted to be a psychologist."* (P1)

*"I realised the impact of what a psychologist could do... I think that's when I decided this was something I wanted to do as I was always interested in assisting people, and more so understanding people."* (P4)

Similarly, P3 described how she came to choose a career in psychology through her desire to help people psychologically as opposed to physically:

*“Before I started studying psychology I wanted to study physiotherapy... but just before I was about to start, I said to my folks, ‘I don’t think this is the right thing... I want to help people, but I don’t think I want to physically help people’.” (P3)*

The findings from this theme can be interpreted to indicate that all four participants experienced a calling to pursue a career in professional psychology. Considering the profession a ‘calling’ can be attributed to the meaning, purpose and sense of personal fulfillment that the profession evoked in the participants in terms of helping others to help themselves, as described by Haney-Loehlein, McKenna, Robie, Austin and Ecker (2015).

**4.3.2 Sub-theme 2: Challenge of entering the training space.** As suggested by Kottler and Swartz (2004), training to become a psychologist is widely known as an onerous process. Similarly, Pillay et al. (2013) have described the Master’s application process as being highly competitive, due to the demand for professional training far out-weighting the training places available. These authors suggest that most universities receive ten to twenty times more applications than they can accommodate (Pillay et al., 2013). This research found similar results. The following excerpt highlights how P3 felt about the difficulty of entering the training space:

*“I didn’t know how difficult it was... I didn’t have a sense of how few people got into the programme... So after my Honour’s I applied, and everyone was like ‘that’s crazy! You’ll never get in!’ So I think I’m very, very lucky to have gotten in...” (P3)*

In the statement above, P3 placed great emphasis on the sense of ‘luck’ she experienced in being selected for the training programme. The above quotation thus implies that P3’s selection for the Master’s training was experienced as greatly fortuitous. In addition, the above account emphasises how P3 experienced some cynicism by others at the possibility of being selected for the training programme, as implied by her use of the word “crazy”. Similarly, P4 expressed the following about the challenge of entering the professional psychology training space:

*“I think initially a lot of people, when I said this was something that I wanted to do... were supportive no matter what, but were cynical... [They] said this was going to be difficult.” (P4)*

The above account shows that, similar to P3, P4 experienced some pessimism from others who highlighted the low possibility of being selected for a psychology Master’s

training programme. It thus seems that both P3 and P4 faced the challenge of uncertainty and limited support by others in applying for the Master's training programme, yet maintained a keen focus to pursue the process. Based on the two reports above, it is thus evident that being selected for psychology Master's programmes in South Africa was experienced as a highly competitive and challenging process for the participants, as also noted by Booysen and Naidoo (2016).

**4.3.3 Sub-theme 3: The transformational pressures of training.** According to Manganyi (2013), professional psychology training is challenging, regardless of where training takes place and whether this is done locally or internationally. This study found that the pressured training process led to personal and professional transformation in all four participants. Similarly, Kottler and Swartz (2004) attributed the challenge of training to the acquisition of new skills, attitudes and identity in the context of psychology. All four participants experienced their professional training as highly pressured, as a result of the extensive work load, and three participants reported experiencing feelings of anxiety, depression and social isolation during the training programme. Below, P4 described his training years as being some of the most difficult years of his life:

*"It's very difficult; I think the training years were probably some of, if not the most difficult years of my life. I had some really down days, but then I was really motivated every other day."* (P4)

The above excerpt implies that the psychology training process is tempestuous in nature, as characterised by the strong and turbulent emotions experienced by P4 during the programme. This supports research conducted by Knoetze and McCulloch (2017), who acknowledge the numerous pressures and often resultant conflicting emotions experienced by trainees during the professional training process. Kottler and Swartz (2004, p.55) suggest that, once involved in the pressured training process, many trainees question themselves and whether or not they have made "a wise choice in career". In a comparable manner, P1 described his highly pressured experience of the training process in the following statement:

*"I mean, it was a crazy time [...] We were under a lot of pressure [...] but it was kind of helpful because there was some positive pressure and we were all pushing each other to do this thing."* (P1)

Participant 1's use of the word "crazy" might signify the sense of instability and chaos, evoked both internally and externally, as a result of the pressured training process.

Nevertheless, from the above extract it appears that despite the numerous pressures of training, P1 experienced a sense of collegiality from his classmates. This is in agreement with findings by Kottler and Swartz (2004), who suggest that the training psychologist's separation from family and friends during the training programme is ameliorated through sharing the challenging experience of training, with peers. Similarly, Knoetze and McCulloch (2017) propose that due to the time constraints and often esoteric nature of professional training, emphasis is usually placed by training psychologists on the supportive relationships they hold with their peers. Another positive outcome of the pressured training process is described by P3, where she explains that, as a result of the intense programme, she experienced significant personal growth. An excerpt from P3 highlighting the immense change in social identity that she experienced as a result of the programme is provided below:

*"Your training years are so formative to who you become as a person... you cannot come out unchanged; it's just impossible." (P3)*

These expressions of lived experiences reflect how these individual participants experienced the professional training process as both highly pressured and transformational for their personal and professional identity. This perceived transformation is supported by Kottler and Swartz (2004), who suggest that professional training places heightened pressure on trainees to examine their own lives, and negotiate their way towards a personal and professional identity that allows them to concurrently engage more mindfully with the pain of others.

**4.3.4 Sub-theme 4: Concerns of completing the dissertation timeously.** As noted by Pillay and Kritzinger (2007), the research dissertation is a significant component of graduate psychology training programmes. However, these authors highlight that the dissertation is not usually completed within the stipulated two-year period, resulting in training psychologists graduating much later than they should. This is noteworthy, as the delay in completion of the dissertation has been viewed to hold serious repercussions for the trainee. For example, according to the HPCSA, training psychologists may not be compensated for any psychological acts until all the Master's degree requirements are met (HPCSA, 2001). In the quotation below, P1 describes the concerns he experienced over possibly being unable to work if his dissertation was not completed timeously:

*"I was worried about if I don't complete [my dissertation], I don't have a degree... so I can't work anywhere." (P1)*



The above account signifies how the delayed completion of the dissertation holds serious personal repercussions for the trainee. Furthermore, the experience of a delayed dissertation appears to exacerbate already heightened feelings of anxiety for the trainee during his or her professional training process. This is important to note as Pillay and Kritzinger (2007) suggest that almost three quarters of qualified psychologists in their study felt that the dissertation had minimally influenced their professional practice following training. However, in the current study, a more significant effect of the deferred dissertation was inferred from the participants' accounts. This involved the resultant delay in engagement with the required community service year for clinical psychologists, as suggested by Pillay and Kritzinger (2007). For example, in the statement below, P4 describes delaying his engagement with the required community service year programme in order to complete his research dissertation:

*“Unfortunately I wasn’t done with my research... and so I said to my parents, ‘I’m actually going to take a gap year so I can finish my research and then I can go and start my community service’.” (P4)*

This delay is interpreted as being potentially problematic since the national aims of introducing the compulsory community service programme include retaining health professionals in state hospitals, to decrease the effects of the “brain drain” (Pillay & Swarts, 2003, p.54), and to address health service inequities between urban and under-served areas. Delayed dissertations by trainee clinical psychologists therefore have broader, serious consequences; for example, poorer communities, who are the identified beneficiaries of community service programmes, are denied the mental healthcare promised to them (Pillay & Kritzinger, 2007). A similar experience was shared by P2, who reported being the only training clinical psychologist in her class to complete the dissertation within the stipulated two-year period:

*“Out of the clinical psychologists, I was the only one to complete my research and write [the board exam] in my internship year.” (P2)*

Based on the above reports, it is evident that most participants experienced anxieties and challenges in completing their dissertations in a timeous manner during their training programme. These challenges appear to have held repercussions for the participants at both an individual and a much broader level.

**4.3.5 Sub-theme 5: Positive feelings on completion of training.** During the interview process, it became apparent that the expression of positive feelings on completion of the professional training programme was true for all the participants. These positive feelings appeared to be primarily associated with a sense of relief and gratitude following the highly competitive and pressured experience of the Master's selection and training process. This perceived progression is aligned with the notion of training as being a "rite of passage", as described by Kottler and Swartz (2004, p.55). This is evident in the following statement made by P1, where he once again makes use of the word "crazy" to emphasise the challenging experience of the psychology training programme:

*"Completing my training was probably the greatest relief 'cause it had been a really crazy two years... So I was really happy about that." (P1)*

Similarly, P2 and P4 placed great emphasis on the positive feelings they experienced on completion of their professional training, as evidenced in the following statements:

*"On completion, I mean certainly the day I graduated... I was extremely pleased; I think it's an enormous privilege to do this work; it's an enormous privilege to have trained because it's obviously so limited... yeah so I felt extremely humbled... extremely grateful." (P2)*

*"Sho... for me it was a really great feeling..." (P4)*

The above extracts reflect that the participants in this study felt a great sense of accomplishment on completion of their professional training. It is possible to interpret the positive feelings experienced by the participants as being attributable to their relief and sense of resilience at being able to endure, self-contain and overcome the challenges and anxieties of the arduous psychology selection and training process predominantly described in sub-themes 2, 3 and 4.

#### **4.4 Super-ordinate Theme 2: Expectations for a Professional Future**

This super-ordinate theme aims to demonstrate the different expectations that the participants held towards a professional future as practicing clinical or counselling psychologists in South Africa. Sub-themes revealed by participants include those of financial anxieties, moral and ethical considerations, and expectations to work in state and community contexts following training.

**4.4.1 Sub-theme 1: “Now what?”** It was interesting to note that most participants in this study reported placing greater emphasis on the psychology selection and training process as opposed to thoughts surrounding what a professional career in psychology might entail following training. A possible reason for this might be that many individuals view professional psychology training as an “idealised life ambition”, as described by Kottler and Swartz (2004, p. 56). Furthermore, the highly competitive and pressured experience associated with the Master’s selection and training process might allow participants little opportunity to consider what professional practice might actually look like on entering the professional field. Evidence of this can be found in the following statement made by P3:

*“I remember thinking... now what? Everyone drives so hard to get into the programme, and it’s seen as such a big thing, and then you’re so focused on getting through the programme... there isn’t space for thinking about what comes afterwards.” (P3)*

Likewise, this notion was expressed by P2:

*“I think in training I was sort of just going along with everything, I wasn’t really thinking too much about afterwards.” (P2)*

In some accounts in this study, it appeared that strong feelings of anxiety were felt by participants about entering the workspace as qualified professionals, as seen in the excerpt below:

*“It’s really daunting to be out on your own out of training.” (P4)*

Similarly, P3 described the feelings of uncertainty she experienced on entering the professional field:

*“I think there was a part of me that felt quite unprepared for what came afterwards... I think there is a very big part in professional training that is missing for the afterwards... for the like, ok so now you’re finished training, but what does that mean and what does that actually look like in the field?” (P3)*

It would seem from the above accounts that the anxious emotions experienced by participants on entering the professional field were somewhat unexpected following training. Furthermore, it appears that the anxiety that was felt was perhaps partly attributable to the sense of an ‘anti-climax’ that was experienced, following the impressive preceding events of

the Master's selection and training process. However, according to Kottler and Swartz (2004, p. 65), heightened anxiety experienced by trainees and newly qualified professionals is a common experience at the point at which there is "nothing more to teach". Feelings of anxiety and insecurity are thus often intensified at the point at which there is no longer the containing experience of theory, being taught and receiving guidance by more experienced supervisors and lecturers. This notion is supported by O'Shaughnessy and Burnes (2016), who describe recently qualified professionals as experiencing initial feelings of uneasiness, uncertainty and self-doubt upon entering the field.

Bolanowski (2005) suggests that factors that might induce anxiety among newly qualified healthcare professionals about entering the field are numerous. For example, this author suggests that concerns over acquiring and maintaining a job, financial anxieties, and concerns over balancing professional roles and a private life all heighten anxiety in young graduates. The current study found similar results and thus supports Bolanowski's (2005) suggestions above. In this study, however, financial as well as moral and ethical factors were found to be particularly emphasised by participants. These will be expanded upon as sub-themes 2 and 3 below.

**4.4.2 Sub-theme 2: Financial anxieties.** Pillay and Kramers (2003, p.57) suggest that many student psychologists face financial concerns that "hang over their heads" both during and following professional training. Similarly, in this study, the majority of participants experienced concerns over finances both during and following completion of their training. This sub-theme thus highlights the sense of frustration experienced by participants in facing new and continuous challenges following the attainment of academic success in training. This is highlighted by P1 below:

*"There's this idea that I'm supposed to do this thing and somehow live for two years. And if you're a counselling psychologist in your internship you're getting paid next to nothing... I was getting paid more with an Honour's degree than I was with my Master's degree... It just didn't make sense to me."* (P1)

From the extract above, it might seem that P1 questioned the financial implications of the professional training process. The above extract might thus suggest that professional psychology training induces financial anxieties for trainees, which may otherwise be avoided through the attainment of less extensive training. This can be interpreted as potentially injurious for the profession, as over time individuals may become less motivated to engage in

professional training due to the financial and time costs of the process. A similar concern was expressed by P3 about entering the professional field:

*“I wanted to work in community contexts... but you can go into community contexts with a matric. So you would be getting paid a salary that someone with just a matric was earning. So now having done your Master’s... it just wasn’t financially feasible.”*  
(P3)

The above extract suggests that, in addition to financial concerns surrounding training, financial concerns about entering the professional field were experienced by P3, which impacted on her expectations for a professional career in certain contexts. This finding might seem particularly problematic in light of the psychology relevance debate, as described in the section 2.3.1, where a heightened call for more community work by psychologists in South Africa has emerged. In order to combat financial anxieties and lighten the financial burden that future training and early career psychologists may experience, P1 made the following suggestion:

*“The training of professional psychologists should be entirely bursaried.”* (P1)

This proposition is supported by the statement below, where P3 described her decision to complete her PhD straight out of training as being largely attributable to the benefits of its associated funding:

*“I’m very glad I did my PhD straight after [training]... But I think it was both out of necessity as well as choice... The PhD, I always wanted to do, but what really helped was that it came with funding, so I could survive financially.”* (P3)

The above extracts signify how financial anxieties and challenges experienced by participants played a role in shaping expectations and decisions for a professional future as psychologists in South Africa. This is significant since, according to Magubane (2016, p. 1), financial anxieties in South Africa may be perpetuated for certain individuals who are bound by obligations of “black tax”, also known as “family tax” or “historical tax”. “Black tax” refers to the financial obligations that some Black middle-class professionals have to provide economic and social support, such as money, shelter, food and clothing, to extended family members (Magubane, 2016, p.1). According to this author, this comes as a result of the challenges faced by Black people within a society of pervasive white privilege and racism

(Magubane, 2016). Such financial obligations that influenced career expectations were experienced by P1, who expressed the following:

*“Finding a job... for me there were a number of considerations... I probably have a better term for this, which is historical tax... because I had to consider taking care of family members and particular things.” (P1)*

Based on the participants’ reports, it is evident that financial anxieties played a fundamental role in influencing participants’ decisions and expectations towards a professional future as psychologists in South Africa. This is inferred as being significant, considering the ongoing socio-economic disparities in the country that come as a result of the apartheid regime (Atwoli et al., 2013). Furthermore, it is also important considering the strong call to increase the number of Black psychologists in South Africa, who may be further influenced by the financial obligations of “black tax”.

**4.4.3 Sub-theme 3: Ethical and moral expectations.** Pillay (2015) acknowledges the discipline of psychology to be both a theoretically and clinically applied human science. As a result, Pillay (2015) describes the profession of psychology as holding a variety of ethical, legal and human rights imperatives and responsibilities that guide its practice. For this reason, training psychologists are taught the basic ethical principles that should govern their practice, research and other domains of work (Pillay, 2015). Ethical and moral debates during the training programme often involve discussions of common ethical issues experienced in professional practice, such as confidentiality, the billing of clients and irregular psychologist-client relationships (Slack & Wassenaar, 1999). The excerpts below demonstrate how ethical and moral imperatives played a role in participants’ altruistic outlooks and expectations for their professional future as psychologists:

*“For me it was quite problematic because I think... I’m not really sure what I want to do with this... I could possibly make quite a lot of money, but is that really the point?” (P1)*

*“There was a strong sense of...what was it? Not really an obligation but... yeah I guess some sort of moral imperative played a role.” (P2)*

Overall, participants reported the important roles that the principles of ethics and morality played in guiding their expectations and considerations for practice as clinical or counselling psychologists in South Africa. Based on the results of this study, it thus appears

that the principles of ethics and morality largely governed participants' expectations for a future professional career in psychology. The following sub-theme overlaps with the current one.

**4.4.4 Sub-theme 4: Expectations to work in public and community contexts.** De Kock and Pillay (2017) describe how, since the emergence of democracy in South Africa, there has been a call for a more relevant, applicable psychology that provides increased mental health services within community-based and primary healthcare contexts. In line with these increasing national expectations of psychology professionals to provide inclusive and relevant mental health services within the country, all four participants expressed holding strong motivations and expectations to work in public and community contexts following their training. This is evident in the following statements made by participants:

*"In my M1 year, the research I did focused around the public sector of mental healthcare. So I think that really influenced me wanting to work in the public sector."*  
(P2)

*"I always said from the beginning that I never want to be in private practice... I have no interest in being in private practice... I want to work in community contexts; I want to work in NGOs; I want to work in clinics..."* (P3)

*"I was never set on going into private. I went for my M1 interviews and they asked me, 'Where do you see yourself?' And the first thing I said was the one place I don't see myself is in private. I actually want to be in government, and if not in that then I would probably want to be based at a community-based centre."* (P4)

These findings are considered encouraging, as they allude to a recognition by the participants of the fundamental and increasing need for psychologists to work in public and community-based contexts within South African, as highlighted by De Kock and Pillay (2017). The above extracts might thus be inferred to link with the previous subtheme in 4.4.3, where ethical and moral values held by two participants are seen to largely govern their future career expectations and decisions.

#### **4.5 Super-ordinate Theme 3: Professional Psychology: Entering the Work Space**

The participants then described their professional experiences as recently qualified clinical or counselling psychologists on entering the work space. All four participants described the challenging experience of entering the professional field as recently qualified

psychologists in South Africa. Sub-themes revealed by participants include failed initial attempts on acquiring employment in the public *versus* private sector; entering academia; the influences of scope of practice; emigration and the brain drain; and current levels of career satisfaction. This super-ordinate theme thus aims to encapsulate the participants' professional experiences as recently qualified psychologists on entering the work-space in South Africa.

**4.5.1 Sub-theme 1: Failed initial attempts: Public *versus* private.** All four participants, as described in section 4.4.4, held strong expectations and motivations to work in public and community contexts following training. However, despite a strong drive to provide mental health services in these contexts, all four participants experienced challenges on entering these preferred fields. For this reason, this sub-theme of failed initial attempts revealed two experiences. Firstly, it reveals the participants experiencing the challenge of entering public and community contexts as recently qualified psychologists. Secondly, it reveals the participants experiencing the resultant need to consider the less preferred context of private practice. In the excerpt below, P3 alluded to this:

*"I think so many of us get forced into private practice, not because we wanted to be in private practices, but because there aren't spaces elsewhere... I was trying so hard to move out of private practice and move into the context that I wanted to be in, but there was extreme difficulty with that." (P3)*

As seen in the section 2.4.3, research findings show that although there has been a remarkable increase in psychologists working in public and community contexts, the majority of psychologists in South Africa continue to practice in the country's urban and peri-urban private sector (De Kock & Pillay, 2017; Young & Young, 2019). This notion was experienced as certainly true for most of the psychologists in this study, who appeared to attribute this to the various challenges they experienced on acquiring employment outside of private sector contexts. For example, in the statement below, P1 described an initial failed attempt at employment within a state-run correctional institution:

*"So I first applied for a job in government services, in correctional services, which had been something that I had always wanted to do ... but uh, government just haven't got back to me. And as far as I know, and this is a couple of years later now... they still haven't filled that post." (P1)*

The above findings might be indicative of the long-standing misconception that psychology and psychologists want to remain limited to the country's urban and peri-urban



private sector. Thus, although research, for example conducted by Young and Young (2019) suggests that there continues to be a large concentration of psychologists in the private sector, this might not necessarily be due to personal choice. Rather, this may be due to factors such as maladministration, the devalued status of mental healthcare in comparison to other healthcare concerns in the country when considering budget and funding allocations, an unresponsive marketplace and limited efforts by government to accommodate psychologists in alternative contexts. Similarly to P1, P3 emphasised the numerous failed attempts she experienced at acquiring employment within non-governmental organisations (NGOs) following her training, as depicted in the following description:

*“I probably applied for about 35 jobs in the NGO sector. I’m not even exaggerating... I probably applied for 35 jobs, because that was the space that I wanted to be in, which was in the community context... But what trumped me always was that I had no kind of business skill, no kind of financial or entrepreneurial side to my training, and ultimately an NGO is a business.” (P3)*

The above quotation alludes not only to the difficulty of acquiring work within the NGO sector, but also to the misalignment of skills training in professional programmes to the requirements expected by potential employers in the field. Due to the already intense workload of the professional training programme, it might thus be important for industry to self-reflect on its requirements of young graduates on entering the workspace. Alternatively, reflection might be required by the HPCSA on the influence of the current registration categories and Scope of Practice regulations. This notion will be expanded upon later in section 4.5.3. In the following account, P2 likewise expressed difficulty in finding posts available within the South African public health system following her training:

*“I was still looking for posts at the end of my community service year... because I had a really positive experience in M2... But I... I just didn’t come across any posts in [the] public [sector].” (P2)*

Although the majority of participants reported limited employment opportunities outside of the private sector following training, participants also acknowledged the challenges associated with entering private practice. For example, as described by P1 in the account below:

*“Honestly, jobs are really scarce; it’s either you create your own employment, and that’s mostly private practice, which is really expensive to get going... I mean, it’s a serious*

*process and you need to be booked up for a few months to survive. But then you know, when I was looking for jobs, it was also really difficult.” (P1)*

As the interviews progressed, it became evident that the various initial failed attempts caused anxiety for some participants. For example, in the statement below, P4 alluded to the heightened anxiety he experienced during his second interview at being unable to acquire employment:

*“It was my second interview after qualifying and I just kept thinking... I need to work; I need to be busy; I can’t be at home...” (P4)*

The abovementioned initial failed attempts described by the four participants to acquire employment within public and community-based contexts in South Africa is a possible indication of why psychology continues to be a predominantly private practice profession. This is considered potentially injurious to the profession, as it is a strong feature of psychology's perceived irrelevance in South Africa, as suggested by Johnston (2015). Furthermore, difficulty in psychologists in acquiring employment within public and community-based contexts is also detrimental to the population of South Africa, as it is contrary to the rights and redress agendas currently guiding service development in the country, as noted by De Kock and Pillay (2017).

**4.5.2 Sub-theme 2: Academia.** Another reported field of interest for the participants on completion of their professional training included academia. Research by Du Plessis, Du Plessis and Saccaggi (2013) suggests that there are a number of challenges experienced by professional psychologist academics that are exclusive to those individuals upon entering academia. For example, according to Boyd (2010), professional psychologist academics are often evaluated on their experience, research, teaching and psychological service provision as opposed to being exclusively evaluated on scholarship. This was experienced as true for some of the participants in this study. For example, in the statement below, P1 described the challenge of entering the field of academia as a recently qualified professional psychologist:

*“So I was looking for a job in academia, and... most academic departments, well psychology departments, are looking for people who have experience, or they are looking for people who are about to complete their PhDs... So I was caught because I couldn’t get the jobs. And there are only a few jobs in academia that pop up.” (P1)*

The above quotation by P1 implies not only that there are a limited number of posts available in academia for professional psychologists in South Africa, but also that acquiring such posts comes with difficulty, particularly for recently qualified professionals who seldom meet the criteria. It was interesting to note that, in this study, both counselling psychologists P1 and P3 ascribed their decision to enter the field of academia to wanting to make a larger difference within professional psychology in South Africa. For example, in the extract below, P3 describes entering the field of academia in order to become an advocate for positive change within the profession.

*“I think that’s partly why I’ve gone back into training and academia because I feel that we need to do things differently... and that’s the space where I feel I can make the biggest difference.” (P3)*

Similarly, P1 described his desire to enter academia in order to promote positive change within the profession, as evident in the following quotation:

*“So my PhD is on the training of counselling and clinical psychologists in this country. So what I’ve looked at is a variety of issues...” (P1)*

The abovementioned quotations might be interpreted to align with suggestions by Young and Young (2019) that a significant value endorsed by counselling psychologists in professional practice involves that of social justice and advocacy. Based on the results, it is evident that two of the participants in this study viewed entering careers in academia as affording opportunities to advocate for broader scale differences both for the receivers of mental health services within South Africa, as well as for psychology professionals within the field.

**4.5.3 Sub-theme 3: Influences of Scope of Practice.** All four participants in this study reported the influence that Scope of Practice (SoP) regulations had on their early career choices and experiences following training. This was not surprising, as research by Young and Young (2019) indicates that debates surrounding SoP within South Africa have been ongoing. In this study, some participants experienced the SoP regulations as being overly restrictive for counselling psychologists, as they were reported to prevent counselling psychologists from treating disorders in which they were fully trained and competent. This follows from the current emphasis of counselling psychology on life challenges and developmental problems, understood to exclude psychological disorders or psychopathology emphasised in clinical psychology (Government Gazette, 2011). This was viewed as

particularly problematic by some participants, as it resulted in medical aids refusing to remunerate counselling psychologists for their services. In the account below, P1 described how this discouraged him from entering private practice following training:

*“There’s the scope of practice issue, where you have medical aids refusing to pay some psychologists... One of the things that I absolutely refuse to do, is go into private practice and have to fight to get paid for the service I’m rendering and that I’m qualified to do.” (P1)*

The above quotation reveals a strong sense of frustration and dissatisfaction experienced by P1 surrounding the SoP regulations in South Africa. This is supported by Young (2013), who indicates that many counselling psychologists, especially those offering psychotherapy in private practice, are less satisfied with their SoP than clinical psychologists. That being said, P1 also alluded to the difficulty experienced by recently qualified counselling psychologists acquiring posts in the South African public health system due to the majority of posts being availed to clinical psychologists:

*“And then, public health services make more jobs available for one registration category, which is clinical.” (P1)*

The above excerpts might represent how the SoP regulations have created a false hierarchical system within the psychology profession in which those professionals at the top, by virtue of registration category, are granted significantly more power and practice opportunities than others. The effects of this false hierarchal system are thus important to note, as they appear to significantly influence the hiring practices of the state and industry. This finding is supported by Bantjes et al. (2016), who suggest that the integration of counselling psychologists into the South African public health system has been an ongoing point of contestation. This was viewed as potentially problematic by some participants, however, as they proposed that the implementation of a more preventative approach in the public health system, as opposed to a purely curative one, would allow for more broad-scale positive change in healthcare provision in South Africa. This was strongly expressed by P3 in the quotation below:

*“You know, what you’re then doing is you’re intervening at a point of crisis rather than preventing it in the first place. Until you move across to kind of a preventative model, you’re really not going to make that much of a difference.” (P3)*

The above statement made by P3 speaks to the increasing international call for clinical psychologists to place less emphasis on biomedical explanations of distress and embrace more preventative, multicultural and community-based approaches, as described by Young and Young (2019). In the following excerpt, P3 describes how the current SoP regulations not only have detrimental effects for mental healthcare professionals upon acquiring employment, but also for the South African public who are, in turn, denied access to services that do not necessarily entail treatment of serious psychopathology:

*“Why doesn’t the country create spaces for counselling psychologists outside of psychiatric hospitals because that’s not the only place that we need psychologists [...] I just don’t know how that works in a country where there’s a scarcity of resources and a dire need of mental health services... Minor shifts in scope of practice are not going to make a difference.” (P3)*

This extract signifies that although counselling psychologist posts within the South African health system are limited, the range of employment opportunities for counselling psychologists outside of private practice and higher education systems are also limited. In the extract, P3 thus calls not for a focus on differences in SoP, but rather for a focus on the shared core competencies of both clinical and counselling professionals as psychologists, where specialised skills are still acknowledged, but are not central. In addition, the extract by P3 highlights the call for the creation of more inclusive employment opportunities for counselling psychologists in the various sectors. In a similar manner, this was echoed by P4:

*“I think if you had a team where there’s a clinical psychologist and counselling psychologist, they could both play their various roles... and I think they would make a really good team in terms of complementing each other.” (P4)*

The above quotation is supported by Pillay and Johnston (2011, p.78), who suggest that “multidisciplinary teams are especially relevant in the management of mental disorders, owing to the complex needs of patients and their families at different points during the illness.” In this study, two participants speculated that the early career challenges experienced by psychologists on entering the professional field in South Africa might be based on inadequate public and professional knowledge of clinical and counselling psychologists’ SoP. For example, P1 and P4 both reported the following:

*“I think the greatest barrier is people’s lack of understanding of what we do, and what they think we can do.” (P4)*

*“And I think that’s probably the biggest obstacle... trying to convince people what we do and that we are actually qualified to do it.” (P1)*

Interpretations of the above extracts may also suggest that professional psychology in South Africa continues to grapple with its tainted historical association with the oppressive apartheid regime, as outlined in section 2.3. The profession therefore appears to continue its fight for relevance within the South African context, described in section 2.3.1. The findings from this study suggest that the psychology profession in South Africa needs to address the extent to which the current registration system and SoP regulations are useful for the development and growth of the profession. As it currently stands, it appears that the SoP regulations have implications not only for the distribution of recently qualified clinical and counselling psychologists in various sectors across the country, but also for certain members of the public who are denied access to mental health services from recently qualified counselling psychologists. The profession thus needs to address the extent to which the current system prevents adaptation and opportunity for employment and mental health service provision within the changing skill demands of a rapidly evolving society.

**4.5.4 Sub-theme 4: Emigration and the ‘brain drain’.** Emigration and the brain drain emerged as a sub-theme, as a result of the participants’ reflections on the challenges they experienced upon entering practice within the South African context. According to Pillay and Kramer (2003), South Africa has faced large-scale emigration since the apartheid era, especially of professional people, commonly referred to as the "brain drain" (p.54). Research by Pillay and Johnston (2011) suggests that over one third of intern clinical psychologists planned on emigrating following their training. Initially, the reasons were mainly political, with the high crime rate, as well as poor infrastructural support and working conditions cited as motivating factors (Pillay & Johnston, 2011). However, these results were found to be in contrast to the findings of this study. In this study, two participants attributed the predominant motivating factors for emigration to the difficulty of practicing the more individualistic, Eurocentric-focused psychology within the context of the more community-based and multicultural environment of SA. This is evident in the extract below:

*“The brain drain was caused in one sense for me by people who realised that this [profession] works better in the UK. It doesn’t work so well here, because life here is a little bit more complex in one sense in terms of... and I hate this word... the diverse nature of this context.” (P1)*

In a similar manner, this view was reflected by P3:

*“So many of my colleagues end up overseas just so that they can work in the kind of contexts that they want to work in... that we’ve been trained to work in.” (P3)*

The above accounts by P1 and P3 imply that the West and the global South remain different, thus strengthening the call for a more socio-politically relevant psychology in South Africa, as advocated by Macleod (2004), Pillay (2017) and Ratele (2017). However, Long (2013, p.3) is critical of this discourse, and suggests that the relevance debate is not likely to be resolved soon, as a result of differing understandings of ‘relevance’, including the following: (i) social relevance, which entails contributing to human welfare by ensuring the psychological wellbeing of society; (ii) cultural relevance, for example, the call for an Afrocentric psychology in order to meet the needs of the country’s Black majority; and (iii) market relevance, which encourages the international benchmarking of the discipline’s outputs (Long, 2013). Nevertheless, Pillay (2017) has suggested that increasing the relevance of psychology in South Africa can be done by critiquing the professional psychology curriculum and Master’s selection processes, adjusting psychological interventions in professional practice, and shifting professional attitudes to foster a more critical consciousness of the profession.

Pillay and Kramers (2003) propose another reason that often leads recently qualified psychologists to emigrate, namely the monetary incentive of the Pound Sterling or US Dollar-based salaries, which are also tax-free in some cases. Similarly, some of the participants in this study described being offered more lucrative salaries overseas as being possible incentives for emigrating after training:

*“A lot of people have asked me if I want to go and work overseas because I mean the money is a lot better there.” (P4)*

Although measures such as the compulsory one year of community service following the internship may partially address the problem of the “brain drain” among recently qualified professionals, it is a mistake to see it as the only solution (Pillay & Kramers, 2003, p.54). This is because professionals may still choose to emigrate after their community service year is complete and because, currently, only clinical and not counselling psychologists are expected to complete community service. A longer-term approach is thus needed, involving both the government and the profession working together to find a longer-term solution. Furthermore, recently qualified psychologists should be better incentivised to

remain in South Africa, for example, through the provision of increased salaries (Pillay & Kramers, 2003).

**4.5.5 Sub-theme 5: Current career position: A high level of satisfaction.** All four participants described high levels of satisfaction in the career positions that they held at the time of the interview, despite the numerous challenges they had experienced upon entering the profession. This is similar to findings by Goodyear et al. (2008) and Young and Young (2019), who indicate that both clinical and counselling psychologists are shown to experience high levels of satisfaction with their career choices despite the various career challenges they encounter. In the current study, all four participants reported high levels of career satisfaction, as presented below:

*“I’m pretty happy! I mean every job has its problems... but in terms of where I am, what I’m doing, what I get to do, it is quite satisfying.” (P1)*

*“I feel really... I feel really positive... I feel very fulfilled.” (P2)*

*“In terms of what I would change now... Nothing. I feel like I’m in the prime place to get the experience I need to take this further [...] So yeah, definitely a good level of satisfaction.” (P3)*

*“Where I am, I’m very happy... I’m extremely happy in terms of what I can do for people.” (P4)*

The participants’ high level of career satisfaction might be attributed to a number of intrinsic motivating factors, as described by Herzberg, Mausner and Snyderman (1959). These intrinsic motivating factors might involve the sense of achievement experienced at finally acquiring work in the field, the potential for future career advancement, as well as the personally fulfilling and altruistic nature of the work itself. Furthermore, the participants’ high levels of career satisfaction may be due to their training acquired skills in reflexivity and thus a heightened ability in making sense and meaning of their experiences, both positive and negative.

#### **4.6 Super-ordinate Theme 4: Future Directions.**

Despite all the challenges the participants experienced upon entering the professional field of psychology, the participants still reported high levels of career satisfaction, as indicated above in section 4.5.5. As a result, all of the participants in this study described a



desire to continue practicing within the profession, and described possible prospective plans for their careers within South Africa. Within this super-ordinate theme, three sub-themes were revealed, which include the following: (i) a call for improved intra- and inter-sectoral collaboration and support; (ii) a desire to find more balance; and (iii) a desire to ultimately ‘give back’ through the teaching and training of new psychologists in the profession. This super-ordinate theme thus aims to encapsulate the participants’ proposed future directions for their careers in professional psychology in South Africa.

**4.6.1 Sub-theme 1: A call for intra- and inter-sectoral collaboration and support.** For all of the participants in this study, there was a strong call for improved collaboration and support, both within the professional working environment and between multi-disciplinary sectors. Two of the participants in the study reported feeling dissatisfied with the commonly held expectations that were placed upon them to work in isolation as recently qualified psychologists. These participants described not only inadequate collegial and peer support as newly qualified professionals in their working environments, but also a lack of sound supervisory consultation and guidance. According to Pillay and Johnston (2011), this is potentially problematic, as the value of good supervisory and peer support and collaboration has been well documented. A call for improved collaboration and support within the working environment was expressed by P2 in the following statement:

*“I would definitely love to have more collaboration, but I don’t think that’s an uncommon experience.” (P2)*

This notion was echoed by P4:

*“I would want to be able to work as a collaborative team, because I generally work in isolation.” (P4)*

Similarly, participants in this study called for improved collaboration and support between the different sectors in the healthcare field. More specifically, the participants felt that without improved inter-sectoral engagement, little difference would be made at a broad-scale level in addressing the challenges involved in mental health provision and access within South Africa. This notion that was expressed by participants is supported by Skeen et al. (2010), who suggest that there is currently limited inter-sectoral collaboration within the healthcare field in South Africa. This is particularly concerning, as research by Pillay and Johnston (2011) indicates that intern psychologists are significantly more likely to emigrate if they are dissatisfied with the extent of multi-disciplinary collaboration they experience. In the

extracts below, two participants express a call for improved inter-sectoral support and collaboration:

*“I think we need to be able to cross-engage and by cross-engagement I mean, between students, lecturers and departments, HoDs, the Health Profession’s Council, and the stakeholder, which is government and public service.” (P1)*

*“Systems and contexts are important... we can train people in a certain way all we want, but if the system, you know, like the Department of Health, isn’t ready to receive graduates then it doesn’t matter what is done at a training level... basically the system needs to work together.” (P3)*

From the results, it appears that, although participants completed their training, they continued to need more peer and supervisory support within the working environment. It would thus be important to consider developing a more formal structure and network within designated areas to provide newly qualified professionals with more sources of peer, supervisory and other forms of consultative support. Furthermore, the findings from this study indicate a need to improve inter-sectoral collaboration which could be done, for example, through establishing more widely held policy goals and objectives, and improving relations and communications between different levels and sectors.

**4.6.2 Sub-theme 2: Finding a balance.** All four participants in this study reported a desire to find more balance in different aspects of their lives. According to Rizzolo et al. (2015), the quest to find more balance in life is never-ending for practicing professionals. Similarly, the majority of participants in this study indicated that their various roles, such as being a parent, spouse and financial provider had influenced their experiences as recently qualified professionals following training. For example, this was indicated by P2:

*“Work has always been a priority for me, but this year it’s had to be a bit different... I’m expecting a little one... so yeah, it really has influenced my choices workwise.” (P2)*

Greenhaus, Collins and Shaw (2003) describe how the concept of work-family balance has gained great interest in psychology and work-family literature. Research by Rizzolo et al. (2015) describes how the different roles experienced by professionals often compete against each other and how often career choices are influenced within this life balance context, as seen in the quotation by P2 above. It was interesting to note that in this

study, all four participants reported motivations to find better balance within their professional practicing lives. Upon exploration, participants further described a desire to find an optimal balance in practicing within various contexts. For example, P1 and P2 expressed the following:

*“So I want to sort of find that balance of academia and the therapeutic component... sort of helping more people in that sense.” (P1)*

*“I’ve known going into private practice that this is not all... I want to balance it with some kind of community work.” (P2)*

According to the above results, it might seem that finding balance in different aspects of professional life is an ongoing challenge for all four participants. Some participants recognised that in order to find more balance, they needed to create different spaces for themselves within the different contexts. This was explicitly stated by P3:

*“I think I’ve realised the need to create different spaces for yourself and that there are many valuable skills that we learn that can and need to be implemented in many kinds of spaces outside of the therapy space.” (P3)*

The above notion expressed by P3 is supported by Wilson, Richter, Durrheim, Surendorff and Asafo-Agyei (1999), who argue that the psychology profession needs to better publicise the value that the discipline holds in the wide variety of applications and skills that it affords.

**4.6.3 Sub-theme 3: Giving back: Teaching and training.** Lastly, all four participants in this study reported a strong drive to ultimately return to the teaching and training space within professional psychology. The participants’ desire to return to this space might represent a foreseen sense of meaning and purpose in ‘giving back’ some of the knowledge and skills that they had acquired over their professional lifetime to the new generation of clinical and counselling psychologists in South Africa. Du Plessis, Du Plessis and Saccaggi (2013) likewise describe the sense of enjoyment and personal fulfillment that often arises from professional psychologists choosing to return to the complex world of research, teaching and practice. Furthermore, this is in alignment with Erik Erikson’s (1950) eight stages of psychosocial development, where he proposes the final stages of healthy development to involve the sharing of wisdom and demonstrating generativity in guiding the next generation (Slater, 2003). In the extract below, P1 reflected that although he was

employed within the higher education sector at the time of the interview, he held strong motivations to engage in the teaching and training space:

*“I would like to be in a contact university and in a teaching department. That’s something I’m particularly passionate about.” (P1)*

Similarly, at the time of the interview, P3 was already working within a private psychology training institution and she reported:

*“I think I’ll always be in education... Ideally, I’d like to stay in the teaching and training space, because I feel that’s where I can make the biggest difference.” (P3)*

In the extracts below, both participants P2 and P4 expressed a desire to ultimately engage in the teaching and training of up-and-coming clinical and counselling psychologists in South Africa:

*“I don’t really want to get academically involved as a central part. Although, I would like to do some teaching. So when I say academically, I’m saying more research, but teaching would be good.” (P2)*

*“I’d like to be in some sort of leadership or supervisory position where I can engage with junior psychologists, I suppose sort of like myself, and to help facilitate a learning process.” (P4)*

It appears that for the participants in this study, re-engaging with the teaching and training of up-and-coming psychologists in South Africa, might afford them an opportunity to re-invest and positively influence psychology as a profession within the country. Furthermore, it might allow them to contribute meaningfully to the career trajectories of future generations of practicing clinical and counselling psychologists.

#### **4.7 Conclusion**

This chapter has explored and described the experiences of recently qualified clinical and counselling psychologists in South Africa. The results were presented and discussed according to four major emerging themes, which included the following: (i) Training as a ‘rite of passage’; (ii) Expectations for a professional future in psychology; (iii) Professional psychology: Entering the work space; and (iv) Future directions. The findings suggest that clinical and counselling psychologists’ experiences as recently qualified professionals in

South Africa are both positive and negative, with the overall experience being positive. The final conclusions and recommendations for future research will be explored in Chapter Five.

## CHAPTER FIVE

### Conclusion

#### 5.1 Introduction

This chapter offers an overview of the research that has been conducted and presents a summary of the main findings. Final conclusions are made, limitations are outlined and recommendations for future research in this field are offered.

#### 5.2 Summary of Results

Within an IPA framework, this study aimed to conduct an in-depth exploration of the lived professional experiences of four recently qualified clinical and counselling psychologists in South Africa. Findings from this research suggest that the four clinical and counselling psychologists' experiences as early career professionals in South Africa are both positive and negative, with the overall experience being positive.

This study found that all four participants experienced a calling to enter the profession of psychology, yet they experienced numerous challenges on entering professional training. These challenges included, for example, pessimism and inadequate support from others due to the highly competitive nature of the Master's selection process, as well as the limited spaces available in the programmes. Once selected, however, participants experienced the training process as both highly pressured and transformational for their personal and professional identities. A major challenge experienced by the participants during their professional training involved the delayed completion of the Master's research dissertation, which had both personal and broad-scale repercussions. Despite the aforementioned challenges surrounding the selection and training process, participants experienced positive feelings upon completion of their training.

Participants revealed a number of expectations and concerns for their professional futures upon entering the professional field. These included, for example, financial anxieties, moral and ethical considerations and expectations to work in state and community-based contexts. However, upon entering the professional field, findings from this study revealed that the participants felt an 'anti-climax' following the impressive preceding events of the Master's selection and training process. Furthermore, despite expectations by all four participants to acquire employment within public and community-based contexts following training, the findings revealed that all four participants experienced difficulty in doing so. As a result, three out of the four participants were forced to consider alternative employment

options, including private practice and employment in higher education. The abovementioned findings provide a possible reason for why psychology continues to be a predominantly private practice profession, and this contributes to the debate on the profession's relevance in South Africa. Moreover, this research suggests that the career trajectories outlined by the four clinical and counselling psychologists in this study might not necessarily be due to personal choice, but rather due to greater systemic factors, such as limited available posts, maladministration, the devalued status of mental healthcare in comparison to other healthcare concerns in the country, an unresponsive marketplace and limited efforts by government to accommodate psychologists in different contexts.

Entering academia following training was acknowledged by two participants, namely the two counselling psychologists, as an opportunity to advocate for broader scale differences both for the receivers of mental healthcare within South Africa, as well as for the profession of psychology. Furthermore, the impact of the HPCSA's current SoP regulations on the career trajectories of this group was highlighted in this study. The findings revealed that the current SoP regulations had implications for the distribution of the early career psychologists in various sectors across the country, in turn denying certain members of the public access to mental health services from recently qualified counselling psychologists. Moreover, in this study, participants suggested that high salaries abroad and the difficulties in practicing an individualistic, Eurocentric psychology within the context of South Africa could be incentives for emigration. In spite of the numerous challenges revealed by the participants, all four participants highlighted having high levels of career satisfaction.

Exploring the future plans of the participants revealed a call for improved intra- and inter-sectoral collaboration and support. Furthermore, this exploration revealed participants' current struggle to balance work with the demands of their personal lives and thus the participants' desire to improve their work-life balance in the future. Finally, participants expressed a strong desire to ultimately return to the psychology training space and 'give back' through the teaching and training of new generations of psychology professionals.

### **5.3 Final Conclusions**

A better understanding of the complexities of recently qualified clinical and counselling psychologists in South Africa can assist professional psychology organisations, mentoring programmes and training programmes to optimally facilitate the successful career trajectories of these professionals. The exploration of the lived professional experiences of recently qualified clinical and counselling psychologists following training in South Africa in

this study has demonstrated the significance of and need for such research. The IPA framework and methodology used in this study has proven to be appropriate in gaining insight into this field of study. The knowledge gained from this research can be used, not only in advancing understanding of the unique needs and concerns of this particular group, but also in attempting to provide more relevant and accessible mental healthcare in this country.

#### **5.4 Limitations**

One limitation of the current study is that it was extremely narrow in scope, given the minimal time and resources available, as well as the constraining technical requirements of the Master's dissertation. Further study would, in turn, benefit from the greater allowance of time and resources.

In linking with the first limitation, a second limitation might involve the study's focus on only two categories of registered mental healthcare professionals in South Africa, namely clinical and counselling psychologists, when of course there are many others, as outlined in Chapter Two. It might thus be valuable to consider exploring the experiences of various mental healthcare professionals in South Africa, including for example, educational psychologists and registered counsellors.

A third limitation of the study might concern the small sample size used. However, as outlined in section 3.4, in Chapter Three, the main concern of IPA is to allow a full appreciation of a participant's individual experiences. A small sample size of four participants was thus considered appropriate for this study. Finally, possible limitations of employing IPA as a theoretical framework and methodology within this study have been acknowledged and extensively outlined within section 3.3.4. The researcher's subjective position within this research and the possible limitations thereof have, furthermore, been discussed within section 3.3.5 in Chapter Three.

#### **5.5 Recommendations for Future Research**

This study is one of the first to specifically explore early career clinical and counselling psychologists in South Africa, as a group. Directions for future research are thus plentiful. Furthermore, due to the limited scope and sample size of this research, it is likely that additional influences on the professional experiences of early career psychologists in South Africa have not yet been identified. Further study in this area, along with a larger sample size, may thus be useful in allowing more diverse and unique perspectives and experiences to be revealed. The influence of macro-systemic factors on the experiences of



recently qualified psychologists in South Africa should also further be explored. This includes further exploration on the extent to which the HPCSA's current registration system and SoP regulations prevent opportunity for employment and mental health service provision for early career clinical and counselling psychologists in South Africa. Another area of possible research includes comparing the early career experiences of recently qualified clinical and counselling psychologists with those of more experienced members.

Recommendations to intervene and provide support for early career psychologists in their transition from student life to that of professional life might involve the establishment of formal mentoring programmes, as supported by Smith et al. (2012). According to these authors, mentoring is useful in assisting early career psychologists to navigate professional, personal and career-related challenges. Many professional psychology environments may, however, need to rely on informal mentoring due to the limited time and resources of senior level professionals. In this case, it is recommended that informal methods of mentoring be employed, for example in the form of electronic communication and social media, which may also be more effective in reaching junior faculty.

In linking with the abovementioned recommendation, it is furthermore suggested that early career psychologists become proactive in getting mentored. Here, it is important to emphasise the possibility of finding more than one mentor for different areas of life, for example, a financial mentor, a clinical mentor and other mentors. While early career psychologists might locate mentors in professional associations and academic departments, mentors are not limited to being psychologists and thus can also be found in workplace settings, social gatherings, conferences and interest groups. Furthermore, inter-sectoral collaboration and support between other healthcare professionals can be improved, for example, by establishing more widely held policy goals and objectives, and improving relations and communications between different levels and sectors.

Finally, it is recommended that the complex realities of early career clinical and counselling psychologists in South Africa are discussed within psychological training programmes and are thus made a standard component of the curriculum. Socialising trainees in professional psychology to understand the training-to-career transition might be helpful in increasing the resilience of recently qualified clinical and counselling psychologists practicing in South Africa.

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## **Appendix A**

### **Interview Schedule**

#### **A. Experience working as a clinical or counselling psychologist**

- 1) Could you give me a brief history of the process you experienced in order to ultimately register as a clinical/counselling psychologist?
- 2) Could you describe how you felt on completion of your professional training?  
Prompt: How did you feel about finally becoming a qualified psychologist? How do you define it?
- 3) What expectations did you have as a Masters student (M1/M2) in terms of acquiring a job following your training?
- 4) How do you feel about being a clinical or counselling psychologist in South Africa?

#### **B. Level of Satisfaction**

- 5) Could you tell me more about what led you to choose the current work you do as a psychologist?  
Prompt: What was the process you experienced?
- 6) How do you feel about the current work you do as a psychologist?  
Prompt: How would you describe your level of satisfaction in your current job position?

#### **C. Future as a psychologist**

- 7) How do you feel about your future career as a psychologist in South Africa?  
Prompt: Career growth? Career changes? Uncertainty?

**Appendix B**  
**Participants' Invitation to Participate**



**RHODES UNIVERSITY**

*Grahamstown • 6140 • South Africa*

**RHODES PSYCHOLOGY CLINIC**

**Tel: [+27] 079 351 6122**

**E-mail: hainePhillipa@gmail.com**

**28 May 2018**

To whom it may concern

**Re: Invitation to participate in Masters Research**

You are invited to take part in a study conducted by Phillipa Haine, (under the supervision of Duane Booysen), from the Psychology Department at Rhodes University. You are approached as a possible participant because you meet the inclusion criteria of the current study.

Phillipa is a psychology postgraduate student completing her Masters Degree in Counselling Psychology and is carrying out research on the lived experiences of clinical and counselling psychologists who recently completed their professional training and registered with the Health Professions Council of South Africa (HPCSA) between the years 2013-2017.

**1. TITLE OF RESEARCH**

Life after training: Exploring the professional experiences of recently qualified clinical and counselling psychologists in South Africa.

**2. PURPOSE OF THE STUDY**

The purpose of this research is to explore the lived experiences of clinical and counselling psychologists following their professional training.

**3. SIGNIFICANCE OF STUDY**

The current study is significant because South Africa is characterised as having high rates of mental health disorders, but inadequate mental health care services. Thus the role of clinical and counselling psychologists has been an ongoing point of contestation in this context and is necessary to explore. Furthermore, there has been limited research concerning newly qualified psychologists following their professional training. Therefore, by sharing your experiences as a recently qualified psychologist, you will be greatly contributing to this gap in the research.

**4. WHAT WILL BE ASKED OF ME?**

If you agree to take part in this study, you will be asked to share your experiences as a clinical or counselling psychologist by completing one face-to-face or Skype interview with the researcher for a

maximum time of an hour and a half. The interviews will also need to be audio-taped.

#### **5. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY**

Any information that is obtained in connection with this study and that can identify you as an individual will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of only allowing the researcher and her supervisor to access data. All information will remain anonymous. Participant data and information (such as transcripts and audio-tapes) will be stored electronically, and only the primary investigator and her supervisor, will have access to these electronic copies which will be secured/protected with a password. These electronic copies will be stored on the researchers' personal laptop which will be further password protected. Informed consent forms or other forms of information that may be linked to participants will be kept separate from research data and will be password protected. If results are to be published from the study, confidentiality will be maintained by replacing participant names with pseudonyms.

#### **6. PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and will still remain in the study. The researcher may withdraw you from this research if circumstances arise that warrant doing so.

#### **7. RESEARCHERS' CONTACT INFORMATION**

If you have any questions or concerns about the research, please feel free to contact Phillipa Haine or Duane Booysen.

**Researcher:**

Phillipa Haine  
Rhodes University  
0793516122 / hainephillipa@gmail.com

**Supervisor:**

Duane Booysen  
Rhodes University  
0466038507 / d.booyesen@ru.ac.za

#### **8. DEBRIEFING**

You will be offered the opportunity, following the end of the interview process, and at the end of the study, to question the researcher and the study's finding and/or to express any thoughts surrounding the study.

Thus, the intention of this letter is to invite you to participate in this study. This invitation has been approved by the Rhodes University Department of Psychology's Research Project and Ethics Review Committee. Attached for your information is a copy of the participant's informed consent forms. If you would like to participate in this research, please complete and return the attached informed consent forms.

Thank you for your time.

Yours sincerely,

Phillipa Haine [Research Student]

Duane Booysen [Supervisor]

**Appendix C****Participant Informed Consent Form**

RHODES UNIVERSITY - DEPARTMENT OF PSYCHOLOGY

**AGREEMENT BETWEEN STUDENT RESEARCHER  
AND RESEARCH PARTICIPANT**

I \_\_\_\_\_ (participant's name) agree to participate in the research project by Phillipa Haine which is titled 'Life after training: Exploring experiences of clinical and counselling psychologists in South Africa'.

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a Master's degree at Rhodes University. The researcher may be contacted on +27(0)79 351 6122 or hainephillipa@gmail.com. The research project has been approved by the relevant ethics committee(s), and is under the supervision of Mr Duane Booysen in the Psychology Department at Rhodes University, who may be contacted on +27(46) 603 8507 or d.booysen@ru.ac.za.
2. The researcher is interested in the lived professional experiences of recently qualified clinical and counselling psychologists following professional training.
3. My participation will involve a Skype interview of no longer than an hour and a half.
4. I may be asked to answer questions of a personal nature, but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.
5. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction.
6. I am free to withdraw from the study at any time – however I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally anticipate.
7. The report on the project may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible to be identified by the general reader.

Signed on (Date):

Participant: \_\_\_\_\_ Researcher: \_\_\_\_\_

**Appendix D**  
**Participant Audiotape Informed Consent Form**

**Rhodes University — Department of Psychology**

**USE OF TAPE RECORDINGS FOR RESEARCH PURPOSES  
 PERMISSION AND RELEASE FORM**

|                                |  |           |     |
|--------------------------------|--|-----------|-----|
| Name of participant            |  |           |     |
| Participant's contacts details | Email address:<br>Phone number:  |           |     |
| Name of researcher             | Phillipa Haine   |           |     |
| Level of research              | Honours  | Masters X | PhD |
| Brief title of project         | Professional Experiences of recently qualified clinical and counselling psychologists in SA. |           |     |
| Name of supervisor             | Duane Booysen  |           |     |

**DECLARATION**

*(Please initial/tick blocks next to the relevant statements)*

|    |  |  |  |
|----|--|--|--|
| 1. | The nature of the research and the nature of my participation have been explained to me.   | verbally                               |  |
|    |  | in writing                             |  |
| 2. | I agree to be interviewed and to allow recordings to be made of the interview.   | audiotape                              |  |
|    |  | videotape                              |  |
| 3. | I agree to _____ and to allow recordings to be made.   | audiotape                              |  |
|    |  | videotape                              |  |
| 4. | The tape recordings may be transcribed   | without conditions                     |  |
|    |  | only by the researcher                 |  |
|    |  | by one or more nominated third parties |  |
| 5. | I have been informed by the researcher that the tape recordings will be erased once the study is complete and the report has been written.<br><br>OR<br>I give permission for the tape recordings to be retained after the study and for them to be utilised for the following purposes and under the following conditions |  |  |
|    |  |  |  |

Signature of participant: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by researcher: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix E**  
**Emergency Contact Form**

**EMERGENCY CONTACT DETAILS FORM**

The following form needs to be completed by the participant in the case whereby a Skype interview will be executed. The following information will be used by the researcher in the event that the participant experiences distress during the interview and needs support and assistance. The participant should ensure that the person whom they identify as their emergency contact on this form is aware of the participant's involvement in the interview, and would be available for the duration of the interview (an hour and a half), in the event that they are needed.

**Participant Name:**

**Person to be contacted in event of emergency**

**Name:**

**Surname:**

**Relationship:**

**Cell Number:**

**Work Number:**

**Email:**

**Home Address:**

**Work Address:**

---

**Participant Signature**

---

**Date**

**Appendix F****Institutional Permission and RPERC Clearance Letters****RHODES UNIVERSITY**

Grahamstown • 6140 • South Africa

OFFICE OF THE REGISTRAR  
P O Box 94, Grahamstown, 6140  
E-mail: registrar@ru.ac.za  
Tel: +27 (0)46 603 8101  
Fax: +27 (0)46 603 8127

Phillipa Claire Haine  
G18H6216  
Department of Psychology

14 August 2018

Dear Ms Phillipa Haine

Name of research proposal: 'Life after training: Exploring the experiences of recently qualified clinical and counselling psychologists in South Africa'.

This serves to confirm that you have been granted permission to conduct your proposed research at Rhodes University as requested.

Yours sincerely

Dr Adele Moodly  
REGISTRAR



**RHODES UNIVERSITY***Grahamstown • 6140 • South Africa***PSYCHOLOGY DEPARTMENT • Tel: (046) 603 8500 / 85001 • Fax: (046) 622 4032 • e-mail: [psychology@ru.ac.za](mailto:psychology@ru.ac.za)****RESEARCH PROPOSAL AND ETHICS REVIEW COMMITTEE**

02 July 2018

Phillipa Haine  
Psychology Department  
RHODES UNIVERSITY  
6140

Dear Phillipa

**ETHICS APPLICATION PSY2018/35**

This letter confirms your ethical protocol with tracking number PSY2018/35 and title, 'Life after training: Exploring the experiences of recently qualified clinical and counselling psychologists in South Africa', was reviewed by the Research Projects and Ethics Review Committee (RPERC) of the Psychology Department of Rhodes University on 14 June 2018. The committee recommends APPROVED WITH STIPULATIONS. These stipulations are that gatekeeper permission is sought and gained, and forwarded to the committee. The RPERC is a subcommittee of RUEC and therefore this decision will be ratified at the next RUEC meeting on 24 July 2018.

Please ensure that the RPERC is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. This clearance is valid for 12 months from the date of this letter.

Yours sincerely

Prof L Saville Young  
CHAIRPERSON OF THE RPERC

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**Tel: (046) 603 8500/8501 e-mail: [psychology@ru.ac.za](mailto:psychology@ru.ac.za)**

## Appendix G

Table of Super-ordinate Themes, Sub-themes and Corresponding Quotations

|     |                                 |  |   |
|-----|---------------------------------|--|---|
| (i) | Training as a 'rite of passage' | Choosing psychology                        | <p><i>"I've always wanted to be a psychologist... not always... but once I found it, I knew I wanted to be a psychologist." (P1)</i></p> <p><i>"I realised the impact of what a psychologist could do... I think that's when I decided this was something I wanted to do as I was always interested in assisting people, and more so understanding people." (P4)</i></p> <p><i>"Before I started studying psychology I wanted to study physiotherapy... but just before I was about to start, I said to my folks, I don't think this is the right thing... I want to help people, but I don't think I want to physically help people." (P3)</i></p> |
|     |                                 | Challenge of entering the profession       | <p><i>"I didn't know how difficult it was... I didn't have a sense of how few people got into the programme... So after my Honours I applied, and everyone was like that's crazy! You'll never get in! So I think I'm very, very lucky to have gotten in." (P3)</i></p> <p><i>"I think initially a lot of people, when I said this was something that I wanted to do... were supportive no matter what, but were cynical... [They] said this was going to be difficult." (P4)</i></p>   |
|     |                                 | The transformational pressures of training | <p><i>"It's very difficult, I think the training years were probably some of, if not the most difficult years of my life... I had some really down days, but then I was really motivated every other day." (P4)</i></p> <p><i>"I mean, it was a crazy time... We were under a lot of pressure... but it was kind of helpful because there was some positive pressure and we were all pushing each other to do this thing." (P1)</i></p> <p><i>"Your training years are so formative to who you become as a person... You cannot come out unchanged, it's just impossible." (P3)</i></p>   |

|   |   |  |
|---|---|--|
|   |   |  |
|   | Concerns of completing the dissertation timeously | <p><i>"I was worried about if I don't complete [my dissertation], I don't have a degree... so I can't work anywhere." (P1)</i></p> <p><i>"Unfortunately I wasn't done with my research... and so I said to my parents, 'I'm actually going to take a gap year so I can finish my research and then I can go and start my community service'." (P4)</i></p> <p><i>"Out of the clinical psychologists, I was the only one to complete my research and write [the board exam] in my internship year" (P2)</i></p>                     |
|   | Positive feelings on completion of training       | <p><i>"Completing my training was probably the greatest relief 'cause it had been a really crazy two years... so I was really happy about that." (P1)</i></p> <p><i>"On completion, I mean certainly the day I graduated... I was extremely pleased, I think it's an enormous privilege to do this work, it's an enormous privilege to have trained because it's obviously so limited... yeah so I felt extremely humbled... extremely grateful." (P2)</i></p> <p><i>"Sho... for me it was a really great feeling..." (P4)</i></p> |
| (ii) Expectations for a professional future | "Now what?"                                       | <p><i>"I remember thinking... now what? Everyone drives so hard to get into the programme, and it's seen as such a big thing, and then you're so focused on getting through the programme... there isn't space for thinking about what comes afterwards." (P3)</i></p> <p><i>"I think in training I was sort of just going along with everything; I wasn't really thinking too much about afterwards." (P2)</i></p> <p><i>"It's really daunting to be out on your own out of training." (P4)</i></p>                               |

|  |                                |   |
|--|--------------------------------|---|
|  |                                | <i>"I think there was a part of me that felt quite unprepared for what came afterwards... I think there is a very big part in professional training that is missing for the afterwards... for the like, ok so now you're finished training, but what does that mean and what does that actually look like in the field. " (P3)</i>  |
|  | Financial anxieties            | <p><i>"There's this idea that I'm supposed to do this thing and somehow live for two years. And if you're a counselling psychologist in your internship you're getting paid next to nothing... I was getting paid more with an Honour's degree than I was with my Master's degree... it just didn't make sense to me." (P1)</i></p> <p><i>"I wanted to work in community contexts... but you can go into community contexts with a matric. So you would be getting paid a salary that someone with just a matric was earning. So now having done your Master's... it just wasn't financially feasible." (P3)</i></p> <p><i>"The training of professional psychologists should be entirely bursaried." (P1)</i></p> <p><i>"I'm very glad I did my PhD straight after [training]... But I think it was both out of necessity as well as choice... the PhD, I always wanted to do, but what really helped was that it came with funding, so I could survive financially." (P3)</i></p> <p><i>"Finding a job... for me there were a number of considerations... I probably have a better term for this, which is historical tax... because I had to consider taking care of family members and particular things." (P1)</i></p> |
|  | Ethical and moral expectations | <i>"For me it was quite problematic because I think... I'm not really sure what I want to do with this... I could possibly make quite a lot of money, but is that really the point?" (P1)</i>   |

|  |   |  |
|--|---|--|
|  |   | <p><i>"There was a strong sense of...what was it? Not really an obligation but... yeah I guess some sort of moral imperative played a role." (P2)</i></p>  |
|  | Expectations to work in public and community contexts | <p><i>"In my M1 year, the research I did focused around the public sector of mental healthcare. So I think that really influenced me wanting to work in the public sector." (P2)</i></p> <p><i>"I always said from the beginning that I never want to be in private practice... I have no interest in being in private practice... I want to work in community contexts; I want to work in NGOs; I want to work in clinics." (P3)</i></p> <p><i>"I was never set on going into private. I went for my M1 interviews and they asked me, 'Where do you see yourself?' And the first thing I said was the one place I don't see myself is in private. I actually want to be in government, and if not in that then I would probably want to be based at a community-based centre." (P4)</i></p>   |
| (iii) Professional Psychology: Entering the work space | Failed initial attempts: Public versus private        | <p><i>"I think so many of us get forced into private practice, not because we wanted to be in private practices, but because there aren't spaces elsewhere... I was trying so hard to move out of private practice and move into the context that I wanted to be in, but there was extreme difficulty with that." (P3)</i></p> <p><i>"So I first applied for a job in government services, in correctional services, which had been something that I had always wanted to do ... but uh, government just haven't got back to me. And as far as I know, and this is a couple of years later now... they still haven't filled that post." (P1)</i></p> <p><i>"I probably applied for about 35 jobs in the NGO sector. I'm not even exaggerating... I probably applied for 35 jobs, because that was the space that I wanted to be in, which was in the</i></p> |

|  |          |  |
|--|----------|--|
|  |          | <p><i>community context... But what trumped me always, was that I had no kind of business skill, no kind of financial or entrepreneurial side to my training, and ultimately an NGO is a business.” (P3)</i></p> <p><i>“I was still looking for posts at the end of my community service year... because I had a really positive experience in M2... But I... I just didn’t come across any posts in [the] public [sector].” (P2)</i></p> <p><i>“Honestly jobs are really scarce, it’s either you create your own employment, and that’s mostly private practice, which is really expensive to get going... I mean, it’s a serious process and you need to be booked up for a few months to survive. But then you know, when I was looking for jobs, it was also really difficult.” (P1)</i></p> <p><i>“It was my second interview after qualifying and I just kept thinking... I need to work, I need to be busy, I can’t be at home.” (P4)</i></p> |
|  | Academia | <p><i>“So I was looking for a job in academia, and... most academic departments, well psychology departments, are looking for people who have experience, or they are looking for people who are about to complete their PhDs... So I was caught because I couldn’t get the jobs. And there are only a few jobs in academia that pop up.” (P1)</i></p> <p><i>“I think that’s partly why I’ve gone back into training and academia because I feel that we need to do things differently... and that’s the space where I feel I can make the biggest difference.” (P3)</i></p> <p><i>“So my PhD is on the training of counselling and clinical psychologists in this country. So what I’ve looked at is a variety of issues.” (P1)</i></p>   |

|  |                                 |  |
|--|---------------------------------|--|
|  | Influences of Scope of Practice | <p><i>“There’s the Scope of Practice issue, where you have medical aids refusing to pay some psychologists... One of the things that I absolutely refuse to do, is go into private practice and have to fight to get paid for the service I’m rendering and that I’m qualified to do.” (P1)</i></p> <p><i>“And then, public health services make more jobs available for one registration category which is clinical.” (P1)</i></p> <p><i>“You know, what you’re then doing is you’re intervening at a point of crisis rather than preventing it in the first place. Until you move across to kind of a preventative model, you’re really not going to make that much of a difference.” (P3)</i></p> <p><i>“Why doesn’t the country create spaces for counselling psychologists outside of psychiatric hospitals because that’s not the only place that we need psychologists... I just don’t know how that works in a country where there’s a scarcity of resources and a dire need of services... minor shifts in scope of practice are not going to make a difference.” (P3)</i></p> <p><i>“I think if you had a team where there’s a clinical psychologist and counselling psychologist, they could both play their various roles... and I think they would make a really good team in terms of complementing each other.” (P4)</i></p> <p><i>“I think the greatest barrier is people’s lack of understanding of what we do, and what they think we can do.” (P4)</i></p> <p><i>“And I think that’s probably the biggest obstacle... trying to convince people what we do and that we are actually qualified to do it.” (P1)</i></p> |
|  | Emigration and the brain drain  | <p><i>“The brain drain was caused in one sense for me by people who realized that this [profession] works better in the UK. It doesn’t work so well here, because life here is a little bit more complex in one</i></p>  |

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|                        |  | <p><i>sense in terms of... and I hate this word... the diverse nature of this context.” (P1)</i></p> <p><i>“So many of my colleagues end up overseas just so that they can work in the kind of contexts that they want to work in... that we’ve been trained to work in.” (P3)</i></p> <p><i>“A lot of people have asked me if I want to go and work overseas because firstly, the money is better, but also there are so many more psychologists.” (P4)</i></p>  |
|                        | Current career position: A high level of satisfaction          | <p><i>“I’m pretty happy! I mean every job has its problems... but in terms of where I am, what I’m doing, what I get to do, it is quite satisfying.” (P1)</i></p> <p><i>“I feel really... I feel really positive... I feel very fulfilled.” (P2)</i></p> <p><i>“In terms of what I would change now... Nothing. I feel like I’m in the prime place to get the experience I need to take this further. So yeah, definitely a good level of satisfaction.” (P3)</i></p> <p><i>“Where I am, I’m very happy... I’m extremely happy in terms of what I can do for people.” (P4)</i></p>  |
| (iv) Future Directions | A call for intra- and inter-sectoral collaboration and support | <p><i>“I would definitely love to have more collaboration, but I don’t think that’s an uncommon experience.” (P2)</i></p> <p><i>“I would want to be able to work as a collaborative team, because I generally work in isolation.” (P4)</i></p> <p><i>“I think we need to be able to cross engage and by cross engagement I mean, between students, lecturers and departments, HoDs, the Health Profession’s Council, and the stakeholder which is government and public service.” (P1)</i></p> <p><i>“Systems and contexts are important... We can train people in a certain way all we want, but if the system, you know, like the Department of Health isn’t ready to</i></p> |



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|  |                                       | <i>receive graduates then it doesn't matter what is done at a training level... Basically the system needs to work together."</i> (P3)   |
|  | Finding a balance                     | <p><i>"Work has always been a priority for me, but this year it's had to be a bit different... I'm expecting a little one... so yeah, it really has influenced my choices workwise."</i> (P2)</p> <p><i>"So I want to sort of find that balance of academia and the therapeutic component... sort of helping more people in that sense."</i> (P1)</p> <p><i>"I've known going into private practice that this is not all... I want to balance it with some kind of community work."</i> (P2)</p> <p><i>"I think I've realised the need to create different spaces for yourself and that there are many valuable skills that we learn that can and need to be implemented in many kinds of spaces outside of the therapy space."</i> (P3)</p>                                     |
|  | Giving back:<br>Teaching and training | <p><i>"I would like to be in a contact university and in a teaching department. That's something I'm particularly passionate about."</i> (P1)</p> <p><i>"I think I'll always be in education... Ideally, I'd like to stay in the teaching and training space, because I feel that's where I can make the biggest difference."</i> (P3)</p> <p><i>"I don't really want to get academically involved as a central part. Although, I would like to do some teaching. So when I say academically, I'm saying more research, but teaching would be good."</i> (P2)</p> <p><i>"I'd like to be in some sort of leadership or supervisory position where I can engage with junior psychologists, I suppose sort of like myself, and to help facilitate a learning process."</i> (P4)</p> |