COMMUNITY PSYCHOLOGY: CONSTRUCTING COMMUNITY, RECONSTRUCTING PSYCHOLOGY IN SOUTH AFRICA

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INTRODUCTION

An inaugural lecture is an important rite of passage in any university, serving two primary purposes. It is an opportunity for the university as an institution to induct and introduce its new academic appointee to the university community, to the local community and to the general public. For the appointee, it serves as a first formal opportunity to present him- or herself, to communicate his or her thoughts, ideas and intentions regarding the discipline or academic field to which he or she is expected to provide academic leadership and to initiate research. I'd certainly like to use this opportunity to do so but by way of a narrative approach. To be able to tell the story of where I would to take my academic and professional interests in psychology here at the University of Stellenbosch, it is essential for you to know something about me, my context, about the journey I have travelled. Hence, I will interweaving the personal, the political, with the academic into my narrative.

I'd like to structure my presentation into the following chapter or headings:

1) The personal context
2) Reconstructing Psychology in South Africa: The call for a relevant psychology
3) Community Psychology
4) Constructing Community: Implementing a community psychology project
5) Towards a Community Psychology curriculum
6) The University's accountability to community development

1. THE PERSONAL CONTEXT

I was born in 1957 in the erstwhile community called District Six. I am the eldest of eight children. Both my parents had minimal high school education having left school at Std 6 (Grade 8) level. However, both parents sought to inculcate in their children the importance of education. So with some degree of financial hardship and sacrifice for our family, I was enrolled at St. Columba's High, a Christian Brothers College, in Athlone, and through the beneficence of a friend of the family who assisted with the tuition fees, I was able to complete my high school education in 1974. While the environmental press or the norm in our neighbourhood, particularly for the eldest, was to drop out of school or to finish school to support the family, my parents conceded to my request to further my education at university level. Their proviso was that I would need to shoulder the financial responsibility on my own because there were still seven other siblings to put through school.

I chose at the time to attend the University of the Western Cape (UWC), not because it was an ethnic institution for so-called Coloured people, but more so because I was averse to seeking ministerial permission to attend the, then, white University of the Cape Town. At another level, the offer of a state bursary at UWC was persuasive enough given my material circumstances. State bursaries tenable at UWC at the time were restricted to social work and teacher training. I had this vague notion that I wanted to work with people. Hence I might have reasoned that to

become a social worker it would be advantageous to attend an institution better suited to understanding the context in which I would need to practise social work. It is also very relevant to note that psychology was not even within the realm of my career options at the time. There were no black psychologists in the community and, at the time, professional training to become a psychologist could only be accessed through a white university. Due to the prevailing social and political factors, it was a foreclosed path (Gottfredson, 1981) for me beyond the realm of my consideration at the time.

My undergraduate years coincided with the political ferment that culminated in the 1976 Soweto uprising. In our academic courses, we became increasingly disenchanted with the de-contextualised and apolitical way in which both social work and psychology were being taught. These de-contextualised disciplines tended to adopt a passive approach, merely learning about western theory, and not engaging around issues of fit to our socio-historical context. They were biased towards passive and reactive modes of intervention, mainly curative modes that tended to conceptualise human problems and concerns in terms of individual behaviour, implicitly displacing the locus of causality and responsibility to the hapless individual. These fascinating theories of human behaviour, activity and intervention were academically interesting but failed to address the socio-political reality we were experiencing under the oppressive conditions of apartheid.

This ferment of the post-Soweto uprising era created a zeitgeist, or an intellectual climate, for critical debate and analysis resulting in an ethos of education for liberation at black institutions that was parallel to the call for liberation before education among the marginalised youth in the country. In hindsight, we were preparing ourselves academically to construct a different context, a different reality from the one that had been fashioned for us. We began to engage critically with theory and practice, contesting status quo mechanisms and policies, seeking an appropriate socio-political activism to confront the oppression of the apartheid system and all its mechanisms of control. For example, in my final year in the social work course, we were required to do practical work at a welfare agency. But rather than stay with the traditional methods of individual case work or a group work placement at an agency, a group of my contemporaries successfully agitated to be able to do community work instead in the Modderdam squatter camp adjacent to UWC. That the state department of Community Development, later, raised the same squatter camp to the ground in the same year reinforced our resolve to situate our understanding of social problems within a socio-political and historical context.

Disenchanted with social work, I went on to pursue graduate studies in my other major subject, psychology, and in 1982 was among the first cohort of black students to have the opportunity to obtain training in psychology at masters level abroad through an international scholarship. At the time, access to psychology training in South Africa (SA) for black students was severely restricted. An interesting footnote here is that the majority of black academics and professionals in leadership positions in psychology today were among the same cohorts who received their graduate training abroad in the early 1980's. Leaving SA to study in the USA was an intensely liberating experience for me. I was afforded the opportunity of a different social and academic context against which to evaluate my performance and my person I was also able to recognise within myself the effects of my own adaptation to apartheid. The South Africa I returned to in 1983 was a nation at war with itself and the needs of the time challenged all, including young intellectuals, to engaged actively in creating a new discourse and praxis. I returned to the USA for the period 1990-93 to complete a structured doctoral programme and returned to SA to play a role in the reconstruction within the profession of psychology, and within the University of the

Western Cape. To bring this context setting of my narrative to a close, I'd like to read to you an extract from the dedication acknowledgement in my doctoral dissertation to share with you a seminal motive that continues to inform what I am committed to do with the privilege of the education I have been afforded:

> "This project [*dissertation research*] has its genesis in my experience as a Black South African. The notions of free choice and opportunity implicit in many western theories of career development ring hollow for millions of my compatriots who have not only been dispossessed, disenfranchised, but also disqualified from participation in the world-of-work due to the racism of apartheid. I am, therefore, keenly aware that this academic milestone is more than an individual achievement, having being wrought by the prayers, wishes, support, and sublimations of many people in South Africa."
>
> "I … dedicate this dissertation to the people of South Africa whose sacrifice, struggles, and aspirations for democracy have had a seminal influence not only in shaping my career development, but also in determining how I should use this privilege."
>
> (p. v, Naidoo, 1993)

As our country builds its new found democracy, it is imperative that we purposefully construct bridges of communication among our different larghers of separateness (realities, communities, identities) and open up access to our institutions of higher learning to all South Africans for these institutions including the University of Stellenbosch are indeed national assets.

2. RECONSTRUCTING PSYCHOLOGY IN SOUTH AFRICA: THE CALL FOR A RELEVANT PSYCHOLOGY

In 1986 an article appeared in the fifth volume of *Psychology in Societ*y, a non-accredited South African journal developed explicitly to allow discourse about matters in psychology that would not reach press in the mainstream psychological journals. There were two intriguing features about this article. First, its title was contemporaneously provocative- **Some thoughts on a more relevant or indigenous counselling psychology: Discovering the socio-political context of the oppressed (**Anonymous, 1986). Second, the authors opted to remain anonymous. I was a co-author of this article. I had been asked by a close colleague and friend, Shaun Whitaker, to collaborate on an article that would give voice to some of the debates and issues we were embroiled in at the time. We were both in the process of training to becoming psychologists. But, given the oppressive political conditions at the time, even in the profession of psychology, we were concerned about the consequences of daring to challenge the status quo in the profession. Hence we decided to err on the side of prudence and remain anonymous. This might seem paranoid or extreme when viewed from our present context, but at the time, there was intense ferment and mistrust in the psychology ranks. The professional board that regulates credentialing of psychologists in the country had also recently informed me, that I would need to do an 18 month internship in contrast to the standard 12 month internship because my master's qualification was received abroad. Was it coincidental that the return of the first cohort of black psychologists from the USA was accompanied by more stringent credentialing criteria in contrast to the so-called grandpa clause ("oupa klousule") of preceding years whereby many white academics and practitioners who had a masters degree in psychology obtained automatic registration without needing to do an internship?

Our call for a relevant psychology, a different psychology, was born out of our own experience of having been educated, trained and, at the time, working in a conservative academic context that failed to provide a meaningful understanding or way of analysing and intervening in the socio-political context of the oppressive 80's in South Africa. We were particularly perturbed by the silence of organised psychology to respond or react to the state's oppression on the one hand, and to the needs of the oppressed communities on the other hand. We were, however, not the first to voice such concerns. The call for a relevant psychology reverberates in the South African psychological literature increasingly since the 1980's and in many different guises.

A myriad of research reviews and reports (Dommisse, 1987; Foster, Freeman, & Pillay, 1997; Holdstock, 1981; Lambley, 1980; Nzimande, 1986; Swartz, 1987; Van der Spuy & Shamley, 1978) confirms the dismal picture that apartheid was inflicting and bequeathing to South African communities. The picture of mental health provision and promotion has been described by Lazarus (1988) as inadequate, inaccessible (particularly for rural communities), inappropriate, and discriminatory. Other researchers have characterised existing mental health services as irrational, wasteful and fragmented (Kriegler, 1993), and having poor inter-sectoral liaison and co-ordination of services leading to duplication and fragmentation (Freeman, 1992). Townships and disadvantaged rural communities have had to cope without any mental health service.

Mental health services in South Africa have reflected broader class, race, gender and urban-rural inequalities. While for the privileged white minority the patient to caregiver ratio is relatively on par with western countries, black South Africans do not have access to adequate, appropriate or relevant mental health services (Centre for Health Policy, 1990). The imbalance in mental health provision is further evident in that the population of psychologists in SA remains predominantly white, middle class, male and Afrikaans/English speaking. In addition, the majority of psychologists are clinical in specialisation focusing on individual interventions within a traditional paradigm of pathology. They serve predominantly white, middle class clients (Swartz, Dowdall & Swartz, 1986). The mental health needs of black South Africans and disadvantaged communities have been largely neglected. From a different vantage point, the nature of the mental health services has also been criticised for being eurocentric in its derivation, value-base and orientation (Lazarus, 1988; Naidoo, 1996; Wouters, 1993). The proclivity for individual curative therapy may not be culturally appropriate or comfortable for all sectors of the South African society especially for those cultures that are more group (collectivistic) oriented (Naidoo, 1996). This preoccupation on the individual at the expense of social determinants of human behaviour and the resultant ameliorative practice of individual therapy, without examining and confronting the underlying structural societal conditions, has resulted in psychology being seen as maintaining and perpetuating an oppressive economic-political system (Bulhan, 1985; Dawes, 1985; Lazarus, 1988), and psychologists being labelled as the servants of power and more specifically as "servants of apartheid" (Webster, 1986). Social and historical contexts cannot be ignored in attempting to understand individuals (Foster, 1986) or in rendering appropriate interventions for the oppressed (Anonymous, 1986; Bulhan, 1985; Fanon, 1986; Freire, 1972). Other similar views have been Orford's (1992) call for understanding the individual-in-context and Bronfenbrenner's ecological model of development (1979) positing that people need to be considered within the contexts of the social settings and systems of which they are part or which influence them.

A further criticism that has been levelled against the provision of mental health services is that it is centralised in urban locations and tends to be predominantly curative (Swartz, 1998).

Rappaport (1977) admonished that intervening at an inappropriate level runs the risk of neglecting the most important causes of a problem. It is certainly a central tenet of community psychology that interventions at the individual level run the risk of appearing to blame the individual who might be more appropriately seen as the victim of external forces operating at a higher level. Moreover, with escalating mental health concerns the efforts of psychologists could also be more meaningfully directed at preventative and developmental interventions, aimed at macro level, notwithstanding the merits of and the need for curative intervention at individual level.

This burgeoning disquiet and dissatisfaction with establishment, mainstream or status quo psychology in South Africa has resulted in the call to make psychology relevant to the struggle for human rights in the context of apartheid and other forms of oppression; relevant to the reconstruction and development of a new South Africa; relevant to the diversity of cultures that characterise South Africa, and relevant to an inclusive indigenous context. Several of these responses emerged under the umbrella of "community psychology" as an alternative to or elaboration of traditional clinical psychology. Some initiatives have evolved under other labels or groupings such as "contextual psychology", "critical psychology", "indigenous psychology", "progressive psychology", and "social psychology". Other initiatives have developed under no particular label, but have reflected the values, philosophy, and aims that underpin community psychology (Lazarus, 1988).

Scholars interested in pursuing an in-depth analysis of this crucial period in the development of psychology in SA are referred to the doctoral dissertations of Lazarus (1988) and Wouters (1993). Lazarus (1998) describes the role of the psychologist in the SA social context and offers suggestions for an appropriate community psychology practice. Wouters (1993) provides a critical treatise of the relevance of psychology debate differentiating between cultural and political proponents of the debate.
Earlier concerns raised in the literature tended to be apolitical focusing on the irrelevance of psychological and psychiatric methods of interventions for groups other than whites. These concerns were couched exclusively in cultural terms and cultural definitions of the problem. For example, Buhrman (1977) raised awareness of the cultural encapsulation of the practitioner and the importance of the cultural context of the patient but ignored the political differential.

There are several earlier references criticising psychology's dissociation from the socio-political changes unfolding in the country (Raubenheimer, 1981; Strumpher, 1981), however, Wouters (1993) credits Dawes (1985) with initiating the formal debate on the political relevance of psychology. Other significant voices among a broader choir have included Holdstock (1981), Anonymous (1986), Foster (1986), Vogelman (1987), Nell (1990), Cooper, Nicholas, Seedat, and Statman, (1990), and Nicholas (1990). The psychological distance of psychologists and their interventions from the majority of the citizens of South Africa has been a significant issue for the profession for more than two decades. It has been suggested that relevance is the most predominant concern of SA psychologists and the most significant value influencing psychological research (Retief, 1989). It has also been described as a most divisive issue for the profession (Kriegler, 1989). Mauer (1987) echoes this lacuna in asking what the discipline of psychology could do to ameliorate the situation in the country. Her rejoinder was that psychology in SA, as in any other developing country, must be socially relevant if its existence is to be justified.

During the 1990's there were increasing voices from inside mainstream psychology calling for forging a more appropriate mission and organisational structure for psychology (Seedat & Nell,

1990; Donald, 1991; Freeman, 1991; Hickson & Kriegler, 1991; Mauer, Marais, & Prinsloo, 1991; Kriegler, 1993, Wouters, 1993). The impetus of the political transformation in the early 1990's helped to foment changes within the formal organisation of the psychology profession culminating in the historical Psychology and Society Conference in 1994 at UWC. At this conference the existing South African Psychological Association was dissolved and a new professional structure called the Psychological Society of South Africa was conceived, with Rachel Prinsloo, a black woman voted in as first president.

Summary of the main critique

To conclude this chapter, let me recapitulate the main critique against mainstream psychology:

- The provision and promotion of mental health services have been inadequate, inaccessible, inappropriate and discriminatory;
- Psychology has been pre-occupied in providing the kinds of service that serve and can only be afforded by a privileged minority;
- Psychology has neglected the mental health of the majority of South Africans;
- Psychology's irrelevance derives from the political system and psychology's inability to address political concerns by addressing the impact of apartheid on its victims, and
- Psychologists' interventions lack the necessary broader contextual focus needed to address social problems facing SA.

3. COMMUNITY PSYCHOLOGY

It is no coincidence that the advent of Community Psychology in SA and its genesis in the USA follow a similar pattern. In the wake of the social upheaval in both countries, (the 1960's civil rights era in the USA and the general political struggle against apartheid during the 1970's and the 1980's in SA), a growing reaction was expressed about how existing psychological service delivery maintained the status quo. This included three main areas of concern regarding service delivery: the general inaccessible nature of mental health services to those who could not afford it, the growing concern at the lack of active recognition of social context pertaining to the genesis and development of mental health problems (Rappaport, 1977; Lazarus, 1988), and an increasing awareness of the inherent limitations of the traditional clinical and counselling paradigm in cross-culture contexts.

Historically, the psychology profession has adhered to a helping paradigm that emphasises one-to-one intervention focusing on clients' intra-psychic experiences. These interventions are typically time bound, office bound, and remedial in nature (Lewis, Lewis, Daniels, & D'Andrea, 1998). This traditional approach to psychology emphasises facilitating change in individual clients rather than their environments. While this paradigm has dominated the profession for several decades, increasingly researchers have shown that it is simply too narrow and too culturally encapsulated (Wrenn, 1985) to address mental health needs at a broader national level. Community psychology has emerged as an approach in response to the critique against mainstream psychology.

Lazarus and Seedat (1995) identify 4 main purposes that define community psychology within the South African context. Community Psychology is an agency to:

1) Extend mental health services to all citizens, and in particular, to the historically unserved, underserved and oppressed sectors of our society;
2) Transform the way in which the etiology and development of psychosocial problems is conceptualised and understood;
3) Include a contextual analysis that takes cognisance of social issues so as to transform the praxis of psychological service delivery to include prevention initiatives that strengthen the resilience and protective functioning of high risk and vulnerable groups within disadvantaged communities in particular, and that address environmental stressors; and
4) Redefine the role of psychologists towards a broader public health portfolio that embraces the functions of advocacy, lobbying, community mobilisation, community networking, and policy formulation.

This signals a paradigm shift in the way psychologists understand and respond to personal and collective problems (Rappaport, 1977; Barclay, 1983), a shift away from an individualistic, victim blame position towards an acknowledgement of the social context of people and their psychosocial problems and therefore the need for macro and multilevel analyses and interventions (Lazarus & Seedat, 1995). While this will likely cause a sense of confusion and resistance in the ranks of traditionally trained practitioners (Savage, 1981), such changes are necessary if psychology is to become more viable (Daniels & D'Andrea, 1996), more socially accountable and responsive to pressing societal issues. Recognising that the traditional paradigm limits the psychologists' professional potential and threatens the profession's future, several international writers have begun to discuss the importance of developing new models of helping (Ivey, Ivey, Simek-Morgan, 1993; Pedersen, 1991; Rigazio-DiGilio, 1994; D.W. Due & Sue, 1990).

Several theoretical forces have emerged over the past four decades facilitating this paradigm shift. These forces include the increasing awareness and acceptance of contextual (Steenbager, 1991), ecological (Germaine, 1991), and systems theories (von Betalanffy, 1968), advancements in feminist psychology (Gilligan, 1982; J.B. Miller, 1987), the rise of multiculturalism (Locke, 1992; D.W. Sue & Sue, 1990), and the emergence of postmodern thinking (Hayes, 1994).

While the ideas and knowledge generated by these influences enrich the profession's understanding of human development in many important ways, these theories also evoke dissonance and discomfort as the new knowledge they generate often conflicts with many of the premises embedded in the traditional paradigm. Rigazio-DiGilio and Ivey (1993), cited in Lewis, Lewis, Daniels, and D'Andrea (1998), state in this regard that "the main task facing the .. .. profession is not to continue this proliferation of diverse points of view, but rather to think about and organize these theories into some meaningful and coherent framework" (p.208).

Community Psychology presents a transitional framework that marks a shift toward a new paradigm not yet fully realised. This framework provides practitioners with a theoretical basis, a practical set of guidelines for offering a broad range of mental health services to diverse client populations in a variety of settings and alternate ways of generating knowledge. However, because community psychology incorporates a number of traditional counselling concepts and strategies, it does not constitute a new paradigm in the truest sense of the term as intended by Kuhn (1962). It represents, rather, an integrative framework that encourages a new way of thinking about the psychologist's professional purpose and purview in the new millennium (Seedat et al., 1988).

As the paradigm of community psychology is still evolving, it would be difficult to develop an inclusive definition to describe an ongoing organic process. With this limitation in mind, the following definition is presented:

Community psychology is a comprehensive helping framework of intervention strategies and services that promote the personal development and well-being of all individuals and communities (Lewis, Lewis, Daniels, & D'Andrea, 1998). It is an approach to psychology rather than a separate discipline. While community psychology draws on other disciplines such as sociology, anthropology, social work, and political science, it is affiliated with psychology because it supports the field's emphasis on enhancing the mental health of individuals and communities. Community psychology emphasises that behaviour occurs in a context hence requiring both intra-individual and broader macro conceptualisation. All behaviours, both healthy and symptomatic of dysfunction, are influenced by the quality of fit or match between the individual's needs and abilities and the setting's resources and opportunities.

When behaviour is seen from a system's perspective, interventions can be generated at many levels: individual, family, group, institution, and community. This approach enables practitioners to assess recurring needs, risks and crises, predict likely transition periods, thereby allowing them to plan programmes and interventions that both treat and prevent difficulties in living (Scaleppi, Teed, & Torres, 2000). As the name implies, community psychology focuses on the community. Practitioners who adopt this approach are sensitive to local cultural norms and traditions and develop interventions and programmes in cooperation with community residents and organisations. Lastly, community psychology proponents posit that many difficulties in living are intensified by lack of access to resources and by political and social inequity. Programmes that empower communities to remedy these problems are strongly endorsed (Orford, 1992; Scaleppi, Teed, & Torres, 2000).

Within the South African context, Wouters (1993) argues that psychological interventions have to address the central tenet of relevance in terms of power, and the power relations mediated by apartheid. He argues that the dehumanising effects of apartheid and peoples' aspirations for social transformation are crucial focus areas for relevant helping interventions. He advocates that power, power relations, and empowerment represent a nucleus for integrating socially and psychologically meaningful content and processes into new paradigm helping models. In a similar vein, Petersen et al. (1997) propose the re-training of health professionals to address the power differential between professional and community interests and for the empowerment of communities to exert control over the health care they receive.

Orford (1992) presents the following summary of the central principles of community psychology:

Table 1: Principles of Community Psychology

Assumptions about causes of problems

An interaction, over time, between person and social settings and systems, including the structure of social support and social power

Levels of analysis

From micro-level to macro, especially at the level of the community or organisation

Research methods

Include quasi-experimental designs, qualitative research, action research, and case study methods

Location of practice

As near as possible to the relevant, everyday social contexts

Approach to planning services

Proactive, "seeking out", assessing needs and special risks in a community

Practice emphasis

On prevention rather than treatment

Attitude to sharing psychology with others

Positive towards formal and informal ways of sharing including consultation

Position on working with other non-professionals

Strongly encouraging of self-help and non-professionals and seeks to facilitate and collaborate

(p. 4)

Further descriptions of the central values of community psychology are provided by Lazarus (1988) and Scaleppi, Teed and Torres, (2000).

Hence, as indicated above, one of the tenets of the basic community psychology way of thinking is that the practitioner actively reaches out beyond individual psychological difficulties, not only in thinking (i.e., conceptualisation) about higher levels of influence but also in endeavouring to bring about changes at these levels (i.e., intervention) (Orford, 1992). Rappaport (1977) refers to this as a seeking mode of working in contrast to a reactive mode of waiting. Within a community psychology orientation, the practitioner is not content to wait for individuals to make contact, but rather wishes to understand how problems have been generated in the community, to find out what needs exist and which of them are not currently being addressed, and to anticipate problems and to prevent them where possible. Community psychology, thus, draws upon epidemiology and needs assessment, favours consultation and less formal ways of sharing psychology with those in contact with problems in the community, and places much more emphasis upon prevention than upon the treatment of individual problems. In striving towards these ends, community psychology espouses to develop a sense of community through citizen participation and empowerment and collaboration with community agencies and role players with respect for individual and cultural differences (Orford, 1992). This is clearly a different approach to traditional or mainstream psychology.

4. CONSTRUCTING COMMUNITY: IMPLEMENTING A COMMUNITY PSYCHOLOGY PROJECT

In this section I want to move from ideology and theory to praxis. I will briefly describe the enactment or translation of these principles in the unfolding of a new community psychology project in the small community of Jamestown. The relevance and importance of this study derive from the mental health context in South Africa. Youth and rural communities have been identified not only as vulnerable groups but also as neglected groups in the South African social landscape and low in the pecking order for dwindling resource allocation. Jamestown is a small rural peri-urban community of between 2,500-3000 residents with many farm workers from surrounding farms also using community resources and facilities such as schools, health clinic and the like. With limited recreational facilities, the youth in the community are increasingly vulnerable to alcohol and drug abuse, pregnancy, gangsterism and unemployment (Personal communication, Mr Malan, 8th March, 2000).

The involvement in Jamestown came about through a formal request from the community to the university to provide assistance with mental health concerns of residents using the health clinic in the community. This initiated a consultation process in which a colleague, Mr Hennie de Vos, and I made contact visits with important community leaders and role players including the staff of the health clinic, the principals of the primary and high schools, members of the Jamestown Executive Area Forum and the Stellenbosch Municipality. From the initial request for individual counselling services and through this consultation process, the Jamestown Community Project was conceived. As this project is still in its infancy and accountability structures and processes still need to be consolidated and formalised, the ideas and vision expressed here are still subject to vetting, modification and approval by the Advisory Committee that will be established to oversee the project.

The Aims and Objectives of the Jamestown Community Project

The proposed project has 4 primary objectives that individually and collectively serve the ends of community development and empowerment.

4.1 Establishing a community partnership model as a prototype in a rural community

A necessary first aim of this project is to establish a collaborative relationship between the university, the local municipality and the Jamestown community to develop a community partnership model that will ensure the community is empowered to shape the development of the project, have its own needs addressed, retains ownership of the project, and is able to sustain some of the initiatives long term. Key role players from the Jamestown community will include the principals of the primary and high schools, the community's management forum, the staff of the Health Clinic and members of the local clergy. This process, in itself, will facilitate the ends of community development in drawing community role players together around important needs and developmental initiatives in the community thus engendering a psychological sense of community (Sarason, 1974) in Jamestown. At a basic level, community participation will be ensured and consensus be facilitated in programme planning for the project (Rifkin, 1986). The involvement of local government will be essential to address the socio-economic concerns of the community.

4.2 Needs Assessment to provide mental health services to the community as apart of service learning for students from the university

In response to a formal request from the Bilton Health Clinic in Jamestown, the project co-ordinators, through their position in the Department of Psychology at the University of Stellenbosch, are in the planning process of providing psychological services to the Jamestown community. It is envisaged that honours and master's students will initially offer curative individual and group counselling at the clinic commensurate with the needs of the community. In addition, the master's level students will focus on enhancing the potential of the youth at the primary and high schools by establishing developmental programmes such as leadership training, peer mentoring, wilderness training and other life skill programming. From the needs assessment, relevant interventions will be developed in consultation with the community role players. While the community will benefit directly through the range of services provided and the community development objectives imbedded in the project, the university will be afforded an unique opportunity to fulfil its community outreach/ development mandate; address national priorities in terms of responding to the needs of a disadvantaged rural community; access a relevant community context for service learning so that students not only render professional

psychological services but also receive relevant training; participate in a tripartite partnership with a receptive community and the local municipality to establish a unique model for community development; and, situate an evolving emphasis in community psychology (as a new academic area in the department) meaningfully in a local community thereby providing opportunity for various training, service delivery and research initiatives. In addition, the opportunity for a community context for problem- based learning, community-based learning and action research will be afforded.

4.3 Developing and implementing a wilderness therapy intervention as a prototype for the youth in Jamestown with the view of adapting the model for other communities requesting assistance

The third aim of the project will be to develop and implement a wilderness training model for youth in the community. The wilderness training model will include wilderness education, environmental awareness, wilderness therapy and a local rite of passage programme for the youth in the community. This unique intervention, which has great appeal to young people, has curative, preventative and developmental goals providing participants with opportunity to address past and existing problems in their lives and harness their potential to transform their lives. Follow-up programmes will provide participants with the support and mentoring to sustain their development and plough their gains back into the community.

4.4 Impacting on policy and intervention for rural communities and youth-at-risk

The findings, experience and lessons of this project will contribute directly to policy development and effective interventions pertaining to community development and empowerment initiatives for rural communities and youth-at-risk. The value and merits of the community partnership model will gain greater currency with the prospect of being applied in other communities subsequently. Similarly, the wilderness training model will be refined for implementation in other communities and with other at-risk youth groups. There are already indications of a wealth of further research interest being generated by the project focusing on the evaluating different aspects of the community partnership model, the interventions and the phenomenon of community resilience. Hopefully other disciplines may also be drawn into the project.

{For a review of the relevant literature and a full description of the project proposal for the Jamestown Community Project see Naidoo (2000)}.

The proposed project thus seeks to combine a dynamic interplay between theory, intervention, research and evaluation in community psychology with a view to developing accountable, empowering models of intervention that can be transferred or adapted to other community settings.

5. TOWARDS A COMMUNITY PSYCHOLOGY CURRICULUM

In concert with the unfolding of the Jamestown Community Project as a model or prototype for the practice of community psychology, I take serious the challenge to create academic space in the Department of Psychology at this university to train community psychologists and hence to develop a community psychology curriculum as a separate sub-discipline available for post-graduate training in psychology along side the existing separate clinical and counselling

specialities. This I consider to be the raison d'etre for my accepting this position at the University of Stellenbosch. It is in my opinion an historical opportunity for the same department of Psychology that was instrumental in shaping the development of apartheid, to play a critical role in responding to the current mental health needs of communities our country. Other institutions in the country are already responding to this vacuum in psychology training. The University of the Witwatersrand will be instituting a master's course in Counselling and Community Psychology for 2001 and the University of Zululand recently advertised a doctoral programme in Community Psychology. Anticipating the prescribed changes in the training of psychologists, the University of Stellenbosch can play a pivotal role in the Western Cape in developing a dynamic training curriculum for community psychology that would be more responsive to the needs of our nation.

What would a community psychology curriculum look like? While a more thorough review of curricula of other post-graduate community psychology programmes would need to be undertaken to inform the contents of such a curriculum, some necessary content areas would include the following:

1) **Systems Analysis:** A grounding in systems theory is prerequisite for training in community psychology**.** To intervene effectively, the practitioner must have an understanding of the multiple levels operating in any social context and be able to discern the processes operating at each level in order to design an effective intervention at the appropriate level.
2) **Group Process and Dynamics**: Understanding group process and group dynamics at micro and macro-level are essential to be effective in facilitating any group intervention. Special attention should be given to training in group conflict- management.
3) **Multiculturalism**: Community psychologists should be trained to be sensitive to multicultural pluralism, to explore racism and racial identity development. Given the legacy of apartheid, specific attention needs to be given to prepare students to work in cross-cultural situations and settings.
4) **Counselling:** Counselling is fundamental to most forms of consultations and interventions. Proficiency in counselling enables the practitioner to listen effectively to the client group, understand their needs more fully, develop better intervention strategies, and give the practitioner entry into community agencies where multilevel interventions can be developed.
5) **Assessment:** Proficiency in assessing both individuals and their settings are crucial skills in community psychology. Hence traditional psychological assessments must be augmented with environmental, sociometric assessment as well.
6) **Practitioner Skills:** Additional skills include: (1) consultation; (2) programme planning, development and evaluation; (3) workshop facilitation; (4) mass-media use for community education; (5) qualitative research methodology; (6) grant proposal writing; (7) advocacy and policy formulation.
7) **Social science curricula**: Relevant modules from the public health discipline and other social science disciplines such as sociology, anthropology and political science should be accommodated as electives. Social theorists such as Gramsci (1971), Freire (1972), Habermas (1974), Foucault (1980), Tourraine (1981) and Fanon (1986) should be included in the curriculum.

(Lazarus & Seedat, 1988; Seedat et al., 1980; Scaleppi, Teed & Torres, 2000).

With the dramatic changes being introduced by the Professional Board of Psychology over the next three years, the University needs to position itself strategically to becoming a leading player in the training of psychologists. In this regard, I would like to use this platform to strongly advocate that the university seriously consider the Department of Psychology's proposal for a structured doctoral programme in psychology. Instead of compromising the traditional academic standard expected of a research doctorate, a four year structured doctorate will add value to the training of psychologists in the scientist-practitioner mould combining the requisite skills of the psychology practitioner with that of the consummate researcher. The proposed structured doctorate would be a four-year programme constructed as follows (**refer to Diagram 1 at the end of the manuscript**):

1) two years of course work including core modules in the area of specialisation (community, clinical or counselling) and elective courses from the other cognates;
2) a full doctoral internship, required for registration with the Health Professions Council of SA, in the third year (after completion of all the coursework);
3) a full research dissertation with proposal being presented at the end of the second year/beginning of the third year and defended at the end of the fourth year.

The structured doctorate will allow the department to present three or more areas of specialisation (Clinical, Counselling and Community Psychology) to meet the diverse needs of the profession and the communities served by the university and enable all trainees to augment their specialised areas or cognates with electives of their choice. All trainees would be able to see how their generic psychology skills can be applied in various settings, including community-oriented contexts. I am convinced that a structured doctoral programme in psychology will grow the Department of Psychology phenomenally and enhance the standing and attractiveness of the department. Given the new entry prerequisite (i.e., doctoral degree) for registration as a psychologist from 2004, adhering to a researched based doctoral degree will result in fewer students enrolling for training in psychology. In the uncertain fiscal times ahead, the institutions with vision, strategic foresight and accompanying flexibility and responsiveness to national priorities will be the ones to better survive the effects of rationalisation in the higher education sector, economic recession and dwindling student enrolment. The University of Stellenbosch with its resources and interface with the rural communities of the Western Cape region is better-endowed and well-placed to assume leadership in community psychology training and intervention in the region.

6. THE UNIVERSITY'S ACCOUNTABILITY TO COMMUNITY DEVELOPMENT

In closing, I would like to thank the university for the confidence invested in my appointment. I take serious the responsibilities invested in my role in the department. However, I also expect the university to take serious its commitment to community development. Recently at the March graduation ceremony, the Chancellor of the University, Prof. Elize Botha, underscored the university's co-responsibility, as an institutional citizen of South Africa, to the welfare of the country and its citizens. She indicated that as an educational institution, the university intentionally places great emphasis on teaching and research. However, if the university is to take serious its responsibility towards society and, at the same time, remain faithful to its mission, namely to establish a commitment to the universal ideal of excellence in scientific endeavour and to discover and share knowledge and skills for the benefit of society, then the three mandates of teaching, research and community service must be

integrated and share equal status (Botha, 2000). While this is, of course, a collective responsibility, I trust that the University will provide me with the necessary tangible support to develop community psychology as a dynamic and socially accountable means to give further expression to its commitment to constructing community and its responsibility to reconstructing a relevant psychology.

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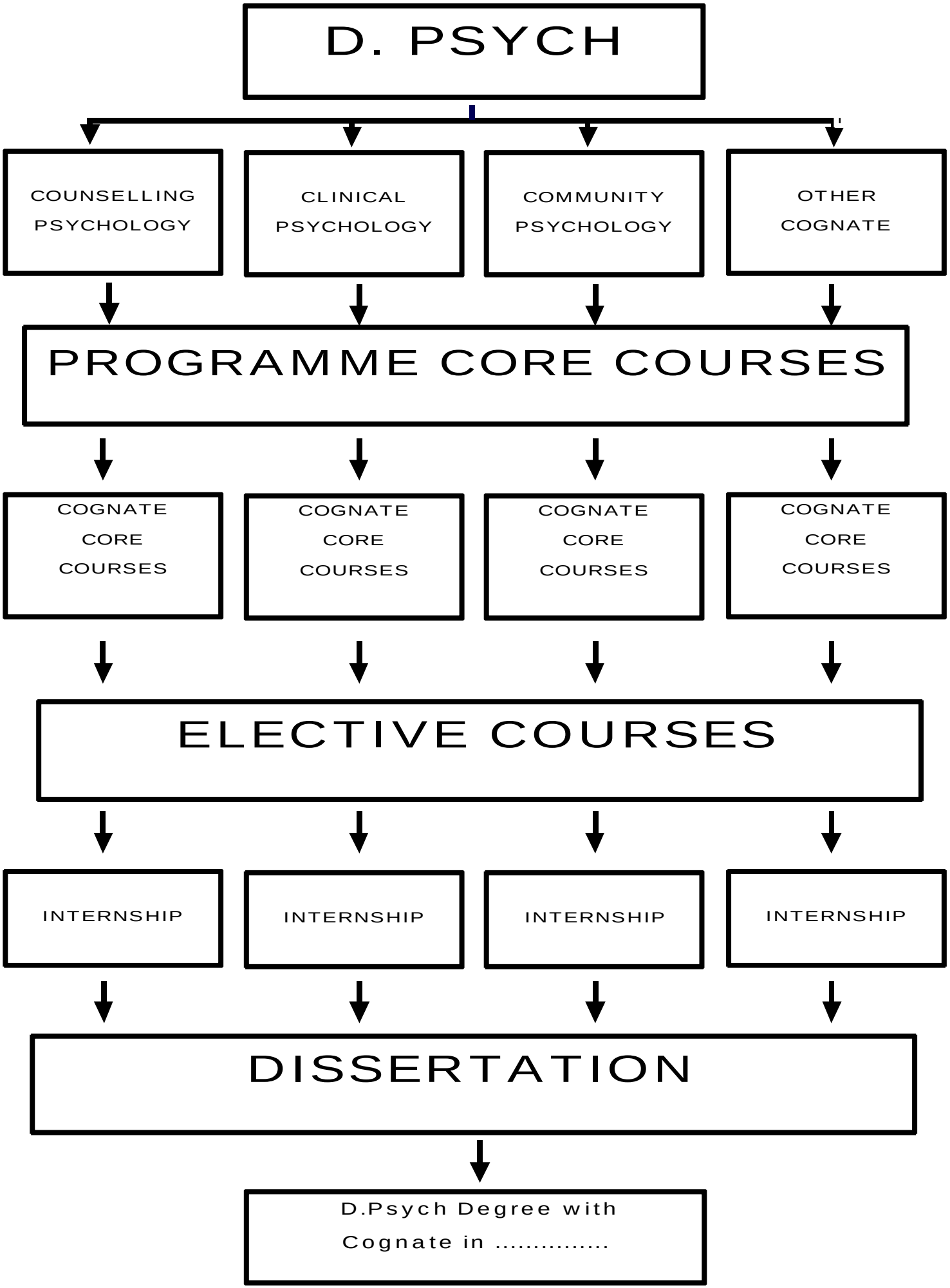

Diagram 1: Structured Doctoral Programme in Psychology