MAINSTREAMING COMMUNITY PSYCHOLOGY:
THE ROAD TO RELEVANCE

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Mainstreaming Community Psychology: The road to relevance

Recurring calls for a relevant psychology in South Africa have not been answered by mainstream psychology or community psychology. Community psychology has been part of the relevance debate since the 1980s, but has failed to inspire most clinical psychologists to contribute to providing in the mental health needs of our society.

This study aims to provide preliminary insights into the involvement of clinical psychologists in community psychology with a focus on their perceptions of community psychology, the status of community psychology in the profession and ways to promote involvement.

The study included unstructured interviews with five experienced clinical psychologists and an electronic questionnaire addressed to recently trained psychologists who were required to do compulsory community service. Community service is seen as an opportunity to influence recently trained psychologists toward ongoing involvement in community work.

Six main themes emerged around Definitions, Perceptions, Status, Training, Success Stories, and Suggestions and Ideas. The findings of the study supported a number of recent studies into community psychology and the training of clinical psychologists for community work.

The perceptions and experiences of the participants point to a need to mainstream community psychology so that all psychology becomes a community psychology.

Key words: community psychology, clinical psychologists, relevance, training.

In South Africa the majority of clinical psychologists work in private practice serving the needs of the minority, while the majority of the population have no access to mental health services. Pressing social issues such as violence, crime, trauma, poverty, overcrowded prisons, substance abuse, HIV Aids and an overburdened public health system are compounded by a situation where those in need of mental health assistance, are lucky if they have access to a general practitioner.

The need for a "relevant" psychology, which recognises the influence of economic, cultural and socio-political processes on mental health, has been expressed since the 1980s. Ongoing research indicates that the psychology profession is not responding to these calls for a "relevant" psychology (Ahmed & Pillay, 2004, Dawes, 1985; de la Rey & Ipser, 2004; Manganyi & Louw, 1986, Macleod, 2004).

In a review of clinical psychology training in post-apartheid South Africa, Ahmed and Pillay (2004) conclude that " …clinical psychology is rapidly running out of time to remedy its deficiencies and maintain its respectability as a helping profession for the entire nation"(p. 630). Similarly, in a situational analysis of research in psychology from 1999 to 2004, Macleod (2004) found that a minority of studies address topics that explain the interweaving of the individual with the sociopolitical context and concluded "that psychology is a long way from generating knowledge that speaks to the key concerns of the country" (p. 624).

Community psychology (CP) emerged in the United States during the 1960s in response to the gap between the scope of mental health problems and available resources; dissatisfaction with traditional modes of service delivery in mental health; and recognition of the importance of the social environment for the development of competence and well-being (Nelson & Prilleltensky, 2005). Similarly, CP emerged in South Africa during the 1980s due to the inability, neglect or disregard of mainstream psychology to address the ever-growing psychosocial needs of marginalised communities and groups (Seedat, Duncan & Lazarus, 2001). The emergence of CP is viewed as a reaction to traditional psychology's preoccupation with mainstream individual oriented, North American and European models of conceptualising and understanding human behaviour (Naidoo, Duncan, Roos, Pillay, & Bowman, 2007). The mental health situations in the United States and South Africa are incomparable as their minority problems are our majority

problems, while they have 300 000 professional therapists in practice (Sue, Sue & Sue, 2003) compared to our approximately 8000 registered psychologists (Painter & Terreblanche, 2008).

The growth of CP in South Africa is evident from the proliferation of South African books published on the subject over recent years [for review see Duncan Bowman, Naidoo, Pillay and Roos, 2007, p.42-43]. During 2007 two CP textbooks, Visser's *Contextualising Community Psychology in South Africa* and Duncan, Bowman, Naidoo, Pillay and Roos' *Community Psychology Analysis, context and action,* were published.

Contrary to the acknowledged growth of CP, various researchers (Carolissen, 2006; Gibson, Sandenbergh & Swartz, 2001; Painter & Terreblanche, 2004) have investigated CPs failure to flourish in South Africa. Furthermore caution has been expressed against the development of a separate branch or sub-discipline of psychology that will allow mainstream psychology to continue practicing unchanged and for predominantly white middle class individuals, while CP would be for poor, black South Africans (Vogelman, Perkel & Strebel, 1992; Ngonyama ka Sigogo et al., 2004; Yen, 2007).

Pretorius-Heuchert and Ahmed (2001) acknowledge that although "….no single definition can accurately capture the complexities inherent in its theory and praxis" all the approaches in CP share the common goal of "improving the human condition and promoting psychological well-being " (p.19). When reviewing the definitions of CP, it emerges that CP is viewed as both a paradigm and a sub-discipline. Seedat, Duncan and Lazarus (2001) define community psychology (CP) by its philosophy, ideological assumptions and approach and aimed at providing mental health services to all citizens, particularly the historically unserved, underserved and oppressed. Duncan, Bowman, Naidoo, Pillay and Roos (2007) define CP "as an emerging branch of applied psychology concerned with understanding people in the context of their communities, using a variety of interventions (including prevention, health promotion and social action), to facilitate change and improved mental health and social conditions for individuals, groups, organisations and communities (p. 12).

Nelson and Prilleltensky (2005) believe that CP represents a different paradigm or world view of psychology and is a field that is constantly changing. Duncan et al. (2007) acknowledge the sub-discipline's failure to influence mainstream psychology's sustained emphasis on the individual, and its denial of the importance of social context. Conversely Visser (2007) acknowledges that CP is viewed by some individuals as an integrated focus that enriches the different sub-fields of psychology.

Perkel (1988) believes that mainstream psychology can serve the needs of the middle class and the poor working class and oppressed. Carolissen (2006) argues that the terms "community" and "community psychology" have acquired a socio-political meaning in South Africa, which has sometimes led students and professionals to devalue CP as legitimate psychology. She suggests that CP as an approach, and not only a sub-discipline of psychology, allows for an infusion of CP approaches into mainstream psychology.

Painter & Terreblanche (2004) found that CP "was (and is) not a panacea for all social and psychological ills" (p. 525) and have expressed concerns that CP might serve the professional interests of psychologists better than it does those most in need of mental health services (Ngonyama ka Sigobo et al., 2004).

The solution for psychology in South Africa then perhaps lies in making psychology relevant by focusing the efforts of all psychologists on the promotion of mental well-being of the community and society as a whole. In accordance with Pillay (2003) this might mean that "CP should not be a discipline on its own at this point in the South African context" (p.261).

Aims

In the process of focusing the efforts of psychologists on broader issues, inside and outside individual therapy rooms, it is necessary to determine the attitudes of psychologists toward a broader focus, which at present is represented by involvement in community psychology (CP). This study aims to provide preliminary insights into the involvement of clinical psychologists in

CP, by focusing on their perceptions of CP, the status of CP in the profession and ways to promote their involvement in CP.

Furthermore it is an avenue for a potential Masters student, whose resolve to become a clinical psychologist was often met by references to too many psychologists and too little work, to determine the possibilities of practicing a relevant psychology.

METHOD

Qualitative research

A qualitative approach has been chosen in this study to ensure an inductive and interactive process of inquiry between myself and the data and for the opportunity it offers to drive the analytic process as comprehension and insight is gained about the relevant phenomena (Morse, 1992). I wanted to seek out a variety of perspectives and detailed knowledge of clinical psychologists' practical experience of community psychology. Denzin and Lincoln (2000) found that "… researchers turn to qualitative methods in the hope of generating richer and more finely nuanced accounts of human action" (p.1027). Qualitative research methods such as in-depth interviews foster a relationship between the researcher and the participants and they provide an opportunity for participants to respond to and reframe research questions (Watts & Serrano-García, 2003). In this way the research process is guided by the views and concerns of the participants.

The electronic questionnaire employed open-ended questions to gather an 'authentic' understanding of the participants' experiences (Silverman. 1993, p. 10).

Participants

The study made use of two data collection methods. Five qualified clinical psychologists* were interviewed, who will be referred to as the participants and an electronic questionnaire was addressed to recently trained clinical psychologists, who will be referred to as recently trained (RT) participants.

The interview

In-depth unstructured interviews were conducted with five qualified clinical psychologists to gain detailed information on their views of Community Psychology (CP) in South Africa. The interviewed participants had to fulfil the criterium of having practical experience in the mental health field in South Africa. The participants were identified to ensure diversity in terms of race, age, gender, training institution and the different contexts in which they work. Two of the participants are so-called coloured, two white and one African**.

Four participants are female and one is male. Gender had no influence on the study and in order to protect the identity of the participants, they are all referred to as "participant" or "she". The participants work in private practice and/or in community settings and/or in academic institutions.

The electronic questionnaire

The questionnaire was addressed to University of Cape Town students who completed their clinical psychology training between 2002 and 2005, and who were required to do compulsory community service, which was instituted in 2003. The questionnaire was aimed at gaining a general insight into the involvement of clinical psychologists and their attitudes to CP.

* They have a master's degree in Clinical Psychology and are registered with the Professional Board for Psychology.
** The term 'black' is generically used to refer to 'Africans', 'Indians' and 'Coloureds'. Where reference is made to a specific group, these distinctive terms are used.

During the course of the study, it was decided to focus on participants who were required to do community service, as it was expected that this experience would influence their attitudes to community psychology and future career choices.

Measures

The interview

Unstructured interviews of approximately one hour were conducted with the five clinical psychologists in an attempt to understand the complex behaviour of people without imposing any a priori categorisation that may limit the field of inquiry (Denzin & Lincoln, 2000). The interview commenced without specific questions, rather the setting of the interview in a context, but structure was provided with questions when the interviewer found that aspects identified as relevant were not raised by the participant. The flexible interview design allowed the researcher to accommodate the emerging statements, inferences and position of the participant throughout the course of the interview (Burman, 1994).

The electronic questionnaire

Electronic questionnaires were used to elicit information from a relatively large number of clinical psychologists. This method of data collection allows for open-ended questions focused on the specific aims of the study. It was anticipated that a large percentage of the clinical psychologists might no longer be resident locally, and correspondence via email might make it more possible to make contact with a greater number of psychologists who qualified in the specified years. Although open-ended questions were employed, care was taken to ensure that the questionnaire would not be too time-consuming to complete, which could possibly lead to a lower response rate. However, ample space was provided for comments.

The participants were asked about their definitions of CP, their intentions to work in CP on completion of their training and community service; their experiences - good and bad - of working or attempting to work in CP; and their views on the status of CP in the profession. All

participants were encouraged to share their ideas on how to make working in community psychology practically possible.

Procedure

The interview

The interviewees were contacted telephonically to inform them about the study and request their participation. Although it was initially decided to interview experienced clinicians who were not required to do community service, it became evident after three interviews that community service offers unique opportunities to promote involvement in community psychology (CP). Subsequently two interviews were conducted with clinicians who had completed community service.

In accordance with the findings of Watts and Serrano-García (2003), the interviews offered the opportunity of engaging with the participants in a way that was meaningful to both researcher and participant. At the commencement of this research project I was excited about my prospects of working in communities as a clinical psychologist and felt inspired by the experiences my participants shared with me. Our discussions gave the participants a chance to reflect on their own involvement in community work and it is clear from the following words of one of the participants that I was not the only one to benefit:

> I appreciate this interview, you know, because it's got so much benefit for me, just to be able to reflect in this way…. it really is reminding me that it possibly is the time for my idea (for community work conceived of two years ago) to be brought out.

The electronic questionnaire

The Child Guidance Clinic of the University of Cape Town provided a list of 30 names with some telephone numbers and email addresses of graduates from 2002 to 2005. Sms requests for email addresses were sent to 11 participants with two positive responses. Emails consisting of a cover letter (See Appendix A), explaining the research and the electronic questionnaire (See Appendix B), were sent to 21 participants. Reminders were sent by email (See Appendix C) and

sms. Receipt of the emails, were confirmed telephonically with 11 participants of whom 7 completed the questionnaires.

The electronic questionnaire was tested in a small pilot study specifically aimed at evaluating the clarity and flow of questions; the language and substance of the questions; and the effectiveness of the introduction to the study.

Analysis

The interviews were tape-recorded and transcribed verbatim. Initially line by line coding took place using Miles and Huberman's (1994) method of coding according to categories. Codes were not preconceived, but emerged from the data. Constant comparative analysis allowed for re-focusing on differences within categories to identify emerging subcategories. Categories developed when existing codes were reused or similar codes were combined under one heading. As coding progressed, higher-level categories were identified that systematically integrated lower-level categories. Categories emerged from statements made by most of the participants or uniquely individual statements that were relevant. A coding technique called "*in vivo* coding", which are categories, sub-categories and terms named according to words and phrases used by participants, was employed (Strauss & Corbin, 1990, as cited in Denzin & Lincoln, 2000).

The categories were not mutually exclusive and evolved throughout the research process (Willig, 2001). These categories were used as the themes in the discussion of the results. The electronic questionnaire was specifically structured to elicit information about the themes identified during the research.

Although 6 major themes were identified, the separation of the data into discrete categories is not entirely possible, as a degree of overlap between categories is inevitable.

The themes are:

Definitions of community psychology

Perceptions of community psychology

The status of community psychology in the profession

Training

Success stories

Suggestions and ideas

Direct quotes were used to convey the collective voices of the participants about a specific theme or a unique, but relevant opinion. In order to provide an indication of the weighting of responses, the terms a/one, few/some and most/majority will be used throughout the analysis of themes.

Ethical Considerations

The permission of the Director of the Child Guidance Clinic was gained to access the list of names of graduates to whom the electronic questionnaire was submitted. Participants to the electronic questionnaire were informed that participation was voluntary and they were given the option to mail their responses rather than to respond electronically to ensure anonymity.

Participants were assured of confidentiality and anonymity to the degree that the reader of the final report cannot identify the individual concerned. Great care was taken to ensure that no participants were identifiable in the reporting of findings.

The audio-taped interviews, transcriptions and responses to the electronic questionnaire will be kept secure and destroyed on completion of the study. A summary of the research results will be made available to all interested participants.

Results and Discussion*

DEFINITIONS OF COMMUNITY PSYCHOLOGY

In this study it was expected that the way in which participants define community psychology (CP), would provide an insight into their perceptions of and attitudes to CP. When asked to define Community Psychology, most of the recently trained (RT) participants responded with a relatively narrow definition focusing on psychological interventions designed for specific (usually disadvantaged) communities, and describing CP as a branch of psychology.

However, one RT participant, presently working in a rural public hospital, explained her perception of this definition as creating a split between mainstream psychology and "…the type of psychology orientated to those 'communities'…" For her, this split "conjures up images of psychologists who set aside time to leave their plush suburban practices to take on community 'activities or projects' with disadvantaged groups"; and further leads to different approaches in addressing psychological problems in the different settings. She chose not to perceive her work as community orientated, but "as rendering psychological services to those who need such services".

* "Participants" refers to interviewed participants, while "RT participants" refers to recently trained participants who responded to the electronic questionnaire.

One of the participants also described how CP is seen as something different from mainstream psychology:

> ….should applied psychology not be a CP…and

> …we talk about it as the approach, we talk about it as a sub-discipline of psychology, um, and it's not seen as 'psychology', it's something different…

A participant referred to the role of training in contributing to this separation or split between mainstream psychology and CP in the following words:

> (in training) we are perpetuating the split that clinical psychology ..or applied psychology is something that is applicable to ..you know, middle class people…and then this CP is for poor people that social workers could do…..which is highly problematic…

The above statement is in keeping with the findings of Gibson, Sandenbergh and Swartz (2001) who report on the split between traditional clinical psychology and CP, as two different approaches, which contributes to students' confusion and feeling that they must identify themselves as either "individual therapists" or "community psychologists".

Furthermore, the participant who referred to the split felt that professional registration of community psychologists would not be helpful:

> I think it would make the split wider…because then what do you teach community psychologists, how do you train them, is it something qualitatively different to clinicians and counseling psychologists?

The term "community"

While most of the RT participants defined CP rather narrowly, most of the interviewed participants expressed reservations due to the limitations caused by the traditional definition of the term "community" and the perception that CP was only for certain people:

I think that traditionally communities and historically they've been defined in traditional discourse and developmental discourse as, um, people who can't afford services from previously disadvantaged backgrounds and people who belong to certain racial and ethnic groups.

For me the struggle about A CP implies a particular thing, it says that you only do CP with particular kinds of people…

…but you know community to me is such a loaded term.

Another participant who worked in private practice felt that even though she was working in a community and providing a service, she did not view it as community work, because she was not working in a disadvantaged community.

PERCEPTIONS OF COMMUNITY PSYCHOLOGY

During their interviews the participants provided insight into their own and other clinical psychologists' perceptions on community psychology (CP). They offered reasons why they are or would like to be involved in community work and spoke about possible reasons why clinical psychologists are not involved in community work. They felt that some people were simply not interested in this work. Most of the participants reflected on the competitiveness in private practice and further commented on the movement and flexibility required to effectively work in communities.

The participants made the following statements regarding their views on community psychology (CP):

But for me community work is not just about working with a group or working with an individual, it is also about being engaged with the politics, being engaged with the kind of broader system …

And I think that when you work with yourself, who is also a member of some kind of community and when you work in this way and you work with so-called communities, then you have to hold….space for pain, and you have to hold space for frustration and you have to affirm it and acknowledge it within yourself in your own life an well as in the lives of the people that you work with. But you also have to hold space for opportunity

and possibility for the people that you work with. And I think that that combination, as paradoxical as it might seem and sound, is the essence of working in communities….

In CP …you're really seeing a lot of people, you're implementing more than if it's a drop in the ocean here and there when you're doing private work.

Reasons why clinical psychologists are not involved in community psychology

All the participants spoke about the difficulties involved in working in CP and provided a variety of possible reasons why clinical psychologists are not more involved in CP.

I find doing work in communities…Hugely challenging and sometimes really difficult.

I don't want to stereotype but I DO think that community work is seen as frustrating, and more draining… and more burnout risk than any other kind of work. Um and I think that is just because people think Oh my God it's a whole community of people, drop in the ocean type of thing, and ja, what am I going to achieve, what are the rewards?

The difference in perceptions between the participants, emerge in views of both community work and private work, as a drop in the ocean. Further reasons provided for clinical psychologists' lack of involvement in community work included:

After your training it's accessibility… I think if people had an avenue of how to get into CP, if there were posts...it would be easier.

And I think that's the thing, people want a sure thing, they want that income every month. It's not assured if you have your own practice, of course, by no means… but I think there's the thinking… oh, community stuff, do you really want to put yourself through all that?

Perceptions about private practice

Most of the participants referred to the oversupply of clinicians in private practice and alluded to the difficulty of starting out in private practice:

…if two people out of that eight (that trained with her) are practicing then it's a lot. Just because…and I don't think it's got anything to do with that they weren't committed….but

the others have been forced into other avenues in order to make a living….….because there's a glut…there are too many of us.

And I must say that psychologists that have just trained or come back from community service, struggle to find jobs. Not everybody wants to be in private practice especially in Cape Town where it's saturated …and some in their private practices hate it and, um, they feel isolated, they really are feeling like you know it's just them all by themselves…

Movement required

Most participants commented on the movement required to do community work. This alluded to leaving the comfort zone provided by private practice.

Um and I think that community work requires movement. Whether that movement is physical movement or geographical movement, moving from where you live and practice privately, to the community or to the workshop outside of town or wherever but it involves physical movement. Also, another kind of movement. Maybe more of a symbolic movement…

…I think it's about realising that you're not going to get people coming to you. You've got to locate yourself in the so-called community.

….it (CP) does require you to think out of the box, to be adventurous and to put yourself out there….

A participant explained that movement is also required on the part of the community:

And I really think when the movement potential is on both sides, the facilitator, the practitioner, the so-called provider and the so-called community, when that is in sync, I think that that is when community work is at its best… and I have been accused of being an idealist and a romanticist by one of my lecturers…

In contrast, one participant felt that no movement was required of the clinician in private practice:

Whereas I think in a traditional private clinical practice, you (the clinician) don't move, you stay put, other people move. (Laughter) You don't move.

The above statements support the findings of Gibson et al. (2001) that students involved in community-oriented psychology, move out of their offices and enter the spaces provided by the communities whom they are working with. Conversely, in private practice clients must move into the world of the clinician (Swartz & Drennan, 2000; Swartz & Maw, 1996, as cited in Gibson et al., 2001).

Flexibility required

Many of the interviewed and RT participants stressed the importance of being flexible and providing what was really needed by people and not what the psychologist had identified as the need and not to come in as the expert or saviour:

> I had to cope with whatever came, and you've got to be able to just cope.

Two of the interviewed participants explained that what they had planned had to change when they actually came into contact with the recipients of the intervention:

> I can plan my workshop until I'm blue in the face, and understand my concept until I'm blue in the face, but if I go into the workshop space and I stand there…..It HAS to change. It has to take on a different meaning as well.

> …the insight that I got from there (a training intervention with community mental health workers) was that you go in with a particular idea about how to do community work, community psychology, and then people more or less eh shape how you do it , and if you're not open to it , then I think it's problematic…

A participant commented on the necessity for clinicians' being able to tolerate the levels of frustration in the "community", and also their own frustrations encountered in community work:

> If you think about community work, it is about working with people who have a sense of deprivation and entitlement to receive certain things and …. you have to be able to tolerate that level of frustration….sometimes you have to experience it as well….

An interesting observation was made by a participant regarding how much people from communities and clinical psychologists can learn from each other, which challenges the stereotype of the psychologist as "the expert".

THE STATUS OF COMMUNITY PSYCHOLOGY IN THE PROFESSION

Carolissen (2006) argues that community psychology (CP) is potentially marginalised as less valuable than individual psychology due to the perception of a split according to which CP caters for poor, black communities, while individual psychology targets middle class, predominantly white individuals.

This view is supported by the following quote:

> .. I still think the perception is that it's not real psychology….but I think certainly lots of people that I know kind of look down on it (CP) a bit, and I think to a large extent that has to do with the fact that you've got to be clinically trained, Or do counseling…you've got to have professional registration anyway before you can do it…

One of the participants stated that the status issue regarding (CP) is the reason for the split between CP and individual psychology:

> I think there is a double bind in all of this, because on the one hand I acknowledge that people do need help if they are in individual distress, and perhaps these models are of value but I think that too much emphasis on that internal worlds, all it does, is it perpetuates very middle-class values about the individual and the self and you don't look at context, and you don't look at how context can bring about psychological distress. Yes, so to me, I think the reason why this split is so entrenched is because of the status issue. No one's going to think I'm fantastic if I say I'm a community psychologist.

Furthermore, clear inferences regarding the status of CP can be drawn from the findings of Macleod (2004) that a very small percentage (0.7%) of articles appearing in the South African Journal of Psychology (SAJP) between 1999 and 2003 could be classified as CP.

All the participants expressed an awareness of community work not being paid as well as private work, although Carolissen (2006) argues that no research has been done to assess remuneration in

the non-governmental sector in South Africa, which mainly focuses on community work and has been a large employer of psychologists.

A participant explains her perception of the status issue as follows:

> …so I think there is a sense of, look, I've just trained for so long, I want to be in an environment that I'm going to get experience in individual work. I don't particularly want to revert back to the training, which is about just sometimes making do with the situation you've got and recognising it's South Africa and let's just get on with it. There is, I think, the prestige of that because it's also attached to remuneration….I think there is definitely that status thing that people would mind.

One participant commented on the role of training in the perceptions regarding the status of CP:

> …the institution, your training really informs, I think a lot. Your goals and your desires and your, where you want to be in your life, is also going to influence how the status of CP is constructed in your mind.

Similarly, Carolissen (2006) found that "community psychology appears to be constructed within academic departments in ways that discourage students from valuing it as a legitimate approach to psychology" (p. 177). Various researchers have found that students have negative perceptions of CP based on viewing CP as catering only for poor communities, the lack of employment opportunities; and low remuneration in CP (Carolissen, 2006; Gibson et al., 2001; Pillay, 2003). It is hypothesised that these negative perceptions also inform the views of professionals based on their experience of CP during their training and community service. The influence of teaching practices on how students and professionals view the status of CP in the profession, have been the focus of a study by Carolissen (2006).

TRAINING

Previous studies

The role of training has been alluded to frequently during the discussion, but due to the variety of studies which have focused on training of psychologists in more community-oriented forms of practice (Ahmed & Pillay, 2004; Carolissen, 2006; Gibson, et al., 2001; Humphreys, 2000;

Pillay, 2003; Swartz, Gibson & Gelman, 2002; Thompson, 2006) and those that focused on the perceptions of students regarding training in community psychology (Blackwell 1999; Petersen, 2001), a detailed discussion of the needs and deficiencies in training programmes is unnecessary in this study. However, the views of the participants on how training can inspire and motivate students to do community work, will shortly be conveyed.

Pillay (2003) stresses the importance of psychologists having to be adequately trained and skilled to practice community psychology, but acknowledges that "we still do not know how best to prepare psychologists in community psychology" (p. 262). Similarly, Ahmed and Pillay (2004) have questioned why "so little space (is) created in the formal programmes to develop this component" (p. 641), even though most training programmes are guided by a stated commitment to developing a CP of some kind. Furthermore Gibson et al. (2001) have referred to the danger of students' feelings of disillusionment and incompetence about community psychology, resulting in alienating many students from engaging in community psychology praxis.

Views on training in community psychology

The imperative to transform training emphasised by Ahmed and Pillay (2004) is corroborated by the views of the participants on their training in CP:

> I found the training very disheartening. I felt there was too little place to fully appreciate these issues… it largely kind of ignores social reality….I know we talk about it but it's kind of the axis four stuff….I think (with) a community approach…those things become central and it moves away from the traditional paradigm….

> I often speak to people…you know for those people who're really into community issues, they don't get out of it (the training) what they want…or what they'd hoped to …because it doesn't satisfy that need.

Responsibility of training to inspire

Most participants felt that the training and the training institution has a responsibility to inspire, motivate and convince students to feel that they want to, and must, do community work.

…I think if you change the ethos of the training, then you're going to influence people more…

I think once you re-orient the training with a strong so called community focus or you say,...you know we're not training clinical psychologists to do individual work, we're training you for community work…you'll see the interest it's going to create! (laughs) There's not going to be all this like… pressure, and competition...because it's not going to be seen as something that is so wonderful...and I think that in itself will engender, more of a sense of responsibility to what it is what we're trying to achieve…because students don't go away thinking, oh, I've got to do community work…..the training doesn't challenge them (to do community work) in any way.

I also think that the institution that you trained in has a lot to do with it all (the decision to do community work)

I think that the training needs to help you and nurture that kind of interest and that kind of passion.

…it's their (universities) responsibility to make a difference and to make it worthwhile to have spent so much money on this person, because more and more you have the university justifying eight places and all eight people end up working in a tight box (private practice) or they go overseas and never come back…

These statements corroborate the findings of Carolissen (2006) who emphasised the importance of examining students' perceptions of community and CP "as they provide us with access to discourses that significantly influence professional praxis" (p. 178). With regard to psychologists emigrating, Pillay and Kramers (2003) found that the United Kingdom are recruiting many South African psychologists.

Lip service to a broader context

The majority of the interviewed participants stated their perceptions of the CP components of their training as "paying lip service" to a broader context:

…and yet the model I was trained in is an extremely individualistic model but also it has an internal locus of evaluation, so it doesn't take into context, I think, contextual factors

that contributed. Yes, it pays lip-service to it, but the training itself is not a CP approach…um and I think that is what we Should be teaching.

Lack of an integrated approach

Most participants gave the impression that their training did not include CP as part of an integrated approach to equip them to serve the needs of the broader South African society, but rather as a separate component of the course that did not receive much attention. They said the following when asked about their training in CP:

>…we didn't really do much in terms of community orientated work…..The Masters had no community component at all in my M1.

>…certainly when I trained, that was ten years ago um …we didn't get any formal teaching in CP although all our clients came from what would be termed "The community"…

>… ah they have some talks on race and gender…but it's always something separate, it never infuses every aspect of the work …

Gibson et al. (2001) accede that at the University of Cape Town, as in other training departments, there has been a tendency to "add community work on to an existing, very full core programme" (p.31) and that less supervisory attention is given to community work. It can be argued that inadequate supervision for work that is described as "…hugely challenging and sometimes really difficult", by one of the participants, could exacerbate the problems experienced by students doing community work.

The participants' views on the lack of an integrated training approach support the position put forward by Pretorius-Heuchert and Ahmed (2001) namely, that CP should not be restricted to a particular module, but should be integrated throughout the course and even across all sub-disciplines within psychology. Similarly Carolissen (2006) calls for an infusion of CP teaching into graduate programmes.

The following experiences shared by the participants, is consistent with the findings of Pillay (2003) that trainee educational psychologists received very little training in community psychology during their coursework.

> … because I know most of us kind of did it (the community component), finished it. That's done, now move on to the next thing. There was not much sustained thinking about it.
>
> CP is just something that we do like two seminars on…

One of the participants explained that her M2 class never had an honest discussion regarding their experience of the community programme or whether anyone was planning to do community work after completion of the training.

Equipped for community work

The participants made the following comments on whether their training equipped them to do community work:

> ..it's a little contrary to what we are taught about psychodynamic….you are this BLANK CANVAS who comes to the table to interpret what's happening…CP requires you to leave your cocoon, to leave your comfort zone. To actually walk your talk and be out there with people and it doesn't confine you to the room that you're in and the way you're used to working….
>
> working in community settings…they didn't teach me anything, you know…so it's quite interesting because then it shows, um the irrelevance of the training for doing that kind of work.
>
> So in the training that I got here at _ _ _ I didn't think fully prepares one for doing A CP because I think that's what the training Should be.
>
> …you've got to have kind of insight into dynamics, got to understand what's happening in the community, know your place, you know, don't see yourself as the saviour, so those kinds of things are all the subtleties that we aren't trained in. We aren't trained to do that, we're trained in the individual model. We'd like to think that we're relevant, but we're not…

>..but for community work, the only thing in my training that really equipped me was I had a three month community stint while I was at _ _ _ hospital.

Two of the participants commented that they were not equipped for working in hospital settings, which was required during the internship year:

>..our training it's so insular, um and so, um inwardly focused. So even in the hospital setting it's something completely different, you don't have the time to do psycho-dynamic therapy with patients….

>…when I was doing my internship year the work I was doing there was not particularly sort of your 50 minute structured individual this is you know…you'd arrive and there'd be 15 people sitting on the bench waiting for you to see them in a matter of 3 hours…

A participant's reflections on a community placement

One participant reflected on her experience of a community placement during training:

>I mean just from my experience, it is very complex even when it works, it was not easy. There is so much on a deep level going on. I think at best one has to approach it with a lot of maturity and get through it. I have never spoken about it…… I have a lot of feelings about it.

>… and when everything sort of exploded…there was crisis meetings…but I did not feel that they ever were curious about our experiences, or that we ever had a chance to say something, really say what was going on….There was so much going on under the surface, I mean really serious stuff. And we breeze in with our little bag of tricks, and we present them and we get our degrees and we move on….Yes, and if I do complain, I am just complaining and it is very hard as a student that they're complaining number one about something socially, obviously socially meaningful. You don't want to complain when your principles in, according to your principles you believe….

The above participant's experience corroborates the findings of Gibson et al. (2001) that students are often unable to talk about important dimensions of their experience in community work, which may alienate them from it and reduce the possibility of working through these issues. They commented on how trainers were sometimes surprised to learn about the students'

disillusionment after completion of the work. It seems as if many students, such as the participant referred to above, never felt they had the opportunity to voice the difficulties they experienced.

Gibson et al. (2001) refer to how difficult it is for students to discuss their disappointments and disillusionment with aspects of the community work, even when they are encouraged to do so. However, according to the above participant's experience, not all students perceived that they were encouraged to share their difficulties with their trainers and supervisors.

Equipped for community service

Participants expressed an understanding about the importance of feeling well equipped to cope with the demands of the community service year and that this was expected to be provided by the training.

> And that is the problem with the training. How can you make community service part of the degree and not prepare people…

> I mean the training that I did definitely didn't, would never have prepared me to arrive somewhere where there's no structure to figure out…….and the training, we're spoon fed a lot…

> So you find people going: I don't know what to do!..And it puts you off (of community service), because you don't want to go work now in a setting where you don't know what you must do!

In responding to the question regarding the extent to which they felt the clinical masters training equipped them for work in CP and for the community service year, the RT participants reported a lack of emphasis on CP and that the training was more focused on the individual.

> In terms of understanding individuals' behaviour within the community, then my training assisted me a lot, but in terms of understanding the entire community's needs there was minimal emphasis in my training.

> There were modules that addressed working in this setting, but I think there could be more.

Far too little emphasis on brief therapeutic work, as well as a systemic understanding of community and institutional problems.

Conversely, one RT participant stated that although the training did not cover every aspect or skill required for community work, she felt confident enough to provide effective psychological services under difficult working conditions, while a number of RT participants felt that they could have benefited from more emphasis on brief therapeutic therapy.

The need for the training to change has been addressed in numerous studies referred to above, but it does not seem as if these calls are being taken seriously. As one participant succinctly put it:

…you can talk about it until you're blue in the face but if you don't change the way people are trained, it's not going to change much

Reflections on community service

A participant shared her experiences of trainees who were faced with problematic community service years:

I know the one who took over from me was so disgruntled… she felt completely unsupported, completely alone…..she was a young girl…she said 'that's it, I'm never doing community again'. And she started off so enthusiastic about community service. She had a lot to offer. But there was no way she was going to be stuck in the middle of nowhere with no support. So it is sad.

This corroborated the findings by Rohleder, Miller, and Smith (2006) who reported that their collective negative experience doing community service in prisons, feeling "…undermined , unsupported, and ignored.."(p. 809), prevented them from even considering the permanent positions offered to them at the completion of their community service year. Similarly Gibson et al. (2001) warned against producing psychologists who are discouraged to work in community settings by negative experiences during their training.

Ahmed and Pillay (2004) have highlighted the problems experienced and needs expressed by the first group of community service clinical psychologists and made suggestions regarding how training can respond to these.

SUCCESS STORIES

Enjoyment of community work

The RT participants described the successes they have experienced in working in community psychology (CP) in the following words:

> Offering people something so powerful and so unique that for most, it is almost magical: a place where someone is really interested in them and their life experiences and who really listens when others don't care or can't. It is something that I get thanked for over and over again.

> Helping people from the community access resources that they wouldn't ordinarily have obtained…

> I believe I have been able to intervene positively in the lives of some of the patients referred to me, either by working with them directly in brief therapy, and in some cases in longer-term work. I think that the teams with which I work have developed a better understanding of what psychology can offer in the field of HIV and ARVs.

When asked whether she was enjoying this work, a participant who was doing community work with private funding, responded as follows:

> Generally yes, I do. You get a, what's the word, more than satisfying, it's really gratifying, rewarding sometimes…

When asked whether she has found that she has achieved in working with communities, a participant explained that she found achievement not in major awards but in moments of connecting with people:

> ….that day, that session that I had with them (a group of health care workers at a clinic)….So that for me was an achievement, was a moment of connecting, but I think that when one talks about achievement in terms of community work, I think when you get through the process of connecting with others and they're connecting with one another, you sense the movement and people can talk about the movement and reflect on the movement, that for me is achievement in terms of community work.

Conveying the success stories of people working in communities is seen as a very important way to motivate people to get involved. This should be considered in future research.

SUGGESTIONS AND IDEAS

Both sets of participants provided a wide variety of ideas and suggestions on how to involve experienced and inexperienced clinical psychologists in Community Psychology (CP). Involvement can vary from full-time employment in CP to volunteering a few hours per week. The suggestions are mentioned or discussed under the following headings:

Training

Most of the suggestions for changes to the training were discussed above under the heading of training. Further suggestions were to persuade those doing the training that clinical psychology does not begin and end in individual therapy rooms and to provide students with "something tangible regarding the possibilities of actual jobs as the perception existed that there weren't any".

Community service

One of the RT participants suggested that all psychologists should have the option of performing three years of community service. This was supported by some of the participants who felt that extension of the community service would be viable:

> …it could work, because for many people, the end of community service meant the end of a salary. And now they have to as psychologists, you have to go and find your own work. You have to set something up from scratch….It would be a very good idea and also

because services are set up and then they are crumbled…you know that it is so sad, I worked really hard (during community service) in three different hospitals, I set up what I thought were very functioning psychological services, there was a system in place…..but why not maintain it?....Why set up a community service and then the people (the community) get very disappointed because now suddenly it's gone. They come to not rely they come to really appreciate the service. That is my big gripe about community service, it's not followed through.

The idea of having the option of extending the community service year was further endorsed by this recently trained participant's statement:

I'd love to stay in this post, but the new intern will shortly evict me from my work. There are no other posts available.

Similarly, other participants felt that at the time when people completed their community service, it was the ideal time to recruit them for working in communities:

….I have colleagues who when they come back (from community service) they sit around for 8 months, 9 months because there's not much to do and you are forced to then come up with a private practice right next door to 3 others who are more established and they've been doing this forever…….when you have nothing to lose and you have so much experience to gain and you have so much to learn still and you're still eager to learn and then it shuts down…

..I feel like once out of this environment where people are actually thinking about it intellectually and then mobilising for interns to be in community settings. It just almost dwindles to this place in our minds which is about oh well those people who work out there you know and that's it…

…one young woman in my (training) group said she wished that she could have done community service, because she had no income to back her or the means to start a private practice , and that would have given her experience and a salary.

In support of the abovementioned idea that the time to recruit people into CP is just after community service, Humphreys (2000) found new entrants to a profession more eager to venture into less familiar terrain than those who had already established an income, reputation and skills in a different area. He proposed that "internships in new settings could serve as an excellent stepping stone for the 'young pioneers' who someday may help lead a significant portion of the field into new territory" (p. 302). New internships could also benefit society by bringing

psychological intervention to a more diverse population. In South Africa established clinicians who wanted to make a contribution without venturing into new terrain, could possibly volunteer to act as supervisors in the new internships.

Reading groups

Most of the participants felt that reading groups were a good forum to exchange information about specific needs existing in CP. One participant suggested that it would be a good idea for non-governmental organisations (NGOs) that had identified a need for psychological services, to contact reading groups as that would ensure that the message is passed on. She also commented on reading groups increasingly realising the need for being relevant to society.

Pioneers

The interviewed participants stressed the need for clinical psychologists to be exposed to "pioneers" or "gurus" to motivate clinical psychologists to get involved in community work and to share information about projects and opportunities that exist. This could be linked to continued professional development (CPD) activities.

> I think you need pioneers, you need people who are very much part of the crowd who do this work and who are passionate about it, and who are still connected to the traditional stuff at the same time.

> When I meet people and they ask me what I do…. I try to tell them about the work that I do, because I try to whet people's appetite for stepping outside of the comfort zones.

Furthermore the interviewed participants stressed the need for clinical psychologists to be exposed to the networks of those involved in CP:

> ….but if you are not exposed to those networks, …then you are not going to know what to do with this passion (to do community work) that you might have.

A common space

One of the participants presented an idea for clinical psychologists in private practice who have a few hours per week they would like to offer for community work. This participant was doing two full days community work per week. After completion of her community service year, she obtained funding from an overseas funder and rent-free rooms from the Department of Health in one of their clinics. She made the service known to 8 different clinics, a day hospital and general practitioners in the area, who now refer clients to her. She suggested that other clinical psychologists who would like to volunteer some time, could work from her rooms during the times that it was vacant, and even considered the possibility of speaking to her funder to extend funding to offer a full week's service. She commented on how busy she was:

> I am extremely busy. I'm booked. It is very difficult to see emergency cases, that is the problem. I am forever shuffling people around because I have to fit people in. So if I wanted to, I could work five days a week.

Other Ideas

A participant suggested that general practitioners often do not know where to refer patients for psychological help and psychologists could liaise with these general practitioners to offer, for example group therapy for mothers with postpartum depression and even do this, after hours in his or her consultation rooms. Another suggested that a community psychology news letter might be useful to promote awareness of CP projects and opportunities.

Other suggestions were that psychologists should be required by law to give 10% of their working time to NGOs or state facilities, if their income exceeds a certain level; that they should be proactive to the needs of the community they serve; that they should be able to do sessional work for government organisations; and lastly that psychologists should dedicate time to research that would better inform the way in which they practice.

Conclusion

The majority of the population of South Africa lives in poverty with limited access to public mental health services, while private mental health services are abundantly available to the urban, 'white', middle-class minority (Ahmed & Pillay, 2004).

Prilleltensky (1997) has pointed out that the traditional approach to psychology faces major risks by neglecting the social context. By denying the role of society in personal suffering it blames the victim, and when it promotes personal solutions to social problems it weakens community bonds and strengthens the status quo. Individual and social problems must be tended to simultaneously for either to be solved over the long term, but the traditional approach has failed to do that (Bakan,1966; Doherty, 1995; Fox, 1985; Hare-Mustin, 1994; Herman, 1995; Sarason,1996, as cited in Prilleltensky, 1997). The majority of interviewed participants in this study expressed reservations with regard to the conceptualisation of community psychology (CP) as aimed at certain communities.

Neither the traditional, nor the community psychology approach has proven to be the answer for South Africa. Many calls have been made for a relevant psychology, although recently somewhat muted (Suffla and Seedat, 2004; de la Rey and Ipser, 2004). Training programmes have been widely researched and many suggestions have been offered for change; yet not much has changed. It has been suggested that the answer might lie in CP not being a discipline on its own (Pillay, 2003), but rather in an infusion of community psychology approaches into mainstream psychology (Carolissen, 2006).

This study has corroborated findings of a number of recent studies conducted in the field of community psychology (Ahmed & Pillay, 2004; Carolissen, 2006; Gibson et al., 2001;Pillay, 2003). Most of the interviewed participants in this study speak about the urgency of changing the ethos of the training to inspire and motivate students, to make them feel that they want to do community work. Ahmed and Pillay (2004) succinctly state that "…we need to re-orientate clinical psychology as a professional discipline within the context of post-apartheid South Africa, which means training, preparing and multi-skilling psychologists for the needs and demands

facing the nation" (p. 651) and that this must be done as part of developing a psychology relevant to South Africa and the world.

Many participants have been inspiring in sharing their positive experiences in doing community work and in their enthusiasm for getting involved. We have psychologists that are concerned about people who need their services, which confirm the findings of Ahmed and Pillay (2004) that South African practitioners do recognise the need for community work. Community psychology has been part of the 'relevant' psychology agenda since the 1980s. Two decades later, the time has now come, to mainstream community psychology - in the words of a participant - "…so that all psychology becomes a community psychology".

In this process we must make sure that community psychology will not be - again in the words of a participant - "…something that I do keep in the back of my mind, I just need to think about how to fit it in".

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