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Title: Communities and professional identities: South African women students' accounts of Applied Psychology training

Creator: Callaghan, J.

Example citation: Callaghan, J. (2012) Communities and professional identities: South African women students' accounts of Applied Psychology training. In: Walker, C., Johnson, K. and Cunningham, L. (eds.) *Community Psychology and the Socioeconomics of Mental Distress: International Perspectives*. Basingstoke: Palgrave MacMillan. pp. 141-155.

It is advisable to refer to the publisher's version if you intend to cite from this work.

Version: Submitted version

Official URL:

<http://us.macmillan.com/communitypsychologyandthesocioeconomicsofmentaldistress/CarlWalker>

<http://nectar.northampton.ac.uk/5271/>



Communities and Professional Identities: South African Women Students' Accounts of Applied Psychology Training

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In the period of reconstruction following the collapse of legislated Apartheid in South Africa (culminating in the first elections in 1994), pressure has been exerted on professions to restructure and reform themselves to provide services that are more appropriate for a South African context. In the first few years of the "New South Africa", organised psychology responded in several ways: reorganising the professional bodies that regulate psychological practice; considering the notion of 'relevance' and questioning whether psychology required 'Africanisation'; and through restructuring its training programmes in SA to make it more accessible and appropriate for the South African people. However, as the psychological establishment has at least nominally wrestled with the question of how to be more 'relevant', the intransigence of dominant models of psychology has become increasingly evidence.

A particular feature of psychology's attempt to wrestle with its crisis of relevance in SA has been to focus on notions of 'community', 'community service' and 'community work'. In this chapter, I explore the way that notions of professionalism intersect with ideas of 'the community' and of community work, in ways that create complex and contradictory tensions for students engaged in the identity project that is professional psychological training.

This chapter emerges from a doctoral project, focused on a critical consideration of the idea of a relevant and appropriate psychology (or psychologies) for a South African context. The aims of this project were achieved primarily through a consideration of the accounts of women students, interviewed in groups and as individuals, as they moved through professional psychology training programmes, over a period of three years. Of key interest to me in this process was the question of the way in which identities are formed and shift in training programmes, particularly in relation to the acquisition of an identity of 'professional psychologist', and the implications of this identification for other political and social identities.

I interviewed 26 participants in total, and participants were drawn from 4 South African universities where they were being trained as clinical, counselling, educational or industrial psychologists. Participants were interviewed over a period of three years to capture longitudinally a sense of shifting training stories. Drawing on theoretical and methodological resources from discursive (e.g. Parker 1992, 1994), postcolonial and feminist approaches, I analysed the operation of a discourse of professionalisation in relation to key axes of gender and racialisation as they function in the contemporary South African context. In this chapter, I unpack how this discourse of professionalisation constructs a linguistic polarisation that renders some aspects of subjectivity as 'professional' and others (the political, the personal) as 'non-professional'. To construct a

professional identity, we must relinquish other subject positions that are not compatible with the requirements of professionalism (e.g. objectivity). Political and personal affiliations must be sloughed off in order to become a "Professional Psychologist". In this chapter, I argue that, within professional psychology, political ideas can only be expressed on the periphery (for example, from the marginalised position of 'community psychologist'). What emerges in this analysis is a sense that, within current discursive constructions, the political and professional psychologist cannot co-exist.

Working with the community: A more relevant South African psychology?

Students training to be psychologists reflect on the potential of 'community' projects to offer them space for a more critical voice, and a more politicised engagement with psychological work. The profession of psychology has long come under fire for its inherently western models of personhood, its middle class assumptions, and its impracticality for engagement with poor and working class black African people. Historically, South African psychology has largely been performed in private practice, through one to one psychological assessment and therapy. For decades, this form of psychology have been criticised for elitism and irrelevance to the majority of South African people. Community psychology occupies a particular space in the history of South African psychology, as part of a possible solution to psychology's crisis of relevance.

Community approaches are seen as an attempt to take psychology to ordinary people, whilst engaging critically with the western basis of mainstream psychology. As Seedat, Duncan and Lazarus have suggested "community psychology came to be associated with broad democratic movements seeking to dismantle oppressive state structures and ideological state apparatuses" and "embraced a radical challenge to the discriminatory foundation, theory, method, and practice of psychology" (2001, p 4). The introduction of community service for psychologists in 2004 meant that newly qualified psychologists were employed in 'community contexts' for a year: this was seen as a way of broadening access to psychological services, while encouraging students to give something back to the community. It was also assumed that, by delaying the absorption of new psychologists into the middle class private practice context, they would be better positioned to reflect on the context in which they live and work, thinking critically about ways of making psychological practice more relevant.

However, this kind of 'community service' takes place largely in hospital and clinic contexts and as such is often simply individual therapy in a different context, and not what we would traditionally regard as 'community psychology'. Painter and Terre Blanche (2004) suggest that South African critical psychologists fail to engage with areas like mental health activism, forensic and community psychology, and consequently, as Hamber et al (2000) suggest community psychologists have, despite efforts to the contrary reproduced the 'individualising, idealist and relativising tendencies' (63) of psychology. The postapartheid work of much community psychology has been stimulated by the introduction of community service for psychologists (Painter and

Terreblanche, 2004), but it remains oriented to better and more accessible *mainstream* services, rather than to restructuring of psychology itself. Further, community psychology has become a marginal space to which political and social issues in psychology have been consigned, enabling 'mainstream' psychology to continue relatively unaffected by challenges to produce a more relevant and equitable psychological practice for SA (Callaghan, 2003).

The Making of a Psychologist

Foucault (1975, 1976) suggested that psychology does not merely describe our sense of what it is to be human: rather it also constructs and produces our sense of what the individual is. Psychology functions as a key disciplinary apparatus that produces and reproduces the western sense of 'self': it not only functions to *describe* what the western subject is like, it also *prescribes* a sense of how individuals 'should' be (Parker, 2008). By carving the world up into a set of behaviours, personality traits and abilities that are regarded as 'normal' or 'abnormal', the regulative discourses of psychology construct a sense of what an ideal person *should* be. Thus, Foucault argues that the western concept of the self, and our sense of the rightness of this idea of the individual, is constructed not through overt oppressive practices, but rather through the social and linguistic practice – i.e. it is constituted discursively. This means that psychology does not simply reflect the supposed empirical reality of mental health or ill health, but rather functions as "a moral compass for how we should make sense of our behaviour, our thoughts and our sentiments" (Parker, 2008, p217). Rose (1985) suggested that western identities are characterised by the 'psy-complex', a network of psychological discourses that regulate subjects through an imperative to look within, to develop ourselves (think, for example of the notion of 'personal development' in human resource management, which incites individuals to self-regulate in organisations through apparently benign constructs like 'personal growth' and 'career development', encouraging us to manage ourselves). Hodges (2002) suggests therapeutic discourses position individuals as both "the target and the responsible agent in their own cure" – psychological knowledges inform us of the problems we face, directs us towards appropriate strategies for fixing those problems, and suggests that, as responsible moral citizens, we should take the steps necessary to heal ourselves. Therefore, psychological knowledges are implicit in the construction of certain ratified ways of doing and being human, through their production and reproduction of a therapeutic moral order: the psychological truth of human experience is located within, and liberation can be attained through self work (not, by default, through the exploration of social and political conditions).

The 'self' that psychology constructs as 'normal' is the western, masculine, rational, liberal citizen (Burman, 2008). Within the therapeutic discursive system, the psychologist is positioned as an ideal instance of the health western self. To become a therapeutic agent requires that we position ourselves in alignment with the construct of the healthy psychological subject: we must embody the qualities that our clients seek to emulate through the practices of therapy. As students become psychologists, they learn not just a set of practices and

ways of talking about self and other, but that these practices must be *felt to be true* (Burman et al, 1997). The 'end product' of masters training raises students to the elevated rank of 'professional psychologist', and professional training programmes do not just teach content, they also teach students how to *be* professionals. This status offers certainty, power, knowledge and competence (Rose, 1999).

Students 'model' professional socialisation, through mentoring and supervision (Howe, 2002). The 'neutrality' associated with professionalism involves an uncoupling of the 'person' (as a social and political being) from the 'professional'. This is achieved through a 'hidden curriculum' the "processes, pressures and constraints which fall outside ... the formal curriculum and which are often unarticulated or unexplored" (Cribb et al, 1999, p 196). For example, students acquire an understanding of power relationships within their professional sphere, 'appropriate' ways of relating to patients and other professionals, and expected ways of behaving both at work and in other social settings. In psychology this process includes modelling the rational subject, the independent, adult 'individual'. The notion of the unitary individual predominant in psychology does not allow for the divergent subjectivities of students moving within multiple contexts, and labels as pathological anything that digresses from the rational subject. To be accorded the status of psychology practitioner, students must therefore distance themselves from 'political' and 'personal' affiliations that contradict discourses of professionalism. These are often the very aspects of self that keep them culturally or contextually located, or that provide a potential for political and community engagement.

Becoming a psychologist is a project of identity management that is not simply about the acquisition of professional skills, but involves *being a psychologist*. As one student, commenting on criticisms of her interpersonal relationships with training staff noted:

RG: Erm ja. (...) Like I, at the beginning of the year, when I went into this internship, you hear a lot of scare stories from internships, people being terminated, so you go there with your reservations as well. And I went in, erm, keeping myself to myself, doing my work, and everything. And then I was labelled as being too timid. ((laughing)) and timid, I'm not. ((laughter)). Erm, too timid, antisocial, not socialising with staff, er, what else? Quite a few labels were put on to me.*

SS: Arrogant?

RG: Arrogant. (...) I was labelled passive aggressive as well. But, you know, there were things, you know, it's more than, it's more than just a professional evaluation. It's about relating to people. But the sad thing there was, it wasn't a professional thing ... It wasn't that I wasn't doing my work...*

In RG's account, becoming a professional psychologist involves relating to people in a way conforms to their supervisors' view of professional behaviour. This extends beyond patient encounters, to the regulation of interpersonal and social behaviour with other staff in the hospital context: in this sense it is not 'a professional thing', but a personal one. Students are expected to perform a professional identity that exceeds mere

adherence to a code of professional ethics within encounters with clients. To be a professional we are not simply expected to have a set of professional knowledges, or to act professionally: we are required to **be** a professional. As Stronach et al (2002) suggest, professionalisation involves regimes of surveillance and governmentality that construct an image of 'the authentic' professional. They suggest that the construction of professional identity results in the production of an idealised 'collective' individual – The Nurse, The Teacher. In the case of the students I interviewed, the process of professionalisation does not produce them as 'a psychologist' but rather as The Psychologist, who does not merely act professionally, but embodies professionalism.

In interviews with women psychology trainees, it became clear that becoming 'The Psychologist', involved relinquishing of other subject positions – those that are inconsistent with the construct of professionalism itself. Students suggested that training involved suppressing voices of resistance and critique, in favour of a more passive, unchallenging identity. The construction of a conformist Psychologist identity is secured through a variety of professional performance contexts, (case study presentations, supervision, quarterly progress reports), through interpersonal interactions with members of staff, and through the labelling as 'pathological' or 'immature' behaviour that is not in keeping with the hegemonic image of The Psychologist. RG is labelled as 'too timid' or as 'passive aggressive' when her performance as a student does not fit with the training institution's view of what a professional *should be*. This produces professional conformity:

NN: I used to argue. I used to stand up for what I thought. But now if anyone says anything, I say ((ironically, in a little girl voice)) 'oh, (..) ok'. Even if I don't go along with that (..) I wouldn't argue (..) with a senior. I'd just keep quiet. And tell, maybe, my, erm, erm, my other interns that 'oh, I didn't think that, or that was right, I don't think that should go on.' But you wouldn't, I will say you do lose part of yourself.

Students suggest here that professionalisation, is about being silent when you *feel* you should speak, and 'losing part of yourself' in the process. Disagreement can be expressed, but only in a marginal space - in this case, discussion with other interns. So what is silenced in the process of professionalisation? What aspects of self are inconsistent with the construct of The Professional Psychologist?

To 'play the game' (Callaghan, 2005) of becoming a professional psychologist involves performing an identity of 'objective care' that is masculinised, and implicitly white and middle class. Women are absent from general theories of human behaviour and experience, but are present as the 'abnormal' or 'problematic' focus of the psychological gaze (Rutherford and Graneck, 2010). These representations of women in psychological theory and practice position trainees in complex ways: as women they are both elevated as 'expert', but undermined as 'pathological'. This sets up a strong pressure to dissociate from gendered positions as 'woman' and to identify as the objective professional. Psychological discourses pathologise women's voices in a manner that makes alternate identities for women as psychologists (e.g. feminist psychologist) difficult to attain. As we will

see in the next section, the construction of 'African' subjectivities and notions of community function to similarly 'Other' these positions, making the construct of 'black psychologist' equally difficult to negotiate.

G suggests that psychology training programmes 'select out' people who have strong political (or other) views.

G: I'd say having a strong anything. Strong beliefs, opinions, call it what the hell you like positions, strong positions on anything. ... But if you had strong anything ... Ja, hello? Got to go! ((laughs)) I mean, it really does. I know certainly, ja. Even strong political ja, opinion. There are probably some psychologists who might you know. But then ((speaks with some irony)) they're just community psychologists, of course they're gonna be like that. That kind of way of talking about it. They're not clinical, they're not dyed in the wool, you know?

With some irony, G suggests that students with political and social convictions are marked out as 'community psychologists' rather than 'real psychologists', and that such convictions land you in a professional ghetto. Critical psychology – a potential theoretical enclave for engagement with social and political issues – is expunged from applied psychology training. Student accounts of professional training are structured around the dichotomous representation of the positions of 'professional' and 'non-professional' within psychological discourses (Callaghan, 2005). The 'good therapist' – the professional psychologist - in this extract is an apolitical being, lacking in strong feelings and convictions. Real psychologists ('clinical' psychologists) embody and are defined by the identity of professional psychologist – they are 'dyed in the wool'. Having strong views on political matters is seen as 'unprofessional' and inappropriate, getting in the way of the shaping and development of the professional persona. Constructing the 'good therapist' as professional, neutral and detached implies its opposite construction: a bad or inappropriate therapist or non-professional, who is too personal, too political. This polarisation of professional and non-professional within psychology relegates gendered and politicised subject positions to the domain of the personal (the non-professional), thus militating against a substantive engagement with the construct of the professional psychologist *as* activist.

The construction of African subjectivities in student talk

Community psychology in SA is often shorthand for psychological intervention with poor black people. The framing of this 'community' in student talk reflects this euphemistic usage. For example, a white student, A suggests:

A: I don't think I was prepared to work in a SA context ... The lecturers weren't experienced in South African matters, HIV, they didn't come from that angle. My preparation for psychology in a South African context came from living in Umkusi... And also from talking Zulu, and just understanding the people of different races up there.

It is interesting to explore what is understood as 'South African matters' in these kinds of accounts. Firstly, it is presumed that *South African matters* necessarily refer to concerns that are seen as typical of black African

(and often rural) people. The lecturers, and the profession of psychology more generally are represented as *inexperienced* in South African matters. The official voice of psychology is understood as primarily western (not experienced in South African matters), implicitly white, and implicitly unaffected by issues like violence and HIV. This point of view is echoed by another student L:

L: Just start being very aware of the history of the country. That's been quite tricky. Also, I mean, as far as working in SA, there's such a high level of violence and HIV. And they prepared us, they emphasised that quite a lot. There's a lot of HIV training\ . So I think they've given us (..) quite a good training preparing for that.*

Race is hinted at in both extracts, but not directly articulated. Being 'relevant' to SA is represented as engaging with 'black issues': apparently white South Africans are not *specifically* South African in the same kind of way. Further, students locate the construct of South Africanness and South African psychological needs with reference to two overriding issues – HIV and violence. Through associations with HIV and violence, students construct an image of the damaged African subject - a racialised other, imbued with an aura of savagery, damage, and (sexual) disease. The students explicitly locate themselves outside this realm of South Africanness, by referring to these concerns as things they have to go elsewhere to experience ("I lived in Umkusi" – a rural, largely black African area), or for which they have to be 'prepared'. The Psychologist is therefore implicitly a white, middle class construct. A extends this account further by suggesting that working with the community is more difficult than the traditional clinic based work of middle class psychology:

A: Fear of the unknown, fear of other races. Fear of dirt and germs and HIV. It's fear for some people, fear that they can't cope, that they can't understand what people say, and yet, as you say, I think it would be a wonderful thing for professionals. To take stuff, what is going on in this country, because this is the real world\ . Community. (..) You go out there and you practice (..) soft psychology. You don't know what hard psychology is all about. This is how the majority, the majority of people in SA are living.

Two kinds of psychological practice are constituted in this kind of talk, for two categories of client. On the one hand, there is 'soft psychology': this is implicitly practiced with white people, and is positioned as middle class and private practice oriented. In contrast, 'hard psychology' is 'black psychology', 'community' psychology. Working with white people is positioned as an easy option, suggesting that 'white psychology' is more straightforward, less beset by social problems. This construction problematises 'Black psychology', working with 'the people' in 'the community', rendering this work as more difficult, 'harder', not the soft option. Black subjectivities as culturally different ('the unknown') and feared both because of their difference, and because of the concomitant colonial fantasies of the Other as diseased and poor. Practice with 'the community' is represented as more 'real', engaged with 'the real world', but these 'real problems' are portrayed as more intractable, more substantial, more significant, than those of the white population. In this world of psychological practice, things are quite literally black or white: white people have 'ordinary pathology', while black people have far more complex psycho-social conditions, less amenable to straightforward psychological

intervention. Western theory and (mostly white) psychologists are positioned as inadequate to the problems faced by black South Africans.

Getting exposure: separation from 'the community'

Lynn (2006) points out that the term 'community' is ambiguous, and that this ambiguity "allows it to be a space for a vast range of imposed and 'organic' social reproduction functions, and an accessible site for meaningful collective action, but it also has the potential for disempowerment" (p111). The rhetoric of 'The community' has considerable emotive and political power in South Africa, and in ideas about how SA psychology might realign itself. It is important, therefore, to interrogate how the term 'community' is deployed in student accounts. 'The community' is positioned as a separate entity, one to which students must be 'exposed'. Students describe their experiences of going out to 'the community'. Given the degraded and pathologised images of African culture prevalent in psychology (e.g. Mama, 2001), this construction of community (which, as we have noted, typically functions as a euphemism for 'black people') as separate, as 'other', is unsurprising. But it functions productively in the construction of psychological identities, albeit in different ways for white and black trainees.

It is clear in the extracts above that 'the community' is positioned as a distant and separate social structure to which students must be 'exposed'. The term 'the community' functions as a euphemism for 'black (poor) people' – a means of referencing race and class without having to explicitly articulate it. Like the discourse of 'rainbow nationalism', which obscures the complexities of social restructuring in post apartheid SA, emphasises national unity, and sweeps notions of 'difference' under the political carpet, the construct of 'the community' functions simultaneously as an idealised space for political action, and as a catch-all phrase for poor, often marginalised, geographically dislocated and strife riven areas. This discourse of community exposure positions 'the community' as other, and entrenches the position of the psychologist (black or white) as separate from and different to 'the community' to which they need to be exposed. In the extract below (an taken from an interchange between three black student trainees) community work is represented as providing an opportunity for contact with the unknown:

P: This is where our training I think, you know, needs to be criticised. Because we're not trained to take on these communities. Erm, some of the theories that we use, I mean, we can't use them as they are. We find we have to change them so much, when in practice. We found that in our internship year. Because we didn't do really any culturally sensitive therapies. ... I mean, the reality in the hospital, is that you're seeing people that are mainly black, you know, and very culturally rooted. And we're not even trained to understand some of their cultures. We don't even understand where they're coming from. And, in er, three or four sessions, we must help these people through their problems. I mean, is that realistic?*

Here we see 'the community' as unknown and unknowable to the psychologist—they are the 'dark continent' of colonial fantasy. They are 'different' from the trainee, difficult for the trainee to understand, and requiring special training to enable students to understand their experiences and their needs. The community are represented as the bearers of culture—they are 'very culturally rooted'. The culture of psychology is simultaneously signalled as different from that of 'the community' and also rendered invisible (psychologists are not seen as culturally rooted in the same sort of way). The exposure discourse, and the idea of 'going out to communities' functions to race the psychologist as well as the community, positioning them as 'white' and 'middle class'—regardless of actual race or class location. NN, a black African, working class woman notes:

NN: For me, for me, the community is where you live. Well, I usually go to black communities (laughs) and I work in rural areas. ... I think that is where people need to be developed. But really, to me, we don't develop in community projects. You just go there, do your projects, finish it and then you leave... . So each and every time someone comes with something new, but it's not sustainable. So that's my problem with that. I also want to look at that.

The 'community' here is constituted as a space in need of development – implicitly infantile, in need of parenting and growth. This view of the community constructs a relatively patriarchal set of relationships between psychologist and the community they work in. This echoes the preoccupations of 'development work' with *empowering* communities, a discourse that, with its liberal humanist underpinnings, looks emancipator, but runs the risk of reproducing the colonial rhetoric that has historically beset the relationship between western power-knowledge nexuses and the 'developing world'. The psychologist is again set outside the community in this discursive construction, positioned as a necessary agent of change and development, able to intervene into the community's condition of poverty and deprivation.

Of particular interest in this quote is the sense of the community as a place 'where people live' – but it is clearly **not where psychologists live**. Rather the community is constituted as something psychologists are 'exposed to', a place that professionals 'go to' to intervene:

NN: I think you sort of become disconnected from the community, broadly. You don't ... Some of the things surprises you, when you go to do some things... You're sort of shocked. Erm, I don't think it's because you don't want to be exposed to those things, but because you're disconnected, we're somewhere there, untouchable there, and other people don't.... I think because, mostly we use theory. (..) And we think of things like structurally, the theory, it has to fit in the theory. There has to be a theory which explains it somehow. And there are other things we don't look at.

Combined with other images of community as associated with HIV and violence, the 'exposure discourse' prevalent in student accounts of community work locates communities as entities that are diseased and damaged. The professional and theoretically embedded positioning of the psychologist locates the

psychologist-in-training outside the 'diseased' community, distant from the people with whom they work. The conditions under which people in poorer areas of SA live function to intensify the disidentification – there is a sense of 'shock', and a wish to not be exposed to such things. In NN's account, it is education and training – our association with *theory* – that disconnects us from this social context. Theory itself - largely middle class, western psychological theory - militates against identification with 'the community', positioning psychologists as interveners, rather than as full participants in communities where they work. The exposure discourse allows students to have contact with the community, but they cannot become fully immersed in them, and they certainly cannot be part of them. In this exposure discourse of community and psychological identities, community and professional constituted as antithetical within the logic of professionalism. (Western) psychologists are positioned as white, middle class, rational, neutral, while 'the community' is located as irrational, raced, diseased, riven with violence, damaged.

There is a tension here in the discourses that position professionals in relation to South African communities. On the one hand, to work effectively in a South African context, they must understand the communities that they work in. On the other hand, they are precluded from being a part of these communities, by their expert status, rendering a full knowledge impossible. The concept of 'exposure' also fits neatly with the clichéd vision of African culture as diseased and damaged. Exposure to a particular illness serves as a kind of vaccination, inoculating those exposed against further contamination by the disease. The exposure discourse allows students to have contact with the community, but they cannot become fully immersed in them, and they certainly cannot be part of them. In discursive terms, these two positions cannot be logically reconciled, a contradiction that creates substantial conundrums for black students in training, and that renders it difficult for students to theorise self-as-professional-within-community.

"I just tell them what they need to know...": Tidying up tales from the field

So far, we have explored two processes that make it very difficult for the theorisation of black African professional psychological subject position to emerge. On the one hand the ***construct of professionalism*** itself, with its associations of objectivity and neutrality make it difficult for students to engage with a more activist or politically engaged notion of themselves as psychologists in training. On the other hand, the presumptions of the psychologist as a fundamentally western construct positions them as ***separate*** from the black African communities with which they wish to intervene. However, these subjectivities of professional and psychologist, and the separation they construct between implicitly white, middle class professional psychologists and implicitly black, poor communities are far from perfectly constituted. While we are expected to take on a 'professional identity' students indicate clearly that there is an element of 'playing a game' or of 'masquerading' (Apter, 1991; Pattynama, 2000; Callaghan, 2005) as professionals.

While students are acutely aware of professional regulation, and of the risk of termination of studies if they

overstep the boundaries of what supervisors regard as appropriate professional behaviour for psychologists in training, nonetheless they find ways to resist dominant discourses of professionalism and supervisory regulation through subversive acts of dissent. Students explore how they 'tidy up' case material for supervision, in order to behave in ways that are *culturally appropriate* when working in their community context, and *professionally appropriate* when working with their supervisors. Discussing infringements of the cultural norms of western psychology students explore how conformity to codes of professional conduct is bound up with notions of professional competence:

S: if you divert from the theory, and do something that you think is appropriate, with me, I used to feel anxious... Wanting to go back to the theory but on the other hand, knowing it won't work. ... I knew I had to give something to my supervisor, something theoretical. To show that I'm competent and that... But as soon as I deviate I start becoming anxious, even though I know...

N: Actually I never tell my supervisors what, those other things. I just tell them what they need to know... What they don't need to know, I don't tell them... And at times, like maybe you remember a client from far... Most of them take taxis ... so you tell them, in the morning, wait for me at that corner and you give them a lift... But you can't tell your supervisor 'I give my client a lift in the morning and the afternoon, ever week, so that I have clients returning.' ...

M: And if they don't return then you're incompetent!

Students see themselves as caught on a double edged sword: whichever way they turn, they run the risk accusations of professional incompetence. On the one hand, discourses of professionalism position them as *responsible* for maintaining client engagement: if clients don't return, the student is seen as incompetent. However, they also understand that client engagement is bound up in more pragmatic than therapeutic concerns. Intervention into this arena, through, for example, provision of transport or food, is also seen as 'professionally incompetent' - the provision of physical care exceeds the boundaries of appropriate professional behaviour. The problems students experience doing therapeutic work in the community are re-read within discourses of professionalism as *individualised* problems: the problems they encounter are represented as *their incompetence* rather than pragmatic problems or limitations of clinic based practice. Students' supervisors are represented as implicitly white, middle-class, and out of touch the 'realities' of work 'in the community'. Nonetheless, these supervisors are the wielders of power within the psychological institution, responsible for policing intern conduct: we see in action both the direct operation of power in the perceived threat of termination, and indirect regulative practices of the disciplinary institutions and the notion of what it is to be 'professional'.

To manage these tensions, students suggest that they smooth over the rough edges of the 'real world' to present a sanitised account to the supervisor. While this enables their performance of the identity of 'competent professional' it has an unfortunate side effect for the engagement of the profession of psychology with the development of a more 'relevant' and critical set of psychological practices. This act of sanitisation,

removes the practical aspects of working with poor and disenfranchised people, such that the 'real' material conditions of therapeutic work in a community context are edited out of the supervisory interaction. The professional psychologist and the community to whom they must be exposed, remain encapsulated in separate spheres. Since supervision offers a potential space in which the complexity of real community work and the difficulties of working in conditions of often extreme poverty might be theorised, this editing process represents a real problem for the development of alternative ways of doing psychology and being a psychologist in SA.

Conclusions: Beyond 'exposure'

Historically, institutional psychology has addressed the poorness of fit between psychological practices and the South African sociopolitical context with calls for 'relevance'. Conceptualisation of how this is to be achieved has tended to be fairly vague, but as I have noted, has generally involved some idea of engagement with 'the community'. To move the 'relevance debate' forward (or perhaps lay it to one side altogether), we must shift attention to the kinds of professionals we are training in higher education. One solution to the relevance debate has been to ensure that black students are recruited into professional training programmes (and before this, into 'lay counselling' programmes). However, as the accounts of black students in this chapter have demonstrated, this kind of intervention will be ultimately fruitless unless we look carefully at the kinds of professionals that we are trying to produce.

Professionalisation is an ambiguous process for students. Being professional psychologists confers status, but that status is constrained, authorising only very specific types of speech, and a particular platform from which to speak it. With the status necessarily comes the sacrifice of aspects of self that might want to speak differently. The political and professional psychologist cannot co-exist within hegemonic notions of professionalism and psychology. Students do not know how to bridge the gap between the professional and the political, the social and the personal, the individual and the cultural that psychology constructs. This separation of the individual from the socio-political is entrenched both in the way in which psychological theory constructs the subject (Henriques et al, 1998) and in the construct of the professional itself (Lingard et al, 2003).

Students' performance of 'Professional Psychologist' requires that they find ways of embodying this reified apolitical and impersonal construct, while managing other multiple subject positions (e.g. as women, students, white women, etc). These constructs of The Individual Professional are enacted in professional work, and particularly in performative contexts like supervision. Here students 'clean up' their cases, removing the messy traces of the social and political context of their work, before presenting it for supervision. The structure of the internship, in particular, places considerable pressure on students to know the answers already – to have

formulated cases before presentation to supervisors. Given the limited scope of psychological theories available to them, obtaining these answers involves applying received theory which trivialises context, and focuses on the individual.

The supervisory context is a key site in which students' conceptualisation of their case work is denuded of its socio-political content. Staff and students are aware that supervision has become a problematic space in psychological training, in which sanitised accounts of work with clients is presented in a manner that is consistent with the dominant discourses of psychology. I have argued that a key insight of my work is the importance of enabling an articulation of dissenting voices within the supervisory context. This requires that educators be more tolerant of messy and incomplete accounts of case work, and that contradiction and complexity within student accounts be worked with as more than just a symptom of either the patients' or the students' individual pathology. A theorisation of a politicised psychology, that goes beyond the idealised 'professional practice' needs to be taken out of the ghetto of community psychology, and articulated within the mainstream spaces of case conference and supervision. This would facilitate the development of local and contextually embedded theory, built *within* supervision, enabling students to theorise the complexity of their therapeutic interactions, and their non-therapeutic encounters (as they try to hold contradictory subjectivities together).

This theorisation of a subjectivity rooted in the South African socio-political context is a notable absence in the practice of psychology in this country. The supervisory context, appropriately managed, offers a unique context for such theorisation to take place, since it offers the scope for the theorisation of the psychotherapeutic relationship as it is embedded within, reproduces and potentially challenges the socio-political context. Through a politicised (rather than a therapeutic) use of reflexivity, the student and supervisor together might explore the relational and contextual dynamics of the supervisory relationship, to analyse and challenge the manner in which it constructs the Psychological Professional. However, working towards this kind of interaction requires a suspension of the pathologising discourses of mainstream psychological knowledges about individuals and about interpersonal difficulties. As long as students' difficulties 'in the field' are conceptualised as personal weaknesses, and as long as dominant psychological models are used to understand therapeutic encounters (both in 'the community' and in the clinic) the supervisory context is rendered powerless to do this kind of work.

Acknowledgements

Many thanks to Prof. Erica Burman and Dr Rebecca Lawthom, and to the students who allowed me to interview them.

Apter, E. (1991) 'Unmasking the Masquerade: Fetishism and Femininity from the Goncourt Brothers to Joan Riviere', in Apter, E. (1991) *Feminizing the Fetish*. Ithaca: Cornell University Press.

Burman, E., Kottler, A., Levett, A., and Parker, I. (1997) Power and discourse: culture and change in South Africa. In *Culture, Power and Difference: Discourse Analysis in South Africa*. London: Zed Books

Burman, E. (2008) *Deconstructing Developmental Psychology*. London: Routledge.

Callaghan, J (2005) Professionalisation and Depoliticisation. *International Journal of Critical Psychology*, 13.

Callaghan, J (2003) Township Girls *Agenda*, 57

Cribb, A., Bignold, S. (1999). 'Towards the reflexive medical school: the hidden curriculum and medical education research'. *Studies Higher Education* 36:195-209.

Foucault, M. (1975) *Discipline and punish: The birth of the prison*. New York: Vintage Books.

Foucault, M. (1976) *History of sexuality, vol 1*. London: Penguin.

Hamber B, Masilela TC & Terre Blanche M (2001) 'Towards a Marxist community psychology: radical tools for community psychological analysis and practice. in Seedat, M. (2001) *Community Psychology*. Cape Town, Oxford University Press: 51-67.

Henriques, J, Hollway, W, Urwin, C, Venn, C. and Walkerdine, V. (1998). *Changing the Subject: Psychology, Social Regulation and Subjectivity* (2nd ed). London: Routledge.

Hodges, I. (2002) Moving beyond words: therapeutic discourse and ethical problematization *Discourse Studies*, 4(4): 455-479

Howe, A. (2002) Professional development in undergraduate medical curricula -the key to the door of a new culture? *Medical Education*, 36: :353-359.

Lingard, L. Garwood, K. Shryer, C. F., Spafford, M. M. (2003). A certain art of uncertainty: case presentation and the development of professional identity. *Social Science and Medicine*, 56: 603-616

Lynn, M. (2006) Discourses of community: Challenges for social work. *International Journal of Social Welfare*, **15**: 110–120

Mama, A. (1995) *Beyond the Masks: Race, Gender and Subjectivity*, London: Routledge.

Painter, D. and Terre Blanche, M. (2004) Critical psychology in South Africa: Looking back and looking forwards.

Parker, I. (1992) *Discourse dynamics: Critical Analysis for Social and Individual Psychology*. London: Routledge.

Parker I (1994) 'Discourse analysis', in P Banister, E Burman, I Parker, M Taylor & C Tindall, *Qualitative Methods in Psychology: A Research Guide*, Buckingham: OUP.

Parker, I. (2008) Foucault, Psychology and the Analytic of Power. *Psychoanalysis, Culture & Society* **13**, 217-220

Pattynama, P. (2000). Assimilation and Masquerade: Self-Constructions of Indo-Dutch Women. *The European Journal of Women's Studies* 7: 281-299.

Rose, N. (1985) *The Psychological Complex*. London: Routledge and Kegan Paul.

Rose, N (1999) *Governing the Soul*, London: Free Association Books.

Seedat, N Duncan & S Lazarus (2001) *Community Psychology: Theory, Method and Practice – South African and Other Perspectives*, Oxford: Oxford University Press.

Stronach, I., Corbin, B., McNamara, O., Stark, S. & Warne, T. (2002). Towards an uncertain politics of professionalism: teacher and nurse identities in flux. *Journal of Education Policy* 17(1): 109-138.