AN APPRECIATIVE INQUIRY INTO THE ZULULAND MENTAL HEALTH COMMUNITY PSYCHOLOGY PROGRAMME

by

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DECLARATION

I, Joa Meyer hereby declare that the work: "**An Appreciative Inquiry into the Zululand**

Mental Health Community Psychology Programme" is my original work. Sources consulted

or cited have been acknowledged in the text as well as in the list of references.

SIGNED: _____

DATE: _____04/09/2008_____

DEDICATION

This work is dedicated to my late Ouma Rena Dykman.

ACKNOWLEDGEMENTS

ABSTRACT

Zululand, the north eastern area of Kwa-Zulu Natal in South Africa is characterized by its diversity in development. This resulted from historical imbalances that were enforced by the Apartheid system and so, typifying South Africa with its unlevelled development. With large parts of the region being underdeveloped, the Zululand Mental Health Community Psychology Programme (ZMHCPP) was formally established in 1994 in response to the high demands for local community psychological services in the area.

For the programme to stay updated and effective, constant evaluation is necessary. This will allow the programme to build upon its strengths as well as respond to short comings and new emerging needs.

This qualitative study investigated the ZMHCPP from an appreciative perspective. It records valuable aspects of the ZMHCPP and identifies challenges and opportunities for improvement. Findings in this study were guided by relevant stakeholders' first hand experiences of the ZMHCPP.

Participants' experiences of the ZMHCPP were generally positive. The programme was mainly appreciated for the essential services it provides to the community and the fact that it also indirectly contributes to the profession of Community Psychology by creating opportunities for intern training and research.

While the ZMHCPP was appreciated for providing psychological services at affordable rates, the need for funding to secure adequate resources and to sustain itself was expressed. This dilemma highlighted the greatest challenge for the programme. It is hoped that this research project will encourage government and potential donors / sponsors to further realise the value of the programme and provide financial support.

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 Overview

Zululand, the north eastern area of Kwa-Zulu Natal in South Africa is characterized by its diversity in development. While there are certain highly developed areas in Zululand such as Empangeni and Richards Bay, the area is generally rural and poorly developed. This region generally typifies South Africa in being a predominantly rural area with a diverse population working through the sequelae of the unjust and violent Apartheid system. Large parts of the Zululand regional context are beset with endemic violence, crime, poverty and ongoing political, racial and ethnic conflicts (Edwards, 2002).

In 1993 the Zululand Mental Health Community Psychology Programme (ZMHCPP) was established as a collaborative venture between the University of Zululand Psychology Department, the local Zululand Mental Health Society and various other partnership centres, particularly from health, education and business (Edwards, 2002). The aim of the ZMHCPP is to train psychologists and to develop local community psychological services (Edwards, 2002). The main goal of developing community psychological services is to improve community life. This includes liberation from all forms of oppression, resolution of problems that originated in colonial and Apartheid years; initiating beneficial social transformation; optimising local resources and promoting community relationships, development, education and health in a country plagued by poverty, unemployment, crime and various forms of illness, trauma and violence (Edwards, 2002).

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The program continues to promote mental health and extends to a society no longer oppressed and divided though colonization, Apartheid and other forms of violence. This means an ongoing form of health and healing, beyond truth and reconciliation that will slowly make its way in the experience of generations of people growing up together form childhood (Edwards, 2002). The focus remains on creating contexts for optimising health, strengths, competencies, skills, resources and supplies (Edwards, 2004).

Physical activity programmes constitute one form of such community psychological services. Research emphasizes the value of physical activity, exercise and sport for the promotion of mental health. It recognizes physical activity as a multi-faceted social enterprise, where in developing countries, the meaning and motive of the physical activity range from survival necessities as in collecting firewood and water in rural areas to the choice of a specific exercise or sport setting such as membership of a soccer, running or health club (Edwards, 2004). Current physical activity programmes include:

- Yoga as tertiary prevention for persons with HIV/AIDS;

- Exercise programmes as secondary prevention for youth in industrial schools;

- A Walk For Life programme as primary prevention in a squatter camp.

- Aerobics activities as primary promotion on a university campus,

- A breathing intervention for the university soccer team.

- Physical self-perception evaluations as tertiary promotion amongst runners, hockey players and health club members (Edwards, 2004).

1.2 Motivation

The Zululand Mental Health Community Psychology Programme is an ongoing programme that constantly changes and adapts to new emerging demands. For the programme to stay updated and effective, ongoing evaluation becomes necessary to note valuable and effective aspects of the programme and discover opportunities for improvement. The Zululand Mental Health Community Psychology Programme also requires some evaluation to determine its appropriateness to meet the needs of stakeholders.

1.3 Aim

The aim of this study is to explore the experiences and perceptions of various stakeholders regarding the effectiveness of the programme for the purpose of evaluation and improvement.

1.4 Method

The research is an example of a qualitative based, Appreciative Inquiry, using a phenomenological method of data analysis. This method is appropriate for directing positive change based on stakeholders' direct experiences of the ZMHCPP. Appreciative Inquiry "enquires on what gives life to living systems when they are most alive, creative, effective, inspired and productive" (Watkins & Mohr, 2001, p. xxvi). Phenomenology, "is to produce clear and accurate descriptions of a particular aspect of human experience" (Polkinghorne, 1989, p. 44).

The research will take the form of a field study. Zululand University Psychology Department, the local Zululand Mental Health Society and various other community partnership centres, particularly from health, education and business sectors of the community will be considered for this study. Participants will be selected as is customary in qualitative phenomenological studies, based on their representativeness, in depths experience and knowledge of the ZMHCPP, openness to their experience, willingness to discuss their knowledge and ability to form a relationship with the researcher.

At least five representatives from various community partnership centres will be interviewed. The interview will be semi structured and will incorporate three major questions, i.e.:

- What is you experience of the Zululand Mental Health Community Program?
- What do you appreciate about the program?
- How can the program be improved?

Execution of this research will also run concurrently with the production of a video documentary on the Zululand Mental Health Community Psychology Programme (Appendix A). To this end, fieldwork will be audio-visually video recorded and the literature review (Chapter Two) will serve as partial reference for the video script. The rational in producing a documentary video on the ZMHCPP, is to create awareness and foster appreciation of the ZMHCPP by a wider community and to serve as inspiration for ongoing effectiveness.

1.5 Résumé

This chapter introduced the study through an overview of Zululand as generally typifying South Africa in being a predominantly rural area with a diverse population working through the sequelae of the unjust and violent Apartheid system (Edwards, 2002). The high demands for local community psychological services in the area were highlighted as precursor to the founding / establishment of the ZMHCPP in 1994 with its primary aim to improve community life. For the programme to stay updated and effective, constant evaluation is necessary. The aim and motivation of this study is thus to note valuable and effective aspects of the programme and discover opportunities for improvement. The process will take the form of a phenomenologically based, qualitative field study and will incorporate the method of appreciative enquiry both as an evaluative and intervention strategy to ascertain the needs of stakeholders and to direct / encourage positive change. Representatives form various community partnership centres particularly from health, education and business sectors of the community will be interviewed to explore their experiences and perceptions regarding the effectiveness or the programme.

Chapter 2 which follows will review the available material, literature and research covering the context and field of the study with special reference to the ZMHCPP.

CHAPTER 2:

LITERATURE REVIEW

2.1   Introduction

This chapter unfolds the context of the research, by reviewing the available material,

literature and research covering the field of the study. More specifically, it explores and

outlines the profession of community psychology, with special reference to the Zululand

Mental Health Community Psychology Programme.

The aim is that the abovementioned contextual information will set the stage for an

accurate Appreciative Inquiry into the Zululand Mental Health Community Psychology

Programme and point the way forward in terms of ongoing and improved effectiveness.

2.2   The Zululand Mental Health Community Psychology Programme (ZMHCPP)

2.2.1   Overview:

The Zululand Mental Health Community Psychology Programme (ZMHCPP) is an

example of community intervention through partnerships. It began in 1993 as a

collaborative venture between the Zululand University Psychology Department and the

Zululand Mental Health Society. The programme consists of an organized network of

partnership centres, mainly from rural and urban health, education and business sectors

whose representatives meet regularly as an executive committee responsible for the

ongoing organization and management of community psychology in the region. While

the essential goal of the programme is to improve community life it also expands the

study of community psychology at the University of Zululand, providing training

opportunities for psychology students and intern psychologists. The programme has led,

for example, to the establishment of the first doctoral programme in community

psychology in the country; ensuring contribution to the broader field of community

psychology through relevant research in the form of dissertations.

2.2.2 Partnership Centres:

- *The University of Zululand* is responsible for the supervision and training of

    intern psychologists in a professionally accredited six-month community

    internship programme, both at the University Community Psychology Centre and

    in the wider community context.

- *The Zululand Mental Health Society* accepted responsibility for the financial

    management of the project, paying the psychologist's salaries as well as providing

    valuable community experience through a network of rural development projects.

    The University of Zululand Foundation has subsequently taken over the financial

    management of the programme, which offers educational tax exemption for

    community partnership centres, which in turn benefit from community

    psychological services for the University.

- *Various other partnership centres* have joined the programme, contributing to the

    time-sharing of the intern psychologist salaries and hosting community meetings

for important stake holders, especially in the health, education and business sectors. These include: *Richards Bay Minerals, Ngwelezana Hospital, Thuthukani Special School, Empangeni Hospital and Mondi Paper Mill.*

More information and concrete examples of ZMHCPP initiatives will be uncovered in the discussion on community psychology that follows.

2.3   Community Psychology

2.3.1   Defining Community Psychology

Plug, Louw, Gouws and Meyer (1997, p. 122) define community psychology as a subdivision of psychology that focuses on the study, prevention and intervention of psychosocial problems affecting a whole community. While applied psychology, according to Kassin (2002), is theory applied to improve the quality of life for those who access psychological services, community psychology is specifically concerned with expanding this service to all citizens; particularly those people who would otherwise not have had access to the abovementioned psychological services or people who were historically denied such services (Louw & Edwards 1993). This explanation corresponds with Lazarus and Seedat's view of community psychology; in that it redefines the role of psychologists towards a broader public health portfolio (1996, p.1). Lewis and Lewis (1998, p. 215) define community psychology more specifically as a multifaceted approach combining direct and indirect devices to help community members live more effectively and prevent problems. It therefore embraces a multidisciplinary, interactive approach, or in Edwards' (1999b, p. 2) terms, a "psychology of, with, by, in and for the community".

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Taking into consideration that various theoretical standpoints and approaches will define community psychology from different dimensions and given Edwards' (1999b, p. 2) description of community psychology, as "a vast and diverse intervention"; it becomes obvious that community psychology cannot be reduced to a single definition. More meanings of community psychology will become apparent as this dissertation unfolds.

2.3.2 The history and origin of community psychology

From a biological and scientific point of view, an individual cannot reproduce on his or her own, which makes the notion of "other" essential for survival of the species. However, besides basic survival needs, kinship is essential to needs higher up Maslow's Needs Hierarchy such as the need for love, affection and "belongingness" (Colledge, 2002).

Some of the earliest documentation of mankind (e.g. the Bible) has captured the human tendency of, and need for, communal living. With isolation being associated with "outcast" and punishment, inclusion appears to be an ancient human need. Ancient teachings from the Bible further advise to "Love your neighbour as you love yourself" (Matthew 22: 39). This paradox of *others* in one's *own* best interest, reminds us of the Zulu phrase, *"umuntu umuntu ngabantu"* which literally means, "I am because we are".

While the notion of communal life is as old as the human race, the actual community mental health movement or "community mental health era" as Munetz and Zumbar (2002, p. 1) term it, was set in motion by the following historical events and developments.

Since the beginning of American history, community mental health services in the United States were largely institutionally based and entirely state supported. Local communities either served the mentally ill with family-centred care or expelled individuals who came from elsewhere. However, with the massive population growth of the United States in the nineteenth century, mentally ill individuals came to be concentrated and for the most part poorly served, in local jails, prisons, poorhouses and almshouses (Munetz & Zumbar, 2002).

This led Dorothea Dix, a teacher, who was inspired by York Retreat in England, to emulate moral treatment in the form of mental hospitals in the United States. Although her initiative to involve the federal government to take responsibility for the mentally ill was not supported and ultimately banned by President Franklin Pierce, Dix was remarkably effective in getting all states to establish hospitals for treatment of the mentally ill (Munetz & Zumbar, 2002). What started out as 'state-of-the-art' treatment of the mentally ill had, according to Munetz and Zumbar (2002, p. 1); "deteriorated by the mid-1950s into little more than human warehouses".

This ignominy was noted by psychiatrists at the front lines of World War II. The dismal conditions of state hospitals further received mass protestation when they caught the public eye through media coverage of journalists reporting the war (Munetz & Zumbar 2002). Pretorius-Heuchert, Ahmed and Seedat (2002, p. 19) describe the state hospitals as "expensive, overcrowded, under staffed with poorly trained personnel that provided little more than custodial and many would say abusive, or inhumane care." This, inevitably, brought on the realization that hospitals were often ineffective and inefficient.

Long term hospitalization was also found to be harmful to eventual community

reintegration as very few skills needed to survive independently were acquired in

traditional psychiatric hospitals. This realization, as well as the pressure on the United

States of America to respond to demands from human rights activists, resulted in mass

release of patients from psychiatric hospitals and forced professionals and communities to

provide community based services to the thousands of long-term patients discharged from

psychiatric hospitals (Seedat, Duncan & Lazarus, 2002; Munetz & Zumbar, 2002). A

decrease in patient numbers was also precipitated by the discovery of psychotropic

medication; particularly the development of antipsychotic medications, which supposedly

better equipped patients for reintegration with the community (Pretorius-Heuchert,

Ahmed and Seedat, 2002, p. 19). This movement of patients from institutions back into

the community came to be known as deinstitutionalization which characterised the

"Mental Health Movement". This mental health era was officially launched with the

1963 passage of the Community Mental Health Centres Act; signed into law by President

John F. Kennedy. This law provided federal funding, which ultimately led to the

establishment of more than 750 community mental health centres (CMHC) throughout

the United States (Munetz & Zumbar 2002).

With a view to reflecting on the place of psychology in the community mental health

movement, psychologists gathered in 1965 for a conference in Swampscott,

Massachusetts (Heller & Monahan, 1977 p. 3). Zimmerman (2002) documents that

community psychology; as a discipline, officially began in 1965 at this conference during

a meeting of psychologists discussing training for community mental health. Pretorius-

Heuchert, Ahmed and Seedat (2002, p. 19), added that the conference resulted in

psychology finding a new role for itself, namely "expanding its scope to include work in, with and for the community".

It is therefore clear that community psychology was inevitably required and that it was sparked by the relevant demands operating at that time. Pretorius-Heuchert, Ahmed and Seedat (2002, p.14) identify three broad demands in response to which community psychology developed:

Socio-political demands: Racial segregation in the United States dates from the founding of the nation and was characterised by segregated neighbourhoods, schools, recreational facilities and other public and private institutions (Finkelman, 2002). Ignorance, fear and bias against the mentally ill, also led to their ostracization, isolation and oppression. However, with the civil rights movement, came the insistence on equal political, social and legal rights for ethnic, social and political minority communities. This also included other oppressed groups such as the hospitalized and incarcerated mentally ill. While oppressors have previously used psychological means to terrorize citizens into submission, the discipline of community psychology was for the first time formally used in the early 1960's as a weapon in the fight against socio-political oppression (Pretorius-Heuchert, Ahmed and Seedat, 2002, P. 21).

In South Africa, oppression and the struggle for liberation was also effective for centuries. More recently however, in 1948, a system of racial segregation, referred to as 'Apartheid' was legalized, implemented and enforced. This legislation was designed to regulate the lives of the black majority and to maintain white minority rule. It governed where blacks could live and work and massive restrictions were placed on the exercise of

civil liberties. It also denied blacks the right to vote, which maintained a tremendous

disparity in political, social and economic circumstances, in favour of the white minority.

In the late 1950's and early 1960's (more or less the same time of the civil rights

movement in USA), black protest against apartheid mounted. The Pan African Congress,

the African National Congress and others, embarked on a struggle to obtain liberty for all

South Africans (Davis, 2002; Pretorius-Heuchert, Ahmed and Seedat, 2002).

A small number of psychologists also took an overt political position by opposing

apartheid and tried to apply the principles of psychology in the fight against oppression.

Various organizations, such as Psychologists against Apartheid and the Organization for

Appropriate Social Services in South Africa (OASSA) were established locally and

abroad, to coordinate concerted resistance against apartheid from within the mental health

field (Pretorius-Heuchert, Ahmed and Seedat, 2002).

Not only was mainstream psychology in South Africa and its complicity with apartheid

actively and visibly challenged, the relevancy of conventional individual-centred

practices in South Africa was also questioned. In the 1980's and early 1990's community

psychology also strived to develop a more "relevant" psychology in South Africa. To this

end, there was an attempt to develop a critical psychological discourse, as reflected in the

title of the "alternative" journal: *Psychology in Society* (Pretorius-Heuchert, Ahmed &

Seedat, 2002; Louw & Edwards 1993).

It was only on April 27, 1994 that South Africa held its first multiracial, democratic

elections. This lead to the new South African Constitution which is notable for its far-

ranging Bill of Rights, a comprehensive rejection of the policies of apartheid and discrimination that long dominated South Africa (Lemon, O'Meara & Winchester, 2002).

Meeting the equity goals in the psychology profession and standardizing international psychology assessment measures and therapeutic approaches to the general South African population remain a challenge to create a more "relevant" psychology in South Africa today.

Responding to socio-political demands in our contemporary and South African society, further means resolving problems that originated in colonial and apartheid years; facilitating social transformation; optimizing local resources and promoting community relationships, development, education and health in a country still plagued by poverty, unemployment, crime and various forms of illness, trauma and violence (Edwards, 2002).

A cultural training workshop as part of the psychology curriculum at the University of Zululand clearly illustrates this. Students were asked to role play the following typical South African scenarios:

- Ms Pillay considers attempting suicide as her Hindu family do not approve of her boyfriend on the grounds that he is Moslem.

- Sipho, a young B. Com graduate averts his eyes in traditional respect during his job interview. He does not get the job as he is misunderstood to be passive and unassertive.

- Mr Jones' family is extremely disturbed by the slaughtering of a goat and large community gathering at his neighbour, Mr. Mthethwa's house in suburban Johannesburg.

- Ms Makwanazi is upset because her general practitioner diagnoses schizophrenia and recommends psychiatric hospitalization for her [1]*ukuthwasa* experience which is being mediated by the vision of and voice of her maternal grandfather.

- Mr van Rensburg has been deserted by his wife. He dearly loves his children but feels that they are not safe in South Africa at present, while he has to work long shift hours. He confides that he is considering the possibility of family murder.

Socio political demand in South Africa is therefore still effective today and calls for caring humanity and an ongoing everyday form of healing, beyond truth and reconciliation, that will slowly make its way in the experience of generations of people growing up together (from childhood) in freedom (Edwards, 2002).

Mental health demands: In view of the long term psychological effects and psychosocial repercussion of the apartheid system, as well as the vulnerability to Post Traumatic Stress Disorder in the light of the current crime situation in South Africa, mental heath demands are evident.

Based on American epidemiological statistics, Pretorius-Heuchert, Ahmed and Seedat, (2002) speculate that there may be about eighteen million South Africans in need of psychological intervention at some point in their lives. Furthermore, given the prevalence rate for a debilitating disorder such as schizophrenia, (which is generally accepted to be about 1 per cent of any population), it can be inferred that there are about 380 000 people with schizophrenia who may be in need of services in South Africa (Pretorius-Heuchert, Ahmed and Seedat, 2002). Although these statistics are merely estimates, in the absence

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[1] Receiving a call by the ancestors to become a diviner (*isangoma*).

of current, relevant epidemiological data from South Africa, one could still safely assume that there are millions of people in need of psychological help in South Africa. This gloomy realization highlights the limitation of individualized one-on-one therapy and emphasises the need for community psychology.

Academic and professional demands: Pretorius-Heuchert, Ahmed and Seedat, (2002, p. 25) remark that the academic discipline of psychology consists of many areas of interest for the hundreds of thousands of psychologists world wide; with little dedication to community psychology. Morris (1996) confirms that in the United States, the American Psychological Association (APA) had, in addition to a division for community psychology, 47 other separate divisions. The Psychological Society of South Africa (PsySSA) has nine divisions, none of which is devoted to community psychology. This could be linked to the unwillingness or inability of mainstream psychology to consider social, historical and political dimensions in psychological discourse and practice. According to Spears (1997) there had been numerous calls for social contextual understandings of the human experience. Heeding to this call, the University of Zululand, initiated a doctorate programme in Community Psychology in 1998 and has by 2007 graduated 30 doctoral students in Community Psychology.

2.3.3 Models of Community Psychology

Phenomena become different when viewed from different perspectives (Edwards 1999c). This applies to community psychology with its different theoretical frameworks through which community psychology is conceptualized. Community health promotion in Zululand could be described within the following six overlapping models.

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The indigenous model: The holistic nature of preventative and promotive practices cannot be overemphasized. Local and international research has specifically explored the complex and elaborate lay themes, beliefs and behaviours that individuals, families and communities hold with regard to health and illness. Such lay theories have obvious implications for intervention by health professionals in order to harmonize communication and improve health care (Edwards, 1999a).

The indigenous model is based on indigenous beliefs in the Zululand context. These beliefs are characterized by interdependence and harmony between humans, nature, ancestors and God and promote communal healing, with central emphasis on spiritual, human and environmental relationships (Edwards, 2002).

Indigenous discourse clearly reveals its contextualized / communal health outlook as evident in the idiom mentioned earlier: *"umuntu umuntu ngabantu"*. Indigenous communalism and/or collectivism, is also expressed in concepts such as:

- *"ubunye"* i.e. we are one in our collectivity
- *"simunye"* i.e. we are one in our diversity
- *"izandla ziyagezana"* i.e. one hand washes the other

Indigenous counsellors and healers have been health providers for many centuries and Hountondji (2002) maintains that many people still depend on indigenous knowledge to cater for their health needs. This is especially relevant in the less developed rural areas of KwaZulu-Natal.

In his proposal: "Towards mainstreaming indigenous counselling and healing at the University of KwaZulu-Natal (UKZN)" Dr. Ngcobo, (2007) (Deputy Dean of Students, Howard College, UKZN) reports that many students who report at student counselling centres, particularly African students, experience problems that require the skills of an indigenous healer. He continues that 50% of the African student population at the University of KwaZulu-Natal make use of traditional healers who play a significant role in the lives of these students. Below are some of the problems reported by students:

- Being possessed which requires that bad spirits be chased away

- Ancestors might demand that a student stops formal education in order to be trained as an indigenous healer

- Requiring cleansing after abortion

- Being born out of wedlock without following the required procedures for being announced

- Being born out of an adulterous relationship

- Being born out of an "[2]*ingeno*" relationship

- Using a wrong surname

- Having not been paid for damages arising from mother's pregnancy

- Those who require "[3]*ukwemula*" for "*kukhuliswa*".

Ngcobo (2007) emphasizes the need for an indigenous healer to "diagnose illnesses, prescribe and prepare herbal medicine, provide counselling and offer spiritual support".

Eight years ago, Edwards (1999a) documented that there were approximately one million traditional healers and African indigenous faith healers, 5 000 psychologists, 10 000 social workers, 30 000 medical doctors and 173 000 nurses who are providing essential

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[2] If a husband dies, there is a custom that allows a married woman to have a relationship with his brother. Children born out of this relationship belong to the deceased. There is a procedure that must be followed for such children to be accepted as part of the family.

[3] A ritual for developmental stages in the life of a child, particularly girls.

community helping resources. Given that traditional healers and African indigenous faith healers, for example, are more accessible to the larger population in South Africa, the importance of networking and collaboration to optimize such resources becomes apparent.

The mental health model: The mental health model's main objective is to improve the mental health of communities. Its intervention is tailored to a clearly defined catchment area and embraces the World Health Organization's definition of health as not merely the absence of illness and disease, but a positive state of physical, mental and social well-being (WHO, 1946). The mental health model pays particular attention to context and operates on a continuing spectrum from primary prevention to tertiary promotion. Edwards (1999a) unpacks this by making the following distinctions with examples:

Tertiary prevention is indicated intervention to prevent problems in living and reduce illness, disability, handicap and human rights abuses in persons / groups at high risk in very disempowering contexts. Psychology students through the ZMHCPP training programme are, for example, gradually exposed to and ultimately provide such interventions in various general and psychiatric hospital contexts, ranging from Empangeni General Hospital Crisis Centre and Community Clinics, through Ngwelezane Hospital with its Psychiatric Ward to Fort Napier, Town Hill, Madadeni and Sterkfontein Special Psychiatric Hospitals.

Secondary prevention is selected intervention to prevent problems in living and reduce prevalence of illness, disability and handicaps in persons at risk in disempowering

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contexts. Relevant examples from the University of Zululand are health promotion groups for single parents (Arosi, 1992; Dhlomo, 2000) and an intervention programme of teacher workshops for the early detection and management of childhood learning disorders (Ebersohn, 2005).

Primary prevention is universal intervention to prevent problems in living and reduce the incidence of illness in all persons in all contexts. HIV/AIDS workshops, for example, are regularly offered through the ZMHCPP in health, business and educational sectors in various urban and rural settings.

Primary promotion is universal intervention to improve solutions for living and increase the incidence of health in all persons in all contexts. This is currently the main focus of the ZMHCPP through its research programmes into promoting community mental health through exercise (Edwards, 2001).

Secondary promotion is selective intervention to improve solutions for living and increase the prevalence of health, strength and skills in persons with potential health in empowering contexts. Examples of ZMHCPP initiatives include investigations of issues with regard to the professionalization of traditional healers; addressing the important area of diversity management in organizations and research on the development of guidelines for multi-cultural counselling competencies in South Africa (Nzima, 2000; Ginindza, 2002; Ngcobo, 2002).

Tertiary promotion is indicated intervention to improve solutions for living and increase health, strength, skills and human rights for personas (individuals / groups) with much

health potential in very empowering contexts. It includes interventions to improve

meaning, self-realisation and social realisation and actualisation and other highest-level

survival needs. Autogenic training for example, has been offered to Zululand University

staff to enhance their relaxation skills (Hurgobin, 2007).

From tertiary prevention in very disempowering contexts through to tertiary promotion to

improve highest-level survival needs, the Mental Health Model ties in well with

Maslow's Hierarchy of Needs, from basic survival needs, right through to highest-level

survival needs such as self-realization, social realization and actualisation.

The social action model: The social action model is "typically revolutionary and

political in action against oppressive structures in order to liberate disempowered

communities" (Edwards, 2002, p. 9). It is therefore intended to address the socio-political

demands that were outlined earlier in this chapter. The ZMHCPP constitutes a social

action intervention in its provision of psychological interventions to persons previously

disadvantaged in terms of apartheid, providing ongoing interventions such as stress

management, conflict resolution, mediation and multicultural counselling worships

(Edwards, 2002).

The organizational model: This model works at managing change in

organizational settings and is typically concerned with group processes and team building

(Edwards, 1999a). As a collaborative venture between multiple stakeholders, inevitably

the ZMHCPP requires organization between stakeholders to operate effectively and fulfil

its aim. Its representatives therefore meet regularly as an executive committee

responsible for the ongoing organization and management of community psychology in the region.

The ecological model: Parallel to Lewin's (1951) famous mathematical equation, $B = f(P.E)$ which formulates a community psychology principle that behaviour is a function of person-environment relationships, the ecological model is concerned with human interactional systems in the wider socio-cultural context. It embraces the eco-systemic perspective that a system (e.g. a community) is an organized whole consisting of interrelated parts. With the emphasis on promoting order and preventing disharmony, it focuses on person-environment interdependence and adjustment, recycling of resources and succession through constant dynamic community changes (Edwards 1999a). Facilitation of mutual aid groups with common interests provides mutual resources, advocates and support systems for change and healing. Ndlovu (2001) for example, as part of his PhD in Community Psychology at Zululand University, has shown the value of mutual aid groups in empowering victims of child sex abuse with the resources and skills to come to terms with the past and cope better with the future.

The phenomenological model: This model is concerned with improving the sense of community relationships experienced in individuals, couples, families, groups, communities and society. It is essentially concerned with the question: "what does it mean to be a community" (Edwards 1999a). Acknowledging that this is a highly subjective question for which there are no final answers, it reminds us that models, by their very nature, are prototruth approximations of reality. This seeking question, for which there are no final answers, also encourages us to carefully intuit changing community experiences on an ongoing basis to improve community life, as is the reason

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for conducting this study. It further advocates continual creation, consideration and prioritizing of alternative models.

While it may not be the main focus, health promotion is the goal of all community psychological models. This study recognizes the inextricable interrelatedness of the different paradigms and believes that different models become valuable depending upon timing and context.

2.4   Résumé

This chapter unfolded the context of the research by reviewing the establishment of the ZMHCPP and examining existing literature on community psychology. It explored definitions and perspectives of community psychology through reviewing different models or paradigms of community psychology. It further explored and outlined the history and origin of community psychology which were brought about by the demands operating at the time. Chapter 3 which follows explains how the research was carried out in relation to the aim of the study.

CHAPTER 3

METHODOLOGY

3.1   Introduction

This research took the form of a field study. It was based on a qualitative approach using Appreciative Inquiry to collect data and a phenomenological method of data analysis.

3.2   Qualitative Approach

A qualitative approach was judged to be most appropriate for fostering an in-depth understanding of stakeholders' experiences of the ZMHCPP. As de Vos (1998, p. 45) affirms, "the qualitative researcher interacts with those they study, thereby minimizing the distance between researcher and those being researched". As with the principles of community psychology, qualitative research emphasizes the importance of social context for understanding the social world. This emphasis on social context, according to Newman (1997) can be highly effective for grasping subtle shades of meaning.

According to de Vos (2002, p. 292), interviewing is the predominant mode of data or information collection in qualitative research. De Vos further motivates that face-to-face interviews help us to understand the closed world of individuals, families, organizations, institutions and communities (de Vos, 1998, p. 297). Accordingly, qualitative evaluation interviewing was implemented through Appreciative Inquiry.

3.3 Data collection by means of Appreciative Inquiry

In contrast to a secularized, problem-orientated view of the world in traditional action research, Cooperrider and Srivastva (1987, p. 106) maintain that research should begin with appreciation. Mayeza (2004, p. 6) explains: "Appreciative Inquiry gives us a structure for searching the 'goodness' in a system allowing us to appreciate 'what is' and use that as inspiration for what 'could be'". It is important to note, however, that Appreciative Inquiry is not simply about focusing on the positive and denying the negative. As Watkins and Mohr (2001, p. 198) points out: "It is about seeking the life-giving forces in any situation". This corresponds to Hammond and Royal's (1998, p. 2-3) postulation about society and change, that "If we were to carry parts of the past forward, they should be what is best about the past".

Mayeza (2004) advises community psychology to adopt the principles of Appreciative Inquiry by moving away from problem focused intervention to appreciating and valuing. The interviews accordingly took on the form of a semi-structured Appreciative Inquiry and were guided by the following principles suggested by Mayeza (2004):

- Questions were framed in an affirmative way that implied respect.

- Questions were open-ended, which invited stories and embellishments rather than yes/no responses.

- Additional questions were incorporated to ascertain background details where deemed necessary.

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Although the interviews took the form of an Appreciative Inquiry, they also satisfied the fundamental phenomenological interviewing qualities identified by Stones (1986) in the sense that they were concerned with participants' experiences, were open-ended, audio-recorded and transcribed.

The following guiding questions were identified:

- What is you experience of the Zululand Mental Health Community Program?

- What do you appreciate about the program?

- How can the program be improved?

Additional questions were not required for this research, since the relevant background information was available to the researcher and covered in the literature review (Chapter Two). Minimal contextual questions, however, were included for audio-visual material of the video documentary on the ZMHCPP. Answers to these questions were not considered for analysis, but are included in the appendix (Appendix B) for the readers' interest and for transparency.

3.4 Sampling

Purposeful sampling was employed in this study. Purposeful sampling involves the selection of participants based on the researcher's judgement (Neuman, 1997).

Staff from the University of Zululand Psychology Department and various community partnership centre representatives from health, education and business sectors, were considered for this study.

A representative from each of five community partnership centres within the health, education and business sectors were engaged to participate in this study. It is not unusual for phenomenological researchers to use small sample sizes (Denzin & Lincoln, 1994).

As is customary in qualitative phenomenological studies, participants were selected on the basis of their representativeness, in-depth experience, knowledge of the ZMHCPP, openness to their experience, willingness to discuss their knowledge and ability to form a relationship with the researcher (Polkinghorne, 1989; Stones, 1986). The researcher knew most of the participants by way of academic association through the University of Zululand. Participants included:

Health Sector

- Prof H. S. B. Ngcobo (Consulting psychologist, Ngwelezana Hospital)
- Sister Pricilla (Head. Emoyeni AIDS Hospice)

Business Sector

- Dr J. D. Thwala (Chairperson of the Zululand Mental Health Community Psychology Programme)
- Ms Lynn Crossland (Founder and director of Zululand Career and Life-skills Centre)

Education Sector

- Prof S. D. Edwards (Emeritus Professor, Research Fellow and former head of Psychology Department, University of Zululand)

3.5   Phenomenological Method of Data Analysis

This researcher's special interest in stakeholders' experience with regard to a particular

programme correlate well with the phenomenological method, the aim of which,

according to Polkinghorne (1989), is to produce clear and accurate descriptions of a

particular aspect of human experience. "Phenomenology is concerned with describing the

structures of experience as they present themselves to consciousness, without recourse to

theory, deduction, or assumptions from other disciplines such as the natural sciences."

(Polkinghorne, 1989, P. 44). Phenomenology therefore encourages the researcher to

describe reality in terms of pure experience by suspending (or bracketing) all

preconceptions and presuppositions by making them explicit (Dreyfus, 2002). Spinelli

(1989, p. 17) refer to this process as "The Rule of *Epoché*".

Data analysis was also specifically guided by the descriptive phenomenological method

of Giorgi and Giorgi (2003) as outlined below

Contemplative dwelling with the descriptions: This involved the researcher

completing a rigorous process of intuiting, analyzing and describing the raw data

descriptions. The researcher did this through re-viewing the video-recorded interviews of

each participant and reading the entire transcribed descriptions of each participant's

experience to gain what Kruger (1988, p. 153) calls "an intuitive and holistic grasp of the

data" and further, to make sure that each Natural Meaning Unit (see below) would be

interpreted in context.

Identifying Natural Meaning Units (NMUs): Next, Natural Meaning Units were

identified. A Natural Meaning Unit (or NMU"), according to Stones (1988, p. 153), is a

statement made by an individual which is self-defining and self-delimitating in the

expression of a single recognizable aspect of the individual's experience". For

identifying NMUs, Giorgi and Giorgi (2003) suggest rereading the text and inserting a

slash in the text each time a transition in meaning is experienced. In addition to following

this suggestion, the researcher separated each naturally occurring Meaning Unit by

different rows within a table (4.1). This visual representation facilitated the next step of

formulating Focal Meanings (FMs) which were designated opposite each NMU in a

separate column (4.1).

Identifying Focal Meanings (FMs): Focal Meanings (FMs), as Devenish (2002)

explains, are the product of interrogating each NMU for its essential meaning, which is

then re-stated by the researcher in terms suitable to the discipline of Psychology. Each

FM, thus, has direct relation to a NMU. The NMUs are written at a higher level of

abstract discourse in the language of the researcher (Aquino-Russel, 2006). Formulation

of Focal Meanings (FMs) were guided by Giorgi and Giorgi's (2003) method of reading

each NMU repeatedly in a spirit of contemplative dwelling, using reflection and free

imaginative variation. In addition, the researcher numerically labelled each FM in order

to be mindful of redundant and affiliated meanings (See 4.1). This facilitated the next

step of synthesizing Situated Structural Descriptions (SSDs).

Synthesizing Situated Structural Descriptions (SSD): Once meaning units were

transformed into psychological language (Focal Meanings), the researcher worked to

synthesize and tie them together into "a descriptive statement of essential, nonredundant

psychological meanings", as instructed by Stones (1986, p. 54). Aquino-Russell (2006, p. 342) refers to this process as "Synthesizing a Situated Structural Description (SSD)" which is written in an effort to try to understand the world of each participant (Giorgi, 1975).

Synthesizing a general description (GSD): After completing the specific or situated descriptions of each protocol, the researcher generated a general structure from the synthesis of all participants' SSDs. This was done in attempt to show the most general and essential meaning of the phenomenon under study (de Castro, 2003).

In summary, transcriptions were first read and reread, then separated into Meaning Units that were written in the participants, own words. Next, the Meaning Units were brought up a level to Focal Meanings that were written in the researcher's language. This was then followed by a synthesis into a structural description for each participant. Finally, the structural descriptions were synthesized into one general structural description for all participants, reflecting the collective experiences of all participants.

3.6   Issues of Validity

Stones (1986, p. 57) unpacks validity within the phenomenological contexts as "whether or not the findings can be trusted and used as the basis for actions and policy decisions". To this end, he advises that the reader must be able to follow the thought processes that have led to the conclusions and to accept them as valid.

Two types of inferences have been made in reaching findings for this study:

a.   transformation of the raw data into phenomenological, informed psychological expressions; and

b.   synthesis of the transformed meaning units into situated and general structural description.

Parse (1987) articulates the transposition from language to inferences as an intuitive leap. In this regard, Giorgi (1986, p. 21) notes that the "experience of the situation as described belongs to the participant, but the meaning transcends the participant and is available to others once it has been expressed".

In order to assure that the inferences made in reaching findings were supported, the researcher included the NMUs (stated in the participants' words) in a column opposite each focal meaning derived at. This endeavour ensured transparency while the visual representation promoted accuracy by allowing the researcher to often refer to the raw data as base. Further to this, Spinelli's (1989) three rules of promoting accurate interpretation have been followed:

The rule of Epoché: This rule means to set aside initial biases and prejudices and suspend expectations and assumptions (Spinelli, 1989). This was a challenging task to the researcher who was directly involved with the ZMHCPP. Spinelli (1989, p. 17) nevertheless assures that "even when bracketing is not likely or feasible, the very recognition of bias lessens its impact upon our immediate experience".

The rule of Description: The golden rule here is to "describe" initially and not "explain" as Spinelli (1989, p. 17) points out. The rationale behind this is to remain focused on immediate and concrete impressions rather than explain experiences on the basis of preconceived theories or hypotheses.

The rule of Horizontalization (the Equalization Rule): This rule aims to avoid placing any initial hierarchies of significance upon the items of our descriptions; and instead to treat each initially as having equal value or significance (Spinelli, 1989).

3.7   Ethical Considerations

Informed consent was verbally obtained form each of the participants who agreed to participate in the study. The participants were made aware of the purpose of the study and that the interviews were video recorded for documentary purposes. To this end, the limits to confidentiality were discussed. The participants were informed about their freedom to volunteer as well as to withdraw from the study.

3.8   Résumé

The procedures followed in the present study have been laid out, including the approach, means of data collection, interview questions and sampling method. For validity purposes, emphasis was placed on data analysis for readers to follow through the researcher's conclusions derived at. Ethical considerations were also discussed. Chapter 4 which follows presents data analysis and results of the study.

CHAPTER 4

DATA ANALYSIS AND RESULTS

4.1   Data Analysis

4.1.1 Interview with Dr. H. S. B. Ngcobo

Natural Meaning Unit	Focal Meaning
What is your experience of the ZMHCPP?	
"Well the simplest way of actually getting into it is to actually start with the definition generally of community psychology, so that we can unpack it from that dimension in terms of my experiences./	1.) Experience of the ZMHCPP is captured by the general definition of community psychology.
You know it is the simplest definition that is used by Edwards that 'it is psychology for the people, by the people, with the people' which means there is a whole lot of integration that goes on in there. Work by the community becomes part and parcel of the process, in terms of what they experience within the community and what you experience with them together; and towards the resolution to whatever problem that they may be going through or what ever intervention strategies that they may require at a particular point in time./	2.) Through integration, the community informs its own intervention strategies (as opposed to strategies being imposed upon them).
So you can see that community psychology actually takes a different dimension from that rather than pathologising people; looking at them as having disorders; and you being a expert from outside; you actually go through the process with them. So which means that it gives you the opportunity of experiencing what the community is experiencing on its part; and what sort of an impact that has on you as a person; and furthermore working out the strategies together with the community./	3.) Intervention strategies informed by first hand experience of what the community experiences instead of pathologizing the community from an outside perspective.
So my experiences of community psychology have been fantastic in this sense that I myself am a product from my masters programme of the very project,/	4.) Personal enrichment through the ZMHCPP.
which means that I've been with the community, the local community. I've experienced certain problems with the community and that actually led me in terms of my experiences, in terms of working out my doctoral thesis, which was actually based on multi-cultural counselling	5.) Experiencing problems together with the community have been informative, groundbreaking and

within the South African context, something that hasn't been discussed previously,/	inspiring, especially with regards to multi-cultural counselling within the South African context. *Also see 4
and the reason for that was, the experience of interacting with the community whereby the thinking previously has been only on the racial grounds or ethnic grounds in terms on how we view this whole thing around psychology. But my experience was actually the language that we use as psychologists, that it is a different language from the people in the community and the language that they use in terms of how they experienced certain things becomes a different language for us. So it is in this sense when we go through that experience where we come with our own language and merge the two languages and from there getting to the point of appreciating the diversity that exists/	6.) Realizing and appreciating the diverse discourse between the psychology profession and the community and mediating towards a common understanding.
at the level of us as members of the community that are seen as experts in our area and also, getting to the nitty-gritties of how the community view us; and this is what I've actually captured from the research in terms of how the community experience psychologists. You know it is a whole lot of a detailed thing, that if you wanted to go trough it you can actually refer to the thesis in the library, that talks about multi-cultural counselling competences within the South African context./	7.) Gaining multi-cultural counselling competencies through seeing yourself from the community's perspective.
Now in terms of that, versus experiences of communities of psychologists, I also tapped through the experiences of psychologists on the concept of Multi-cultural counselling. Because you can see that this is informed by the community itself./	8.) Multi-cultural counselling is informed by the community.
I actually found that we actually functioning at different level in terms of the views some other people felt like you know that we don't need that. Now you can see that immediately that if certain people within the field of psychology feel we don't need multi-cultural counselling, they actually looking at it from of a reversed apartheid point of view; and you know some of the respondents were actually saying we don't need this in the sense that people are saying you know people are people and people will always be people, which means they are actually nullifying the fact of individuality and in the sense of the community in that communities are different; and how they experience a particular phenomenon becomes a characteristic of that particular community. Now the minute you overlook that it means you are actually overlooking your basic definition of what psychology is, you know where you look at the	9.) Communities are unique from each other in terms of how they experience a particular phenomenon, which emphasizes the importance of multi-cultural counselling.

uniqueness in terms of your personality psychology and how these people actually form their sense of who they are in their community. Now if you say there is no significance to look at multi-cultural psychology them you are overlooking those dimensions./	
So what my experiences have been in terms of community psychology is to actually learn, what I thought I knew, from the community going through the processes of un- learning some of the things that I thought I was a expert on and the community, actually teaching me new things; and myself actually teaching the community new things in terms of working together as assisting./	10.) A revolutionary experience.
You know my other experiences have been that with the Zululand Community Psychology Project, is that its the only one in the country that is actually looking at these dimensions,/	11.) ZMHCPP is unique in terms of its integrated community outlook.
which is also fascinating for me and a great experience for me, in the sense that it is one programme that actually expose students to the clinical setting plus the community dimensions in terms of the social certification, experiencing that going to the actual areas of the people. You know normally we sit in our consulting rooms and expect patients to come to us and we don't know what sort of problems these people experience before coming to us, but when we experience it ourselves, when we get there in the clinical setting, in terms of (in the context of) the community, tired; then it's the same phenomenon that these people experience. So you know that type of an exposure; knowing that these people actually wake up early to get into the queues to wait for us, coming to Ngwelezane Hospital and we have to go in there, you know, to sort of try and assist./	12.) Students benefit from the programme because it offers direct community experience.
You know it gives you a different dimension so that when you get to the point of your diagnosis, you actually have to take cognisance of all those factors in the process of assessment; and the process of making your diagnosis and intervention; Understanding that these people may not be functioning at their optimum; But it is only when you are going into their actual setting that you actually experience this; when you actually go through (it) yourself, you know, experience it, that you can actually understand that these people actually go through these things in terms of their lives./	13.) Contextualized outlook (through direct community experience) enables better understanding and more accurate diagnosis.
Despite that in terms of my thesis; exposure of students to the setting of the community; is that I think we are far ahead in terms of the whole system even if you take a look at the housing system within the country where they introduce the Bathopela thing where they saying "people first". I think within this project we have	14.) The ZMHCPP has been pioneering in its focus on "people first".

actually looked at that before the government of national unity started looking at that we need to consider people first. I think we have been quite abreast in terms of ensuring that we have become concerned about the people rather than being concerned about us as clinicians. *That has been my experience of the Zululand Mental Health Community Psychology project.*	

What do you appreciate about the programme?	
What I appreciate about the programme is that it is a unique programme; it is the only one in the country. I think it is the best, one would probably think of, you know especially looking at where we are and where we come from as country./	15.) Appreciate the uniqueness and pre-eminence of the ZMHCPP within the South African context.
If you can get such a programme that considers people first rather than us using the language that I have said earlier on of how the language of psychologists that is not understood by other people, that you find that this project takes a different dimension all together. We've actually moved from the dimensions of the community first before we can actually getting to the point of making our own little interpretations as clinicians.	16.) Appreciates its community-centred approach. *Also see 6 and 13.

How can the programme be improved?	
Let me think... I think that the programme is actually superb. There is nothing that I would change in this programme./	16.) Programme is ideal.
The only thing would be for the government to appreciate such a project and actually put in more money into it, you know so that we can get more people involved in the project. You know your psychologists. That's what I would change.	17.) Funding required.

4.1.2 Interview with Dr. J. D. Thwala

Natural Meaning Unit	**Focal Meaning**
What is your experience of the ZMHCPP?	
My experience dates back when I came here to the university of Zululand for the first time. It was in fact even before I came to this university because I met Prof Edwards when I as still at Midlands hospital./	1.) First experience of the ZMHCPP occurred when meeting professor Edwards (founder of the ZMHCPP). *Also see 5
We were just talking about traditional healers and dreams,/	*See 3

and he was interested that we need to meet and then talk. He eventually invited me to come in as one of the lecturers coming from outside,/	2.) Being invited as a visiting lecturer at the University of Zululand
and I joined him and it was quite nice to meet him and share ideas; and we started talking about mental health in general;/	3.) Sharing ideas and discussing community-related topics.
and he eventually invited me for PhD in community psychology,/	4.) Enrolling for a PhD in Community Psychology.
and that is when I met interesting people and that is Donato from Italy and Dennis Trend from America,/	5.) Meeting international Community Psychology professionals. *Also See 1.
and those people were actually talking about promoting health,/	*See 3
and you know I became so interested in working with groups, working with teams and eventually I started doing my PhD. Mostly I was talking about how to collaborate with people./	6.) Realization of interests in group-work which informed doctoral dissertation.
So for me it was a wonderful experience from the beginning,/	7.) Pleasant experience from the outset.
and when becoming a visiting lecturer, I managed to see a different environment here at Zululand; and eventually I became interested in working here as well, so after finishing my PhD, he then invited me to come for the interview so that I can work here at this university./	8.) Intention to work at the University of Zululand started with visitation to the university as a guest lecturer; eventually leading to employment at the institution.
My experience I would say coming from outside, coming from different universities, coming to this context, it was quite warm,	9.) Introduction to the University of Zululand was a warm experience
I could see that I could work with people, so it was quite interesting,/	10.) Realization of capacity to working with people. *Also See 6
and eventually he said to me, you know, because I am interested in working with teams and groups, how if I became the chair person of Zululand Mental Health, because it involves groups of people from different walks of life, so I became interested./	11.) Aptitude and interests (*See 6; 10) lead to enrolment as chairperson of the ZMHCPP.
So as a chairperson at this stage, I would say I have learned quite a lot from people from different communities around Zululand and from students and lecturers./	12.) Have learned from a variety of people from different communities in the Zululand region, including the University of Zululand staff and students.

So it has been a wonderful experience for me.	13.) Overall, a pleasant experience. *Also see 7.

What do you appreciate about the programme?	
I appreciate the programme in the sense that it's all about developing communities./	14.) Appreciate the programme's mission / aim in developing communities.
It's all about training students so that they have a different context,/	15.) Providing students with a contextualized perspective.
and in fact if you look at this environment where we work at this stage. Its quite representative of quite a number of places because we have disadvantage kind of students and they share quite a lot from different students coming from different universities; and therefore I think what I appreciate mostly is that we are sharing. Because we learn a lot from our students and they learn a lot from us. Having this diverse cultures in our programme its really a gift, because different students come in with their back grounds, with their environments and they share with us; and we tend to be, I would say, we tend to be conscious of other worlds although we find ourselves in this world /	16.) Diversity within the programme is a gift that allows for sharing and learning. *Also see 12.
and internationally I think we have a wonderful standing in terms of our standing of what life is and how to promote life.	17.) Community outlook has a high international reputation.

How can the programme be improved?	
I think we can feel we have improved our programme if all the stakeholders that is the business people out there, have accepted the minimum amount of R64.00 per hour, which is recommended by the board of psychology./ *Because what we are looking at eventually, is that we need to have the stake holders taking our students for 12 months, which is the whole year; and they pay them directly so that when ever we send our students on a hourly basis or a few days per week, they are given R64.00, then if that has been covered our programme will be improved.* *Stake holders I'm referring to the business partners, and that is Bell, in terms of business, we referring to schools such as Richtech and Empangeni High school, also referring to hospitals, Empangeni hospital, Ngwelezane hospital, we also referring to big companies, ZCBF, Bell, Mondi, Ticor, to name them.*	18.) Ideally, intern psychologists should be employed with partnership centres over a 12 month contract period and be paid directly at rates recommended by the Professional Board for Psychology.

4.1.3 Interview with Lynn Crossland

Natural Meaning Unit	Focal Meaning
What is your experience of the ZMHCPP?	
Okay, well the career centre which is basically a gateway for young people, from education through to the world of work, so we work quite closely with the working world and industry,/	*Not applicable
and has partnered with the Zululand Community Psychology Programme, for over the last five years; and its been a very useful partnership./	1.) Partnership with the ZMHCPP has been useful
During this period we've been able to really assist students with being exposed to psychometric assessments, that are used in industry for selection; and that's been the part we've been able to give back to the Community Psychology Project./	2a) Providing exposure and experience to psychologists in training.
But in return we get so much more from the programme. The students are absolutely wonderful, they often come to the centre; and give us help and work with students;/	3a) Receiving assistance from the programme.
they refer students to us that need assistance in career guidance./	3b) Receiving referrals from the programme.
What we particular find useful is that the students coming to us, while they're learning/	*see 2a
they also bring in new ideas, so they help us to keep our programmes and our activities all fresh and interesting and fun./	3c) Receiving innovative and creative input from the programme.
They always bring the different cultural perspectives to different things./	3d) Gaining cultural perspective input from the programme.
What do you appreciate about the programme?	
Yes, I think what I can really appreciate about the programme is that you can really get to know young psychologists in the making/	3e) Appreciates getting to know psychologist in training.
and help them to see other sides of psychology; and in particular career guidance,/	*See 2a
and for us, what we get out of it is a lot of assistance, with some of the programmes that we run,/	*See 3a
and as I've said before, new ideas, new views on things; and different cultural perspectives and things like that./	*See 3c and 3d
It is a huge help for us, it is affordable help for the centre and being a non profitable organisation, it's quite useful.	3f) Affordable help has been useful.
How can the programme be improved?	
I think one of the most important things is that there need to be some sort of a structured funding programme/	4.) Structured funding programme required.

and I know that it was quite difficult at the beginning of the year for Prof and some of the programme people to actually find the funding for the students for them to be able to go on to the working industry and things like that. /	5.) Difficult to find funding to pay intern psychologists working in industry. *Also see 4
I think there needs to be a lot more support from funding and from donors to actually support the programme. /	6.) Donors required. *Also see 4.
How to do that? It's always a big challenge when it comes to funding. /	*See 5
And then I think another area is that students do need access to industry, not just to do the career counselling and to do counselling and stuff like that, but they also have to have access to industry to actually see what its like on the other side of the table. *You know what is it like being a secretary in industry, where deadline are the most important thing and stuff like that because in psychology deadlines are not a issue, but in industry they are and I think that is one of the main areas where there is a problem.* / *Its one of the areas that we notice with students coming to the career centre. We've really got to work hard to get them to accept that there are time deadlines and things like that. That time is money. Those are some of the challenges.* /	7.) Besides gaining knowledge into the field of psychology, students need insight into industry; where the concept of time and deadlines are extremely important.
I've done a B Com as well as psychology, so I'm very lucky that I've learned to do that. /	N/a
And then finally I think that from a industry point of view time is absolutely essential and that if you promise to do something by a specific time, you've got to do it. Some of those sorts of things need to be looked at.	*See 7

4.1.4 Interview with Professor S. D. Edwards

Natural Meaning Unit	Focal Meaning
What is your experience of the ZMHCPP?	
Well Joa, it's been going on since 1993. The psychology department itself has been doing community work for a long time with different partnership centres, but the programme itself actually was more structured in 1993. /	1.) The ZMHCPP became officially structured in 1993 although the psychology department has been involved with the community prior to

	this.
and we were working with the health education and business settings and rural and urban context; and intern psychologists were placed at these different placement centres and receive a salary so there were partnership centres that supported the programme. /	2.) Background into the ZMHCPP. (covered in chapter 2: literature review)
So its valuable from the point of view of giving interns training/	3.) Valuable in terms of providing intern training.
and also providing community psychological services. /	4.) Valuable in terms of providing community psychological services. *Also see 13.
Experientially it's been great to be associated with that for all those years, eleven years now, /	5.) Personally, great experience, being part of the programme over the years.
and many students have graduated through the programme, /	6.) Students graduated through the programme. *Also see 10
and there has been good reports from when the students have gone elsewhere with regard to the value of the programme. /	7.) Received good reports from (ex-) students who have gone elsewhere.
I think it teaches the students practical hands –on ways to work and to improve the community, so it has been a valuable programme. /	8.) Students gain practical experience while developing the community.
I can go on for a long time Joa but that's the essence in terms of my experience. It's been meaningful. /	9.) There is much to say about the ZMHCPP, but, in essence, the programme has been meaningful.
What do you appreciate about the programme?	
The programme has assisted many students to get their masters and also their PhD Community Psychology Doctoral degrees/	10.) Programme assisted students in obtaining their Masters and PhD Community Psychology Doctoral degrees. *Also see 6
and the programme has provided a wide range in services, for example, one person working with BP Wellness Africa in 11 different countries north of us, evaluating and developing their wellness programme and others were working with psychiatric nurses and primary health care nurses, providing training and knowledge with regard on how to diagnose children who have mental illness and other sort of problems. Those are just two examples. We also work with traditional healers, that's been very valuable aspects, /	11.) Wide range of valuable services provided.

so overall the programme has got a lot of good reports from different stakeholders and also internationally, we've had good reports. We had visitors from overseas: Prof Donata Franciscato from Rome; Michael Murray, Prof Ken Fox and Dr. Dennis Trend from the UK, Prof Robert Schweitzer and Dr Trish Sherwood from Australia, Prof Doris Jones from USA; and from the rest of Africa: Prof N. Bojuwoye, Nigeria; Prof Omar Ndoye, Senegal, as well as from many local South African universities and institutions. So the reports have been good. /	12.) Received good reports from national and international visitors. *Also see 7
I'm trying to be objective in the sense that um you know having been subjectively involved in the department, having been subjectively involved... /	*See 5
And the community itself brought many stake holders together to provide services that were not there before so in that sense one can say that it's been a valuable programme from an appreciative perspective. /	13.) Valuable in terms of empowering the community to initiate services that were not there before. *Also see 4
How can the programme be improved?	
Yes there are definite suggestions with regard to that one. The Professional Board for Psychology, when they were here; suggested that we try and establish full time partnership centres, full time internships at the different partnership centres and that is something that is taking time. We need to be more committed and more pro-active in establishing full time internships. /	14.) To be more proactive in establishing full time internship placements with the partnership centres as recommended by the Professional Board for Psychology.
That means getting the partnership centres more committed and pro active as well. Not to say that they are not supportive, you know its money; business. And so, you know, people are only too happy to pay for an intern two days a week and get other masters, M1 students involved, rather than paying a lot more money to have a person on a full time basis, but that's the main area that can be improved. /	15.) To generate more commitment from partnership centres in establishing fulltime placements.
Academically you can always improve. Quality and quantity of academic work, specially, I would think the quality of the research, the dissertations, the thesis, they can always be improved. That's all of us, we have this tight rope that we work between providing a community service and guaranteeing good academic standards; and I think sometimes we would focus on the community service more than the academic quality, but then again it is a question of values and what the country needs and what the community needs. That's an interesting one. /	16.) To improve academically (especially with regards to research quality); Balancing priorities of providing quality community service with guaranteeing good academic standards.
I think those are the two main areas that really need improvement. All programmes who's nature are like this; they have to be self sustaining and the problem has	17.) More financial resources required to perform optimally.

Natural Meaning Unit	Focal Meaning
been that while different partnership centres have come in, we provide many services that is free of charge and that's the problem with Community Psychology in any case, its like filling and running your car with petrol, you've have to have enough petrol and you've got to have enough motor vehicles as well, as a sort of metaphor./	
I'm sure there can be many... Anything can and should be, improved upon./	18.) There is (and should always be) room for improvement.
What is really positive is that we have more psychologists in the department who are able to improve upon it and we have more partnerships centres,/	19.) Abovementioned aspirations are attainable in the light of increased partnership centres and staff within the psychology department.
so it's a question of co-ordination and structuring the organisation to improve things.	20.) Structuring and organisation of available resources required for improvement.

4.1.5 Interview with Sister Pricilla

Natural Meaning Unit	Focal Meaning
What is your experience of the ZMHCPP?	
In fact I learn about this when I was in the university from Prof Steve Edwards. We had a meeting with the forth year students, they were giving reports from wherever they have been,/	1.) Introduction to the ZMHCPP occurred during a meeting at the University of Zululand where psychology students were giving feedback on their community services.
and then eventually the students also came to our hospice and they started to help us. As we know we have a programme that we give of the care givers so with that programme they do help us, also with the patients as well as the school children who are having learner problems.	2.) Psychology students started assisting at Emoyeni Hospice.
What do you appreciate about the programme?	
I can see the change from the care givers,/	3.) Positive change observed in the care givers. *See 3a through 3c
I mean they see the dying people every day and they are	4.) Care givers endure psychological

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dealing with the people who are traumatised, specially the orphan children. As it is we have more than one thousand orphan children, so they are going from house to house looking after these people; and I feel that they are also being affected psychologically./	distress through the nature of their jobs.
So I like it because now my care givers, I can see that they are being more productive in their work/	3a) Care givers are more productive.
and they are happy/	3b) Care givers are happier.
and they can even talk about it, they even share with me what benefits they had/	3c) Care givers report benefiting from the programme
from especially with the yoga and also the counselling they have from the students.	5) Care givers especially benefit from the yoga and counselling that the programme offered.
How can the programme be improved?	
Yah I would say maybe you can, I mean after you have finished your programme then you can have a workshop on training the trainer so that even when we don't get students then we can help ourselves. Like, I mean I have few of our care givers which I think could be trained who can carry on with this programme./	6.) Empower the hospice to help themselves by training potential trainers within the hospice to continue with the service in the absence of students.
With the counselling of course, we've had counselling but we are not so skilled right now. With the students so they are giving us more skills so that we are now more or less skilled; and then with the yoga too and then we also want to have more lectures on trauma healing exercises.	7.) Although some empowering had taken place, more in-depth training workshops are required to ensure ongoing benefit. Specific requests were counselling, yoga and trauma healing training.

4.2 Synthesizing a Situated Structural Description (SSD)

Dr Ngcobo's experience of the ZMHCPP is that it captures the essence of

community psychology whereby needs and intervention strategies are directly informed

by the community. To this end, he appreciates the programme's community-centred

approach, allowing for contextualized assessment and consequently, appropriate

intervention. Dr. Ngcobo further appreciates the innovativeness and uniqueness of the programme and the fact that Psychology students also benefit from this direct exposure in terms of their training. He relates his personal training from the programme as a revolutionary learning experience which inspired and informed his doctoral thesis on multi-cultural counselling within the South African context.

In terms of improvement, Dr. Ngcobo feels that the programme could be more effective if it had more funding (and consequently more manpower) available. Otherwise, Dr. Ngcobo finds the programme ideal.

Dr Thwala describes his experience of the ZMHCPP as being pleasant and warm from the outset. It started before he came to the University of Zululand while sharing ideas on indigenous and community related topics with Professor Steve Edwards (founder of the ZMHCPP) and later with other international community psychology professionals who visited the programme. In terms of his actual involvement with the University of Zululand and the ZMHCPP, he started as a visiting lecturer to the university which eventually led to employment at the institution. He then became aware of his personal aptitude and interests in working with groups which, in turn, had informed his doctoral dissertation and eventually lead to his enrolment as chairperson of the ZMHCPP.

Dr Thwala appreciates the aim and mission of the programme to develop communities, as well as the fact that it simultaneously provides students with a contextualized perspective. He further appreciates the diversity within the programme, which he views as a gift that allows mutual sharing and learning. He feels that the programme has a high international repute in terms of its community outlook.

In terms of improvement, Dr. Thwala feels that the programme would be ideal if its intern psychologists could be employed with partnership centres over a 12 month contract period and be paid directly at rates recommended by the Professional Board for Psychology.

Lynn Crossland experiences the partnership between the career centre and the ZMHCPP as being very useful in the sense that it holds mutual benefits for both parties involved, at affordable rates. She appreciates the fact that while the career centre is receiving assistance, referrals, as well as innovative and creative input from a multi-cultural perspective, she finds pleasure in getting to know Psychologists in training and offering them exposure and experience.

In terms of improvement, Lyn identifies two major areas. In the first instance she notes the programme's lack of funding to pay intern psychologists working in industry and feels that a structured funding programme and more support from donors are required to improve this aspect. In the second instance, she feels that students need to improve their basic corporate skills in terms of adhering to deadlines.

Professor Edwards experiences the ZMHCPP as valuable in terms of providing a wide range of community psychological services whilst creating opportunities for intern training. On a personal level, his experiences of being associated with the programme over the years have also been positive.

To this end, he notes the wide range of services provided and how the programme has empowered the community to initiate services that were not there before. Professor Edwards further appreciates the good reports that the programme has received including reports from national and international visitors as well as from (ex-) students who had gone elsewhere.

In terms of improvement, Professor Edwards feels that, for the programme to perform optimally, more financial resources are required. In this regard, he suggests that the department be more proactive in generating commitment from partnership centres in establishing full time internship placements as suggested by the Professional Board for Psychology. Professor Edwards acknowledges the high standards of community psychology services but feels that academic standards, especially with regards to research quality, need to be improved accordingly.

On a positive note, he concludes, that the abovementioned aspirations are attainable in the light of increased partnership centres and staff within the psychology department.

Sister Pricilla's experience of the ZMHCPP started during a meeting at the University of Zululand with Psychology students who were giving feedback of their community services. Thereafter, she experienced direct assistance from the abovementioned students whose services extended to Emoyeni Hospice.

Sister Pricilla appreciates the positive change she observes in her care givers and the benefits that they report, especially with reference to the yoga and counselling. She

relates care givers endurance of psychological distress through the nature of their work and notes them to be more productive and happier as result of the ZMHCPP.

With regards to improvement of the programme, Sister Pricilla requested advanced workshops specifically aimed at training potential trainers within the hospice; to promote independence and ensure self-sustaining, ongoing benefit. Specific requests were counselling skills, yoga instruction and trauma healing training skills.

4.3 Results: Synthesizing a General Structural Description (GSD)

Participants' experiences of the ZMHCPP were unique in relation to their exposure and involvement with the programme. The value of the programme in terms of participants' appreciation seems to lie in its multi-faceted approach to improving community life. While it provides immediate psychological services at affordable rates, it contributes to the profession of community psychology. To this end, it 'produces' community psychologists by providing opportunities for intern training, at the same time expanding the field of community psychology by creating research opportunities. The programme's community-centred approach, with needs and intervention strategies directly informed by the community, were further valued, along with the programme's pioneering nature and good international reputation.

In terms of improvement, there was consensus around the need for further funding to secure adequate manpower and resources for the programme to sustain itself and perform optimally. To this end, it was suggested that partnership centres be committed to establishing full-time internship placements and pay for services received at rates

recommended by the Professional Board for Psychology. Hope for the government and potential donors / sponsors to further realise the value of the programme and provide financial support was also expressed.

Room for improvement was noted with regards to students' academic standards (i.e. research quality) and corporate skills (i.e. adhering to deadlines).

There was also a specific request for advancing empowerment whereby the programme trains potential helpers within the community to provide and expand therapeutic services.

4.4   Résumé

This chapter presented the raw data as verbatim transcriptions of the interviews and openly demonstrated the steps taken in data analysis that lead to the results derived. Generally, the representatives were positive about the ZMHCPP and were untimely expressing their appreciation of the programme to the first question: *"What is your experience of the programme?"* This made the second question: *"What do you appreciate about the programme"* almost redundant. However, participants expanded on what they appreciated about the programme without hesitation. Opportunities and suggestions for improvement were noted and communicated constructively. The next chapter will conclude the study through reviewing the main findings, outlining the limitations of the study and posing recommendations towards improving the ZMHCPP as well as recommendations for future research.

CHAPTER 5:

CONCLUSION

5.1 Introduction

In response to the high demands for local community psychological services in Zululand, the ZMHCPP came about as collaborative venture between various partnership centres particularly from health, education and business sectors. The intention was to train psychologists and to develop local community psychological services (Edwards, 2002).

To ascertain the appropriateness of the programme to meet needs of stakeholders and to ensure that the programme stays updated and effective, ongoing evaluation is necessary. There is also need to note valuable and effective aspects of the programme and discover opportunities for improvement. This study thus endeavoured to explore the experiences and perceptions of various stakeholders regarding the effectiveness of the programme for the purpose of evaluation and improvement.

5.2 Main findings

Participants' experiences of the ZMHCPP were generally positive and appreciative. The programme was mainly described as valuable and was appreciated for the following:

- The fact that both students and the community benefit from this arrangement
- Its community centred approach with needs and intervention strategies directly informed by the community.
- Its provision of essential psychological services at affordable rates

- Its contribution to the profession of community psychology by providing opportunities for intern training

- Its contribution to the profession of community psychology by providing opportunities for research.

- Its pioneering stance in the country

- Its good international reputation

In terms of improvement needs, there was consensus around the need for funding to secure adequate manpower and resources for the programme to sustain itself and perform optimally. Room for improvement was noted with regard to students' academic standards (i.e. research quality) and corporate skills (i.e. adhering to deadlines). There was further a specific request for advancing empowerment whereby the programme trains potential helpers within the community to provide and expand therapeutic services.

The following suggestions were offered:

- Partnership centres be committed to establishing full-time internship placements

- Partnership centres pay for services received at intern rates recommended by the Professional Board for Psychology.

- Hope for the government and potential donors / sponsors to further realise the value of the programme and provide financial support.

- Exposing students more to industry to develop corporate skills

5.3   Recommendations

- While the ZMHCPP was appreciated for providing psychological services at affordable rates, the need for funding was expressed. Creating awareness of the value of the programme in securing financial support from the government or potential donors / sponsors may solve this predicament.

- To ensure quality services and enhance intern training, communication system needs formulating, whereby authorities of partnership centres are able to feed back to supervisors, areas that the student in question need to develop (e.g. adhering to deadlines). This would guide the supervisor concerning areas to focus on in terms of individual intern training or remedial intervention. Perhaps devising a structured questionnaire to be filled by partnership centres every three months will also allow further progress to be monitored.

5.4 Limitations and implications for future research

The scope of this study should be borne in mind. It recognized the value of the ZMHCPP as experienced by relevant stakeholders. An empirical study measuring the effectiveness of the ZMHCPP will create opportunity for further research.

Because experiences are dynamic, it is further recommended that this study be followed-up with regular Appreciative Inquiry interventions so as to ensure ongoing constructive feedback.

5.5 Conclusion

This study explored relevant stakeholders' experiences of the ZMHCPP as benchmark for evaluation. To this end, positive aspects of the programme were acknowledged

commemorated and suggestions for improvement were noted. Constructive feedback was received in this way and clearly indicated that the ZMHCPP provides valuable services directly to the Zululand community. It was also noted that the ZMHCPP further contributes to the profession of community psychology by providing hands on training for community psychologists and creating research opportunities in community psychology.

While psychology students focus their energy on providing community psychological services, their corporate skills and research quality also needs some attention.

There was large consensus that with funding, the programme has potential to be even more effective.

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APPENDIX A

Video documentary on the ZMHCPP (DVD format)
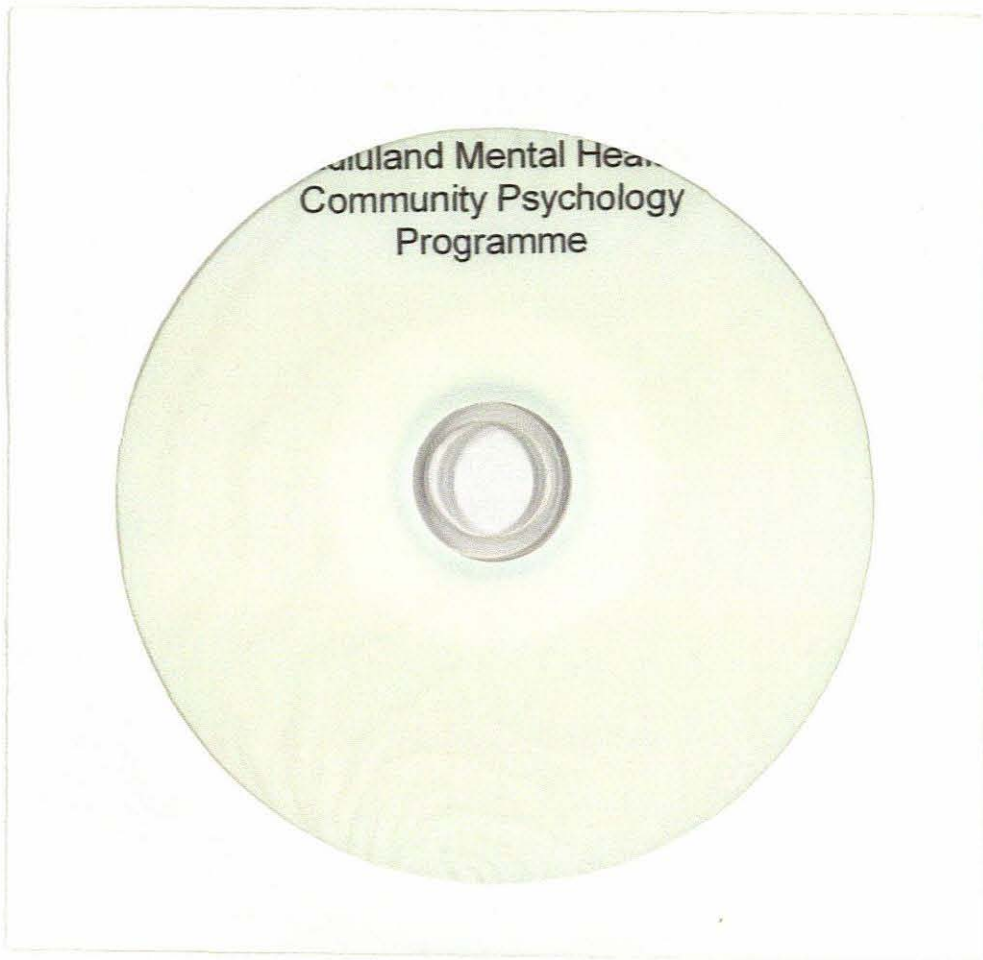
APPENDIX B

Additional contextual interview questions not considered for analysis

Interview with Dr Ngcobo

Joa: You've mentioned Ngwelezane hospital. How is the project linked with Ngwelezane hospital?

Dr Ngobo: The project is linked with Ngwelezane hospital in this sense that if you were to look at the fees that people pay if they going to consult a psychologist in a private capacity, most of the people…, like I mean one sees within the reagent of about 20 patients per day, I mean with the help of the masters students, and together with the comm-serve psychologists. Now if you take a look at that within the private sector you can only see your 8 patients who can afford the rates of medical aid. If you do a test you charge them for the test, the cheapest being your bender you know which cannot tell you much, which is actually expensive if you look at R106.60 . Now these people can go in to the hospital and pay their R22.00, get a full assessment at that price. You know which means that we are concerned about people rather than being concerned about us. Ngwelezane hospital is linked in the sense that we are trying to provide a service to the people that are from disadvantage backgrounds, who can not afford the services of a psychologist, who may be in dire need of the services, because some of them need to take their kids for purposes of placements, some people have been exposed to certain injuries that were not assessed, specially your head injuries, and because they are probably not employed in the meantime they are drifting in the ocean of the communities without getting the proper help. So the other thing is people are getting exposed to therapy. You know the whole circle of violence and the post apartheid regime still lives in their minds and the spirit of people. So you find this in some of the dealings that they have in their communities… We've got problems of high-jacking, we've got the killings that are still going on you know we've got the child sexual abuse that are escalating. Now these are the type of problems that we are likely to find within the hospital setting, at a price that is below the mark, and this is how the project is linked to the hospital. so that we can try and provide the service to a broader community. When you go to Ngwelezane hospital, the thing that you need to appreciate is that we are servicing more than 10 hospitals at one point in time because Ngwelezane hospital is the referral hospital. So all the other hospitals like Nghandla, Eshowe hospital, Benedicting hospital, Mosford. to name a few that can come into mind at this point in time, get such a service that is excluding the local community clinics that are referring into this hospital for purposes of assessments and interventions.

Interview with Dr Thwala

Joa: As chairperson of Zululand Mental Health Community Psychology Programme, could you explain to us how Zululand Mental Health Community Psychology Programme work; or rather what is it about, so that somebody who has never heard of Zululand Mental Health Community Psychology Programme, will understand what you mean when you refer to the Zululand Mental Health Community Psychology Programme.

Dr Twala: Okay, by Zululand Mental Health we simply mean...in fact I need to go back a little just to contextualise it. Although the university is quite old in terms of its started round about the fifties, it was only in the eighties when we started having programmes, and Zululand Mental Health is actually coming together of the different departments. It has been initiated by Prof Edwards from the psychology department, and educational psychology also got involved. Health also has been part of the whole thing and we've been also addressing the social welfare things, and therefore if you look at all those categories, you look at how it is structured. That is the first one. We are also covering health. Locally we look at Empangeni hospital and Ngwelezane. Our students are going there because they are getting quite a lot of training there. And if you look at education, the university is providing that because we've got the psychology centre here, where we also service people from outside and our students are also getting training there. The social welfare is covered specifically by Zululand Mental Health, and that is where we cover a number of areas. Recently we've sent our students at Emoyeni, we've send a number of students in the nearby areas like Ngwelezana Place of Safety, and we also go to Richtech which is part of our education. So we've covered all the areas that are necessary for the training and the outreach programme, because basically mental health says we go out there, we teach and share skills, and make sure that we leave the skills in the community so that the community can make use of those skills.

Interview with Lynn Crossland

Joa: You've mentioned the career centre; can you tell us more about the career centre?

Lyn: The career centre was basically started 7 years ago because there was a huge need in the Zululand area for career guidance, and we decided that career guidance was horribly boring, you know it was either sitting with a book reading about different careers, and how boring can that be, so we decided in creating a interactive display. The whole of the career centre is basically based on John Holland's theory of personality, and the whole exploring of your interest areas, and then they will also explore different activities and we link all of that together and the kids have a lot of fun and at the end they can look at career ideas and choose subjects they've got to do and what type of studies they have to do afterwards and that sort of thing. But having all the fun in doing it

Interview with Sister Pricilla

Joa: Can you tell me a little bit more about the programme with the care givers?

Sister: Our care givers, I mean we didn't had anybody to do the counselling so we were just giving them retreats once or twice a year, and then we were also having some workshops and we also had workshops on grievances and we wanted to have some counselling and eventually the students from the university came and then they come here once a week and then they counsel them. But its not the first time, even last year when the lecturer miss Ndlomo, was also coming with the students here, and helping with the care of the care givers. I mean helping the care givers, and then from there. Last year we had somebody from America who was doing the trauma healing and exercises and transformation, and then everyday in the morning, 30 minutes before they commence their duties they're doing their Tai Chi

Joa: Tell me a little bit about the yoga?

Sister: The yoga I think is done by Joe and is helped by the lady from Mtunzini, I've forgotten her name, they come here once a week, they take one hour to do the assessments so we have two groups, the experimental group and the control group, so each time they come out they don't want to stop, they just want to continue, but in the beginning they were complaining, they said its too much, its hard, and their body were aching, but I think it was only they did that twice and the third time they were enjoying it , and as it is now they ask me if they can continue, maybe few of the care givers will be trained and then once a week they continue with the programme because they love it so much. Like now we have this group now, which I mean this their 3rd week and the previous group keeps on going there, wanting also to join, but I mean they are not allowed because they had their share already.