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Community-Based Service Learning During Clinical Psychology Training: Working at the Critically Reflective Interface

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“If you want to build a ship, don’t summon people to buy wood, prepare tools, distribute jobs, and organize the work, rather teach people the yearning for the wide, boundless ocean.” Antoine de Saint-Exupery. In our work with students in community psychology, we have aimed to teach them the yearning for the wide, boundless ocean. Students have few opportunities to experience ‘psychology in action’ within the ‘ponds’ of their programmes; and given the current strident calls to ‘decolonise’ the curriculum, our challenge is to move from predominantly westernised approaches to more transformational knowledge creation. Working in communities stimulates broader yearning as the raw and real problems of the world stir up the desire to learn and research, to answer complex and complicated questions that are not easily resolved in traditional academic ways. This way of knowing, doing and being, also challenges us, as we are not the experts of these multiple, unpredictable situations; and so we too learn from our students and our community partners. We all therefore hope to contribute as critical citizens, to the social justice imperatives in our discipline and country. Working in this way allows space for innovation and the generation of new doubt, which leads to more questions, which leads to more yearning...

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Introduction

As we write this chapter and reflect on the title ‘new ideas for new times’, we (Jacqui and Carol) are challenged to critically reflect on our own practices in South Africa (SA) and their relative successes and failures. I (Carol) cannot help but think of the Biblical parable of pouring new wine into old wineskins, where the old wineskins burst and cannot hold the new wine, leaving both the wine and the wineskins wasted and ruined. This may seem an odd way to introduce this chapter on working more critically in community psychology with clinical psychology trainees, but we want to honestly share our stories in the hope that these will help to generate innovative new ‘wineskins’.

The work of poststructuralist French philosopher Michel Foucault (1983) encourages us to ask how things could be otherwise. His perspectives on power and knowledge remind us “not that everything is bad, but that everything is dangerous, which is not exactly the same as bad. If everything is dangerous, then we always have something to do” (pp. 231–232). Thus, if we withhold judgement, or more realistically, if we suspend our tendency to rush to pronounce ideas and practices as good or bad, we can perhaps ask how we can work in that ‘dangerous’ space of training our trainees in particular ways of knowing, doing and being.

This chapter frames our stories through relevant critical community psychology (CCP) and community-based service-learning (CBSL) literature. Thereafter we describe our contexts and efforts to promote community psychology with clinical trainees through community-based placements. In these placements, trainees are discouraged from individual work with service users, rather they need to work in group-based and consultative ways, building community partnerships and supported by critical reflective processes. Our relative successes and failures are discussed in the light of trying to innovate, to produce outcomes that move beyond amelioration at an individual level, hoping to promote greater social justice.

Theoretical Frameworks

Critical Community Psychology

Bearing in mind the assertions of Fryer and Laing (2008) that there are various forms of community psychologies, soon after forming the Community Psychology Section (CPS) of the British Psychological Society (BPS) in 2010, the committee at the time (chaired by Jacqui) (accepted deletion by reviewer here) spent time deliberating about the features that distinguished British community psychology from other manifestations of the sub-discipline. It was clear that a central theme drew from critical approaches to the impact of power and the structures of political and socio-economic influences, which promote inequality and a lack of social justice. The following working definition was thus proposed:

Community Psychology (CP) views individual behaviour, health and well-being within a broader social and political context. It offers an alternative paradigm to the individualism that dominates much of psychology. In particular, it focuses on where power lies and how it is exercised in ways that maintain privilege and discriminate against certain groups. In practice, those committed to CP principles of collaboration and sharing of 'knowledges' work in negotiated partnerships, striving to build on the assets of participants. In this way, collectives of people inform themselves, recognising and gathering information about oppressive social arrangements in order to challenge these. Activities include the amelioration of the effects of societal inequalities and working preventatively, but aiming for the transformation of policies and interactions, to promote empowerment, liberation and social justice. (BPS CPS Committee, 2011)

This definition foregrounds the importance of the contextual and societal influences that impact upon mental health and distress, challenging the pathologising of individuals typical of much mainstream psychology (Cromby et al., 2013) and locating aetiology firmly in social structures that promote discrimination against and systemic oppression of certain people, with resultant inequalities. This highlights the importance of the social justice agenda: a way of working collaboratively with groups of people, valuing their attributes and knowledges, striving to work together to build mutual consciousness and solidarity focused towards systemic action and change.

In CCP then, 'social justice' is of central concern, representing desires to promote greater equity in the way societal resources are distributed, where people are able to live peacefully without externally imposed constraints, and with expectations of fair treatment and the rights to self-determine their progress. Kagan (2015, p. 16) thus recommends that trainees further their 'critical consciousness'; to consider how to create 'new forms of social relations (new social settings)'; the 'development of alliances and counter systems'; taking on roles of 'accompaniment, advocacy and analysis of policy'. In addition, Lazarus et al. (2015) write about the need to consider the profound influence of power dynamics on knowledges, resources and relationships when envisaging participation and partnership-building in the very unequal South African context.

In the definition above, the term 'community' was not interrogated to the same extent, but followed the ideas of Kagan et al. (2011), where 'community' is not seen as an entity circumscribed geographically (though not excluding such), but rather the active promoting of 'community', incorporating elements that draw individuals together into groups, whether formally or informally. Kagan et al. (2011) included 'social justice' as their second component, and also added as a third component the inherent respect of people and the planet, formulated into the concept of 'stewardship'.

One of the key features of the BPS definition is that it does not place amelioration in opposition to transformation (in contrast to Nelson & Prilleltensky, 2010), but rather sees a continuum of psychologists' practice as moving between these aspects, depending on the focus, systemic level and effects of the work. All of the above ideas resonate in the even more unequal and socially divided context of SA, where the imprints of the oppression and racial discrimination of the apartheid era are still very evident, more than twenty years after the dawn of democracy. Here in SA (as in the UK), clinical psychology has predominantly been associated with individual pathology and treatment, strongly associated with psychiatry, even though there have been regular calls for shifts in focus (as in Ahmed & Pillay, 2004; Carolissen, 2006; and Seedat, 2014).

Naidoo et al. (2007), in an important text outlining the history and applications of community psychology in South Africa, describe the challenges of moving from a more ‘top-down’ ‘mental health’ approach to community psychology (which seems to emphasise amelioration and the expertise of the psychologist, but with little impact systemically), towards a social action approach and beyond that to applications that are informed by Liberation Psychology (see Kagan et al., 2011). This is represented in Fig. 18.1 (developed by Jacqui), which distinguishes between three models (also see Arumugam, 2001, for further explorations) and shows how these ‘operate’ differently in terms of focus, levels of impact and engagement with power, to inform practice.

A CCP approach would be located firmly in the social action and social-liberation models. In SA, CCP could provide participatory asset-based approaches to promote (through critical reflection) deeper awareness of social asymmetries, still so evident, including spatial and resource-access inequalities; the effects of discriminatory practices; increased levels of poverty due to the neo-liberal policies of recent years and the impacts of the highest levels of HIV-infection globally. However, the translation of these ideas into practice has mostly been rhetorical (Carolissen, 2006; Seedat, 2014), rather than there being widespread evidence of the influence of CCP on psychologists’ practice. An important way that practice could be changed is through clinical psychologists’ training, and our particular interest is in projects that strive to translate these principles into action.

	Mental Health	Social Action	Social - Liberation
Focus	Groups, the bio-psycho-social interconnections, working within the system for amelioration and prevention	Self-determination for freedom and justice working within the system through social support / cooperatives	Political and social knowledge generation, work for political change via collective action & building social capital
Impact levels	Changes in social systems incidental and may evolve (but not the main aim); strong interconnections with medical and social care systems	Greater emphasis on structural inequalities and pressure on those in power to be more responsive through self-help groups, advocacy	Change through information sharing and intersectional campaigning for transformations at higher levels
Power	May unintentionally reinforce traditional systems of power because these are not critically analysed / challenged	May encourage systems and structures to be more responsive and invest more in human rights and existing policy delivery	Leads to political shifts, changes in policy and resource allocation towards greater social justice

Fig. 18.1 Comparison of three models of community psychology-based interventions

Community-Based Service Learning

Service learning is mainly understood to have originated in the USA in the 1980s and has gained popularity there over the last three decades. The pedagogy/practice is known by other names in different contexts—community-based learning (see Hart & Akhurst, 2017, for UK-based accounts), academic service learning, community service learning or academic community-based learning. Our preference is for ‘community-based service learning’ (CBSL) since this highlights the community-based partnerships that are essential to this work.

CBSL is intended to challenge trainees to use both the theory and skills they have learnt in training, to apply these to local knowledge from their work in communities. In addition, the service-learning experience is an attempt to alert trainees to social injustices and to reflect on their role as agents of change in these communities (Mitchell, 2008). Critical reflection is essential to enhance learning from these experiences (Gilbert & Sliep, 2009). Without critical reflection, trainees are unlikely to ask deeper questions about inequality and injustice and may therefore not question the status quo. CBSL is therefore more than just a practicum, internship or chance to apply theory. CBSL presents the unique opportunity for trainees to be both deeply engaged in a community and also to meta-reflect on this engagement in a way that challenges them to be active citizens (Akhurst et al., 2016). CBSL also has a number of other benefits for trainees and communities (Akhurst, 2017). It is designed to be a mutually beneficial exercise. Trainees require guidance to ensure that this happens. They also require assistance with developing the skills of critical reflection, since these require dialogical opportunities (Mitchell & Humphries, 2007).

Mezirow’s (2000) model of transformational learning has been appropriated in service learning. He proposed a non-sequential learning process involving:

1. a disorienting dilemma,
2. self-examination with feelings of fear, anger, guilt or shame,
3. a critical assessment of assumptions,
4. recognition that one’s discontent and the process of transformation are shared,
5. exploration of options for new roles, relationships and actions,
6. planning a course of action,
7. acquiring knowledge and skills for implementing one’s plans,
8. provisionally trying new roles,

9. building competence and self-confidence in new roles and relationships,
10. re-integration into one's life on the basis of conditions dictated by one's new perspective. (p. 22)

The important disorienting dilemma usually results in disequilibrium or dissonance that motivates the people involved to re-evaluate their assumptions and beliefs, resulting in new understandings that change practices. Researchers have found that participation in service learning can sometimes have this transformational impact on trainees (e.g. Deeley, 2015; Eyler & Giles Jr., 1999; Rhoads, 1997). Eyler and Giles Jr. (1999) however warned that this kind of transformation of perspectives was not common in trainees, since many resist the process of critically assessing their worldviews.

The emphasis on social justice that we raise above has been debated in CBSL literature (e.g. Mitchell, 2008). Should service-learning activities be understood as located along a continuum—with charity at one end (seen as somewhat more self-serving, perhaps assuaging guilt) and social justice at the other? Or should these concepts be considered discrete entities, not overlapping? Some practitioners see the virtue of a continuum, allowing for more permutations. Strain (2007) usefully proposes that service learning is more complex than the continuum model is able to capture. He argues that trainees are capable of moving along and across paradigms in an integrative way, with service learning being a multilinear endeavour, which he likens to moving like a starfish. He rejects the duality of self and other and claims that when we are in touch with others, an awareness of our interconnectedness “scours away any sense of noblesse oblige, any patronising or condescending attitude, any trace of moral superiority” (p. 5). Thus, a student may be engaged in an act of ‘charity’ in one dimension, but may be engaged in multiple other ways of being at the same time.

The core values of CBSL may thus depend on the positioning of the practitioner (as is the case with community psychology). Nguyen (2016, p. 7) interrogates five core values of service learning as originally proposed at Duke University in the USA, to guide their programmes: ‘rigor, reflection, relationship, reciprocity, and real life’. It is important to consider that some of these ‘values’ may actually reflect the needs of academics and trainees, rather than encompassing communities’ perspectives. How then do these intersect with the three CCP dimensions of social justice, community and stewardship?

Jacqui has described intersections of CCP and CBSL in the South African context in more detail (Akhurst, 2017), highlighting some of the challenges of service users’ expectations of trainee psychologists and the impact of oppressive social relations on being able to build more equal partnerships. The trainees

reported knowledge exchange and the immersive learning of CBSL as enabling their conscientisation (Freire, 1970). We explore trainees' accounts of CBSL further in this chapter, after briefly locating their training contextually.

The Local SA Context and Clinical Psychology Training

Post-apartheid resource constraints and the imperatives of the SA context as a developing country demand responses that are wide-reaching and well beyond individually focused traditional psychologists' training. A number of authors (e.g. Naidoo et al., 2007) illustrate community psychology's broad applicability to societal reconstruction post-1994. Most SA master's degree training programmes for psychologists integrate community psychology into the core coursework of professional training (Yen, 2007), because it has applications in all categories of psychology. Trainees on such programmes have various levels of prior learning about community psychology (from minimal exposure through to extensive NGO-based work). After the first year of master's training, clinical psychologists complete an internship year (usually in a psychiatric hospital); but of particular relevance to this topic, this is then followed by a compulsory final 'community service' year, where the trainee is employed as a psychologist by the Department of Health in settings such as correctional services, local hospitals, community mental health services, HIV- and TB-intervention and prevention facilities. It is thus important that they have had training in CCP, to equip them for work in settings with the majority of people who were previously disadvantaged by discriminatory structures and systems, and where many may still experience unequal access to resources, exposure to violence and crime (both linked to widespread unemployment and poverty; Lazarus et al., 2015) and the devastating consequences of the HIV pandemic.

Project Descriptions

UKZN Masters Trainees' Community Interventions Projects in 2017

At one UKZN campus, thirty-two masters-level trainees from four of the professional training categories (clinical, counselling, educational and research psychology) worked across their registration categories in project teams. Thus,

trainees in different specialisms were in the same project team. There were seven clinical masters trainees in this cohort. It is their reflective reports that provided data for this chapter.

In their respective projects, trainees worked with:

- An organisation that supports LGBTI communities: the trainees assisted with research directed at ascertaining the value of a programme run by the organisation.
- An organisation that provides support to educators from rural and township schools: one group developed and ran a two-day strengths-based educator development workshop during the July school holidays; the other group worked with two pilot schools to determine the usefulness of a tool designed for early identification of learning difficulties in children.
- A community-based organisation that provides care for people affected by HIV, through community-based workers. They assisted the organisation with a programme of care for the workers.
- A community initiative that promotes science development in schools and communities, where trainees conducted community-based research.
- An association that assists the elderly, with trainees exploring how the preferred model of care was being implemented.

The trainees worked in these project teams for the academic year. Sessions for reporting on progress and reflecting on experiences in the light of theory were scheduled regularly over the course of the year.

Rhodes University (RU) Trainees' Community Intervention Projects in 2017

The annual cohort comprises twelve trainee masters-level clinical and counselling psychologists. They pair up by category, enabling them to work on six projects in the year (from June to the end of October). The six trainee clinical psychologists' accounts of their work in three settings, in pairs, are the focus for this chapter. During 2017, they worked in the following community placements:

- A day centre for people discharged from the local psychiatric hospital, where participants engage in craft-work and psychosocial skills development, where the trainees provided group therapeutic support;

- A school for learners who had been excluded from mainstream schools due to their intellectual and socio-emotional needs, where the trainees provided group psycho-education;
- A peer counselling programme provided at a local youth centre, where the trainees facilitated regular peer support groups for the volunteer counsellors.

The group of six clinical trainees met weekly over the course of their projects for structured peer group supervision (Akhurst & Kelly, 2006), which provided a critical reflection space to review their work. In addition, the pairs sought additional supervision with Jacqui at points of decision-making. The data were collected from an end of year focus group with the six trainees, as well as their inputs into a day-long reflective colloquium held in conjunction with another regional university's trainees.

Methodology

We have drawn from two groups of trainees' experiences in two different university settings on the eastern seaboard of South Africa (one in KwaZulu-Natal, KZN, and the other in the Eastern Cape, EC, over 750 km apart). The language of instruction in both is English, although trainees come from backgrounds representing a number of the eleven official languages of SA, with many studying and working in English as an additional language. Following ethical clearance and informed consent processes, we collected data from three sources: at UKZN, seven written individual critically reflective reports were accessed; the RU data were from the transcriptions of focus group discussions and the presentations of six clinical trainees in a colloquium. All data were analysed using thematic analysis (Braun & Clarke, 2006). We did not draw from the final written project reports, however: since the UKZN submissions were from the cross-specialisation groups, we could not determine which reflections were the clinical trainees' perspectives, and the RU reflective reports were not all available at the time of writing.

Participants

UKZN: 6 females, 1 male; ages 23–52

RU: 4 females, 2 males; ages 22–32

Since many of the trainees do not originate from the local areas around these two campuses, none of them had worked previously in the specific community settings described above, so had not established prior relationships with these community partners.

Reflexive Note

As authors, we need to acknowledge our own variety of positionings in this endeavour: as academics, practitioners, researchers and activists. All of these positions influenced our roles in facilitating the students' experiences and assisting them to reflect on their learning. In our discourse, we promote the ways of being and doing that we wish to see in our students. Our passion is likely to indicate to students how to say the 'right' things. Thus, the trainees' accounts and our choices of excerpts need to be read with this in mind. In addition, in SA it is impossible to engage in this kind of work without considering issues of race and gender. As white women we are positioned in particular ways by the trainees we work with, by the communities they engage with and by ourselves in the academy. Having each worked in CCP for well over a decade, we are very aware of our positions as white female academics in the current South African context of interrogating white privilege (Urson & Kessi, 2018). Our trainees represent a very diverse group across racial, ethnic and language categories, and thus, it is an important opportunity to explore and problematise these factors.

At this point we would also like to acknowledge the lack of communities' voices in this chapter. Most community partners were not engaged in formal feedback about the trainees, but throughout the programme there were occasions where UKZN partners would provide feedback or request clarity regarding the activities of the trainees. Generally, these queries involved miscommunication or confusion regarding the role of the trainees. For example, one organisation wanted the trainees to provide individual de-briefing to approximately eighty-five field workers, which was beyond the brief to trainees. In another instance, an organisation's lack of communication with trainees indicated resistance to the process (despite having requested assistance earlier).

Where feedback was possible, the RU partners constructed their roles as contextual mediators, noting the collaborative decision-making and their resultant sense of agency. They valued regular communication and trainees' flexibility in adjusting plans when needed and their sense of being co-determinant, influencing the evolving processes and resultant interventions. Those interviewed appreciated trainees' preparedness, passion and energy. The gains for their organisations included being able to rely on trainees due to the bonds established, strengthening their work; they appreciated networking and referrals to appropriate agencies as well as learning together, where they assisted trainees with culturally sensitivities and in turn they gained insight

into psychological work. The project difficulties that partners reported related to the shifting needs of the context as the processes unfolded, with some sense of dependency on the trainees' input since there were no other resources, and regret that they could only work together for six months. At UKZN, after completion of the projects and following the trainees' feedback, some community partners specifically requested more input from trainees in the future.

Findings

In the analysis below, *anon org* represents the times when trainees used the name of the organisation with whom they partnered. The trainees' identities are also anonymised, and their words are shown in italics, with participant code after the quotations. P1–P7 are used for the UKZN group and P8–P13 for the trainees from RU. The findings are separated into two broader themes; *viz.* the benefits to the trainees and the challenges they encountered.

Benefits to Trainees

The themes to emerge from the data include learning about and applying community psychology; learning from and supporting each other and a greater awareness of their positioning and the system, with its inequalities.

Learning About and Applying Community Psychology

Some trainees reflected upon their lack of knowledge at the beginning of the projects and the ways that their learning progressed through engagement. Examples are:

- *community psychology was a concept that I did not fully grasp. I did not have clear idea of what might be expected of me as a student psychologist, and of what I can contribute ... However, the interaction with *anon org* and their staff members, the service that we provided and everything that I learned in the process changed my perspective (P7)*
- *Initially ... I'm not known and how are they going to receive me as a psychology student ... So it was very important I think ... for us to create rapport and ... collaborate ... so it shifted from just being unknown people to becoming part of the community (P10)*

- *starting with community psychology I felt very unsure, as if I didn't know anything...there's this initial sense of anxiety and not knowing and being unsure, going into the unknown (P8)*

A number of trainees echoed the above comments on being unsure or anxious early on, but once they had initially engaged they realised that their 'people skills' could be usefully applied and that taking a non-expert position was helpful:

- *we formed connections with people, real authentic meaningful connections... bringing our own personhood to the work (P8);*
- *the community that we went into was sort of receptive of us, so that helped. I was less anxious going there rather than if they were not accommodating ... so if I think if the community wants people to come from the outside, ... it helped with whatever anxieties ... and the fears I might have had (P12);*
- *trying to understand their community from a point of not being an expert, so ... I wasn't under too much pressure to sort of change things, or to come up with solutions (P11).*

The participants saw the value of doing an initial collaborative needs and assets evaluation, in a way that enhanced participation:

- *we can only work out what people need when one builds the relationship (P13);*
- *we focused more on strengths and what was positive (P9);*
- *the importance of understanding what the community you are working with needs. It is not about going into a community ... and providing them with resources and delegating... Rather, it is about collaboratively working together, using each other's resources and skills, to enhance their community in the way they think will benefit ... the most (P5).*

A number reported needing to be flexible and responsive to what evolves organically in the work. This was contrasted with previously only reading about the work; when actively engaging they mentioned the resources they had used or required. For example:

- *helped me realise the realities of community work as opposed to what is cited on paper. ... Community psychology is an avenue ... which not only needs time but also dedication, passion, understanding, resourcefulness, resilience, communication and general motivation to not give up (P4);*

- *it's different to therapeutic work, it can be administrative ... organizational management, like managing people and meeting times and paper work (P13);*
- *we used the CBT model of substance abuse as a basis for psychoeducation, role plays, making resources available, giving psychology away ... pictures ... cards (P10);*
- *the use of breathing exercises, mindfulness techniques, playing with clay, group members interviewing each other (P8).*

The following comment summarises not only what trainees offered, but also what they gained:

to do community psychology is a complex process that requires access to different resources, which sometimes might be a difficult process. It is also ... a fulfilling process whereby one is able to provide a service that benefits some number of individuals (a community) while learning about that community in the process. (P7)

Certain trainees noted the value of the experiential learning that CBSL had provided, expressing opinions about what could and could not be planned beforehand:

- *we actually had to experience the feeling of being uncertain, the anxiety that comes with that... we actually had to sit with this uncertainty ... 'cause it doesn't always turn out the way you hope, or that we expect that things would turn out. ... I think with every community project that's going to be different ... you can't really pre-plan the skills I'm going to need for this community project, because depending on the community, depending on the needs of the community (P11);*
- *so you're going into community and we experience it then first hand, but until we engage with community work and actually do it, ... then, only then I think, I feel that we can really learn (P10);*
- *feeling like this uncomfortability actually opens me up to experience a bit more... and to new things, that I wouldn't have, I think experienced (P8).*

This last comment highlights the sense that the work is imbued with uncertainties, but if the trainees can find ways to cope with those (through the various strategies that they note), there is the potential for creativity with their partners (both other trainees and community participants), as noted in the next theme.

Learning from and Supporting Each Other

The UKZN trainees were working on their projects in a group, whereas the RU students worked as pairs. Two UKZN students reported as follows:

- *During this process and involvement with *anon org* I have learned how to work well within a group, to respect other people and see value in other group members' contributions. I learned that one needs to be considerate of others' opinions, time, and sensitivity to group members' circumstances. Furthermore, I have learned empathy and understanding (P7);*
- *not all members may have been getting along but the group should have been able to work collaboratively in order to achieve set outcomes (P1).*

These divergent views illustrate the tensions between members experienced by one group, as contrasted with a group where the dynamics appeared to work more effectively. Ways of dealing with difficult group dynamics are addressed further in the discussion.

The pair-work at RU enabled trainees to experience support from each other, for example:

- *to know that there was someone that was there going into the community with me, 'cause I think I might have been more anxious if I worked there alone; and maybe sometimes if I got stuck at something, then there's someone who picked that up and then continued (P10);*
- *at least having your partner to share the frustration with, definitely helped (P11).*

The RU students also met in a more structured mode of peer group supervision (as described in Akhurst & Kelly, 2006), with one member of each pair presenting a challenge each week. The trainees all appeared to appreciate this forum, as noted in:

- *when I had feelings come up ... to have others' comments ... so they're giving their, in a sense, objective impression and by hearing those views at least helped me to provide more clarity in areas that I'm more concerned about or anxious about (P12);*
- *We've had to experience, support one another ... having people who are also sharing similar experiences as you are, sort of validated the difficulties (P11);*
- *Every single one of you thought about what I struggled with ... supportive ... and not being observed (P8);*

- *Community psychology has disquiet with the role of the expert, so (peer) supervision is more like the practice ... equal power distribution and group generation of ideas (P13).*

In comparison to their therapy supervision, one noted a freedom from being 'observed' and they concurred that the group process enabled a greater sense of *independence* (P11) and *autonomy* (P8), was *empowering* (P11), provided *different minds, different expertise* and being more *relaxed* (P9).

This theme has highlighted the value gained by most trainees in relation to working with their peers and in groups. The following theme reflects their reports of learning about social systems.

Greater Awareness of Their Positioning and the System with Its Inequalities

The next excerpt summarises trainees' developing consciousness of their roles and power (and its limits), in relation to the societal systems they encounter. This highlights the sensitivities required and the need for enhanced awareness of their own and their partners' needs and positions:

- *while community psychology interventions can offer important opportunities for community members to empower themselves, it is also a delicate balance... is very important for the community psychologist to be mindful of: the context ...; identifying the community's needs vs. their own needs; ...the potential to abuse their power derived from frequently having greater education, wealth and/or privilege; ... the importance of not imposing or intruding on a community without their consenting to the proposed intervention; ...the risk of patronizing community members (P3).*

The structural and systemic challenges faced by people became clear to a number:

- **... even though we live in a democratic society ... other communities within the country still face prejudice, discrimination, a lack of adequate resources to address the needs (P7);*
- *The environment around the school is not conducive for learners and gives a message to them about being placed on the margins (P10);*
- *I realised the need of psychological services especially in the under-resourced areas and I wish to be involved with clusters such as *anon org* to help empower our communities and expand access to psychological services (P4);*

- *The most striking thing I learnt, is the amount of struggle and hatred this community actually goes through, which has not turned them into bitter people, but rather has made them more accepting, open and loving to everyone (P5).*

The trainees thus had first-hand experiences of people's struggles and the final comment shows the value of trainees' exposure to groups of people they may not previously have encountered. The following reflection illustrates trainees' compassion for and appreciation of the people whom they encountered:

- *I was very humbled by the load, the women in the community we worked with, carry. One woman created a vivid image of the demands she deals with, describing herself carrying her daughter's infant on her back, helping another person with homework, preparing supper, and trying to meet targets at work and the emotional needs of the population she works with (P3).*

Some of the trainees mentioned their frustrations with the limitations of their capacities to influence the system, for example:

- *Even us as trainee psychologists, there are very limited things that we could do ... especially getting to be advocate and things like that (P8);*
- *whilst we worked from a mental health model, coming from a preventative approach, we would have liked to take a social action model approach that would lead us to mobilizing and activism with the department of education to make a broader impact ... but with only two of us, we're not sure what our contributions could assist in making a difference (P12).*

The above threads are drawn together in the following summative comment from one, where she highlights the need to draw from the voices of the service users:

*What I learnt about community psychology is about hearing the voices of the people on the grass-root level. There is presence of power dynamics in all communities and it is imperative that the voices that are heard are those of the people being serviced. In our community project intervention, what was communicated to us by *anon org* management was not necessarily the need of the *anon org* facilitators. I further saw the value of immersing oneself with the community and their culture as it aids in implementing a successful intervention. Furthermore ... as a community psychologist it is important to respect the community's diversity in culture and knowledge. (P2)*

The above excerpt emphasises the nature of some of the challenges encountered, explored further below.

Challenges Encountered

Even when the first negotiations made clear the trainees' roles, the limits of what they could offer along with people's hopes, needs and perceptions of how psychology 'works', led to other expectations. This work is unpredictable and time-consuming, without clear boundaries or rules; this can lead to trainees experiencing various discomforting feelings and having to cope with unexpected challenges, for example:

- *We had an initial meeting with the *anon org* management which ... was very intimidating. The meeting was structured in an interview manner which left us feeling belittled as we had hoped it would be a collaborative journey (P2).*

One RU pair described how although local partners were keen for them to begin an intervention in the local centre, the regional organisational gatekeepers placed numerous barriers in the way, meaning that their proposed project could not begin and they then needed to change to a totally new project. This led to them needing to cope with unexpected feelings and re-assessment of their positioning:

- **anon org* was not that receptive ... based on our training and the individual work, we get into this somewhat privileged position of being needed, of being this person who's got all of the skills, so we're kinda used to being needed (P13);*
- *hoping to be accepted by the community ... we actually had to sit with this uncertainty ... it felt like ... something that you're doing, ... 'cause it doesn't always turn out the way you hope, or that we expect that things would turn out (P11).*

Without prompting about CCP evaluative models, some of the RU trainees commented on how difficult it was to evaluate the impact of their work. One said:

- *it's like working on the grey areas all the time ... you think that you're not making a transformative impact, but maybe over time it does (P9).*

There are also risks of community partners' over-dependence and of trainees' over-investment, as noted by one pair:

- *We build this relationship now and then we just left. And I know it is important to ... give things over to them, it is also part of transformation to not take everything on ourselves, but it is difficult. I'm left with a feeling of what did we do? What's going to happen now?* (P8).

In the SA context of enduring structural and race-based inequalities, establishing more equal partnerships was challenging, inhibiting sustainability and community 'ownership' of initiatives.

The trainees raised concerns about the implementation of the mental health model that supports amelioration rather than transformation, for example:

- *sometimes the kind of context of community project is in and our own capabilities meant, means that we had to almost work in a particular kind of mental health model ... and not being able to work in other kinds of models. Because of our own teaching and what we could do, or meant that we have to ... take on an aspect of psycho-educating, of being an expert at times* (P12);
- *not to be so black and white in my thinking ... about what community psychology is and what a mental health model is and ... what transformation is, and to see it more on like a spectrum* (P9).

This indicates their sense of not feeling able to break free of the predominant model.

Programmatically, one group member commented that community psychology became marginalised in comparison to other modules:

*in the beginning I felt I was very dedicated and eager to work hard on this and ensure that my contributions were valuable and up to standard. However, as my workload increased from other modules, I found that I became more lenient on myself when it came to putting in effort ... on *anon org* community project.* (P5)

A further potential risk was that peers tended too much towards being supportive, perhaps not being challenging enough:

- *Operating in a group with peers, if they may not be ... almost attempting to ... engage in a bit of ... group think, ... but might affect trying to look at something ... critically* (P12).

These excerpts describe the many learnings of trainees through their participation in the CBSL community psychology modules, illustrating benefits and challenges. It is noteworthy that issues of social justice and challenging the status quo were not foregrounded in their reflections, with little mention of advocating for systemic and structural change. Thus, while it is interesting

to reflect on what students reported, it is possibly more useful to interrogate what was not stated, particularly in the light of our intentions to educate students who are critical community psychologists.

Discussion

The findings about benefits to trainees highlight the value of this form of experiential learning, as noted by Nguyen (2016). These include the fundamental of building 'relationships' and the 'rigour' needed to work in CBSL. The trainees valued the 'reflective' spaces provided to assist in processing the material and they comment on the 'real life' experiences that CBSL provided. However, Nguyen's item 'reciprocity' was more difficult for them to achieve. In relation to the links between these and the features of CCP identified by Kagan et al. (2011), it would appear as if there are resonances with developing 'community' with each other and their community partners through relationships and reflectivity and with certain features of 'stewardship' (through rigour and real life developments); however, it is much more challenging to be able to aspire to creating spaces for promoting greater social justice (in reciprocity and equal partnerships), due to inequities in power and the relatively low status of clinical psychology trainees in the systems.

The processes implicitly appear to follow some aspects of Mezirow's (2000) model of transformation. The trainees reported initial anxieties about their roles, the expectations of them and their concerns about making adequate contributions, which all seem to resonate with the idea of a 'disorienting dilemma'. They then explain some of their coping strategies, including forming relationships and the relief at feeling welcomed by community partners, as well as the need to work collaboratively with their peers and partners, establishing needs and assets to make realistic contributions. They note ways of utilising both their personal attributes and applying their skills and knowledge, drawn from other aspects of their training. Mezirow's (2000) model is thus supported to some extent by the findings, except that their journeys do not seem to proceed in the linear way proposed by the ten items as listed. So, whilst the model appears to have value, the trainees' experiences, awareness and learning might be more multilinear (Strain, 2007), dipping in and out of some of the elements and progressing at different rates, depending on the complexities of the different partnerships and settings.

More than fifteen years ago, Pillay (2003) questioned: whether clinical psychology trainees had the necessary training and skills to engage in communities; whether their training prepared them to practice in communities; and

what training and skills would be needed to make them confident in the practice of community psychology. It is clear from the findings above that the trainees believe that their experiential learning equipped them in different ways compared to their individually focused work, but the shift towards more actively promoting social justice and taking a social liberation approach remains challenging in our context. Some possible reasons for this are explored below.

Time, Timing and Partnership-Building

Whilst CCP would appear to enhance CBSL, with there being coherence of focus on participation, positionality and power, taking such an approach led to trainees feeling frustrated that their work had been only at micro- and meso-levels (Bronfenbrenner, 1994), with limits on the potentials to shift from a small group focus to advocacy or broader activism in the system. Nguyen's (2016) reminder to work with rigour in relationships rooted in the real world seems to have been reflected, emphasising the basis of the work on relationships that can be sustained over time. However, the modular designs of South African university programmes only allow for time-limited interventions, undermining the potentials and the trainees' capacities to work towards greater equality with community partners. Thus, finding other ways of 'bridging' the time gaps between trainees' engagements becomes important, and careful ongoing communication with partners is important for 'two-way' sharing, to guard against unmet expectations or potential exploitation.

With regard to partnerships, the trainees also learned the difficulties of group work within their teams. This is an important aspect of the experience, since the real world demands the professional to interact and collaborate with peers. The trainees were provided with a theoretical frame for their experiences (the 'forming, norming storming, performing and adjourning' model of Tuckman & Jensen, 1977) and could call on their supervisor to resolve conflict within the group. At UKZN the groups of trainees were formed across training categories and at least some of the conflict revolved around the higher status of clinical psychology (discussed further below).

Underdeveloped Critical Reflection Skills

Most trainees also find it difficult to employ critical reflection skills. The cultivation of these skills, through dialogic encounters (Gilbert & Sliep, 2009),

requires far greater, resource-intensive investment from faculty, earlier in the trainees' tertiary education. However, this is not possible in our current higher education context where we are under pressure to 'massify' (Subotzky, 1999). The result is that in SA we continue to produce psychologists who want to go into private practice, where the realities of our situation and context remain somewhat at a distance.

Hegemony of Traditional Models

The trainee reflections show that mental health models of community psychology are still the default mode for interventions. One possible reason for this is the time-limited nature of the trainee involvements, which makes it very difficult to effect any kind of systemic or sustainable change. Systems take years to develop and years to shift (Kidd et al., 2018; Rodgers et al., 2017). In a context of limited resources (like many SA communities), challenging the status quo might also result in negative consequences for the challenger, like the removal altogether of what little resources were available. In our interventions we therefore strive to work with systems, and not against them; even when we try to diplomatically suggest how things could be better.

From the university systems' perspective, there is no doubt that CBSL activities are more staff- and resource-intensive than traditional training modes; CBSL therefore requires institutional commitment that is more than 'lip-service'. From within the discipline of psychology, the old wineskin is thus the most popular. This is evidenced by the number of applications we have for our clinical psychology programmes, where there are five to ten times the number of applicants compared to other 'streams'. Clinical psychology in its more traditional forms is thus still dominant: with individual and pathology-focussed interventions having the most credibility and psychological assessments and therapy thus being reified over other kinds of interventions.

Community psychology approaches challenge these ways of working, and this does not sit comfortably with many of our colleagues or some trainees. As noted in Fig. 18.1, the mental health approach serves to (unintentionally) reinforce these traditional systems of power. Shifting further towards social action and social-liberation models constructs even more of a challenge, becoming risky. CBSL thus risks being marginalised and not assigned status or resources. In this context, asking questions about power, positioning, benefit and the status quo is troublesome; it is generally not rewarded by the structures whose interests are served by things remaining the same.

Concluding Thoughts

These meta-reflections on our work leave us with many questions: So what do we do? How might things be otherwise?

Given the complementarity of the core values of the CBSL and CCP approaches (as noted in the literature review), it is perhaps useful to use them as mirrors to elucidate the shortcomings in each field. For example, from what we know of both approaches, using categorical thinking (e.g. charity versus social justice) is not helpful and it is better to think of continuums, for example, between amelioration and transformation in CCP, just as there is a continuum between social justice and charity in CBSL. This kind of thinking allows us to recognise that we and our trainees can occupy different positions in the process of community psychology. Sometimes an ameliorative approach is necessary to build relationships so that we and our community partners can move into more transformative work at later stages. It is clear that this work is enhanced by investing in developing genuine relationships with community partners that are long term and sustainable, such that power differentials are minimised. As psychologists, one of core skills is the development of relationships with our 'clients'. We should use such skills to enhance and challenge our current practices in communities.

Related to this is the importance of recognising the bi-directional nature of the community-university relationship. We influence each other. Many western texts emphasise the centrality of moving this relationship from one of communities being dependent on community psychologists towards independence. From an African perspective, we would argue that the aim is for an interdependent relationship (Arumugam, 2001)—where we discover that we need each other. Acknowledging that higher education institutions are dependent on the communities in which they operate (to challenge traditional academic ways of thinking, doing and being; to keep curricula relevant to context; to challenge dominant discourses) could result in a kind of humility and a realisation that we do not hold the monopoly on knowledge construction. Ideally this would assist in challenging hegemonic notions of how clinical psychology should be practised.

CBSL emphasises the centrality of critical reflection to enable students to learn from their experiences. We would benefit from programmes that encourage the development of critical thinking skills in trainees earlier, so that these skills are not absent at the postgraduate (fifth year of study) level. How can we produce trainees who are able to think and question, when our current system is focused on increasing the units of production for government subsidy

purposes? How can we argue for courses that challenge trainees to confront their own assumptions, values and biases and how these impact on their work? We therefore make the following recommendations for consideration by programme designers.

Recommendations for Developing CBSL in Practice

In SA, CBSL integrated into clinical psychologists' training has real traction in that the trainees will all do an additional 'community service' year (Ahmed & Pillay, 2004), employed by the Department of Health, following their internships. In addition, should the structural and systemic barriers be removed (which currently inhibit clinical psychologists' work in primary settings), CBSL has great potential to enable more preventative and transformative work closer to the provision of services 'in communities', thus reaching well beyond the current ambit of clinical psychology services. Whilst we cannot comment on the situation in developed countries such as the UK, it would seem from our standpoints that the contraction of formal service provision as a result of austerity measures could lead to a re-conceptualising of the work of clinical psychologists closer to communities.

Where CBSL is integrated into clinical psychology training programmes, we recommend that consistency be built into relationships with community partners through various means that straddle the briefer work that trainees can do in their time-limited placements. Carol and Jacqui have acted in this capacity as links to our partners; however, such work is not necessarily included in their academic workloads.

There needs to be investment from training settings in persons who can sustain these partnerships over periods of time. Such ideas could promote sustainability and shift the sense of agency of community partners: so that the work becomes more participatory, valuing their inputs and providing greater potential for more equal knowledge exchange. These kinds of partnerships could also generate opportunities for applied research. Finally, there needs to be 'buy in' from other staff members on a training programme, in order that messages are not conveyed that CBSL is somehow marginalised and of lesser importance.

Clinical psychology programmes can have an influence on honours-degree-level preparation of candidates for professional psychology. Given our experiences of those trainees who had not been exposed to CCP before their community psychology modules having to make up a great deal of ground philosophically, theoretically and practically, we would strongly recommend

that trainees are encouraged to have earlier exposure to community psychology, whether through an honours degree elective or other means. The capacity to critically reflect should also become a key outcome of programmes earlier in the clinical psychology training.

Trainees need to be taught to manage the complexity of CCP in practice. Personal skills and relationships are crucial, capacities to 'sit with uncertainties', flexibility as well as administrative, logistical and organisational capabilities are all important (for any 'competences' debate). These should not be seen as separate from other clinical psychology work. Supervisory arrangements and opportunities for ongoing reflection must be built into the CBSL from the start. Since we prefer a model where trainees work in pairs or groups, the means of dealing with any conflicts/disagreements need to be provided, through supervision arrangements or mentoring.

We hope that these examples of our work and our resultant dilemmas have stimulated readers to consider how things could be otherwise in their own practices. We would welcome comments and ideas of how we can develop the 'new wineskins' we need, to advance our work in our communities, including innovative practice ideas or radical case studies. In classic Foucauldian tradition, we are left with more questions than answers.

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