



Department of Psychology

Community Psychology: Building Foundations

Only study guide for

PYC2614

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ORIENTATION

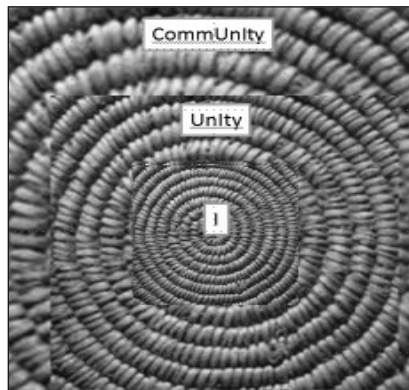
1 WELCOME

Dear Student

It is a great pleasure to welcome you to this module, **Community Psychology: Building Foundations (PYC2614)**. As the name of the module implies, we as the teaching team, would like to introduce you to the sub-discipline of psychology, community psychology. We would like to embark on a journey together with you to explore what this field is about, where it originated from, how it is practiced today and how you can use the community psychology principles in whichever career that you are developing yourself towards, be it in psychology or any other related field. We will do this by taking you through the learning content, in the form of themes, as well as learning activities that will provide you with opportunities to explore the latest developments in this field and what is happening in your community today. Specifically, the module will introduce you to how you fit in the community in which you live. This may be your immediate community, a group or organisation to which you belong or the entire society that you form a part of. Furthermore, this module will provide ways and means of understanding the current contextual issues in our communities and how these can be attended to through community psychology understandings toward possible interventions. Throughout the module, we use case studies and applications to issues that relate to individuals, households, families and communities. The concept and experience of community is as wide as the human experience itself. Examples and case studies are drawn from the domains of health and wellbeing, education, and crime and security, amongst others. By the end of this module, you should be able to understand and conceptualise community psychological applications, initiatives and interventions. In addition, the module will help you to build a foundation towards understanding and applying learning material that will be covered in the third- and fourth-year community psychology modules, which are **Community Psychology: Working for Change (PYC3716)** and **Community Psychology: Ecologies of Knowledge (PYC4814)** respectively.

We have adopted the image below as a metaphor for your existence in your community. As you can see, the material signifies the interwoven way in which you, as an individual, fit in with others (represented through the spirit of unity), as well as how you all, as a collective, form a community. Therefore, we would like to explore the concept of “community” both as explained in the prescribed texts, as well as how it is echoed in your different outlooks, reflections, experiences and suggested solutions in the learning activities that you will complete in each theme of the study guide. We hope that you discover more of yourself and your history in the rich and often challenging context of communities. The module aims to open up a deep understanding of our interdependencies on one another and on nature. Psychology is well placed to provide understandings, skills and new ways of seeing that can contribute to your and your relations’ resilience during adversity and

to contribute to your wellbeing and health. We hope that you find inspiration, develop your skills and competencies, and have a great learning experience via this module!



The prescribed texts are listed in Tutorial Letter 101 and consist of selected chapters and journal articles in South African and international psychological publications. In addition, a selection of other resources are drawn from expert presentations (for example, from <http://www.ted.com> and <http://www.youtube.com>) or are integrated as a discussion within this study guide. There is also a vast body of information and literature on many sites across the world that you can draw on to inform and update your understanding of a situation or of a complex human dynamic. For example, if there are words that you are not familiar with in the prescribed texts you can consult a dictionary. For new or unfamiliar ideas, theories, histories, and people you can consult an encyclopaedia and your other textbooks in psychology. Many of these resources are available online on the internet. Note that we have also included a glossary at the end of this study guide. Any words or phrases that are underlined in the themes are defined in the glossary.

We wish you all the best in this journey that you are about to undertake.

2 PURPOSE AND APPROACH OF THE MODULE

The purpose of this module is to introduce you to the histories that shaped the emergence of community psychology globally and in South Africa. You will be introduced to the different principles and intervention models applied in community psychology, and how these are informed by various theories and schools of community psychology. The module adopts a relational, observational and narrative approach through which you will have an understanding of current contextual issues in your community and how these can be attended to through community psychology interventions. This means that you will be expected to relate with others within your community, make observations and write accounts of what you have discovered in your community, and relate these to the content of each theme in this study guide. By the end of this module, you should be able to conceptualise community psychological applications, initiatives and interventions in your community context.

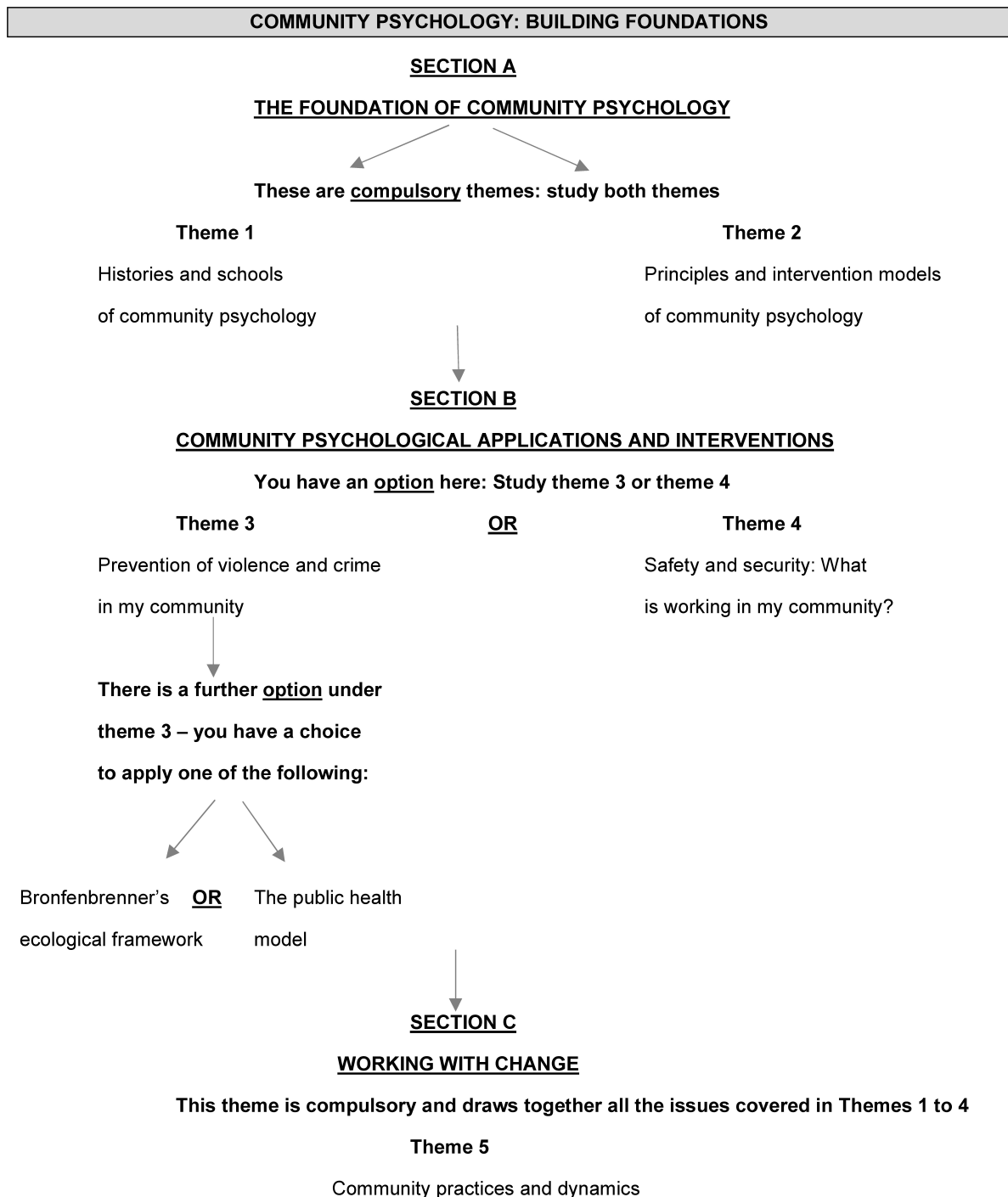
When you have worked through this module you will be able to do the following:

- Analyse the histories and schools of community psychology based on the pre-colonial, colonial, post-colonial, and de-colonial contexts

- Apply the principles and intervention models of community psychology in different community contexts
- Analyse community practices and dynamics in relation to community resources and resilience
- Conceptualise community psychological applications and interventions in different community contexts in relation to issues of violence and crime prevention as well as working towards safety and security


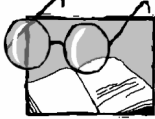


3 FRAMEWORK OF THE MODULE

The diagram below provides a mind map of what the module will cover. It is meant to help you to navigate through the themes presented in the study guide:



4 USE OF ICONS

The icons that will be used in this study guide are listed below, together with a description of what each means:

Icon	Description
 An icon of a target with an arrow hitting the bullseye, representing learning outcomes.	Learning outcomes. The learning outcomes icon indicates what aspects of the particular theme you have to <u>master</u> and demonstrate that you have mastered them.
 An icon of a pair of glasses resting on an open book, representing prescribed reading.	Prescribed reading. This icon indicates which sections of the prescribed texts you need to <u>study</u> and <u>internalise</u> .
 An icon of an open book, representing recommended reading.	Recommended reading. The read icon will direct you to <u>read</u> certain texts for background information. These will <u>not be part of the examination</u> but are very important for <u>deepening your insight</u> into the subject area.
 An icon of a pencil writing on a piece of paper, representing an activity.	Activity. The Activity icon refers to activities that you <u>must do</u> in order to <u>develop</u> a deeper understanding of the learning material and to <u>reflect</u> on the important issues or problems dealt with in the themes.

SECTION A

The foundation of community psychology

NOW, LET US GET STARTED!

This section of the module will provide you with the background of community psychology, including the histories of this sub-discipline of psychology in various countries. The section will also introduce you to the schools, models and principles of community psychology. It covers themes that are compulsory, meaning you should study all the themes, which will give you a good foundation of what community psychology is about. The themes covered are as follows: **Histories and schools of community psychology** (Theme 1) and **Principles and intervention models of community psychology** (Theme 2).

Theme 1

Histories and schools of community psychology

1.1 INTRODUCTION

In this section, we provide a historical account of community psychology. The approach we adopt is to first interrogate the concept of community psychology. We start by exploring the meaning of the concept “community” from various perspectives. We then proceed to discuss the international development and emergence of the sub-discipline of community psychology. Lastly, we give a broad overview of the concept of community psychology in the context of South Africa.



Learning outcomes

At the end of this theme you should be able to do the following:

- Define the concept of “community” in various contexts.
 - Explain the focus of community psychology as a sub-discipline.
 - Discuss the importance and relevance of context to understanding community psychology.
-



Prescribed texts

The following texts are compulsory readings:

- Seedat, M., & Lazarus, S. (2011). Community psychology in South Africa: Origins, developments, and manifestations. *Journal of Community Psychology*, 39 (3), 241–257.
- Stevens, G. (2013). The international emergence and development of community psychology. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay & V. Roos (Eds.), *Community Psychology: Analysis, context and action* (pp. 27–50). Claremont: Juta.
- Yen, J. (2013). A history of ‘community’ and community psychology in South Africa. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay & V. Roos (Eds.), *Community Psychology: Analysis, context and action* (pp. 51–66). Claremont: Juta.

1.2 EPISTEMOLOGICAL DIFFERENCES IN UNDERSTANDING THE CONCEPT “COMMUNITY”

It is clear from psychology texts today that there are Western and non-Western epistemologies (worldviews/ways of viewing reality) on understanding psychological phenomena, including the concept “community”. These epistemologies signify the European knowledge and values, as well as the knowledge and values derived from other continents, including Africa, respectively. Therefore, the following worldviews, which

represent the Western and non-Western ways of knowing, will be explored in the next sections to understand the meaning of the concept of “community” and the development of community psychology: mainstream modern psychology, the bio-medical model, the African view of psychology, and the critical approach to psychology. We thus saw it fit to start by providing you with a summary of the focus of these worldviews to help you understand the content that will be discussed in those sections.

1.2.1 Mainstream modern psychology

This epistemology emanates from the Western way of viewing reality and assumes that psychology is an objective and universal science. In other words, it is seen as the only scientific and fact-based way of understanding an individual. It does not consider contextual particularities such as sex, race, culture, and the values and meanings of others in understanding an individual (Mkhize, 2013). Western culture also believes that knowledge should be produced through methods of science, in that objective truth can be discovered if methods of research are refined. Western scientific methods claim that objective knowledge can be created without considering the role of the observer or researcher in the process of research. Due to this approach, mainstream psychology claims to function as a value-free science without any political undertones. These values gave rise to the idea that the psychologist is the expert. Moreover, the expert can claim to be an individual of a high order due to the knowledge that has been gained through scientific research. This claim is used to empower individuals (Prilleltensky & Fox, 1997). In a particular situation, the so-called “expert” can claim to pose more knowledge regarding a group of individuals in a community. This power dynamic can have immense consequences when the expert approaches the community in need, as they would govern or have an influence on how the community lives.

Some of the values that dominate Western culture include individualism. This means that the wellbeing and progress of individual people are put above that of groups or communities. The self is thus seen as a self-contained or independent individual. It also disregards other cultural perspectives, knowledge, ideas, values, practices, as well as the role of discourses and languages. It is thus exclusively based on the worldview of members of white middle classes.

1.2.2 The bio-medical model

This model is closely aligned with Western medicine and came to prominence in the 19th century. It places focus on the individual as the unit of analysis and emphasises the role of biological factors (particularly the brain) in influencing and affecting human behaviour. Therefore, psychological challenges tend to be viewed as brain diseases (Deacon, 2013).

The model also relies on the assumptions of cause and effect, and focuses on the cure of individuals who are already ill. For instance, an individual’s mental or psychological illness is customarily interpreted as having an underlying biological cause. It is assumed that treating the biological cause, usually by pharmacological treatment, will produce the desired effects (Deacon, 2013).

1.2.3 African psychology

African psychology is a worldview that organises the world in a hierarchy of beings. The ancestors play an important role in this hierarchy. The universe is seen as organic and ecological, and no or little distinction is made between nature and culture. Therefore, causality is understood to be linked to the interaction of life forces. This leads to a holistic view of life as a cosmic unity. Knowledge is gained through participation and connecting, not so much through separation and abstraction. Therefore, the observer (researcher or psychology practitioner) is part of the system that is observed and influences it profoundly. Life is viewed as communal and personhood (who a person is) is defined in relation to the community, not the self. Parental responsibilities also reside not just with the father and mother, but also the extended family and the community. Therefore, it can be said that personhood is relationally defined (in terms of *Ubuntu*, that is humanity). Individuals and communities are seen as interdependent. Nevertheless, due to multiple influences and cultural cross-pollination, the perspectives of an African psychology are continuously changing (Mkhize, 2013).

As the critical approach to community psychology will be referred to in the sections below, we also provide here a summary of the general critical approach to psychology and the critical African perspective on psychology.

1.2.4 A critical approach to psychology

Community psychology concerns itself with social change that incorporates a radical psychology of liberation in which critical psychology is key (Eskell-Blokland, 2012). Therefore, the critical approach to psychology is interested in values and meanings, and how these influence knowledge. It locates human values, motivations and behaviours in their cultural and class contexts. Its focus is on the “lived experiences” of people. This includes the lived experiences and reflections of marginalised people. Its focus drives it to addressing problems such as illiteracy, disintegration of extended family systems, poverty, alienation and other social issues.

This approach can be viewed as a sub-division of psychology that falls outside of the more traditional/mainstream psychology perspective. The idea behind critical psychology is to challenge the view that communities have no influence or effect on the “realities” regarding traditional psychology (Viljoen, Pistorius, & Eskell-Blokland, 2007). Therefore, critical psychology should be viewed as an orientation that had developed in response to mainstream psychology.

The response to this Western/individualistic approach to psychology (mainstream psychology) is based on the fact that critical psychology tends to question the basic foundations of mainstream psychology. The argument here is that the Western approach is not value free, it tends to cater for the values that have been formulated particularly by middle and upper class white males that are essential to the ideology of capitalism (Prilleltensky & Fox, 1997). Moreover, the critical psychology approach tends to question the claim of science as being value free. This means that critical psychology does not ignore the importance of the inclusion of the observer or researcher for the purpose of knowledge production, as did the mainstream psychological stance. Rather, it argues that

mainstream psychology tends to promote the interest of the middle-class white male in society through the promotion and implementation of its own values. Therefore, this creates an oppressive and neglecting environment for the community and its people.

Critical psychology by its nature questions current circumstances that communities may face, while opposing the values and principles that the mainstream psychological stance presents. The idea here is not to become the mainstream within the field of psychology, but rather to provide a form of critique of the mainstream in order to make psychology less oppressive and more available to the community and its people (Prilleltensky & Fox, 1997).

1.2.5 The critical African perspective on psychology

This approach focuses on the indigenisation of psychology, taking into account differences in people's languages, philosophies and worldviews through which Africans experience the world. It assumes that existence is concrete and particular (not universal). It looks into how cultural traditions and social practices regulate, express and transform the human psyche. It also sees the self as a collectivistic or interdependent self. Therefore, the self is defined in terms of relationships with the other. It criticises acculturation and the marginalisation of African and other knowledge systems, and has an emancipatory aim, which is to address the needs of society such as HIV/Aids, illiteracy and poverty, among others. It sees culture and worldview as a meaning system and accommodates different worldviews. According to this approach, components of a worldview include orientations to time, nature, human activity and relational connections, and psychologies are seen to be connected to underlying metaphysical ontologies that order things into "good" and "bad", as well as "right" and "wrong" about conditions of life (Mkhize, 2013).

1.3 THE CONCEPT OF COMMUNITY



Study the following text:

Chapter 4, pages 51–66: Yen, J. (2013). *A history of 'community' and community psychology in South Africa.*

The term "community psychology" is a combination of two seemingly contradictory and diversely defined concepts, namely, community and psychology. Before going into details about community psychology and its history in South Africa, it is necessary that we unpack and discuss the different understandings of the term "community" from different psychological epistemologies and people's general views. Some of these different understandings have important implications for understanding and practising community psychology in the South African context.

It is important to note that not all people adhere to the Western epistemological perspective. On the contrary, one might find that adherents to the Western epistemological perspective are actually a minority, especially in Africa. For instance, we should consider that the majority of the population in South Africa, who are indigenous people, still practice their

cultural ways of living, and make sense of reality through the African outlook of life. Whilst there is value in understanding the Western epistemological way of viewing and doing things, it is equally important to understand other perspectives of knowledge. What is also important is that these different epistemological perspectives should be in dialogue as opposed to having one dominant viewpoint.

In the South African context, community is often interpreted in terms of race differences, due to the systematic discrimination by the apartheid state that privileged the designated “white race” and disadvantaged all “other races” (Naidoo, Duncan, Roos, Pillay, & Bowman, 2013). Students often use the term “community” when referring to poor, disadvantaged, black townships or rural areas that are in need of assistance. However, these ways of thinking further perpetuate (i) the notion held by mainstream psychology that psychological services, including therapy, are meant for the elite few and the middle class who can afford individual services; and (ii) that community psychology is only for the disadvantaged who cannot afford or access individual therapy. The definition that embraces individualism reflects the over-individualistic bio-medical model’s view that psychological health, illness and disorder are predominantly located within individuals while societal, political, historic, and environmental influences are ignored or minimised.

In his chapter, Yen (2013) discusses the history of community psychology in South Africa. He also covers some of the complexities associated with the concept of “community”. Implicit in Yen’s discussion is that the concept “community” may change over time and that it is multifaceted.

To add to Yen’s insights, it is important to note that the way communities are conceptualised may vary from context to context because of different cultures and worldviews. For example, in the Western understanding, “community” often describes a group of people that may or may not be spatially connected, but who share common interests, concerns, or identities. These communities could be local, national, or international, with specific or broad interests. However, in the African world sense, a community is understood as being three dimensional (what is sometimes referred to as the “onto-triadic structure of being”). The first dimension consists of the visible community of the living here and now. The second being the departed who are believed to be members of the community known among the bantu speaking of South Africa as ancestors. The yet-to-be-born make up the third dimension of the community (Bujo, 1998; Mkhize, 2004; Ramose, 2005). These three dimensions are considered interrelated. This African three dimensional conception of community is also important in understanding matters related to mental illness and its treatment according to the African worldview.

1.4 DEFINING COMMUNITY PSYCHOLOGY

Due to some of the above-mentioned complexities associated with the concepts “community” and “psychology”, there is no singular or universal definition of the sub-discipline. Community psychology is a heterogeneous concept, and a single definition would not be sufficient and accurate in capturing the complexities also inherent in its theory and practical application. What is generally agreed upon is that there can be different approaches in community psychology, and that these approaches should aim

at improving communities' conditions and psychological wellbeing (Pretorius-Heuchert & Ahmed, 2001).

Since the sub-discipline is concerned with the broader community, community psychology, therefore, adopts a broader theoretical and practical lens, than only psychology. This means that community psychology is interdisciplinary, unlike mainstream psychology. For example, though extensively located in psychology, community psychology also collaborates with philosophy, history, resilience studies, environmental studies, politics, sociology, public health, mental health, and other fields (we will provide further commentaries on some of the mentioned fields in the sections that follow later). The fact that community psychology also borrows heavily from different other disciplines, also contributes to making a single definition unlikely.

There is no single definition of community psychology. However, there have been some useful attempts aimed at describing the sub-discipline. This includes the work of Nelson and Prillelttenky (2010). It is important to keep in mind that most of these attempts do not remain static, but change over time. In their attempt at describing community psychology, Nelson and Prillelttenky (2010) refer to community psychology as the study of people in context. While this is a useful description to some extent, it is possible that while one may study people in context, this can also be done uncritically. Thus, we find it necessary to include the term "critical" to Nelson and Prillelttenky's description. "Critical" in this case is understood as a continuous process that includes self-reflection. Thus, for us to properly understand community psychology, it can be described as "the critical study of people in contexts directed towards the common aim of improving community conditions and promoting psychological wellbeing".

As a critical sub-discipline, community psychology places an emphasis on the importance of the local rather than the universal. As previously mentioned, there might be Western perspectives that are deemed to have some form of universal applicability and usefulness. However, it should be noted also that the irony in epistemicide (destruction of other people's knowledge and ways of knowing) (Dussel, 1980) lies in that some of the major scientific disciplines now considered as purely Western also have deep heritages in China, Africa, Latin America, and India. Cultural domination not only involves centring European cultures as the centre of civilisation, it also involves seizing other cultures and erasing their contributions to world history (de Sousa Santos, 2007; Modiri, 2016).

In some instances, Western meta-theories that make universal claims have not been able to adequately account for how the majority of non-Westerners experience reality. The main problem with universal claims is that they tend to impose themselves onto others' worldviews, experiences, conditions, and contexts. A critical review of the politics of knowledge production reveals that knowledge is not neutral. Mkhize (2004) observes that in line with Western universalistic orientation to social and psychological problems, many psychologists continue to understand communities and people in the global South (particularly indigenous people) with reference to imported conceptual categories and theories from the West. This constitutes cultural colonisation as this endeavour ensures that the Western nations continue to produce and market psychological knowledge to the global South. The end-product of such practices is that contemporary theories and research become largely irrelevant to the local populations.

Instead of duplicating and uncritically adopting mainstream explanations of social problems and processes, community psychology in South Africa should explore its own pathways. Some of these explanations may correspond to the mainstream approach or approaches from elsewhere. The pursuit of solutions that are relevant to local context does not have to mean completely ignoring or excluding developments produced in other parts of the world. Rather, such an approach should encourage people to critically think and theorise from where they are situated as a starting point and then enter into a dialogue with different approaches or theories from elsewhere.

The recent calls for a decolonised education by the “fallist” movements (“#Rhodesmustfall”, followed by “#Feesmustfall” movements) in South Africa, have reignited the fundamental importance of education approaches and theories that are relevant to the local context.



Learning activity 1

- (1) Provide reasons why there is no universal definition of community psychology.
 - (2) Yen (2013) mentions some of the challenges associated with the concept of “community” in South Africa. List some of these challenges and discuss why they may be seen as such.
 - (3) Do you think there is a universally applicable theory in psychology that is capable of improving and promoting the wellbeing of all people in the world across different cultures? Motivate your view.
-

Now that we have some background on the concepts of “community” and “community psychology”, let us explore the history of the emergence of the sub-discipline of community psychology.

1.5 THE GLOBAL HISTORIES OF COMMUNITY PSYCHOLOGY



Study the following texts:

Chapter 3, pages 27–50: Stevens, G. (2013). *The international emergence and development of community psychology.*

The whole journal article: Seedat M. and Lazarus, S. (2011). Community psychology in South Africa: Origins, developments, and manifestations. *Journal of Community Psychology.*

1.5.1 General overview of the development of communities and psychology

Communities are generally considered to have emerged as small travelling (nomadic) groups or larger agricultural (pastoral) groups. Eventually, a centralised powerbase emerged in the form of kingdoms and empires. Groups with superior infrastructure, transport and weaponry founded large empires by occupying neighbouring lands and peoples. These great civilisations and empires go way back in history, and include the following: Sumer, Mesopotamia, Ancient Egypt, Ancient Greece, Ancient Rome, the Yuan dynasty, the Aztec

and the Inca civilisations, Mongolia, Abbasid Caliphate, Umayyad Caliphate, Ottoman, the Kingdom of Ghana, Mali, Songhai, Ethiopia, the Mossi Kingdoms, Benin, and Axum. Recent empires of the past two centuries include the British, Spanish, Russian, French, Portuguese, Italian, German, and the Qing empires.

During the past 500 years, a typical form of globalisation emerged through the establishment of oceanic trade routes. This was marked by the colonisation of various peoples in Africa, America, Asia, the Middle East, and Oceania (Indonesia, Australia, New Zealand, Papua New Guinea, etc.) by Western, Asian, and other empires that were expanding their commercial and political power base (S. J. Sibisi, Personal Communication, May 20 2017).

The rise of modernity and industrialisation in 1970 led to huge increases in production and consumption. This impacted on the ways in which power was deployed and arranged. The transition from sail ships, that use wind energy, to steam engines, followed by fossil-fuel based engines and electricity, dramatically changed the face of human civilisations and their communities. This also ushered in dramatic changes in the natural ecology through large-scale farming, road and rail infrastructure, electricity grids, and the concomitant denaturing of natural environments and a massive increase in toxic pollutants. Humans have experienced unprecedented changes during this epoch that led to huge scientific and economic advances, but at the same time increased manifold personal, social, and environmental stressors (D. J. Kruger, Personal Communication, June 1 2017).

In this context, psychology as an independent Western scientific discipline was established 150 years ago. Many of the founding theorists were male physicians (Humboldt, Wundt, Pavlov, Freud, James and Jung). Clients were from the wealthy upper class or patients in psychiatric institutions. Psychiatry relied heavily on medication as a treatment modality, but also used intrapsychic and individualistic psychological methods of intervention. The bio-medical model was the foundation for most psychiatric-psychological interventions and theories. Although this model is very powerful and effective, the field of psychology grew to incorporate larger fields of interpersonal, social, intergroup, cultural, and intercultural aspects. However, it is important to note that the “science of psychology” was informed by modern Western values, ideals, principles, and practices. It was historically located in a Western or European milieu and was predominantly practiced by male medical (psychiatric) practitioners. Only later did it evolve to be an independent profession (D. J. Kruger, Personal Communication, June 1 2017).

The history of the past century led to even more massive changes in societies world-wide. Some notable movements include: the woman’s suffragette movement (a women’s rights movement that fought for the right of women to vote and run for office), the struggles for independence in Africa and elsewhere from European domination, the feminist movement, the civil rights movement in North America, the introduction of human rights in international legal frameworks, and political liberation in South America and Africa. In many ways, community psychology was birthed and shaped by these influences.

It is important to notice that psychology has gradually expanded its boundaries and focus areas to include wider spheres that have an impact or influence on people. Those spheres include the environment, history, and politics. In addition, the discipline has been steadily moving beyond dominant European Western knowledge, theories, and

epistemologies. For example, there are now journals dedicated to different settings and focus areas, which include the following: Indian Psychology, Black Psychology, African Psychology, Indigenous Psychologies, Post-Colonial Psychology, Liberation Psychology, Radical Psychology, Feminist Psychology, Psychology in Society, Queer Psychology, and others. We will now look at the emergence of the sub-discipline of community psychology during the past 60 years.

1.5.2 The international emergence and development of the community psychology sub-discipline

In general, the origins of community psychology can be attributed to a time immemorial ever since humans found a sense of belonging together, as well as the need to organise themselves into groups and work together (Pretorius-Heuchert & Ahmed, 2001). However, most scholars agree that community psychology was formalised as a separate sub-discipline at the 1965 Swampscott Conference in Boston, United States of America (Pretorius-Heuchert & Ahmed, 2001; Seedat, 2011; Stevens, 2013).

Among the fundamental objectives of the 1995 Swampscott Conference, was to reflect on the place of psychology in the community mental health environment. The conclusion reached at the conference was that psychology had a definite role to play in this area (Heller & Monahan, 1997). Hence it is not coincidental that the origins of community psychology as a sub-discipline are linked to the mental health reform movements in the United States of America (the mental health model will be discussed in Theme 2).

Stevens (2013) points out that these mental health reforms are tied to the liberal and humanitarian scientific approaches to mental health, social welfare and public policies. The care of the mentally ill in America and other Western countries have been characterised by sporadic reforms, followed by long periods of relative neglect.

The three most important reform movements were “moral treatment” in the early 1800s, the “mental hygiene” movement in the early 1900s, and the “de-institutionalisation” movement in the 1960s. Each of these movements led to the establishment of particular types of institutions: Therapeutic mental health hospitals in the moral treatment era, child guidance clinics in the mental hygiene era, and community health centres in the de-institutionalisation era. Each of the movements also represents a further move towards treating mental illness as a social rather than an individual problem, as well as a move towards prevention rather than cure.

As Stevens (2013) indicates, around the time of the conference in the 1960s, the United States in particular was under pressure to respond to demands from human rights movements. These demands included an end to restrictions of civil liberties, demands to attend to structural and social inequalities such as racism, sexism, discrimination, and poverty. Furthermore, around this time there was an increased understanding of the detrimental effects of excessive individualism (“only the individual matters”). This was reframed by a growing sense of the potential benefits of mass intervention and prevention of distress and disease in communities. The awareness to the limitations of psychological treatment methods was also on the rise. Among the limitations of these methods was the overreliance of psychology on the medical model that saw psychological

problems as illnesses within the individual, with minimal appreciation of the complex environmental forces that contributed to the establishment of psychological problems (Pretorius-Heuchert & Ahmed, 2001).

There is a general consensus about the roots of community psychology being tied to the United States and Europe. Stevens (2013), however, reveals that the international development of the sub-discipline is much more diverse. Partly, these diverse developments of the sub-discipline are linked to the relatively independent development of participatory and action-oriented community psychology in Africa, Asia, Oceania, and Latin America. Here, community psychology transcended the liberal and humanitarian scientific ideologies and approaches to mental illness. This transcendence of community psychology can be attributed to the need for the sub-discipline to be relevant to the social contexts under which it operates and to take into consideration the lived experiences of the people in the global South.

Stevens (2013) speaks of “community psychologies” (heterogeneous) as opposed to a singular “community psychology” that is capable of accounting and theorising for all contexts and experiences. Therefore, it is more appropriate to think of community psychology as having multiple histories.

From the above discussions, it is evident that in various contexts, community psychology as a sub-discipline emanated as a response to practices that were inadequate, irrelevant or not taking into account the various contexts in which communities lived. The sub-discipline also developed as a response to policies, which had negative impacts to the living conditions and wellbeing of people in various communities, particularly the marginalised.



Learning activity 2

- (1) Stevens (2013) discusses several historical precursors of community psychology in America. List a few examples.
-

1.6 THE HISTORY OF COMMUNITY PSYCHOLOGY IN SOUTH AFRICA



Study the following text:

Chapter 4, pages 51–62: Yen, J. (2013). *A history of ‘community’ and community psychology in South Africa.*

It is generally accepted that community psychology first gained currency in South Africa in the 1980s, when, in parallel with the struggle for democracy, psychologists on the periphery of the mainstream began examining the relevance and appropriateness of Euro-American based psychology. Due to concern about the racist, sexist, individualistic and ethnocentric nature of mainstream psychology’s theories, practice and research, many psychologists, like their 1960 American counterparts, turned to community psychology

for direction. Community psychology came to be regarded as a solution for relieving the sense of powerlessness that progressive psychologists felt in the face of large-scale political upheaval. Although community psychology came to prominence in the 1980s, it is important to note that historically, there were previous community-oriented initiatives at various levels that may be regarded as earlier examples of community psychology in South Africa.

For instance, psychology in South Africa has a (long) history of working closely or collaborating with different governmental administrations in developing and applying large-scale social (national) and community policies. During the reign of oppressive regimes, psychology was among the social scientific disciplines that were adopted as tools of justifying oppressive social engineering and exclusionary policy development, including the making and preservation of privileged racial enclaves (Seedat & Lazarus, 2011).

For example, in 1932 the South African government undertook a national research study into the “poor white problem” in South Africa, which was funded by the Carnegie Corporation. It may be argued that, at the time, the study was also seen as an opportunity for the social sciences to establish prominence in South Africa (Dubow, 1995). At the end of the study, a report with findings that addressed the psychological, economical, educational, health, and sociological aspects of the “poor white problem”, was produced. The psychological findings of the study served as scientific justification for institutionalised racism, discrimination, social and work place segregation.

As discussed by Seedat and Lazarus (2011), such large-scale social initiatives may be viewed as the conservative and exclusionary antecedents of community psychology in South Africa. Yet, the rise of community psychology as a sub-discipline in South Africa may in part be interpreted as a response to some of these exclusionary and oppressive practices.

In combating structural oppressive practices by the state, people organised themselves into working groups armed with ideologies. It is within these organised working groups (ranging from community organisations, community projects, unions, and intervention groups) that the origins of community psychology as a sub-discipline in South Africa may be located. At this point, we wish to highlight some of the community centred organisations and projects mentioned in the texts by Yen (2013) and Seedat and Lazarus (2011). Among a few worth mentioning which had a major impact on South African communities were the following:

- **Black Community Programmes (BCP).** This was an initiative of the black consciousness movement, established in early 1970s. This organisation was aligned with a liberatory drive for community self-empowerment identity and solidarity;
- **South African Students Organisation (SASO).** This organisation rendered primary health care services to unserved and marginal communities around the University of Natal; and
- **Theatre Council of Natal (TECON).** Formed in 1969, the organisation adopted performing arts as a medium of communities’ expression of identity and solidarity. As a pedagogical tool sometimes, this method is referred to as the theatre of the oppressed.

All of the above discussed organisations were formed before the 1980s. There were also other organisations that were formed in the early 1980s, which contributed instrumentally in the establishment of community psychology in South Africa. These were the Psychology and Apartheid Group (PAG), and the Organisation for Appropriate Social Services in South Africa (OASSSA). Seedat and Lazarus (2011) mention that some of these groups were university-affiliated agencies such as the Institute for Social and Health Sciences (ISHS) and the National Education Policy Investigation (NEPI).

All the above-mentioned organisations can be understood as precursors of the sub-discipline of community psychology. Methods adopted by these organisations when working with communities varied and depended on their theoretical and ideological orientation. Collectively, these organisations and community projects were a response to the socio-economic and political context of South Africa under apartheid.

What can be learned from these initiatives is that given the opportunity, communities are resourceful organs that have the capabilities, self-autonomy, and self-reliance to meet their own needs.

Practical example: The BCP projects, which succeeded in establishing community health centres that were managed in collaboration with local communities, are an example. These community centres established home industries, agricultural schemes, production and dissemination of journals and community newspapers. Examples of such centres are Zanempilo Community Health Centre in the Eastern Cape, and Solempilo in Natal (Pityana, Ramphele, & Mpumlwana, 1991). These community projects were heavily affected to a point of ceasing to exist when the apartheid government banned the Black Consciousness Movement.

Taking into consideration the historical account of the country, community psychology in South Africa can be said to have evolved and developed through a variety of ideological influences. These include traditions and variations of conservative, liberal, Marxist and black consciousness ideologies. However, at the time of its formalisation in the 1980s, community psychology was largely aligned with the assertion of critical voices and radical ideologies in South Africa.

It may be argued that post-1994, community psychology tended to be aligned with governmental programmes that resonate with the broad principles of social justice, equity, human rights, and freedom. Seedat and Lazarus (2011), cite the fact that post-1994, many community psychologists have aligned their research scholarship, work and broader activism in support of government initiatives and development. These in part have entailed adopting ideals of inter-sectorial collaborations and civil society government partnerships.

We want to bring your attention to the following examples that are discussed by Seedat and Lazarus (2011):

Practical examples:

The first being about post-1994 government's Reconciliation and Development Programme (RDP). Community psychologists worked here within groups that were involved in the development of regional forums for mental health, education and training, and health promotion, which reflected a general trend towards coordination of services and programmes.

The second example is the Truth and Reconciliation Commission (TRC) where some community psychologists produced approaches for offering support to victims of apartheid. Their involvement produced considerations about the role of mental health workers in individual and collective transformation. Post-1994, community psychologists also engaged in critical research focusing on priority issues that affect South African communities such as violence, injuries, crime, racism, HIV, and AIDS.

The above examples represent one sector within which community psychologists or practitioners may be employed, which is Government. Other sectors in which community psychologists and practitioners may be employed are discussed in Theme 2.



Learning activity 3

- (1) Identify some of the crucial historical turning points in South Africa that had an impact on the development of community psychology.
 - (2) Map the South African development of community psychology from pre-1994 to the present.
 - (3) Having worked through the entire Theme 1, what do you think are the similarities and differences in the emergence of community psychology in South Africa and in the United States of America?
-

1.7 CONCLUSION

In this theme, we have discussed the different epistemologies pertaining to understanding communities. We also explored the concept "community" as well as the complexities associated with the concept of "community psychology". We then established a working definition that, in part, contained the key concepts: "critical study" and "people in context". In any critical study of people in context, the significance of the historical cannot be overlooked. This line of reasoning finds support in Dubow (1995), who argues that history helps to contextualise the field of ideas, and that history often bears an uneasy relationship to social context. Absent of the historical awareness explanations, analysis and interpretations of communities' resources, strengths, and challenges may be unconvincing and represent uncritical points of view. What we wish to convey in this first theme is that communities are always situated within the historical, cultural, socio-economic, and political contexts. It is against the backdrop of these contexts that communities in South Africa need to be understood.

Hence, we discussed some of the historical national projects and community organisations that represent in some way earlier practices of community psychology in South Africa. Of significance to the establishment of the sub-discipline of community psychology has been the anti-apartheid community organisations and projects.

As mentioned previously, the ideological standpoints of these organisations and projects influenced the approaches, theories, and methods they adopted when working with communities. In most instances, theories, methods, and approaches utilised by these organisations were either developed locally or were adapted from Latin American, Northern American, European, and Asian counterparts. Some of these approaches influenced and informed the basis for what came to be known as principles of community psychology in South Africa.

We now turn to Theme 2 where the principles of community psychology are discussed in detail.

Theme 2

Principles and intervention models of community psychology

2.1 INTRODUCTION

The purpose of this theme is to give you an introduction of the aspects that build the foundation of community psychology. We will start off with giving you an orientation into the community psychological roles. This will be followed by an overview of the principles of community psychology. These will help you to understand the thinking and language that goes into community psychology. We will further have a look at the various models, and the associated intervention strategies to community psychology and their applications.



Learning outcomes

At the end of this theme you should be able to do the following:

- Discuss the various roles of community psychologists.
 - Apply the principles of community psychology to a range of scenarios.
 - Apply intervention models of community psychology to a range of scenarios.
-



Prescribed text

The following text is a compulsory reading:

Visser, M. (2012). Community Psychology. In M. Visser & A. Moleko (Eds.), *Community Psychology in South Africa* (pp. 55–69). Pretoria: Van Schaik Publishers.

2.2 COMMUNITY PSYCHOLOGICAL ROLES

Before delving into the roles that can be performed by “community psychologists”, we want to highlight that, community psychology is not a formal registration with the Health Professions Council of South Africa (HPCSA). The HPCSA guides and regulates the health professions in South Africa with regards to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards (<http://www.hpcsa.co.za/About>). The HPCSA offers professional registration in the following categories: clinical psychology, counselling psychology, industrial psychology, educational psychology, research psychology, forensic psychology, and neuro-psychology. There are also different practitioners in these different registration categories as well as practitioners in other

disciplines who work within communities or who perform “community work”. These may include clinical psychologists, counselling psychologists, nurses, psychiatrists, occupational therapists, mental health workers, activists, and research psychologists. Other groups that also work in communities include non-profit organisations, non-governmental organisations, churches, community groups, and other groups that are not necessarily professionally trained. These individuals and groups are differentiated by the perspectives, motives, and the values driving their involvement with the communities (Pretorius-Hechert & Ahmed, 2001).

By community psychologists we refer to community-psychologically informed practitioners who apply the values, principles, and models of community psychology in their engagement and practice within communities. Community psychologists can perform various roles and functions within communities, depending on the intervention models applied in that context. Practitioners can choose from a range of intervention models based on their values, beliefs, professional orientation, context, and the needs of the community (Visser, 2012).

Practical example: A clinical psychologist may work within the mental health framework in a local community health centre providing psychological services to the community with regard to behavioural, coping and adjustment issues in relation to self, intimate relations, family and work or unemployment. An educational or counselling psychologist working from the social action model may assist teachers and parents to mobilise against drug abuse in schools.

The relationship between the psychologist and the community is of importance to the success of interventions. Though community psychologists often come as outsiders into the community, it is important that they work in collaboration with the community in the interventions that they plan to implement.

The community psychologist or community-psychologically-informed practitioner can perform the following roles or functions:

- Within the social action model, the roles include those of being an advocate, an advisor, and negotiator on behalf of the oppressed or disempowered community.
- Being a consultant to the community, to help with difficulties such as teenage pregnancy, domestic violence, or dealing with crime in the community (Radebe, 2010).
- Being a participant and conceptualiser who is involved in the community processes by trying to help through research, as well as understand, and change such processes (Visser, 2012).
- Serving as a researcher to conceptualise, understand, and assess incidences and the prevalence of phenomena, as well as drawing from theory used in community psychology to intervene in community problems in order to improve social systems. Research can also be conducted to test interventions and to evaluate the efficacy, beneficiality and cost-benefit of various interventions or intervention options.

2.3 THE PRINCIPLES OF COMMUNITY PSYCHOLOGY



Study the following text:

Chapter 1, pages 55–69: Visser, M. (2012). *Community Psychology*.

This section will give an overview of the principles within community psychology, pointing out the key factors that are associated with and underpin a community psychology approach to psychological practice. History reflects quite a vast amount of information that projects the unity of principles, research, and action within community psychology. There are a number of key principles that characterise the field of community psychology. These reflect the epistemological foundations and analytical concepts of community psychology. These principles have served as the building blocks for community research and action. The following are some of the main principles that community psychology is based on:

2.3.1 Empowerment

It is important for community psychologists to take note of the political dimensions of human problems within a particular region or community at hand. The process of the oppression and segregation of disadvantaged groups is defined in terms of social structures and processes. It goes hand in hand with the internalised psychological experiences of the disempowerment of people in the community. Through interventions, the community psychologists would apply an empowerment framework with the aim of promoting the self-determination of community members, their democratic participation, and ensuring that power is equally shared in the community. Therefore, empowerment refers to the development of a personal sense of control over one's life. This is also known as individual empowerment. A collective empowerment approach would also be considered, as it enables communities to act collectively for the benefit of every member of the community. Empowerment is a central principle that is used in psychology as a whole—it is both a psychological and social process that involves both the individual and the community that the individual belongs to. This principle allows people access to resources, role relationships and participation in social and political aspects in life (Rappaport, 1977).

2.3.2 Respect for diversity

Respect for diversity is one of the major cornerstones of community psychology because it relates to the ecological perspective of community. This particular term refers to mutual respect for human diversity as it recognises the right to be different and to respect the fact that human problems emanate from the match between an individual and the environment in which he/she lives, what is referred to as the person-environment fit (Rappaport, 1977). Historically, people who have been different from the mainstream of society have been viewed as defective or deficient. Community sub-groups such as women, people of colour, the LGBTI community, and people with disabilities were subject to oppressive conditions, by virtue of being different. The role of community psychologists is therefore to challenge these cultural norms that tend to disempower sub-groups in

these communities. Their role is to help these sub-groups to celebrate the value of being different (Murray, 2004).

2.3.3 Social justice

It is important for community psychologists to be able to identify and participate in social movements that act to promote social justice. Community psychology should focus on issues of inequality and be actively involved with movements of change. Areas of inequality are mainly visible in situations such as global capitalism, where large multinational corporations accumulate global shares of power and wealth at the expense of the poor and low-level income workers. As a result, these workers tend to suffer from poor living environments, labour conditions, social and health conditions due to the ineffective distribution of resources (Prilleltensky, 2008).

2.3.4 Caring, compassion, and a psychological sense of community

Community psychology shares the principle of caring and compassion for others with humanistic psychology. The only difference is that community psychology looks at the broader spectrum in that it views the concept of caring and compassion from a higher ecological level. This speaks to the psychological sense of community, which refers to the relationship between individuals and the communities to which they belong. Moreover, it refers to the feeling of belonging as community members are of importance to one another. There is, therefore, a sense of shared faith in a particular community as they are committed to one another (Naidoo, et al., 2013).

2.3.5 Risk prevention and health promotion

One of the key components of intervention in a community psychology perspective is prevention. This component aims to modify processes and mediate conditions that create risk for problems in a community. Risk involves social contexts that put people's wellbeing in jeopardy. Therefore, in community psychology it would be key to implement prevention programmes, in order to identify and address factors that would place people at risk (Naidoo et al., 2013).

2.4 INTERVENTION MODELS IN COMMUNITY PSYCHOLOGY

Intervention models refer to ways of conceptualising and understanding psychosocial problems based on specific theories, which also propose ways of intervening to solve such problems (Naidoo et al., 2013). Community psychology shifts focus from the traditional mainstream individual-oriented models of conceptualising and understanding individual behaviour. The intervention models of community psychology provide certain assumptions about the social causes of psychological problems, and in their practice, they emphasise different ways and levels of intervention. This section provides an introduction to community psychology models, and their related intervention strategies. It also introduces the applications of these models with the aid of practical examples. These

models consist of the following: the liberation model, social action model, mental health and public health models, and the social ecological model.

2.4.1 The liberation model in community psychology

The liberation model to community psychology questions the influence of social structures that have been created by the power that be. It aims to inquire about the formation of certain institutions and ideologies that have an impact on the individual and his or her community as a whole. There is an emphasis on social transformation, which aims to formulate initiatives in partnership with other disadvantaged groups. The purpose of this is to reformulate human relationships by challenging oppressive structures or relationships that continue to promote inequality, oppression and discrimination (Visser & Moleko, 2012).

It should be highlighted that the underlying causes of the core problems would not be addressed if the community psychologist neglects the transformative principle of the liberation approach, which, in effect will remain ineffective in the prevention of social injustices. Therefore, it should be emphasised that the key ingredients to successful transformation lies in raising awareness, advocating social change, promotion of human rights, changing political action, and social change (Prilleltensky, 2008).

2.4.2 Social action model

The social action model uses a strategy that aims at mobilising people against structures and procedures that hinder wellbeing (Visser, 2012). The model emphasises the importance of structural social inequalities and injustice as causes of social problems. One of the main assumptions of this model is based on the failure of mainstream approaches to consider the link between behaviour and social systems. For example, while mainstream approaches attribute poverty to personal failings, the social action model links conditions of poverty and powerlessness to structural inequality. This “intrapyschic” focus neglects the physical reality of communities deprived of housing, transportation, basic sanitation, and medical care, which impact mental health (Arumugam, 2001). This model is not limited to equal distribution of resources to those who are oppressed or marginalised. It goes further into the active and meaningful participation of communities in institutions and social systems.

The emphasis shifts from focusing on the individual factors to relating the social arrangements of society to problems encountered by individuals and communities. Interventions within this model are targeted at the eradication of structural inequalities and injustices. Change is targeted at an institutional and systems level rather than at an individual level. However, Ahmed and Pretorius-Hechert (2001) argue that empowerment and self-determination are central values of this model, rather than the transformation of the broader processes and structures that perpetuate social inequalities. Interventions promote putting pressure on those in power to make changes that improve the quality of life of the oppressed communities. Oppressed communities may refer to marginalised groups who are not equipped to use their power to demand change or to challenge social systems.

An example of the social action model in practice can be educating a community on their rights to basic sanitation and water, and mobilising community members to participate in a petition for service delivery. Thus, the social action model is closely linked to protest politics. The community psychologist takes on the role of a social change agent, mobiliser or facilitator with the aim of empowering the community. The psychologist facilitates the process of change, while the community works together to bring about the required change.

The models that follow below, the mental health, public health and social ecological models are discussed last and in more detail than the other two models as they inform the focus of Theme 3. Specifically, the public health model (which is linked with the mental health model) and Bronfenbrenner's ecological framework for human development (under the social ecological model) will be applied in Theme 3 to contexts of the prevention of violence and crime.

2.4.3 The mental health and public health models

The mental health model aims to treat and prevent mental disorders within a particular area, positioning the psychologist as the expert in relation to the communities' mental health problems. According to Ahmed and Suffla (2007), this model revolves around two key areas of focus. Firstly, the mental health model focuses on the community or the greater population rather than the individual. Within this framework, "community" is defined in terms of geographical location, and intervention is aimed at preventing mental illness within that specific area. Psychologists working within this framework assume that social or individual mental health problems occur because of broader environmental factors that affect mental health and wellbeing. Therefore, the task of the psychologist is to understand these risk factors within that context, in order to help a larger group of people. The belief is that earlier and larger scale interventions are more economical and reduce the incidence of mental health problems (Ahmed & Pretorius-Hechert, 2001).

Secondly, emphasis is placed on prevention as a guiding principle to interventions rather than the curative mainstream models of intervention. Prevention may occur at the following three levels: primary, secondary and tertiary.

- i. **Primary prevention:** This level of prevention uses strategies that target disorders before they occur and aim to reduce the occurrence of problems.

Practical example: A nationwide HIV awareness programme may aim to reduce the incidence of HIV transmission, which may result in fewer people contracting HIV.

- ii. **Secondary prevention:** This level of prevention aims at managing early symptoms of a disorder, thus reducing the extent and duration of the disorder.

Practical example: A secondary HIV prevention programme may focus on encouraging people to get tested, and if HIV is detected, treatment would be administered to reduce the progression to AIDS.

- iii. **Tertiary prevention:** This level of prevention focuses on mitigating the impact and recurrence of already existing disorders.

Practical example: Tertiary prevention of HIV may include safe sex and health education for HIV positive individuals, aimed at reducing the number of sexual partners who are infected with HIV, and to prevent mother to child transmission.

There are various theoretical frameworks within the mental health model. The most dominant is the bio-medical framework, which conceptualises mental health problems as diseases (Ahmed & Suffla, 2007). Mental health problems are said to be caused by various abnormalities in the brain functioning. Conversely, there is the bio-psychosocial framework, which considers biological, social and psychological factors in the causes and treatment of mental health issues. Lastly, there is the ecosystem framework that understands mental health as a function of various interacting systems.

There are problems with the mental health model in terms of its sufficiency in dealing with community health issues. A central criticism of this model is its roots in mainstream medical discourse. The model locates pathology solely within the individual, focusing on treatment and prevention, and fails to link social structural inequality and mental health (Ahmed & Pretorius-Hechert, 2001). Mental illness is regarded as a disease and the mental health practitioner (seen as the expert) is responsible for the treatment or prevention of the disease. This further perpetuates the power dynamics within mainstream psychology approaches. Another criticism is that this model applies the mainstream medical model of individual interventions to a mainstream medical model treatment of groups of individuals. It should be noted, nevertheless, that the mental health model helps to promote the accessibility and affordability of mental health care and thus makes services to be community-based. In the South African context, accessibility has been increased by the introduction of the community service year in the academic training of intern clinical psychologists. This is a period wherein they are placed in almost all hospitals and clinics across the country as part of their training.

The case study below shows a practical example of the mental health model in practice. The case study is based on the UNISA community engagement project that runs in collaboration with the Tshwane Northern Gauteng Mental Health. The aim of the project is to provide psychological services in the community of Soshanguve, focusing on the mental health and wellbeing of certain groups of individuals within the community.

CASE STUDY: COLLABORATING WITH THE COMMUNITY–UNISA CLINICAL PSYCHOLOGY MASTER'S STUDENTS PROVIDE PSYCHOLOGICAL SERVICES IN SOSHANGUVE

In February 2009, a community engagement project was started in Soshanguve through the initiative by the Master's in Clinical Psychology course coordinator at UNISA and the then director of Tshwane-Northern Gauteng Mental Health. The purpose of this initiative was two-fold: to provide psychological services for the community that otherwise might not have had access to these services, as well as to provide an environment for in-service learning for clinical psychology master's students in their first year of study at UNISA.

As part of this collaboration, the clinical psychology master's students visit three organisations, namely, Kondelelani Junior Secondary School, Sheltered Workshops, and Refeng Sebaka. The aim

is to provide a variety of psychological services related to the wellbeing of community members. This is done under the supervision of their lecturers who are registered clinical psychologists.

Kondelelani Junior Secondary School provides education for adolescent learners between the ages of 12 and 15 years (from Grade 7 to Grade 9). The clinical psychology students assist the school by providing one-on-one psychotherapeutic services to learners referred to them by teachers. The learners are also able to access these services themselves without referral.

Sheltered Workshops provides learning opportunities for adults, from the age of 18 years and above who live with intellectual and developmental disabilities, cerebral palsy and epilepsy. The clinical psychology students assist by conducting group therapy, and psycho-education in combination with outside activities to residents of the shelter. These forms of interventions help the residents to increase their physical activity, reduce stress, and improve their moods.

Refeng Sebaka, is a special-care centre for children. The special care centre takes care of children who are living with a variety of developmental challenges that include cerebral palsy, Down's syndrome, and autism spectrum disorders. The clinical psychology students are able to contribute to the care and development of the children by assisting with stimulating the children through play activities. They provide specialised knowledge to help increase the efficiency of the caregivers, as well as design appropriate stimulation for the children. The services, provided by master's in clinical psychology students, are aimed at contributing to the wellbeing of the community of Soshanguve. The master's students work under the supervision of the senior psychologist and project coordinator, Mrs. Khumo Modutla and her colleagues.

Source: M & D Newsletter, Department of Psychology, June Volume 5, 2016

The mental health model is aligned with the scientific approach of the public health model with regards to its conceptualisation of diseases and focus on the three levels of prevention. Though the two models (the mental health and public health models) overlap, there are distinct differences between the two. The public health model follows a scientific approach to disease prevention and the promotion of individual and social wellbeing, which operates at a level beyond clinical medical ideas of health. The public health model is based on the following three main areas of focus:

Firstly, health is addressed at the level of the entire population and not that of the individual or a specific area, as is the case with the mental health model. Whereas clinical approaches within the mental health model treat disease and mental illness within a person, the public health model aims to prevent problems before they occur (Butchart & Kruger, 2001). Secondly, health interventions within the public health model focus on improving health and the quality of life through the prevention and treatment of illness and other physical and mental health conditions. Thirdly, its interventions are interdisciplinary, drawing resources from multiple disciplines and different social sectors. The model, therefore, requires methods that can define problems in ways that allow for interventions involving multiple disciplines and sectors (Butchart & Kruger, 2001). The public health model will be discussed in more detail in Theme 4 of this study guide.



Learning activity 1

- (1) Identify the strengths and weaknesses of the liberation model and the social action model both from the text above and from your personal perspective.
- (2) The mental health model focuses on different levels of prevention. Give a practical example of an intervention at the primary, secondary and tertiary levels of prevention.

- (3) From the text above, identify and describe the problems associated with the mental health model. Apply the main points of criticism to the case study from Soshanguve.
 - (4) List the similarities and differences between the mental health model and the public health model.
-

2.4.4 The social ecological model in community psychology

Systems thinking argues that the only way that we would be able to understand the occurrence of something, is through understanding the parts in relation to the whole. Therefore, systems thinking is central to ecological models. Largely, a system can be viewed as a community that is situated within an environment. Examples of systems are health systems, education systems, food systems and economic systems.

The social ecological model in community psychology allows individuals to conceptualise their interaction with the surrounding community that they are exposed to. It is an enabler of understanding how the individual interacts with the social and physical environments. This model moves beyond focusing on the individual to viewing community interaction as a whole (Naidoo et al., 2013).

This model emerged in the 1960s when psychologists wanted to move beyond the face-to-face or individualistic psychological perspective of thinking. Their goal was to become more involved with the improvement of community settings through outreach and health promotion programmes in settings such as schools, workplaces, and communities. In a sense, this model was a derivative of the medical model in that it would address the needs of individuals in a certain community (Naidoo et al., 2013).

Charles Darwin's writings had quite an impact on the development of the social ecological model because as much as it is noted in his writings that species need to adapt to their environmental changes in order to survive, the concept of ecology could be used to understand interactions in social settings. One of the most important assumptions of the social ecological model is that behaviour is the result of the interaction between individuals and the contexts they are exposed to (Naidoo et al., 2013).

2.4.4.1 The principles of the social ecological model

When it comes to intervention strategies that would be applied in a community psychology context, Naidoo et al. (2013) discuss four key principles that form the foundation of the social ecological model. These four principles are as follows:

i. Interdependence

The social ecological model holds the belief that change in one part of the system will mean change in various other parts of the system or context. It stipulates that multiple components of a social context are interrelated and may influence other parts of the system or context that the individual is exposed to.

Practical example: If one member of a family, say the breadwinner of the family, would pass away, it would affect the rest of the family. This one family member could have been the generator of the only income that the family had. If there were to be no one else who could provide for the family then the family would not be able to pay bills, buy food, or meet any other basic needs of the family for survival. The other parent could start to work, however, it would still affect the family in some way, in that there would be no parent available to look after the children in the family. Therefore, you can see that in some way, the family would be impacted by the passing of one parent who is the breadwinner.

ii. Distribution of resources

Resources in a community can include quite a variety of things such as money, food, medication, healthcare, and water supply. Therefore, according to the social ecological model, all communities have different sets of resources and we would be able to understand how communities function by analysing the definition, distribution, utilisation, and development of these resources. As communities have a set way of functionality, interventions may affect the already set way that resources are created, defined and distributed. Making use of funding, as an example of intervention, we would be able to view some of the key issues that are deemed important to the community. In other words, the way that the community spends the funding allocated through interventions would give an indication of the issues that the community faces.

Practical example: If a certain community spends most of the funding on agricultural supplies in order to grow their own crop, it would be an indication that sustainable independent food sources is of priority to that specific community. Moreover, the prioritisation of agricultural supplies would mean that they would have even fewer resources available for addressing other needs for the community such as schooling and healthcare.

iii. Adaptation

The principle of adaptation refers to the way that people tend to adjust to their changing environment. More specifically, it speaks to the way that the community adapts to the availability or changing of resources in their environment. It has to do with the environment that the community is exposed to in that an environment may promote behaviours and might even constrain the community in which adaptation to that particular environment is key. It is often found that the loss of resources creates adaptive responses in a community.

Practical example: When various individuals in a certain community lost their jobs due to a factory closing down, the community might adapt to the specific situation by either becoming creative and find ways of generating income through entrepreneurial approaches, or they might succumb to the weight of the loss.

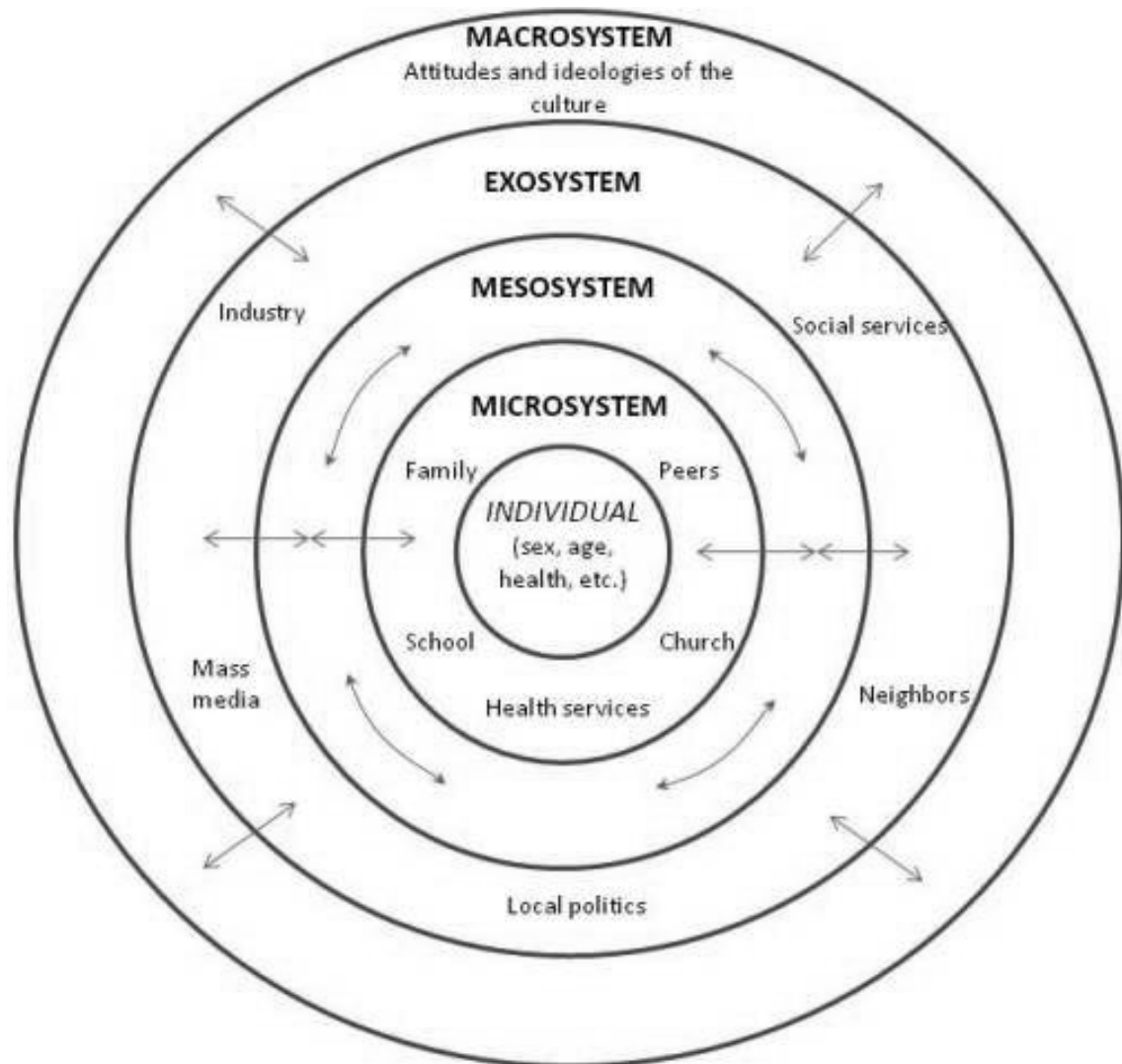
iv. Succession

Finally, this particular principle suggests that the community environment is not static, but indicates that communities are in a constant process of change (Naidoo et al., 2013). Over time, there will be a demand for changes to occur due to the influence of new situations within the community. Change is a dynamic process that characterises social settings of human interaction. Change also occurs in an orderly fashion as individuals are exposed to new situations. If a community had previously gone through a particular crisis, they could have had to adapt to the changes that occurred due to the crisis. Therefore, the community's history has an impact on how they adapt to change in their environment (Jason, Stevens, Ram, Miller, Beasley, Gleason, & Franklin, 2016).

Practical example: A community that had previously managed to successfully adapt to an environmental change would be better vested to handle a new change in their environment due to past experiences.

2.4.4.2 Bronfenbrenner's ecological framework for human development

Introduced as a conceptual model in the 1970s, Bronfenbrenner's (1979) ecological framework for human development is one of the various forms of the social ecological model, and it applies the principles of the social ecological model to human development. In the initial development process of this theory, Bronfenbrenner postulated that, in order to understand human development, the entire ecological system (also called the ecological environment) in which growth occurs, needs to be taken into account. It is about the environment in which development takes place in terms of a series of nested systems fitting into each other. See figure 2.1 below:



Source: © Copyright 2012, Hchokr ([https://commons.wikimedia.org/wiki/File:Bronfenbrenner%27s_Ecological_Theory_of_Development_\(English\).jpg](https://commons.wikimedia.org/wiki/File:Bronfenbrenner%27s_Ecological_Theory_of_Development_(English).jpg))

Figure 2.1: Bronfenbrenner's ecological framework for human development

Bronfenbrenner's ecological framework examines human development through means of viewing how individuals create specific environments in which they live or are surrounded with. In other words, individuals develop according to their environmental surroundings, which can include society as a whole and the amount of time spent in that environment. This will have an impact on their behaviour and development processes.

In order to get to the specifics of this particular framework, we need to have a look at the different layers that exist in the framework. These layers are known as the micro-, meso-, exo- and macrosystems. An individual exists within these layers of social relationships and each layer has an impact on the others, hence the whole system is referred to as an interdependent system. An individual is faced with a constantly changing context that is influenced by the changing relationships between the individual level context and the

macro level context. Bronfenbrenner (1979) identified four environmental systems that are as follows:

i. Microsystem

The microsystem can be viewed as the system that is the closest to the individual. It is the system that is immediate to the individual. This system includes all the other people that the individual has immediate interaction with.

Practical example: An individual might interact with other individuals on a daily basis in contexts such as the school, family, in friendships or sports teams.

ii. Mesosystem

The mesosystem moves beyond the two-party relation in that it connects two or more systems in which the individual lives. It is the set linkages between the microsystem and the individual's located setting.

Practical example: An individual's life may be affected by a combination of factors that take place at home, school and in friendships.

iii. Exosystem

The exosystem defines the larger social system in which the individual does not function directly. These kinds of systems tend to be distant in a sense that there is no direct influence or contact between the individual and the systems. These systems do, however, influence behaviour in the microsystems.

Practical example: A church council or town council may impact individuals' lives even though they do not have direct contact with these systems.

iv. Macrosystem

The macrosystem includes the overall patterns of ideologies and organisations that characterise a given society or social group. It consists of large-scale societal factors that have an impact on the lives of individuals.

Practical example: The attitudes and values of people in a particular socio-economic position, ethnic group or culture, which is inclusive of the economic trends and gender roles in that particular environment or setting may influence individuals' behaviour.

By making use of this particular framework, we wish to address the underlying contributors of psychological issues faced by a community in the Gauteng area regarding the use and abuse of nyaope. Nyoape is a highly addictive substance in South Africa that consists of a fine white powder (heroin based) that is usually combined with marijuana for smoking. This drug is problematic in that it causes health, social and economic issues

for certain communities within South Africa. The interventions at the various levels of this framework may influence drug-related behaviour among the community:

- i. **At the micro level:** Interventions at this particular level include education about the dangers of the use of nyaope for young individuals in the community. This form of intervention may involve family communication and holding discussion groups that consist of the youth and well-educated professionals in the field of substance use and abuse.
- ii. **At the meso level:** This would be the interaction of two micro level systems. At this level, two or more microsystems, such as the schools within a particular community, would communicate with one another or with a certain community setting to formulate an approach that will deal with the problem of nyaope use in the community.
- iii. **At the exo level:** A community can actively address the problem of the use of nyaope among the youth in the community by developing a drug policy through which other individuals in the community would be able to provide medical insurance facilities. This would enable nyaope users or their families to have access to counselling and out-patient treatment facilities within the community.
- iv. **At the macro level:** Legislation to restrict the availability of drugs, together with media campaigns can assist in changing the community's perception of drug use and address the culture of addiction.

More practical details on this framework will be discussed in Theme 3.



Learning activity 2

- (1) Define the concept of ecology according to the social ecological model.
 - (2) What are the strengths and weaknesses of the social ecological model?
 - (3) Thinking of your own community setting and identifying certain difficulties within your community, discuss with the use of examples, each of the four key principles of the social ecological model.
 - (4) Apply Bronfenbrenner's ecological framework for human development to discuss any problem that you have identified in your own community. Refer to the four levels of the framework in your discussion.
-

2.5 CONCLUSION

This theme provided a broad overview of the community psychological roles. Furthermore, the principles of community psychology were discussed in order for you to grasp the thinking and language that goes into community psychology. Finally, this theme looked at the various models that are used in community psychology and their applications in practice. Theme 3 will provide you with an opportunity to apply what you have learned in this theme to real-life situations that occur in our communities.

SECTION B

Community psychological applications and interventions

Section A has provided theoretical background on community psychology. Section B is about the application of what you have learnt in the themes in Section A. This section focuses generally on the theme of violence, safety and security. We have shown, in Theme 1, that during the development of community psychology post-1994, a need to engage in critical research on issues inclusive of violence was a priority among community psychologists. We have noted that this psychosocial problem is still prevalent in this country 23 years into democracy, hence the focus of this section. Based on this, we are presenting two themes and you have the choice of selecting one theme to focus on. You can choose between the following themes: **Prevention of violence and crime in my community** (Theme 3) and **Crime and security: What is working in my community?** (Theme 4). Even in Theme 3, you still have the choice of working with **Bronfenbrenner's ecological framework for human development** OR **the public health model**. Make sure that you choose the theme that is interesting to you to ensure your expected level of engagement with the learning material and learning activities. While we focus on the application of community psychology concepts, principles and models, we have also done our best to make this section as relevant to the issues that take place in our communities as possible, thus also striving to make the themes covered as practical and thought-provoking as possible. We hope that you will find this section very interesting.

Theme 3

Prevention of violence and crime in my community

3.1 INTRODUCTION

This theme focuses on **the application of the levels of the principle of prevention in contexts of community violence and crime**. The aim of the theme is to help you **build a link between this principle and Bronfenbrenner’s ecological framework for human development or the public health model** (you will choose the framework or model that you want to work with), which you were introduced to in Theme 2. You will also be taken through learning activities that build up on one another to help you reflect on what is happening in your community and to apply the material learned in this theme. We hope that the theme will provide a lens through which you will be able to identify forms of violence or crime that could be taking place in your community, or even in neighbouring communities, and also find relevant ways of preventing these psychosocial problems.



Learning outcomes

At the end of this theme you should be able to do the following:

- Apply the community psychology concepts of community wellbeing, social transformation, and social justice to understand change in the contexts of violence and crime.
 - Apply the community psychology principle of prevention in contexts of violence and crime.
 - Apply Bronfenbrenner’s ecological framework for human development or the public health model to contexts of violence and crime prevention.
-



Prescribed texts

The following texts are compulsory readings:

Choose the texts based on your choice of applying Bronfenbrenner’s ecological framework for human development OR the public health model.

For Bronfenbrenner’s ecological framework for human development

Boxer, P., Huesmann, L. R., Dubow, E. F., Landau, S. F., Gvirsaman, S. D., Shikaki, K., & Ginges, J. (2013). Exposure to violence across the social ecosystem and the development of aggression: A test of ecological theory in the Israeli-Palestinian conflict. *Child Development, 84*(1), 163–177.

The following text is not in the eReserves but can be accessed at: http://www.who.int/violence_injury_prevention/media/news/08_09_2004/en/

Butchart, A., Phinney, A., Check, P., & Villaveces, A. (2004). *Preventing violence: A guide to implementing the recommendations of the world report on violence and health*. Department of Injuries and Violence Prevention. Geneva: World Health Organization.

OR

For the public health model

Stevens, G., Seedat, M., & van Niekerk, A. (2013). *Understanding and preventing violence*. In K. Ratele, N. Duncan, D. Hook, N. Mkhize, P. Kiguwa & A. Collins (Eds.), *Self, community and psychology* (pp. 13–1, 13–19). Claremont: Juta.

The following text is not in the eReserves but can be accessed at: http://www.who.int/violence_injury_prevention/media/news/08_09_2004/en/

Butchart A, Phinney A, Check P, & Villaveces A. (2004). *Preventing violence: A guide to implementing the recommendations of the world report on violence and health*. Department of Injuries and Violence Prevention. Geneva: World Health Organization.

3.2 COMMUNITY WELLBEING AS A DRIVER FOR THE PREVENTION OF VIOLENCE AND CRIME

The prevention of violence and crime in our communities, is possible. This depends on how we define the concept of prevention. Prevention corresponds with the principle of **risk prevention and health promotion** that you were introduced to in Theme 2. It focuses on identifying risk factors as well as protective factors. In the context of violence and crime, prevention is geared towards achieving the following goals:

- i. To either avoid or reduce the development of the risk factors of violence and crime such as the ideological, historical and material factors (Lazarus, 2015; Stevens, Seedat, & van Niekerk, 2013); and
- ii. To allow community resilience (the use of a community's protective factors) and community strengths (highlighting factors that are available in a community that can be used to intervene to prevent violence and crime) to take precedence (Aisenberg & Herrenkohl, 2008).

The driver for prevention is **community wellbeing**. Looking at the structure and functioning of your community, how would you define community wellbeing? What is it that you can point at and say it defines the wellbeing of your community? You may be asking yourself: What is community wellbeing in the first place? According to community psychology, community wellbeing refers to the comprehensive welfare of a community. While the definition of community wellbeing varies across communities, cultures and societies, community wellbeing generally focuses on the quality of life of a community pertaining to the physical, psychological, political, economic, social, environmental, cultural and governance issues that (i) determine that a community's needs are met, (ii) ensuring the community's safety and prosperity, as well as (iii) achieving goals that have been identified as priority issues by the affected community (Cox, Frere, West, & Wiseman, 2010; Lee & Kim, 2014).

Therefore, community wellbeing is a dynamic concept that signifies a constantly changing state driven by achieving a particular goal, which is to experience happiness and a good quality of life at a community level. This is done by monitoring the availability, quantity and quality of relevant assets for a community to achieve that goal. While community wellbeing is not individual-oriented, it focuses on representing the interests of the individuals and groups within a community and, therefore, the interests of the community as a collective. If community wellbeing is ensured, then individual wellbeing should also be a certainty. This means that community wellbeing goes beyond the concepts of individual wellbeing (which is merely concerned with the welfare of an individual) (Lee & Kim, 2014) and quality of life (which is an individual's perception of their physical, psychological, spiritual and social welfare as well as their level of independence and safety of their environment) (The WHOQOL Group, 1995). Lee and Kim (2014) indicate that three most important questions should be asked when making reference to a community's wellbeing. These are as follows: What do people want? What does genuine progress look like? How can government make people's lives better?

On the basis of this definition, community psychology looks at an individual's relationship with his/her environment in order to promote the wellbeing of all in a society. One of the ways of doing this is to address the psychosocial factors that affect the wellbeing of individuals and their communities (Lazarus, 2015). Three forms of wellbeing that are applicable to this theme are: (i) **social wellbeing**, which includes living in peace and harmony with other people in one's community; (ii) **security**, which refers to having civil peace, physical safety, living in a secure environment, enjoying personal physical security even in old age, living in an environment that observes the law, having access to justice, and having confidence in the future; and (iii) **having freedom of choice** and the ability to act on the basis of the choices made in every area of one's life (Swanepoel & De Beer, 2016).



Learning activity 1

At this stage, we would like you to reflect on the concept of community wellbeing by sharing with your family members, friends and neighbours on your level of satisfaction with your community wellbeing, and what still needs to be done in order for you, as a collective, to finally say you are satisfied with your community wellbeing. Write a short account of this.

.....

We believe you now have a sense of what community wellbeing means in your own community. Let us share our community psychology perspective on how community wellbeing can be achieved. As violence and crime affect the wellbeing of a community, community psychology emphasises the following goals: (i) improving the human condition; and (ii) promoting psychological wellness (Swart, 2015). In order to do this, partnerships, dialogues and engagement should be encouraged among community members, community organisations, community representatives, local, provincial and national governments, universities, non-government organisations (NGOs) and policy makers, among others. In addition, evidence-based planning and embarking on actions that are based on the dialogues that have been held should be stimulated (Cox et al., 2010).

There are also common indicators of wellbeing across communities, which help to shift focus in communities from mere policy making to policy implementation, and realising the intended outcomes. This is done by identifying the priorities of a community and determining whether or not the set goals have been achieved or to monitor that the said community is making progress towards achieving the goals. Such progress is monitored by collecting feedback from local communities on the level of satisfaction with policy implementation and what can be done to further improve the encountered situation. This requires that the required resources be secured and sustained within the community.



Learning activity 2

We would like you to pause and reflect on what you would regard as factors that ensure the wellbeing of your community. Share with your family members, friends and neighbours on what pulls your community together and makes you as a collective, to say, you are well as a community. Write a short account on this.

.....

The indicators that a community can choose from to determine its wellbeing include the following (Cox et al., 2010):

- i. **Healthy, safe and inclusive communities** (which includes personal health and wellbeing; community connectedness, such as feeling like a part of the community, social support, and volunteerism; early childhood health; personal and community safety, like perceptions of safety, statistics of crime, violence and safety on the roads and workplaces; lifelong learning such as the level of literacy and access to learning amenities; as well as service availability and delivery).
- ii. **Dynamic, resilient economies** (economic activity such as the number of people with tertiary educational qualifications; having skilled occupations; sustained retail spending; business growth; employment focusing specifically on rates of employment and unemployment; distribution of income and wealth in a community; and work-life balance).
- iii. **Sustainable built and natural environment** (appearance of and access to public areas; housing affordability; transport accessibility; sustainable energy use; quality of air and water; and waste management).
- iv. **Culturally rich and vibrant communities** (having arts and cultural activities as well as sporting and recreational activities; and cultural diversity).
- v. **Democratic and engaged communities** (citizen engagement like having a say on important issues, membership in local community organisations, the opportunity to vote for trustworthy political candidates, and gender representation in local councils).

These indicators are based on the Community Indicators Victoria (CIV), a collaborative project of the McCaughey Centre, launched in July 2007 in Australia. They are aimed at supporting the use of local community wellbeing indicators to ensure that community planning and policy making are informed, engaged and integrated (Cox et al., 2010). It is worth looking at these indicators with an analytic eye to determine whether or not they

can be applied in the South African context, particularly in your community, to prevent violence and crime, and to ensure the safety and security of your community.

Practical example: In order to identify indicators of wellbeing in your community, you can ask yourself these questions based on the current safety and security atmosphere in the country and the efforts made to ensure these: Are you able to go to public places anywhere and anytime in your own or nearby communities? Can you use public transport or even your own vehicle freely? Is cultural diversity possible?

One of the initiatives in South Africa that clearly shows partnership between a government institution and community members or structures based on the safety needs and thus the wellbeing of communities, is the establishment of community policing forums (CPFs). Let us first consider a case study on this initiative, then explain what it is about.

CASE STUDY: COMMUNITY POLICING

An affluent community in Port Elizabeth in the Eastern Cape, recently started to experience episodes of house breakings either at night or during the day when most people are at work and school. This experience has been reported as traumatising to the community members, especially women who are heading their families in the absence of the husbands who are either deceased or are working in Gauteng. Community members actually noticed that the perpetrators of the crimes mostly target such families. In the effort to prevent such crimes, families started by installing alarm systems in their homes, but this did not help.

As a second attempt, they approached the commissioner in the local police station who advised them that in order to reduce the occurrence of the crimes, all the families in this community would be expected to work together with the police. At first, community members were very angry with the police commissioner as they thought that he was trying to shift the responsibility of protecting the community from the police to community members. This perception was so strong that they were even considering to burn the police station until the commissioner decided to call a community meeting to explain to them a programme that would help both the police and the community to work together to prevent the crime. On calling the meeting, he explained what he called the “establishment of a community policing forum”. At the end of the meeting, everyone seemed to be happy with the plan that was drawn.

Within a week from the meeting, there were a lot of police members patrolling the streets of the area day and night, there were groups of well-known and strong young men from the area who started serving as community guards and entered each yard on an hourly basis, and using torches at night to monitor any unscrupulous activities in the yards. Special ways of locking up doors, which were suggested by the police, were used and each affected family submitted information on the description of perpetrators that were seen previously and the methods they used to break into the houses. A report of recommendations on how the lighting in the area could be improved was submitted to the local Department of Public Works, through the police commissioner. The commissioner also involved a psychologist from the Psychological Services at the police station, to provide group counselling sessions on dealing with trauma and prevention of future harm in the community.

Within a month there was a group of five men and two women from a neighbouring community who were detained in the form of community service in the affected community, for the break-ins, and rehabilitation was arranged for them. The community started to enjoy some peace and quiet both during the day and at night. As a communal area, neighbours could start walking freely on the streets chatting. Even those arriving home from work in the late evenings drove comfortably through the streets that were well-lit, and school children’s laughter could be heard as they

walked from school to their respective homes through the streets that were full of the presence of the police and community guards. On noting the productiveness of the police-community collaboration, one of the business owners in the area decided to host the CPF meetings every month in which he would invite community leaders from neighbouring communities to share the successes of their local CPF with the intention of helping them to do the same in their communities. On a lighter note, he also offered to provide refreshments for all in attendance during those meetings!

We are sure that you have noticed, from the case study, a shift from a gloomy situation to a situation that allowed the wellbeing of all in a community, which is signified by laughter, comfort and tranquillity on the basis of the establishment of a CPF in the Port Elizabeth community. This is because CPFs are community structures that have been established between the police and communities. In this case, communities refer to community members, non-government organisations (NGOs), community based organisations (CBOs), faith-based organisations (FBOs), school governing bodies (SGBs), businesses, women organisations, youth organisations, traditional authorities, as well as the local and provincial governments, and parastatals. The CPFs are located at police stations and operate based on the philosophy of community policing.

The objective of the CPF philosophy is to have structures within communities that achieve the following goals: (i) to regulate and manage crime, (ii) to reduce the fear of crime, and (iii) to ensure improved police services by forming proactive partnerships and programmes with communities. Readily, you can see that these goals tally with the focus of the principle of prevention that you learned in Theme 2. The goals are achieved by holding regular meetings in order to discuss strategies that can be used to prevent crime in the identified communities. This is translated into actions such as monitoring how effective and efficient the police is in addressing issues of crime in a community, advising the police on issues that should be given priority, and evaluating and making recommendations on police service delivery. The police commissioners have the responsibility of supporting these structures and providing programmes that enhance the functions of the structures.

3.3 SOCIAL TRANSFORMATION AND SOCIAL JUSTICE

In order to ensure community wellbeing, the concepts of social transformation and social justice must also be explored. Community psychology practitioners are faced with the challenge of bringing social transformation and social justice in communities (Ngonyama Ka Sigogo & Modipa, 2013). Social transformation refers to initiating efforts in a community to reorganise human relationships, by challenging those relationships or structures within a community that are regarded as oppressive, as well as changing any systems that bring injustices in the community. Social justice is concerned with the fair and equal distribution of resources, rights and treatment, even among marginalised individuals and groups, in order to ensure equal share of power in society (Constantine, Hage, Kindaichi, & Brynant, 2007). This suggests looking at the structures and relationships within a community that promote oppressive behaviours of violence and crime. Therefore, ways in which violence and crime can be reduced in order to transform the way communities live, is important.

Practical example: It is clear from the community policing case study above, that in order for the community to enjoy peace, community members had to work together with the police to identify and deal with those people who were oppressing other community members through stealing. This also points to the importance of looking at how those who are regarded as vulnerable groups can be granted the social justice that they deserve. Through the CPF, those women who were heading families, together with their children, were protected from the break-ins as well as the accompanying trauma.



Learning activity 3

We would like you to start exploring your community, specifically applying the concepts learned here. Based on your understanding of what community wellbeing refers to and the indicators of community wellbeing that have been devised by the Community Indicators Victoria, as well as the meanings of the principles of social transformation and social justice, answer the following questions:

- (1) Based on the reflection you made with your family members, friends and neighbours earlier, what is your perceived level of satisfaction of members in your community regarding government's implementation of efforts to prevent violence and crime?
 - (2) What is your community doing to prevent violence and crime?
 - (3) If you were to apply any of the community wellbeing indicators explored above, which indicator would you consider the most relevant in your community, and why?
 - (4) Considering the principles of social transformation and social justice, which structures and relationships within your community would you regard as factors that promote the oppressive behaviours of violence and crime? Who are the groups of people that you would regard as the most vulnerable to violence and crime? Motivate your answers.
-

3.4 LEVELS OF PREVENTION APPLIED TO ADDRESS VIOLENCE AND CRIME

Based on the three levels of prevention in community psychology that you learned in Theme 2, let us look at how these levels can be applied specifically to reduce the prevalence of violence and crime in a community.

3.4.1 Primary prevention of violence and crime

The focus of primary prevention is to reduce potential harmful incidents before they occur (Lazarus, 2015). This means lessening the number of people who are affected by a violent incident, and therefore, new cases are prevented. This kind of prevention relies on using resources that are owned or possessed by individuals, and also lessens the situations that cause violence and crime. Even though this is at the individual level, the focus is on preventing the injury of the whole community by identifying both useful environmental factors and harmful environmental factors (Norris & Thompson, 1995).

The following three types of primary prevention are necessary when dealing with violence and crime:

- i. **Primary prevention I** – this refers to making prevention intervention programmes available to a community, even though the community has not been identified to be at risk of violence and crime. This means that community members are shielded from violence and crime even before these problems occur.

Practical example: Going back to the community policing case study, this form of approach would have been used before the break-ins were noticed. Strategies such as crime awareness could have been considered.

- i. **Primary prevention II** – this form of prevention is directed at those who are regarded to be at mild risk of being affected by violence and crime. This level of risk is determined on the basis of a community's demographic characteristics that have the potential to make community members vulnerable to victimisation.

Practical example: The following characteristics could be identified as factors that put a community at risk of high levels of violence and crime: a community that has a lot of women, living in poverty and having a lot of single-parent families. Considering the case study above, violence and crime prevention would have been undertaken on the basis of having several female-headed families in a wealthy area, even before the break-ins started.

- ii. **Primary prevention III** – this form of prevention is for those community groups that are deemed to be at high risk of being affected by violence and crime. This is determined on the basis of factors that are typical of those groups.

Practical example: Young people who spend most of their time in bars/taverns using alcohol and/or drugs could be at high risk of being victims of violence and crime. In the case study, prevention would be considered based on the number of females and children who own noticeable expensive possessions and do not live with any male figures, which makes them easy targets for attack.

3.4.2 Secondary prevention of violence and crime

This focuses on implementing preventive measures that target those who are mostly affected by the prevalence of injury or loss but it does so at an early stage to prevent further injury or loss, hence it is also referred to as early intervention. This intervention is based on identifying early signs of being affected. The objective of secondary prevention is to prevent more dangerous conditions from occurring. This form of prevention is achieved by using both individual and system-based resources (Lazarus, 2015; Norris & Thompson, 1995).

Practical example: The establishment of a CPF in the community discussed in the case study, which has just been struck by theft of possessions at home while people are at work and school, is a relevant example here. It means that based on the nature of the occurrence and its initial stage, the police and community members embarked on secondary prevention of the break-ins.

3.4.3 Tertiary prevention of violence and crime

This is a type of prevention that is embarked on when violence and crime have already caused severe injury or loss in a community. That is, unlike secondary prevention that is initiated at an early stage, this form of prevention takes place at a later stage when harm has progressed to debilitating states. Its focus of the reduction of injury or loss within the community is two-faceted, namely, limiting the harm caused by violence and crime, and preventing future occurrence of violence and crime and thus warding off long-term harm (Lazarus, 2015; Norris & Thompson, 1995).

Practical example: Most South African communities are known to be faced with traumatic experiences as a result of exposure to incidents such as the murder of their loved ones. Tertiary prevention in such communities would focus on reducing the levels of trauma that are experienced and finding ways of dealing with the murder incidents. Tertiary prevention was also considered in the case study, as some families seemed to be traumatised by the break-ins and a psychologist was brought in to both help those affected family members to reduce levels of trauma, while also assisting the community as a whole to prevent future trauma.

The description of these levels of prevention tells you that, while each level can be considered for a particular purpose, the dynamic way in which violence and crime occur may also require the combination of two or more levels of prevention.

3.5 APPLICATION OF COMMUNITY PSYCHOLOGY FRAMEWORKS AND MODELS TO THE PREVENTION OF VIOLENCE AND CRIME

Prevention of violence and crime in a community is linked to the frameworks and models that you learned in Theme 2. These frameworks and models help us with a lens through which we can understand and act in an attempt to address violence and crime in our communities. The following four models that you learned in Theme 2 have already been applied in the South African context to address various psychosocial problems in communities: (i) the mental health and public health models; (ii) the social action model; and (iii) the social ecological model (Geldenhuys & Wevers, 2013; Lazarus, 2015; Stevens et al., 2013). For the sake of this theme, we have chosen to look at the application of Bronfenbrenner's ecological framework for human development and the public health model to violence and crime prevention. Even though you were introduced to both of these in Theme 2, our focus here is on helping you to understand how violence and crime can be prevented in our South African communities using both (note that you will be given the choice of which one to work with). This is because violence is a complex phenomenon that occurs through various causal pathways and is also understood in different ways across disciplines and perspectives (Stevens et al., 2013). Remember that communities are structured and function in different ways. Therefore, their complex composition and functioning influence the dynamics of the phenomena that occur in them. **At this point, we would like you to make a further choice of studying the application of Bronfenbrenner's ecological framework for human development OR the application**

of the public health model. As you apply the chosen framework or model of violence and crime prevention, relate it to the levels of prevention discussed above.

ELECTIVE TOPIC 1

Bronfenbrenner's Ecological Framework for Human Development



Study the following texts:

The whole journal article: Boxer, P., Huesmann, L. R., Dubow, E. F., Landau, S. F., Gvirsaman, S. D., Shikaki, K., & Ginges, J. (2013). *Exposure to violence across the social ecosystem and the development of aggression: A test of ecological theory in the Israeli-Palestinian conflict.*

Introduction: (pages 4–5) & Part 3: Promoting the primary prevention of interpersonal violence (pages 33–46): Butchart, A., Phinney, A., Check, P., & Villaveces, A. (2004). *Preventing violence: A guide to implementing the recommendations of the world report on violence and health.*

3.5.1 Prevention of violence and crime according to Bronfenbrenner's ecological framework for human development

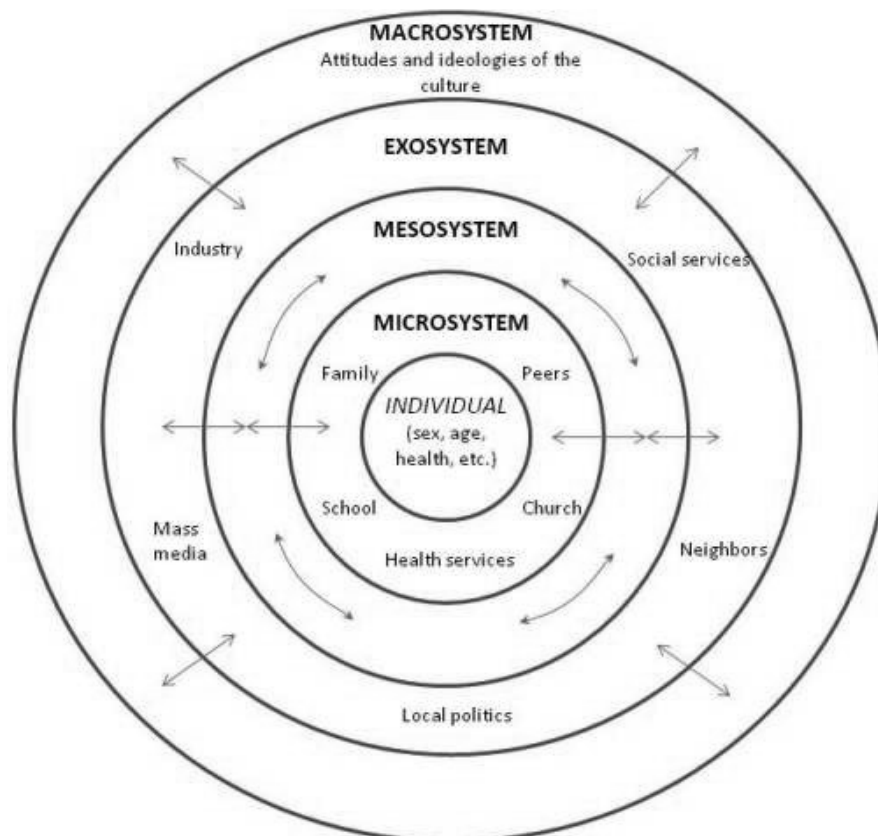
It is of importance to consider the application of Bronfenbrenner's ecological framework for human development in preventing violence and crime as it reflects the different layers of people, groups, institutions and organisations within a community that should be involved in making this preventative goal possible (See figure 3.1 below). Note that this is the same figure that you were introduced to in Theme 2. In this theme, we want to specifically show the contexts in society within which behaviour pertaining to violence is shaped. We want to highlight the fact that factors such as personal safety, safety at home, educational and employment opportunities as well as connection to others within the community and access to required services, among others, should be recognised in the ecological system when efforts to prevent violence and crime are made. Therefore, violent or non-violent behaviour can develop based on the dynamics of those contexts.

According to this framework, community psychology practitioners should understand that violence and crime in communities should be understood within the environmental contexts in which they occur – specifically, the socio-political contexts in which community members live. Solutions to violence and crime are also determined by those contexts, and should be implemented within the contexts, because the interaction between the characteristics of community members and those of the contexts in which they live, shape the outcomes of their interaction. Put simply, the way an individual with particular attributes interacts with the environment that has specific characteristics, determines how the individual will think about violence and crime, what they will believe about these phenomena, and how they will ultimately behave, either violently or non-violently. While the characteristics of the individual and the environment are important to consider, the main determining factor is the interaction process between the two. Therefore, two individuals can be exposed to similar contexts of violence or aggression, but the dynamics within those contexts will determine the outcome of their development and behaviour. Furthermore, it is what happens at the highest contexts in society which determines

what will happen in the lower contexts, as well as how the individual's development will turn out.

Practical example: Look at figure 3.1 below again and think of the safety of a child. The level of safety in the larger society (macrosystem) comprised of societal and social group ideologies, cultures and actions can either facilitate or inhibit the level of safety in the neighbourhood, which is the exosystem. Safety in the neighbourhood is shaped by factors such as local politics and how violence in the neighbourhood is portrayed by the media. Therefore, the level of safety that is shaped by these factors will further determine the level of safety that can be experienced in the smaller contexts, the home environment, school and interactions with peers. The link among these contexts forms the mesosystem in which a child interacts with others. The link among these various contexts will determine the degree of safety in each one of them (at the microsystem). That is, the degree of safety at home, school and where the peers meet, and the way in which all these contexts relate with one another will further determine the child's safety as an individual. In addition, the personal characteristics of the child such as age, gender, health and others will determine how the child interacts with others at all those levels and thus the overall degree of safety that is possible for the child to experience.

This suggests that all four levels (micro, meso, exo and macro levels) of human development that you studied in Theme 2 should be considered in order for violence and crime to be prevented. It is at these levels where solutions to violence and crime should be devised.



Source: © Copyright 2012, Hchokr ([https://commons.wikimedia.org/wiki/File:Bronfenbrenner%27s_Ecological_Theory_of_Development_\(English\).jpg](https://commons.wikimedia.org/wiki/File:Bronfenbrenner%27s_Ecological_Theory_of_Development_(English).jpg))

Figure 3.1: Bronfenbrenner's ecological framework for human development

Let us look at the application of these levels and the steps that would be taken to prevent violence and crime in a community.

Step 1: Identification of violence and crime preventative factors at the micro level

Violence and crime prevention at this level would involve the identification of the way that each of the immediate environments or contexts in which an individual interacts with others is structured. The closest contexts to target would be the family, friendships, and school, among others. What happens in these contexts shapes the development of the individual's view of aggression or violence and the actual behaviour that is executed.

Practical example: It has been noted that children who grow up in families wherein the fathers abuse the mothers may also display aggressive behaviour (Cunningham & Baker, 2007).

Step 2: Identification of violence and crime preventative factors at the meso level

Violence and crime prevention at this level would focus on the impact that two or more contexts in which the individual usually interacts with others has on the individual. The processes that take place in those contexts would also play a major role on how the prevention is embarked on. A common example here is the interaction between the family and the school contexts. In such an interaction, parent-teacher collaboration in educating a child, as well as open communication, are expected. A child spends most of his/her time in both contexts, which makes the contexts the primary shapers of the child's violent or non-violent behaviour.

Practical examples: Let us look at these two scenarios:

Scenario 1: The parents of a child may be cooperative with the school's expectations such as ensuring that the child arrives at school on time, providing lunchboxes for the child, paying for the child's educational trips, and supporting the school when the child is reprimanded for bad behaviour.

Scenario 2: The parents of a child may not bother with their child's whereabouts, not provide lunchboxes for the child, not pay for the child's educational trips, and may not participate when called upon to assist the school in correcting the child's bad behaviour when at school.

In both scenarios, the parents' cooperation or lack of cooperation may be dependent on characteristics such as the child's age and school grade, parents' educational status and their value of education, parents' socio-economic status, and the schools' communication style with parents, among other factors. All these represent the characteristics of the individual, characteristics of the ecological environment, and interaction processes. The activities and processes that take place in the two contexts (home and school) may impact a child's attitude towards school and others either positively or negatively, and shape the resultant behaviour. The behaviour of the two children in the scenarios above might not be the same. The chances of having a child who misses classes to engage in gang activities in the community and steals food from other children when at school, are higher in the second scenario while the interactions and processes in the first scenario may harness the child's respect for the law, good interaction with other children and also prevent the child from engaging in aggressive or violent activities. Therefore, prevention

of the development of violent or criminal behaviour lies in guarding the structures and processes of all the contexts that the child forms part of.

Step 3: Identification of violence and crime preventative factors at the exo level

It has been noted in Theme 2 that the development of behaviour, in this case, violent and criminal behaviour can be shaped by both the contexts that an individual forms a part of and those that he/she does not form a part. Therefore, it is vital to assess both the individual's microsystems (those that have a direct influence on the individual) and other external contexts (which have an indirect influence on the individual) to determine chances of the development of violent or criminal behaviour.

Practical examples:

Example 1: Let us look at the family and workplace interaction: Bronfenbrenner (1994) gives an example of the decisions that are made at parents' workplaces (the external context with indirect influence) that affect children at home (the child's immediate context with direct influence on behaviour). South Africa, for example, has experienced a number of cases of retrenchment of employees in various workplaces recently. This workplace decision affects children, even though they are not part of their parents' workplaces, because it has an effect on the maintenance of the lifestyle that has been upheld all along in families (for example, what kind of food they eat; places of entertainment they go to; school holiday trips they undertake; the types of schools they can be taken to; the modes of transport they can use to travel to school; and whether they can afford to keep pets at home or not). A change in lifestyle, particularly lowering the quality of life, in conjunction with how parents communicate this change to their children may determine what the children do to counteract the effects of the change. While the change and parents' guidance may make some children still feel secured and continue with life, the change, and negative attitudes of some parents to the change, may lead the children to resorting to illegal acts to acquire the things that they used to have before the change. Therefore, the way that people's jobs are handled by employers as well as the attitudes that are displayed at home should be monitored to prevent negative developmental behaviour.

Example 2: The interaction between the school and a community policy advocacy group is another example. For instance, the government recently encountered a protest by the residents of the Vuwani area in Thohoyandou, Limpopo province. The problem was that the residents of this area were refusing to allow the decision by the Municipal Demarcation Board to incorporate some sections of Makhado Municipality into the new municipality that was formed, the LIM 345 Municipality. Most of the learners in Vuwani were not part of this advocacy group but their schools (about 30) were destroyed, with some burned down, roads were blocked with big rocks, and tyres were burned on the streets for a long time. This was so to a point that the learners missed school for months and some matriculants had to prepare for the 2016 final examinations without the help of their teachers. The impact of this protest may have effects on the learners' academic and behavioural development, including whether or not they learn to use aggression and violence to solve problems in life. Therefore, the way that the government, community policy advocacy groups and the immediate contexts such as the family and school decide to handle matters can either facilitate or inhibit the behavioural development of community members. This shows that the interaction and processes among such contexts should also be carried out carefully with the aim of discouraging aggressive behaviour.

Step 4: Identification of violence and crime preventative factors at the macro level

The interaction that takes place among an individual, his/her immediate environment and the higher structures in society also determines the development of violent or non-violent behaviour. The development of the behaviour is particularly shaped by the culture that is followed within each of those contexts. The culture includes aspects such as the belief systems, lifestyles, and the provision of particular opportunities, and resources. These affect the conditions under which the individual lives and the processes that he/she becomes a part of. This means that change, as well as prevention of violent behaviour, should be implemented by evaluating the structures, processes and patterns of doing things that have been adopted at the highest level of society. This is because whatever happens at that level filters down to determine what can and should happen at the exo, meso, and lastly, the micro levels (that is, it determines what happens in the organisations and groups that affect the individual directly and indirectly, and what happens to the individual him-/herself).

Practical example: The current state of affairs in the South African government that determines the conditions and decisions that have to be made even at the lowest level of community life, namely the family, is a perfect example here. The reduction of the country's financial status to junk status may, at the end, affect some families' socio-economic status. How these effects are dealt with in the higher structures of the country, including the Department of Finance, and down to how the family deals with the problem, will determine whether or not some children will grow up to see violence and crime as a way of getting by in life and attaining some resources to meet their basic needs. We hope that the situation will not get to that point, and that the government and our communities, including our families, will find ways of dealing with this problem in a way that will ensure the constructive development of the behaviour and problem-solving skills of the young.



Learning activity 4

We would like you to continue to explore your community by applying Bronfenbrenner's ecological framework for human development that you have learnt in this section concerning violence and crime prevention. Use the framework to answer the following questions:

Use the four levels of Bronfenbrenner's framework provided above as a guideline to discuss how you would prevent violence and crime in your own community. Use the following as the main heading of your written account: **Application of Bronfenbrenner's ecological framework in my community.**

- (1) Start by going back to the issues that you observed and discussed in learning activity 3 (questions 1–4) above and provide a summary of the level of satisfaction with community wellbeing in your community. Discuss the summary under the subheading: **Level of satisfaction with community wellbeing in my community.**
- (2) Expand on your discussion by observing how violence and crime are prevented in your community. Answer the following questions:
 - i. At which ecological level(s) would you classify the observed strategies that are currently used to prevent violence and crime in your community? Discuss these under the subheading: **Ecological level(s) at which violence and crime preventative strategies are implemented in my community.**

- ii. Who are the people and institutions involved in preventing violence and crime in your community? Discuss these under the subheading: **People and institutions involved in preventing violence and crime in my community.**
- iii. Who are the people or institutions that are currently missing in preventing violence and crime in your community? Discuss this under the subheading: **People and institutions missing in preventing violence and crime in my community.**
- iv. What still needs to be done to the prevent violence and crime in your community? Discuss this under the subheading: **Additional strategies needed to prevent violence and crime in my community.**

ELECTIVE TOPIC 2

The Public Health Model



Study the following texts:

Chapter 13, pages 13–13 to 13–18: Stevens, G., Seedat, M., & van Niekerk, A. (2013). *Understanding and preventing violence.*

Introduction: (page 5) & Part 2: Researching violence – its causes, consequences and prevention (pages 25–32): Butchart, A., Phinney, A., Check, P., & Villaveces, A. (2004). *Preventing violence: A guide to implementing the recommendations of the world report on violence and health.*

3.5.2 Prevention of violence and crime according to the public health model

The reasons for linking the public health model to the pursuit of preventing violence and crime are that:

- i. Violence often results in health and psychosocial problems among community members, thus also impacting on health services in a community;
- ii. Efforts for violence prevention should follow the same proactive line of thinking that is used in programmes that are geared towards the prevention of communicable and non-communicable diseases, which have been found to be effective. This requires community members to embark on social action to deal with the problem;
- iii. The public health model provides a framework for understanding violence and crime, which is grounded in science and accommodates inputs from different disciplines and theoretical explanations; and
- iv. Public health as a discipline has, for a long time, advocated for supporting and helping communities to solve their own health problems. It thus creates room for community empowerment and collaboration among different sectors within a community to prevent violence (Krug, Mercy, Dahlberg, & Zwi, 2002; Stevens et al., 2016).

Bronfenbrenner’s framework for human development that you learned in Theme 2 explains the occurrence and prevention of violence and crime from the socio-political contexts in which they take place in a community, as well as the interaction between community members’ characteristics and contextual factors. The public health model adds to this

view by stating that these phenomena require understanding of the interaction among the environmental, socialisation and behavioural factors in communities. It specifically looks at the psychosocial, neurological, physiological and cognitive factors as causes of violence and crime. Therefore, it recommends that the following factors should be considered: the risk and resilience factors of violence (such as the age, gender, physical strength, and psychosocial skills of an individual), the environmental factors of violence (here we are looking at what is available or lacking in a community, which creates an opportunity for violence to take place, for example, job opportunities), and agent factors of violence (these have to do with the execution of violence, that is, looking at factors such as who is the perpetrator, and which weapon is used to commit violent acts) (Stevens et al., 2013). It can thus be said that this model takes into cognisance the different levels at which violence and crime occur (the micro, meso, exo and macro levels), which are explained by Bronfenbrenner's framework for human development.

The public health model also believes in both the prevention of violence and the containment of the effects of violence that have already taken place, because it holds the premise that violent injuries should be seen as events, and these events can be divided into three: the pre-event, the event, and the post-event (Stevens et al., 2016). This takes into account the three levels of prevention (primary, secondary and tertiary prevention) that we explored above. While the public health model takes into account all three levels of prevention of violence, the primary level is the main focus of the model. The primary level focuses on raising awareness and stopping the problem of violence before it starts. This is done by identifying factors that cause violence, both from the victims and perpetrators' sides, as well as identifying individuals who have the likelihood to commit violent acts. The latter includes redirecting negative attitudes and behaviours. The secondary level focuses on the counselling, treatment and rehabilitation of those who have recently started to perpetrate violence. Lastly, the tertiary level focuses on dealing with perpetrators who have repeatedly committed acts of violence against others and have these acts embedded in their behavioural repertoire. This may be done by arresting them with the intention of discouraging them from reoffending. This should also address the conditions which led to such behaviour. The three levels of prevention can also be used together depending on the nature and complexity of the problem. The model provides a four-step logic (see figure 3.2 below). The four steps are interdependent and can be used to contain the effects of violence (McMahon, 2000; Stevens et al., 2016):

Step 1: Problem definition

This step focuses on collecting information on the characteristics of violence, such as what kind of violence it is, how it occurs, where and when it occurs, as well as the extent of the violence. Research shows that there are different categories and types of violence that we should look at when trying to understand the occurrence and prevention of violence. For example, interpersonal violence has the following types: domestic and intimate partner violence, child abuse, elder violence, youth violence such as gang violence, media violence, institutional violence (that takes place in institutional settings such as schools, the workplace and correctional facilities), and sexual violence (WHO, 2002). Community violence is a form of violence that affects the community and can be classified according to types that occur in the family, school, as well as the community at large, thus contributing to the morbidity (prevalence/rate of illnesses and injuries) and mortality (death rate)

of community members (Aisenberg & Herrenkohl, 2008). The categories and types of violence suggest answers to the questions above. This information can then be used to inform the community needs on prevention of violence.

Practical example: In the community policing case study, it was identified that the problem was the occurrence of housebreaking in an affluent area, by stealing people's possessions at home when they are at work or school, and that the occurrence was beginning to be common. The community need was then identified as the need for a community policing forum to reduce the rate of the break-ins.

Step 2: Causes identification

When the scope of the violence is known and the needs of the community have been ascertained regarding prevention of the violence, the factors that are likely to cause violence in the community can be identified. This includes identifying the factors that put community members at risk, those factors that are inherent in the community which trigger the violence, factors that cause the violence, and those factors that community members can use to cope and protect themselves against violence.

Practical example: In the case study, the factors that were likely to cause the housebreaking incidents, were wealthy female-headed families, absence of male figures in the families, and possibly unemployed men and women from neighbouring communities. Increasing the presence of male figures and the police in the community, among others, was seen as a remedy for the situation.

Step 3: Interventions development and testing

The information gathered through the two steps above enable community intervention practitioners to develop contextual interventions to deal with violence in the community. The intervention that is developed will take into consideration the dynamics of the violence and what community members actually need. For instance, the following questions can be asked: Are community members supposed to be trained in some skills to prevent the violence? Should their environment be changed in any way to reduce the rate of violence? How can their safety be ensured? How can this be done in a legal manner? This suggests that education and change should take place in the community. It should also be determined who can be involved to help the community members to achieve these goals. Nevertheless, this does not end there. Developing intervention strategies does not necessarily mean that the strategies will be effective. The relevance of the intervention strategies must still be tested in the community to determine whether or not they meet the community needs for violence prevention.

Practical example: In the case study, changes to the environment were made, training in better ways of locking doors took place, a CPF structure was established, and psychological counselling sessions were arranged. All these activities were carried out by different institutions, community structures and groups of people. All these changes were tested to see if they would reduce the rate of housebreaking incidents.

Step 4: Intervention implementation and measurement of effectiveness

This step has to do with the implementation of interventions that have been deemed effective through the third step. It also measures the extent of the effectiveness of these interventions, and therefore, how well they manage to diffuse the violence. This is where community empowerment comes in as this step focuses on how the community can be included in the intervention programme(s) that have been designed to handle its own problem.

Practical example: All the plans drawn and programmes developed, together with the community members in the case study, including the operation of the CPF, were implemented and their extent of effectiveness was measured as the community members found these to be working for them and their situation changed completely.

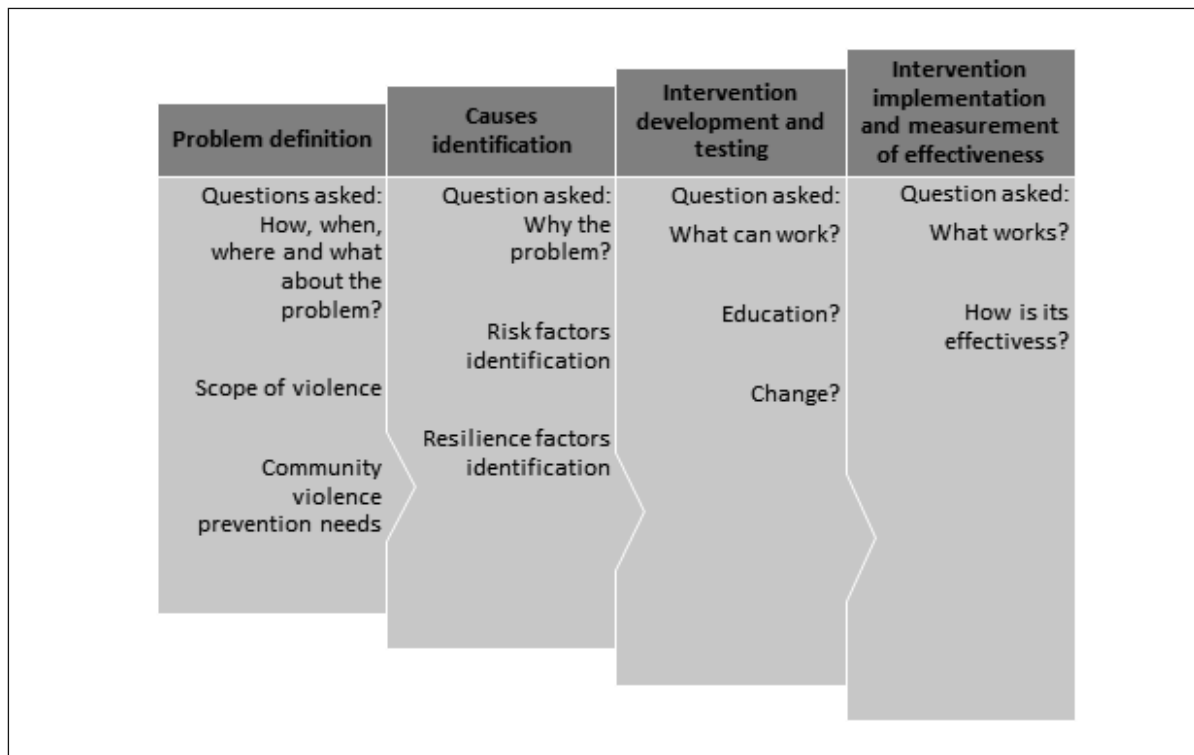


Figure 3.2: Public health model's four-step logic



Learning activity 5

We would like you to continue to explore your community by applying the public health model that you have learnt in this section, concerning violence and crime prevention.

Use the public health model's four-step logic diagram provided in figure 3.2 as a guideline to reflect on the prevention of violence and crime in your own community. Use the following as the main heading of your written account: **Application of the public health model in my community.**

- (1) Start by going back to the issues that you observed and discussed in learning activity 3 (questions 1–4) above and provide a summary of the level of satisfaction with com-

munity wellbeing in your community. Discuss the summary under the subheading: **Level of satisfaction with community wellbeing in my community.**

(2) Expand on your discussion by answering the following questions:

- i. Start by answering the following questions (in bullet form): Which specific form of violence or crime is most prevalent in your community? At which time of day is the violence or crime mostly committed? Where does the violence or crime mainly take place? Who is mostly affected by the violence or crime? How is the violence or crime usually committed? Who usually commits such acts of violence or crime? What kind of weapons are used to commit the violent or criminal acts? After you have answered these questions, provide a summary (one paragraph) of what you think are the needs of your community regarding violence and crime prevention. Discuss these under the subheading: **Problem identification.**
 - i. What are the causes of the violence or crime that you have observed? What are the factors that the community members should consider to protect themselves against the violence or crime? Discuss these under the subheading: **Causes identification.**
 - i. Which strategies are working and which strategies are not working to prevent violence and crime in your community? Which new strategies should be considered to prevent the violence or crime? Who are the people or institutions that should be considered to assist the community to prevent the violence or crime? Since you are a second year student and do not qualify to do any community interventions, you cannot go into your community to test the identified strategies. This is for ethical reasons. Therefore, we recommend that you discuss these strategies with your family members and gather their views on whether or not the strategies would work in your community. Discuss these under the subheading: **Intervention development and testing.**
 - i. The identified and “tested” strategies in the previous step have to be implemented and their effectiveness has to be measured. Again, for ethical reasons, you cannot do this in your community. In order to compensate for this, we recommend that you discuss these strategies with a different group of people in your community, your peers/friends and neighbours. Gather their views on what they think would be the benefits and disadvantages of implementing those strategies to prevent violence and crime in your community. Discuss these under the subheading: **Intervention implementation and measurement of effectiveness.**
-

3.6 CONCLUSION

We hope you enjoyed the journey of learning about community wellbeing and the prevention of violence and crime in your own or in neighbouring communities. We trust that you have managed to form a link between this theme and Theme 2. We also hope that you identified with a framework or model that seems more relevant to you to apply in your community, to realise the goal of violence and crime prevention. Theme 4 is for those who decided to focus on exploring safety and security measures that are working in their communities to make their communities resilient in the midst of violence and crime.

Theme 4

Safety and security: What is working in my community?

4.1 INTRODUCTION

This theme **demonstrates community resilience, in the midst of violence and crime**. It does this by drawing your attention to the community psychology interventions and strategies that are evident in South African communities in relation to intensifying safety and security measures against violence and crime. You will be required to apply these interventions and strategies to occurrences within your immediate community or neighbouring communities, through learning activities. These activities will help you to reflect on what is happening in the community, what is working, what is not working and how can the situation be improved. We hope that you will find the theme practical enough to answer these questions.



Learning outcomes

At the end of this theme you should be able to do the following:

- Describe community resilience as it occurs in your own or neighbouring community.
 - Apply the intervention approaches used in community psychology to contexts of violence and crime prevention.
 - Identify strategies that are used in your own or neighbouring community to address violence and crime, which fall under the intervention approaches learned in this theme.
-



Prescribed texts

The following texts are compulsory readings:

- Ahmed, R, Seedat, M, van Niekerk, A & Bulbulia, S (2004). Discerning community resilience in disadvantaged communities in the context of violence and injury prevention. *South African Journal of Psychology*, 34(3), 386–408.
- Norris, F. H., Stevens, S. P., Pfefferbaum, B., Wyche, K. F., & Pfefferbaum, R. L. (2008). Community resilience as a metaphor, theory, set of capacities, and strategies for disaster readiness. *American Journal of Community Psychology*, 41, 127–150.



Learning activity 1

We start this theme with a learning activity.

Eloff (2017) shows that civil society (non-governmental organisations and groups that work towards representing the interests of citizens) should be involved in making the dream of preventing violence and crime in South Africa a reality. It is recommended that one way of doing this is “by supporting parents; offering counselling to those affected by violence; and ensuring that basic services are delivered” (Eloff, 2017 p. 143). What are your reflections on how you and your community members can also be involved in preventing violence and crime in your community? Write a short account on this.

.....

Having reflected on your thoughts about your involvement in preventing violence and crime in your community, we would like to introduce you to the initiative of the Victim Empowerment Programme in South Africa. This programme is geared towards addressing the problems of violence and crime, while also taking care of community members in the process. We will introduce you to the programme in the form of a case study, followed by a brief explanation of the programme.

CASE STUDY: THE VICTIM EMPOWERMENT PROGRAMME (VEP)

Confidence, a 26-year-old lady was walking home one evening after knocking off from work. When she was about to reach home, she met a group of young men who called her “*kwerekwere*” meaning a foreigner, because she was from Zimbabwe. When she tried to reason with them to refrain from calling her names, they decided to beat her up and run away. A certain man who was driving past saw her lying in the middle of the street, bleeding from different parts of the body. On noticing how badly injured she was, he rushed her to the nearest clinic in his car. The nurses at the clinic attended to her and called an ambulance as they realised that her condition required hospitalisation. The doctor who was treating her at the hospital decided to call police members, because Confidence told him what had happened to her. Two police members arrived at the hospital and took her statement of the occurrence, and opened a case of assault with the intent to inflict grievous bodily harm. The police members referred the case to a special police unit that deals with such cases and the case was referred to the Department of Justice and Constitutional Development and the National Prosecuting Authority (NPA), where prosecutors would look at the case and decide on the way forward.

On being discharged from hospital, Confidence’s case was heard before a magistrate in the court of law. The young men who assaulted her were arrested for the crime. Confidence showed signs of being traumatised by the incident and she was referred for psychological services at a trauma centre in the hospital where she was treated for injuries. The social workers working at the trauma centre also realised that Confidence’s living arrangement was not conducive, as she was also ill-treated by the landlord of the room she was renting from in the community. They had to intervene in the rental situation and ensure a peaceful living arrangement.

While the young men were under custody in a correctional centre in the community, an arrangement was made to rehabilitate them as a way of teaching them to treat fellow-human beings with respect, regardless of who they are and to refrain from using violence as a way of solving their problems or frustrations. As part of the rehabilitation programme, a victim-offender dialogue session was also arranged, especially as Confidence was fearful, not knowing how she would continue to live with the young men in the community on their release. She needed assurance that she would be safe in the community. The dialogue was arranged which was attended by Confidence, the offending young men, the young men’s families, other community

members, and community-based organisations, including church leaders and local councillors. The focus was on making Confidence feel that it was safe to continue living in the community and to create an opportunity for the young men to reflect on what they had done to Confidence and to ask for her forgiveness.

This was such an emotional gathering as the young men felt remorse for what they had done, for they had been living with Confidence for several years in the community. One of them said: "Confidence is like a sister to me. I do not understand why I would do such a thing to her. I guess it was peer pressure." Though the community members who were living with Confidence were disappointed in the behaviour of the offending young men, they were touched by the young men's repentance and forgave them. They also decided to call together all community structures to discuss the solution towards the ill-treatment of people from different nationalities in their community. The decision was made to establish a community policing forum, which is a collaboration between the police and community members, whose aim is to prevent acts of crime in the community. Since the establishment of the community policing forum, there have never been incidents of xenophobic attacks in the community. Confidence reported to be living harmoniously with everyone in the community and the young men have also been released from the correctional centre and are under probation under the supervision of parole officers.

In short, victim empowerment is an approach adopted by the South African government to ensure easy access by all victims of trauma, violence and crime, national disaster, human accident, and socio-economic conditions to a range of services at the national, provincial and local levels. Its aim is to make the victim "a key player in the criminal justice system" (Department of Social Development, 2009 p. 1). It does this by meeting these objectives:

- i. To provide restorative justice by promoting a victim-centred approach to criminal justice. While initially, the criminal justice system solely focused on bringing perpetrators of crime to book, the current focus is on serving the needs of the victim and reconciling the victim and perpetrator. The goal is to create a victim-friendly criminal justice by reducing victimisation, even from the service providers, empowering the victims and improving service standards in the criminal justice system.
- ii. To help victims to use various services, provided by different departments and organisations, to receive assistance after exposure to violence and crime.
- iii. To help victims build their own capacity and support networks to deal with the violence and crime prevalent in their communities.
- iv. To encourage victims to act on the basis of their own choices in handling violent encounters in their lives.
- v. To assist victims to take control of their own lives and situations by having a say, being listened to, being recognised, and respected as individuals and having their choices respected by others, including the service providers.
- vi. To restore the victim's loss or damage that has been caused by the crime or violence, to a state that is as close to the initial state in which the individual was before as possible.
- vii. To help victims to learn and grow from the violent experiences encountered.
- viii. To assist victims to grow into being survivors of the violent experiences encountered (Department of Social Development, 2009).

You will come across the concept of victim empowerment several times below as we discuss the community psychology intervention approaches to addressing violence and crime. You will be referred to the case study above for more understanding as we look at the empowerment of community members and how community resilience is built up.

We will now study the concept of resilience, as well as community psychology approaches that can be used to prevent violence and crime.

4.2 RESILIENCE OF A COMMUNITY AS A BUFFER TO THE EFFECTS OF VIOLENCE AND CRIME



Study the following texts:

The whole journal article: Norris, F. H., Stevens, S. P., Pfefferbaum, B., Wyche, K. F., & Pfefferbaum, R. L. (2008). *Community resilience as a metaphor, theory, set of capacities, and strategies for disaster readiness.*

The whole journal article: Ahmed, R., Seedat, M., van Niekerk, A., & Bulbulia, S. (2004). *Discerning community resilience in disadvantaged communities in the context of violence and injury prevention.*

Communities face various challenges, including violence and crime. However, in the midst of such challenges, they somehow find a way of surviving the challenges, either individually or collectively. Community members may be faced with frustrating situations but they may still find themselves smiling, laughing, realising their goals, and even educating or sharing with others on how to survive those situations. Can you relate to such a situation?

This is what this theme is about, hence we decided to name it: ***Safety and security: What is working in my community?*** Surely, something must be working for you and your community members to be still standing and continuing with life. We are interested in and want to explore how collective survival is achievable in communities regardless of problems such as violence and crime, which an outsider may view as devastating and debilitating. One way of doing this, is to explore the concept of resilience.

Resilience in the context of violence and crime refers to the development and dynamic use of various coping styles and strategies in different environments to handle forms of intimidation, anything that threatens one's safety and security, wellbeing, as well as a sense of being in control of one's environment. The aim is to adapt, cope and function optimally in the midst of those challenges. Therefore, protective factors that are available both at the micro (personal) and the macro (at a larger social) levels, are used for this purpose. These include, but are not limited to, factors such as the personal qualities (personality characteristics/traits that one possesses); past experiences of dealing with problems (the successes or positive outcomes that were experienced in the past when faced with threatening situations); the relationships that one has with others (including the family, friendships, and other community structures or institutions like schools, churches, social and sports clubs, and hospitals/clinics); as well as available resources and opportunities in one's environment and level of cohesion and support in a community. In summary, community resilience is about mobilising community resources that provide

support and enable community members to have the ability to face violent situations, adapt positively to such situations, and achieve community wellbeing (Aisenberg & Herrenkohl, 2008).



Learning activity 2

Think of various problems that you have faced together with others in your community. It could be your friends, peers, family members, neighbours, or even your whole community where you live. Can you recall how you managed to get rid of those problems or to survive regardless of their existence? Can you see yourselves as a group of survivors today who are able to laugh and get on with life despite where you have been? Write a short account on this.

.....

Aisenberg and Herrenkohl (2008) highlight the following examples of community strengths that a community can rely on in the context of violence and crime:

- i. **Collective vigilance** – this refers to forming social networks through which community members can work together to achieve a particular goal.

Practical example: Parents may protect the youth in the local communities from hijacking cars, by keeping them busy through community youth projects. This becomes a shared responsibility rather than the responsibility of one individual. Remember the establishment of a community policing forum in the VEP case study? This is an example of collective vigilance that was used to address actions of xenophobia.

- i. **Collective strategies** – this refers to using protective strategies together which ease the burden of an individual.

Practical example: Building car wash services for the youth in the local community to increase their opportunities of earning a living, rather than resorting to acts of crime to generate money could be considered. In the case study, Confidence did not face the problem of discrimination and hate speech alone. Different government departments, as well as groups and organisations in the community came together to use strategies that could ease the burden on her, and to actually terminate the problem in the community.

- ii. **Collective enforcement** – this is when a community acts collectively to reinforce norms of preventing violence and crime, providing positive guidance and role modelling on how this can be done.

Practical example: Adults could join the youth in the car wash service, teach them the necessary skills and help them to manage their finances to ensure the youth's self-sufficiency. In the case study, the community acted collectively, specifically through the community policing forum and the victim offender dialogue, to reinforce the rule of not discriminating against others regardless of nationality.

4.3 COMMUNITY PSYCHOLOGY INTERVENTION APPROACHES

There are eight intervention approaches used in community psychology to address violence, to draw attention to communities' resilience when confronted with violence, and to bring about social change. These approaches are mutually inclusive as the application of one approach also implies consideration of the others, hence you will notice that some of the examples of strategies used in our country to implement these approaches cut across two or more approaches. The theme that is reiterated in all these approaches, is "community empowerment and involvement".



Learning activity 3

As we look at these approaches, think of the situation in your community and reflect on the approaches that are already applied and those that can still be applied to deal with violence and crime in your community. Write a short account on this.

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The community psychology approaches are discussed below. We have provided a diagram here (figure 4.1) to help you navigate through the discussion of these approaches.

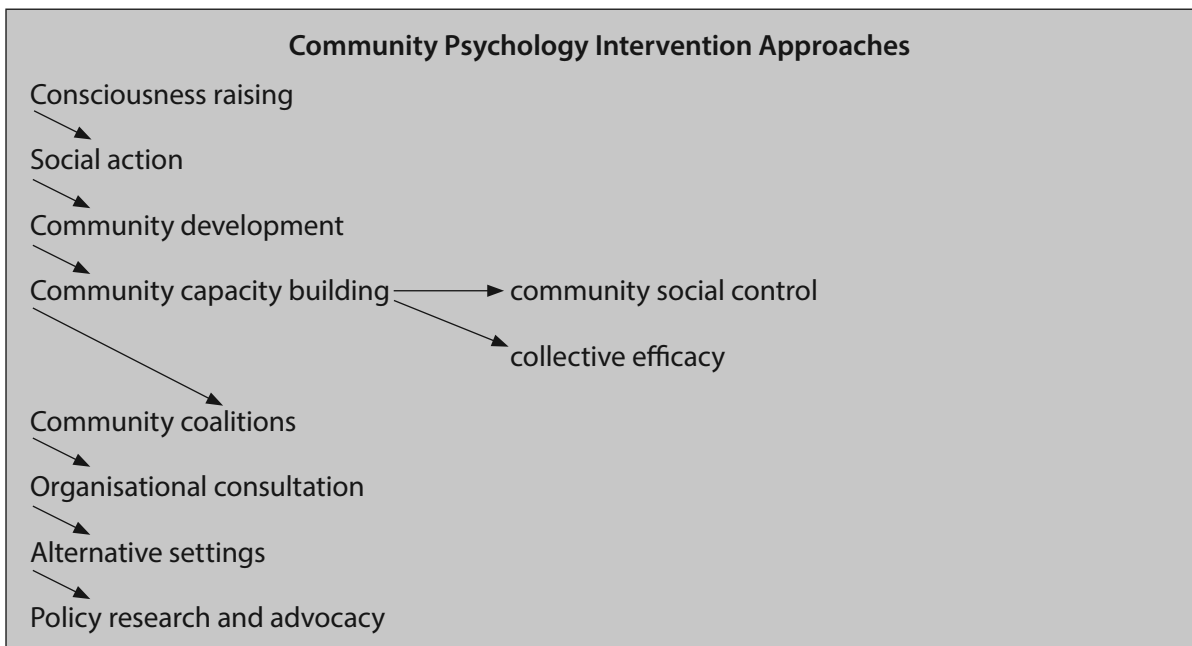


Figure 4.1: Community psychology intervention approaches

Intervention approach 1: Consciousness raising

This refers to organising campaigns to raise the awareness of communities regarding psychosocial factors that affect their lives and worsen the problems encountered, such as violence and crime (Swart, 2015). There are efforts put in place in South Africa that

serve as examples of consciousness raising. The following will help you to understand this concept:

i. South African Police Service (SAPS) community awareness campaigns

The SAPS Rapid Rail Police collaborated with the Department of Transport, Passenger Rail Agency of South Africa (PRASA), Transnet Freight Rail, the Railway Safety Regulator, and the Bombela Operating Company (Gautrain), on 18 March 2016 to launch safety and security awareness campaigns in Pretoria. The purpose of the campaigns was to make a specific community, the commuters who use the rail (train) services, aware of incidents of crime that compromise commuters' safety while using the services. The campaigns used strategies, such as addressing the commuters and distributing pamphlets to achieve this purpose.

ii. 16-Days of Activism Campaign

16-Days of Activism is an international and annual campaign that takes place during the dates 25 November and 10 December in the form of consciousness-raising in communities. Various strategies are used to raise awareness about violence and abuse against women and children. This is done by encouraging South African community members to wear white ribbons and participate in various events and activities that are geared towards raising the consciousness of South African communities on this form of violence.



Read

For additional knowledge on these strategies, access and **read** the following documents (note that these documents are only used to enhance your understanding; they will not be part of the exam):

The SAPS magazine, April 2016 issue (read a full text on this campaign on pages 8–9): https://www.saps.gov.za/resource_centre/publications/police_mag/april2016_mag.pdf

16-Days of Activism campaign: <http://www.gov.za/16-days-activism-no-violence-against-women-and-children-2014>.

Intervention approach 2: Social action

This is an approach derived from the social action model of community psychology that you were introduced to in Theme 2. It is related to the social community approach that has been in use in South Africa for some time now. The basic premise of this approach is that, in order for social change to take place in a community, oppressive relationships and structures, as well as injustices in the community should be addressed through implementing empowerment strategies. Empowerment refers to enabling community members to have a personal sense of control over their lives and to control those factors that influence their lives in one way or another (Swart, 2015). Collective action is encouraged to realise this goal (Lazarus, 2015).

There are examples implemented in South Africa as community empowerment strategies geared towards preventing violence and crime. These are community-based structures that have been put in place to empower locals to handle the psychosocial causes of violence and crime. For instance, there is visible policing by the SAPS which aims to ensure that police members are visible in communities and can be actively involved in assisting communities with crime-related matters. The aim of implementing the community empowerment strategies is to prevent violence and crime in the country, to establish partnership and communication between the community and the SAPS, in order to improve transparency in the service and accountability of the SAPS to the community. This, it is hoped will fulfil the needs of the community regarding policing, and promote joint problem identification at national, provincial, area and local levels (South African Police Service Act No. 68 of 1995; South African Police Service Amendment Act No. 83 of 1998). The main objective is to address serious and violent crimes and to strengthen social crime prevention measures (South African Police Service, 2009/2010).

Notable examples of forms of action and programmes that are currently in place in the country to serve this purpose, are:

i. 16-Days of Activism Campaigns

The 16-Days of Activism campaigns are also a form of social action because their aim is not only to raise consciousness but to mobilise action on preventing violence against women and children, and providing support for abused women and children.

ii. The VEP

What can be deduced from VEP objectives in relation to social action, is that the programme focuses on the following community psychology principles: (i) participation (encouraging victims to be actively involved in the process of seeking and receiving assistance after being exposed to violent and traumatic events); (ii) empowerment (empowering the victims to be in control of their circumstances, in order to be survivors at the end); and (iii) prevention (the empowerment should help the victims to foresee disaster and prevent themselves from being involved in such devastating circumstances in the future).

iii. Community policing forums (CPFs)

Community policing forum refers to partnership between the police and communities with the aim of fighting crime together and to improve service delivery. Specific functions of CPFs in collaboration with the police are as follows (SAPS, 2015 p. 67):

- The CPF, with the assistance of the Sector Commander, should be aware of community crime prevention structures, such as patroller groups, street committees, as well as neighbourhood, street, block, farm, business, domestic and flat watches, functioning in the sector(s) and should further attempt to have these structures affiliated to the CPF and coordinate their activities in the sectors. Firstly, to ensure their safety, but also to ensure that they do not become vigilante groups, but act within the perimeters of the law.

- It must be emphasised that the SAPS will only cooperate with community crime-prevention structures that are affiliated to the CPF.
- The CPF, with the assistance of the Sector Commander, must further ensure that these groups receive the necessary training regarding their rights and responsibilities.

iv. Youth Against Crime Campaign

This is a South African government campaign that aims to involve the youth in fighting against crime, mainly at the preventive level.



Read

For additional knowledge and examples, access and **read** the following documents/**view** a video (note that these documents and video are only used to enhance your understanding; they will not be part of the exam):

VEP

Victim Empowerment Programme, ukuthwala: Departmental briefing:

<https://pmg.org.za/committee-meeting/10809/>

Girl's empowered to speak out – YouTube video:

<https://www.youtube.com/watch?v=iOuRevM4B1k>

CPF

Honeydew community policing forum document:

<http://www.honeydewcpf.org.za/cpf.html>

Youth Against Crime Campaign

SA news article – Youth encouraged to act against crime:

<http://www.sanews.gov.za/south-africa/youth-encouraged-act-against-crime>

MEC Willies Mchunu urges youth to help in fight against crime:

<http://www.gov.za/speeches/mec-mchunu-urges-youth-play-pivotal-role-fighting-crime-kwazulu-natal-7-jun-2015-0000>

An article of the Centre for the Study of Violence and Reconciliation: Dissel, A. (1997). *Youth, street gangs and violence in South Africa*. In *Youth, Street Culture and Urban Violence in Africa*. Proceedings of the International Symposium held in Abidjan, 5-7 May:

<http://www.csvr.org.za/publications/1540-youth-street-gangs-and-violence-in-south-africa>

Intervention approach 3: Community development

This approach helps community members who are affected by a particular psychosocial problem, to have active participation in making decisions about what should be done to solve their problem and to be actually represented in the specific efforts made to address the problem, thereby improving the quality of community life. Therefore, community development is about bringing about development or change, together with and

by community members, rather than doing things without and for them (Swart, 2015). This suggests the consideration of the community psychology principles of social inclusion (communities are included in shaping knowledge about how they can be assisted on the basis of their daily ways of living/doing things) and citizen participation (community members having the ability to make decisions regarding their own development, specifically by actively engaging in identifying, planning, establishing, implementing, and evaluating development initiatives that affect their lives) (Van Vlaenderen & Neves, 2013). Improving the provision of services in policing, improving the safety of the environment, and skills development, are some of the strategies used within this approach to solve the problem of violence and crime in communities (Swart, 2015). Local examples that we could think of in this regard are as follows:

i. CPFs

These structures are also relevant under community development. This strategy encourages engagement between the police and community members. Gumani (2014) found that this form of policing is beneficial to both the police and community members. It opens a way for the police to receive information about organised crimes within the communities that are served and thus facilitating effective policing and case investigation. This also helps community members to feel safe as they know that they have community structures that they can rely on to assist them with violent and criminal activities that make community life unbearable. Therefore, community members make a contribution towards knowing which crimes should be solved, and also how they should be dealt with through the information they provide. This way, violence and crime prevention becomes a two-way effort between the police and the community. The SAPS Crime Stop Tip-Off Number service (08600 10111) and the Report Child Abuse/Images email service (childprotect@saps.gov.za) serve as examples of the information-sharing platforms between the police and community members.

ii. Job creation and skills development programmes

The Department of Correctional Services (DCS) has the rehabilitation programme that aims to equip offenders with life skills (redirecting offending behaviour through access to psychological, social work and spiritual services) and personal development (literacy, education, and skills competency programmes) that should prepare them for the outside world when they are released from correctional centres. The skills enable them to reintegrate effectively with their former communities as law-abiding citizens and to use the skills to improve their personal lives, to change their thinking and decision-making patterns, to be acceptable to society, and to have abilities that they can use to earn an honest living. This way, ex-offenders are enabled to live harmoniously with their community members and to refrain from actions, such as stealing and killing, in order to ensure their sustenance. This means that the skills development programmes contribute towards the reduction of violence and crime. NICRO, a South African NGO, which is the National Institute for Crime Prevention and the Reintegration of Offenders, also makes a contribution towards crime prevention and the rehabilitation of offenders in the country.



Read

For additional knowledge, access and **read** any of the following documents (note that these documents are only used to enhance your understanding; they will not be part of the exam):

Job creation and skills development programmes

South African government programmes, projects, and campaigns:

<http://www.gov.za/about-government/government-programmes/projects-and-campaigns>

NGO Pulse: <http://www.ngopulse.org/opportunity/call-proposals-skills-development-and-job-creation>

EOH Youth Job Creation Initiative: <http://www.eoh.co.za/about-eoh/sustainability#.WRrDNU2QqJA>

Department of Correctional Services Strategic Plan 2013/2014 – 2016/2017 (See Rehabilitation and Social Reintegration):

www.dcs.gov.za/Publications/StrategicPlans.aspx (then click on the Strategic Plan 2013-2014-2016-2017)

NICRO: <https://www.westerncape.gov.za/general-publication/what-nicro>

Intervention approach 4: Community capacity building

This is a dynamic concept that requires in-depth understanding of what it means. Community psychology focuses on helping communities to increase their own resources to solve problems that are encountered and to make community life better. Different levels of a community at which such resources can be increased, should be considered. It means that the resources can be improved at a group, organisational or even at the community level, depending on the magnitude of the problem experienced and who is affected. This also calls for consideration of the contexts in which the problem occurs. By contexts, we are referring to settings such as the social, cultural, educational, and political milieus. This is in line with the social ecological model (Trickett, 2009), which we explored in Theme 2. It means that the prevention of violence and crime in our communities should be implemented at all these levels and within all these contexts.

Community capacity building is related to prevention of violence and crime, because prevention focuses on building the resources of a community to address the psychosocial problem that is encountered (Norris & Thompson, 1995). Therefore, prevention of violence and crime requires the use of prevention programmes that will contribute towards helping a community to use its own capacity to prevent the violence and crime from occurring or continuing. This implies that a community should be involved in a process of capacity development (to produce or acquire the required resources), capacity implementation (to get into the action of using the resources to address the said problem) and capacity sustainability (ensuring ways of sustaining the resources, in order to guarantee long-term effects of preventing the problem).

The following two aspects have to be considered, in order for community capacity building to take place:

i. Community social control

This refers to sharing resources and using strategies by a community to control a problem. The success of community social control depends on bringing together and forming an interlink among efforts made at various levels of a community and the broader society such as the individual, family, municipal, provincial, and national efforts of control rather than using these separately. Therefore, three levels of social control have been identified as follows:

- private control – control that is exercised by interacting with primary group members to prevent violence and crime, for example, family members;
- parochial control–control that is exercised by interacting with voluntary associations and groups, which serve as channels through which the goal of violence and crime prevention can be realised, for example, church groups, sporting clubs, and neighbourhood watch groups; and
- state control–control that is exercised by interacting with government departments to provide support to the community in preventing violence and crime, thus ensuring safety and security, for example, SAPS arrests, DCS rehabilitation programmes, and Department of Arts and Culture youth initiatives (Sabol et al., 2004).

Consideration of private, parochial, and state control, means that communities can use the level of control that is possible to them to increase the resources that are already available or by increasing the degree of connectedness that they have within themselves or with other communities to have the capacity to prevent violence and crime. Connecting with other communities helps to supplement the resources that are not available in the community, which can be used for capacity building. Increasing community capacity therefore, refers to taking into cognisance aspects such as available assets, social interactions and the different roles that can be played by individuals, groups, organisations, and the government in preventing violence and crime, as well as defining the extent to which such roles can be played to prevent giving too much power that can lead to further problems in the community (Sabol et al., 2004).

For instance, have you heard of vigilante organisations, kangaroo courts and mob justice in some South African communities, which have been established as a result of beliefs that the criminal justice system was not achieving its goal of violence and crime prevention, and were established to ensure justice and to end violence and crime? Burr and Jensen (2004) show that while vigilante organisations are generally regarded to be operating outside the law, vigilantism should be viewed differently from mob groups and be seen as “everyday policing” that brings constitutional and moral order in communities, and that organisations working within this domain should work closely with the police and other official policing or community structures. Nevertheless, some problems related to “kangaroo courts” and mob actions have been noted, and these include solving violence with violence. For instance, incidents of assaults and murder often result from these social actions, which communities should guard against.



Read

For examples, access and **read** the following reports (note that these reports are only used to enhance your understanding; they will not be part of the exam):

Violent vigilantes are popular (A News24 report): <http://www.news24.com/SouthAfrica/Violent-vigilantes-are-popular-20001127>

South African Kangaroo court: Two murdered by mob justice: <http://www.henrileriche.com/south-african-kangaroo-court-two-murdered-by-mob-justice/>

Three slain after kangaroo court: <http://www.iol.co.za/the-star/three-slain-after-kangaroo-court-1260892>

Despite the negative reports cited above, there are various groups in communities that organise themselves for social action as a way of solving their own problems.

Community social control also requires looking at whether horizontal or vertical strategies to prevent violence and crime should be used. Horizontal strategies of violence and crime prevention focus on placing this responsibility in the hands of those who reside in the community. This depends on the nature of the problem that is encountered within the community. Vertical strategies of violence and crime prevention create a link between community members and outside higher structures, to implement policies made at that level to solve the problem in the community (Sabol et al., 2004).

This takes us to a very relevant concept of social capital that is applied in community psychology. Social capital refers to relying on one's community on the basis of the social relationships formed among community members at various levels (laypersons, and professionals) and in various contexts (health, education, law, and politics); taking advantage of the positions held (within various institutions such as the family, hospitals, schools/institutions of higher learning, churches, research, and businesses); and having relations with the larger community such as surrounding communities or the country at large. This is done, in order for all in the community to have access to the resources that are available. What is of importance in social capital, is ensuring mutual benefit by all who are affected because social capital can be used for both individual and collective gain (that is, elevating individual and community lives). While this means that social capital can be informed by individual expectations and actions, it is mainly driven by community needs and what the community, as a whole, stands to benefit. Through social capital, internal and external resources could be used to the community's advantage to establish social interactions and draw up on available assets to prevent violence and crime (Sabol et al., 2004; Saegert & Winkel, 2004). This way, benefits flow from the larger society to the lowest person at the grassroot level (Saegert & Winkel, 2004).

This definition suggests that social capital includes elements, such as the following (Sabol et al., 2004; Saegert & Winkel, 2004):

- **Trust:** It is important to establish a relationship based on trust, as community members may isolate themselves and be sceptical of others' motives and behaviours in communities that are crime-stricken

- **Collaboration:** Social capital can be possible if people work together to achieve the goal that has been set
- **Finding common ground:** Having shared norms, ensuring mutual responsibility, help and support can assist in achieving the goal
- **Benchmarking:** Setting and enforcing standards that have been agreed on enhances social capital
- **Sanctions:** Putting restrictions or punitive measures in place in case of contravening the norms set and to ensure that the standards agreed on are observed
- **Communication:** Social capital requires that there be an exchange of information from different contexts, thus having rich information to work with and ensuring that information flows freely among those who form part of the “community”
- **Identity formation:** Renegotiation of a social identity to form a positive local identity
- **Community participation:** High participation of community members in formal and informal social networks

This emphasises three aspects in a community: (i) participation by community members in the effort to deal with the problem of violence and crime (Saegert & Winkel, 2004); (ii) taking seriously the notion of social organisation (also referred to as community organisation), which means that community members can organise themselves towards achieving a particular goal like preventing violence and crime, which has been found to be successful in some communities (Sabol et al., 2004; Saegert & Winkel, 2004); and (iii) the empowerment of a community by transforming the lives of an individual, a group and the larger society, which at the end, ensures the wellbeing of the whole community (Saegert & Winkel, 2004). Therefore, social capital includes examples such as the following:

- establishing informal networks of friends and neighbours
- forming voluntary associations such as burial societies, stokvels, or clubs, which are based on particular hobbies, leisure, and personal development that people engage in
- setting up community activist groupings concerned with matters of local interest, such as civic organisations and other neighbourhood concern groups

ii. Collective efficacy

This is the second aspect of community capacity building. It refers to encouraging social interactions, that is, communication, connectedness, and collaboration among various stakeholders in a community, to develop shared beliefs, trust and willingness in a community to organise ways of dealing with the psychosocial problem that is encountered, thereby building up their capacity to exercise social control over the problem. The reason is that the nature of interactions within and across all the levels in a community, including the individual, the family and broader groups within the community, determine the types of violence and crime that occur in a community. For instance, it has been generally found that risk factors for community violence include the following: gender, depending on the type of violence; being older; being poor; being of colour; living in densely populated urban areas; single-parent families; as well as lack of opportunities pertaining to financial development and housing (Aisenberg & Herrenkohl, 2008). Specifically, youth violence has been found to occur in communities that have the combination of these risk factors: high levels of racial discrimination, poverty, and single-parent families. Child maltreatment, on

the other hand, is mainly reported in poverty-stricken and single-parent or young caregiver families (Sabol et al., 2004).

These problems immediately paint a picture of the kind of a family, community, and broader society that violent young people and children who are abused by family members, find themselves. Therefore, in every community that is faced with the problem of violence and crime, the solution lies in changing the structure and functioning of the community by having a shared agreement by all on first, what the problem is (how it is defined and what its causes are said to be), and second, what has to be done to prevent the violence and crime. This suggests that the issue of violence and crime prevention is not as simple as it appears. Different communities can define the problem of violence and crime in different ways and this will depend on how they choose to deal with it. This also depends on whether the form of violence encountered takes place in the public (as in youth violence) or in private (as in child maltreatment and intimate partner violence which take place at home). This further determines the degree of involvement and social control that the larger community can manage. In addition, this explains the necessity of the three levels of social control in society (private, parochial, and state control) thus ensuring collective action in pursuit of fighting violence and crime (Sabol et al., 2004).

In a nutshell, community capacity building requires consideration of the following aspects, as well as ensuring a link among them: social/community organisation, citizen participation, social capital, collective efficacy, and community social control, at all three levels (private, parochial and state levels). This means establishing organisations, forming ties, and ensuring cohesion among individuals within a community as well as forming such with the larger society (that is, with other communities, institutions and organisations). The following diagram (figure 4.2) illustrates this:

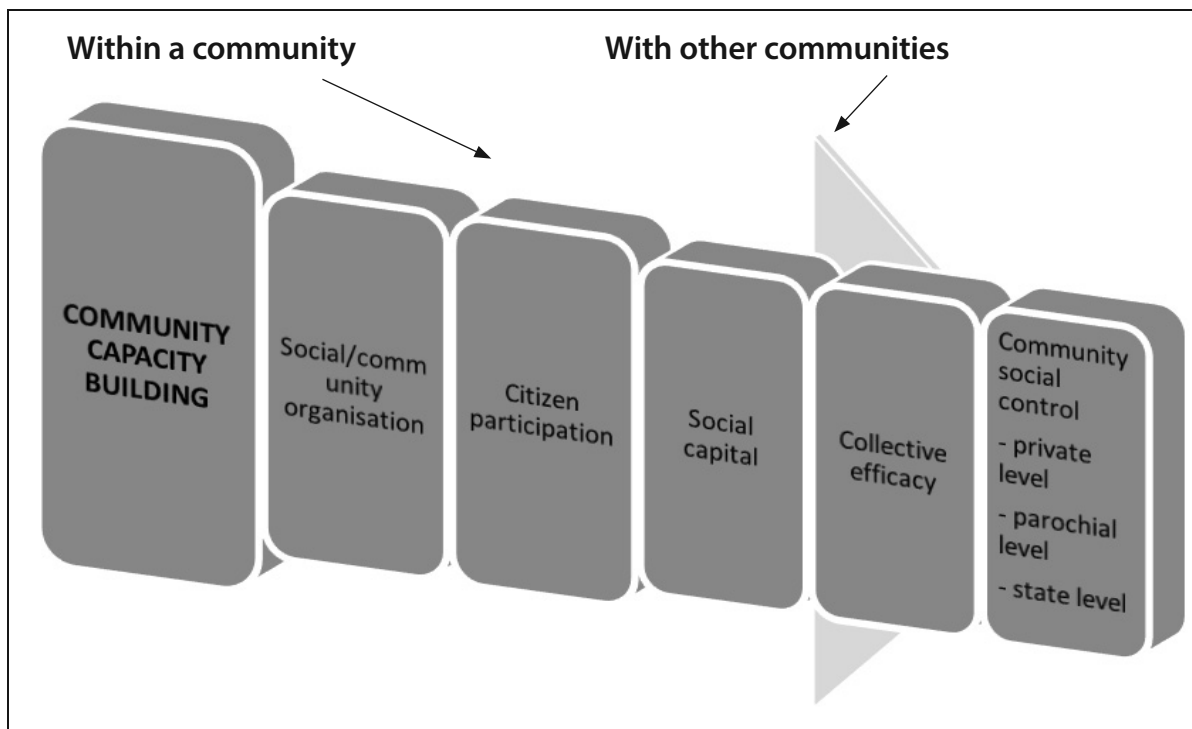


Figure 4.2: Community capacity building components

Let us now look at the South African examples that we can make reference to when studying the concept of community capacity building in relation to the prevention of violence and crime.

i. The VEP and the 16-Days of Activism Campaign

Again, the VEP can be cited as an example of community capacity building, as it encourages collective action by different structures in the community to deal with violent causes of trauma. These structures include the departments of Social Development, Health, Education, Justice and Constitutional Development, the SAPS, and Correctional Services, as well as the victims, perpetrators, non-profit organisations (NPOs), including non-government organisations (NGOs) and civil society organisations (CBOs) (Department of Social Development, 2009). The link among these departments and structures is evident in the VEP case study that we considered at the beginning of the theme. The 16-Days of Activism Campaign also involves different structures and community members, both nationally and internationally, to fight against the abuse of women and children.

ii. DCS social reintegration programme

The DCS's social reintegration programme, which focuses on the reintegration of ex-offenders into their communities by encouraging them to participate in restorative justice processes, does not only require the active participation of the ex-offenders in being law-abiding citizens. It also requires the victims, including their family members and other community members to believe in the ex-offenders' rehabilitation and give them a chance to prove their attitude and behaviour change, as was noted in the VEP case study through the victim offender dialogue. This way, the capacity of the community to deal with crime is built collectively.

iii. Gender based violence support groups

There are several groups in South Africa, mainly NGOs, that work collectively with different community stakeholders to address gender-based violence. Examples are the Gender Based Violence Project, Moshate, and POWA.



Read

For additional knowledge access and **read** the following documents (note that these documents are only used to enhance your understanding; they will not be part of the exam):

Gender based violence support groups

Moshate: <http://www.ngopulse.org/organisation/moshate>

POWA: <https://www.powa.co.za/POWA/about-us/>

Intervention approach 5: Community coalitions

This refers to forming partnerships in a community to deal with the problematic psychosocial elements. This includes bringing together service providers, researchers, policy makers, local authorities, and community members to work together towards this course. The idea is to ensure that the course is realised in a holistic and integrated manner (Swart, 2015).

The VEP

The VEP is still a relevant example of a strategy used to achieve this purpose in the country. The implementation of this programme addresses one of the serious concerns that led to the development of community psychology in South Africa – having psychology services that were fragmented, with poor intersectoral communication and cooperation (Naidoo, 2000). The VEP creates a common understanding of victim empowerment among different government departments, NGOs, NPOs, CBOs and community members. It also manages service delivery as an integrated whole within and between the various government departments and other stakeholders that provide services to the victims of crime. This makes the VEP services intersectoral, multidisciplinary and comprehensive (Department of Social Development, 2009), which we also noted in the case study.

CPFs

The CPFs in South African communities are also a relevant example of how community coalitions can be formed to prevent violence and crime.

Intervention approach 6: Organisational consultation

This refers to noting the strategies used by organisations or institutions in a community, to address the said psychosocial problem. Examples here are the NGOs, self-help groups and government departments in South Africa that are involved in crime prevention. These organisations or institutions use different strategies to serve this purpose. Note the strategies that are used by Moshate and POWA (see capacity building above).

Intervention approach 7: Alternative settings

In the context of violence and crime prevention, this refers to exploring alternative locations and sites that can be used as places of safety for community members (Swart, 2015). There are several shelters in South Africa that accommodate women and children who have been subjected to various forms of abuse. Chances of exposing them to revictimisation are reduced by keeping them in these places of safety. Examples include Amcare, A Re Ageng, and Sisters Incorporated.



Read

For additional knowledge access and **read** the following documents (note that these documents are only used to enhance your understanding; they will not be part of the exam):

Amcare: <http://www.amcare.org.za/our-history/> and <http://www.amcare.org.za/our-services/women-childrens-shelters/>

Sisters Incorporated: <https://www.westerncape.gov.za/facility/sisters-incorporated>

Intervention approach 8: Policy research and advocacy

This has to do with collecting information, through research, on shortcomings of policies relating to psychosocial problems that cause harm in a community and using the information to influence decisions and to fight against that problem (Swart, 2015). This suggests that different forms of violence require different forms of policy, and therefore, different ways of dealing with them (Sabol et al., 2004). For example, see any of the following documents: The Department of Social Development's Service Charter for Victims of Crime, the Minimum Standards on Services for Victims of Crime, and the National Policy Guidelines for Victim Empowerment, as well as the 2016 Hate Crimes and Hate Speech Bill. These were adopted in South Africa based on shortcomings of previous policies on protecting residents of South Africa and addressing their human rights. Also see the Policy Brief: Africa Institute of South Africa, Briefing No. 93 on employment creation and skills development in South Africa.



Read

For additional knowledge access and **read** the following documents (note that these documents are only used to enhance your understanding; they will not be part of the exam):

The Service Charter for Victims of Crime: www.justice.gov.za/VC/docs/vc/vc-eng.pdf

The Minimum Standards on Services for Victims of Crime: www.justice.gov.za/VC/docs/vcms/vcms-eng.pdf

The National Policy Guidelines for Victim Empowerment: www.gov.za/documents/national-policy-guidelines-victim-empowerment

The 2016 Hate Crimes and Hate Speech Bill: www.justice.gov.za/legislation/hcbill/2016-HateCrimes-HateSpeechBill.pdf

Policy Brief: Africa Institute of South Africa, Briefing No. 93: www.ai.org.za/wp-content/plugins/download-monitor/download.php?id=183



Learning activity 4

We would like you to explore your community by making observations of the intervention approaches and strategies that are used to ensure safety and security in the community.

Answer the following questions:

- (1) Are any of the intervention approaches and strategies explored in this theme prevalent in your community? If so, which ones? Identify the intervention approaches used as well as the specific strategies used to execute those approaches in your community. Also describe how each strategy is implemented.
- (2) In addition, identify those intervention approaches and strategies that have not been covered in this theme that are prevalent in your community and seem to alleviate the problem of violence and crime. Describe how those intervention approaches and strategies are implemented in your community.
- (3) Explain how the intervention approaches and strategies used to prevent violence and crime in your community (those identified in 1. and 2. above) promote the resilience of your community.

4.4 CONCLUSION

We hope that this theme made you aware of what is happening in our South African communities pertaining to addressing violence and crime, and how community psychology can be used as a sub-discipline of psychology to intervene in these communities to prevent these phenomena. To recap, this is what the theme focused on: the concept of community resilience in the contexts of violence and crime, and exploring the community psychology intervention approaches used to prevent violence and crime, with the use of practical examples that we can relate to in our day-to-day living in our respective communities. The intervention approaches that we discussed are as follows: consciousness raising; social action; community development; community capacity building; community coalitions; organisational consultation; alternative settings; and policy research and advocacy.

SECTION C

Working with change

This section is also compulsory. The focus is on showing you the practices and dynamics that take place in communities, how change takes place in communities on the basis of a range of interventions that can be rated according to their degree of impact, as well as how support for others and oneself takes place. The theme that is covered is: **Community practices and dynamics** (Theme 5).

Theme 5

Community practices and dynamics

5.1 INTRODUCTION

In this theme, we will explore the nature of problems that affect people in communities. The distinction between simple, complicated, and super-complex problems is used to delve into different ways in which we can understand and conceptualise difficulties. It is a truism that “a good problem definition is three quarters of the way to creating a sound solution”. However, complex living organisms and systems tend to have changing and dynamic cycles that do not respond well to linear cause-and-effect problem definitions or solutions. By contrast, a relational worldview that is open to flexible learning and tolerant of uncertainty can respond adaptively. We hold the view that the complex living systems approach is better suited to guide responses to the challenges of diverse human subjective experiences with their unpredictable and emergent (not yet known) patterns of behaviour.

A systemic problem-solving approach is provided that can potentially reveal tacit or hidden assumptions, limiting beliefs, perceptions and unresolved trauma that may have a detrimental effect on interrelatedness and wellbeing. We explore how a process-map can assist with improved self-regulation, interpersonal relating and environmental adaptation in the context of legacies of trauma and colonisation. This has bearing on the South African and other contexts where colonial histories of oppression and subjugation have had, and still have, a traumatic impact on families and communities. The systemic problem-solving model is provided as a framework to develop a relational worldview that may enhance personal, family and intergroup relations. Three focal areas are used to discuss adaptive behaviours for sustainable communities: human relationships, a community orientation, and ecologically sound lifestyles.



Learning outcomes

At the end of this theme you should be able to:

- Have a better understanding of complex community problems and challenges.
- Understand the value of the seven generations question for improved self, interpersonal and collective regulation.
- Distinguish between simple, complicated and super-complex problems. Discuss the strengths and weaknesses of each.
- Understand technical rationality and the negative consequences of this approach when it ignores the relational aspects of people, communities and the environment.
- Understand complex living processes, for example raising a child, as an example of a complex relational journey.
- Understand emotional and perceptual blind spots as a human relational problematic. Distinguish this from normal human experiences of grief, fear and despair.

- Understand the intergenerational transmission of unresolved historical traumas in the wake of colonisation and apartheid.

There is no prescribed text for this theme.

5.2 COMMUNITIES AND ITNERCONNECTIONS

Let us have a look at the interface between our lives, our communities and the natural ecology. Your and our families have lived over a very long time period. Our lives are but a small part of the human story that started in time immemorial. If we look back to nine generations ago in our family trees we can imagine that they lived a life that is similar to ours, as in, they were born, grew up and learnt about the world, had to do work and perform tasks, had to provide for food, fell in love, and had children (which explains why you are here today!). We still have the same basic needs: shelter, food, water, security, love, belonging and purpose.

We are alike to our ancestors, but our world has changed tremendously. Nine generations ago there were between three to four million people living in Southern Africa. Today there are more than 50 million people in South Africa. The fast-paced demographic growth places tremendous stress on the natural ecosystems within which we live. There are now millions of kilometres of tar roads, power lines, telephone cables, and human infrastructure. Today there are millions of formal and informal dwellings. The natural environment and ecosystems have been placed under tremendous distress due to this encroachment. In keeping with this our cultures have also experienced massive changes and adaptations. Things have changed a lot—for the better and for the worse. Have we kept up sufficiently with this avalanche of changes and stressors?

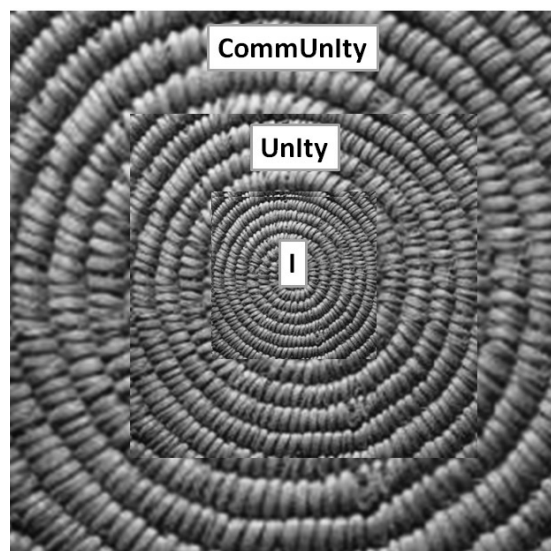


Figure 5.1: Community as interested systems

At the beginning of the study guide we provided this figure 5.1 to show how the self (the “I”) is nested in a spiral that bring us into unity and community with others. Each of us is the centre point of a spiral network that is connected to one or more of the following:

- family units
- extended families
- neighbourhoods
- communities
- organisations and institutions, and
- societies and collectives.

All of the above are nested within local, regional and planetary ecosystems and nature.

Each layer is deeply interconnected with the other layers, and with the other selves (the other I's). We live in a field of interconnections and links. This web of relations makes us vulnerable and open to change, but it is also our source of strength, support and love. This is where we are wounded and where we learn and experience disappointment, trauma and loss. Hopefully we also learn how to deal with these and move on. In all our family histories there are joys and pains, dramas and suffering, strengths and resiliencies. It is a mixed bag of experiences: positive, neutral, and negative.

When we move from the family to the community level, the same experiences play out in organisations and institutions (for example, the school, market, clinic, police station, municipality, and the workplace). The strengths, resiliencies, issues, and troubles of all your communities form a mosaic of human living. In this theme, we will look at ways to understand community dynamics and issues. We will also look at a way to conceptualise community interventions or engagements.

To start this discussion, we provide another definition of community:

Communities are relational nests and webs of individuals and families. Communities are nested within larger societal structures and histories. These are all nestled within natural ecosystems, from the micro-level to the planetary level.

We are all interconnected, and our lives and fates are intertwined. This has implications for how we see resilience, wellbeing, and health. These issues apply not only to individuals such as you and I. They also apply to families and households. How resilient and healthy is the household or place where you live? When we spiral out to the communities' level, and from there to the regional and national level we can ask: "How resilient and healthy is the nation and region where you live?" In all possibility you are facing challenges in every aspect of the spiral of your living. This is normal as humans have always faced challenges and upsets. Our interest in this writing is to see how we can strengthen our wellbeing, resilience, and health. How do we as humans cope, live in a sustainable way, and thrive even under the most adverse of circumstances?

5.3 THE CHALLENGES OF OUR TIME

We live in difficult and trying times. The news is filled with reports of abuse, violence, crime, traffic injuries, violent deaths, poverty, unemployment, racism, sexism, injustice, non-delivery of municipal and social services, corruption, environmental pollution, natural disasters, wars, and human tragedy. This can be overwhelming and demoralising. How can

we deal with these negative experiences and information? How can we better respond to change or improve these problematic experiences?

In this theme, we address the dynamics of *negative and positive change* in more depth and detail. Our guiding vision with this discussion is this: “If we can understand better, we can respond, plan, design, and do better”. The knowledge systems that are located in psychology can help with research findings, theories and understandings and application (interventions). However, it is not always easy to link the abstract theories, concepts and applications in textbooks or articles to our diverse local circumstances.

Not all situations can be changed. Some situations can be changed – but require collective will that is beyond one individual or group’s level of agency, influence, and power. Some situations are maintained by absolute forces and powers that will not relinquish their power unless there is a challenge and contestation for power (as stated by Malcolm X). However, challenging an “absolute” power can lead to negative consequences for those who demand change. A great number of political activists who challenged the status quo were incarcerated, and many lost their lives under suspicious circumstances. The bottom line is that there are no easy armchair solutions that will quickly fix persistent and negative experiences (or patterns) in a community. We call these “super complex” or “wicked” problems.

Those who promise an easy solution to a super complex problem (such as addiction, poverty, unemployment, life-threatening illness, historical trauma, and crime) are more often than not humbled by that problem. When we ask the elders with years of life experience about intractable issues, they typically point out that life is at best complicated, challenging, messy, filled with contradictions, sometimes-joyful sometimes-painful or both, sometimes just and sometimes unjust, in some ways easy, and in other ways very arduous. To make one’s way through life requires patience, perseverance, humility, adaptation (when previous ways no longer work), saving energies and moneys (planning for a “rainy day”), prudence, care, the wisdom to see what can be changed and what cannot, acceptance, courage, knowing when to speak out and knowing when to keep silent, knowing which problems are easily solved and acknowledging which problems will probably take a lifetime or longer to solve. A good sense of humour, playfulness and laughter help to balance the seriousness and hardships in life.

The three core areas of personal and community resilience are: Healthy human relationships with oneself and with others, a community orientation, and ecologically sound lifestyles. Community resilience is based on household, family, and ecological resilience. When organisations and institutions act in a way where these are supported, this supports all human communities across the world. The web of social and ecological relations is strengthened when people and the environment are treated with respect, dignity, and good boundary management. This sensibility is reflected in the First Peoples of the Americas’ use of “the seven generations question” when deciding on a course of action. This ethical guideline asks: “What will the impact of this course of action be on the next seven generations in the future?” And “What will my ancestors up to seven generations back think of my deeds and actions?” We can use the seven generations question to better manage the consequences of our behaviour when we want to, for example, call people bad names, fly into a rage, throw away a non-biodegradable plastic bag, or hold a

grudge toward someone. Better and appropriate self-regulation is a vital key to healthier personal, familial and community living. This is becoming more difficult in the context of the avalanche of changes and stressors of our time.

What is the most important thing for good or better living? Is it perhaps knowledge, education, money, land, or resources? No, we would say the most important thing is our relationships with people, institutions, and nature. Our relationships are our deepest source. The phrases “umuntu ngumuntu ngabantu” in Zulu, and “motho ke motho ka batho” in Setswana, reflect this well. It means that a person is a person through other people, and because we are, I am. Our people and our children are our wealth, and our natural environment is our wealth. From our relationships, we can source the resources we require.

The global movement to “human rights” was informed by the vision that we should collectively step away from exclusive group rights that made certain groups special and that devalued other groups. This had the consequence of injuring and wounding everyone. A favourite slogan during anti-apartheid protest marches of the 1980s was: “An injury to one is an injury to all!” This powerfully expresses the truth of our interconnectedness. In the new South African constitution, we demolished white supremacist domination over others. The new constitution is fundamentally based on the human rights philosophy where everyone has inalienable rights (and collective obligations). All people are equal before the law, and before societal institutions (Sachs, 2017). The constitution moves to heal and redress the injustices of the past, and create a free, fair, and equal society. This is an ongoing process and challenge that will not be completed in our lifetime, and it links directly to the “human and ecological relationships” approach we use in this module.

Maya Angelou (poet, activist and scholar), pointed to courage, hope and personal integrity as non-negotiable core values. She experienced great hardships as a child, but used these hardships to develop herself through reading and studying literature and talking to people. One of her favourite sayings was: “Out of great evil can come great good!”.



Learning activity 1

- (1) What are your thoughts on the three core areas of personal and community resilience: Healthy human relationships with oneself and with others, a community orientation, and ecologically sound lifestyles? Do you agree, disagree, or have a different viewpoint? Is the idea that community resilience is based on household, family and ecological resilience, valid? Discuss your views and support your argument with examples.
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5.4 COMMUNITY PROBLEM SOLVING: SIMPLE VERSUS COMPLICATED PROBLEMS

Now let’s delve deep into the nuts and bolts (the how and why) of good self-regulation in the context of community problem-solving. First, we will provide a general discussion of simple versus complicated problems.

A **simple process** has a clear list of action steps and a recipe or procedure, for example baking a cake or washing clothes. No specialist skills are required, although previous experience helps. The recipes, procedures, required ingredients and tools are all known and standardised. The certainty of producing an acceptable quality cake is guaranteed if the right ingredients, procedures and equipment are used. There is a lot of certainty in these simple projects; the parameters and required behaviours follow predictable and known patterns. It is relatively easy to learn a simple skill. If one follows the recipe or algorithm carefully one can even mass-produce the same item consistently to the same quality and standard. There is little uncertainty in a simple process.

Similarly, a **simple and contained problem** is responsive to linear problem solving (“if I do this and add that I will get the desired result”). The causes that lead to an unwanted effect can be traced, and addressed. For example: to reduce the risk of injury on a road next to a school we can enforce a lower speed limit, install a speed bump, and make use of traffic patrols. Another example is the incidence of fires leading to injury in informal settlements, due to exploding paraffin stoves or candles that fall over. A solution is to provide high quality stoves, provide candle holders that are self-extinguishing when they fall over; and where possible to provide electricity to the settlement. The simple problem is stable and has a definite point when it is managed or addressed. The outcome of the solution can easily be measured as successful, or not.

A **complicated process** involves high level expertise from various specialists, for example the construction of a power station, an airplane, or a space rocket. Mathematical formulae are necessary for this development. Various parts are constructed separately, and then brought together on an assembly line, or on a construction site. The outcome of the vehicle or power station is known in advance and this can be standardised. An engineering manual is usually also established and contains the manufacturing blueprints. There are a lot of uncertainties in the process of building and flying an airplane or space rocket, for example, materials must be of an acceptable quality and standard, atmospheric turbulence and storms can impact on flights, and space junk (parts of old satellites) that are in orbit around the earth must be avoided. The risks involved in a complicated process are high, because there are many parts that interact together and there are unknown external variables. The cost of failure can be catastrophic, for example when a power station fails (think of the massive nuclear radiation leaks at Chernobyl, Three Mile Island, and Fukujima). It takes a lot of learning and experience to acquire a complicated technical skill, for example, mechanical, electrical, civil, nuclear, aeronautical and space engineering.

A **complicated problem** can be responsive to linear problem solving, if the right approach to the problem can be identified. Once a correct or close-to-correct problem definition has been acquired, a solution (or set of solutions) can be conceived, implemented, monitored and tested. Often the contributors and causal pathways that lead to a problem can be traced, depending on the complexity of the interactions of various elements and technical subsystems. With enough time and resources, the origins of these complicated but stable problems can be identified. Specialist experts usually perform the investigations.

Example: When three airplanes of a certain manufacturer in the 1950s crashed during the same year, the manufacturer asked their engineers to investigate that specific model. Initially the engineers could not trace the problem. Was it pilot error or a mechanical

problem, or a combination of both? A while later, based on photographs of the crash sites, they realised that the wings of the three airplanes had broken off before the planes smashed into the ground. This opened the way to more specific investigations on the wing design, and less focus on the investigation of the pilots. One of the engineers suggested a hypothesis, namely, metal fatigue. Another engineer suggested a binding problem of the fuselage with the wings. Yet another thought the problem might be with the fuel tanks in the wings. Each of the engineers set up an experiment or found a way to collect empirical data and evidence to find the origin or co-contributor to the crashes. After a few weeks of intensive testing of the wings of a similar model airplane, they found that metal fatigue caused the wings to break after 10,000 hours of flying. All similar airplanes were immediately recalled. The engineering manual was also adjusted to limit the lifetime of these airplanes and to have more regular inspections of the potentially affected areas on the fuselage and wings.

Seven examples that relate to public health: (1) The high incidence of learning difficulties in school communities in England and the use of lead in the water pipes. It was eventually found that the lead in the water pipes contaminated the drinking water and negatively impacted on human development and mental capacities. (2) The use of mercury amalgam fillings by dentists has been greatly reduced as it was eventually found that the mercury has toxic impacts on the human body and brain. (3) The initial enthusiastic testing of atom bombs and hydrogen bombs by governments was greatly reduced after they realised, through empirical measurements across the world, that the levels of radioactivity were rising rapidly in all parts of the world, including the upper atmospheres and the oceans. Exposure to high levels of radioactivity lead to cancer in humans and animals. (4) The use of seatbelts became a compulsory intervention to counter all the head injuries of children and adults who were involved in low speed motor vehicle accidents. (5) Cyclist helmet use is also compulsory in many countries, as crash helmets have demonstrated high preventive value in case of head injuries. (6) The endorsement of cigarettes by medical doctors was stopped in the 1970s and high taxes are levied on tobacco sales after the clear causal link between smoking tobacco and cancer was proved across a sufficient number of rigorous clinical research studies. (7) The initial formula used to produce petrol from oil included a significant amount of lead. However, studies on people living and working near traffic revealed an alarming finding. These people, including newspaper sellers at traffic lights, had very high and toxic levels of lead in their blood. After lobbying and expert inputs, a new international norm emerged, namely, unleaded petrol is now used in motor vehicles. Motor vehicle manufacturers had to change the design of vehicles to include a catalytic converter so that the engines can run on unleaded fuel. The negative impact on the public's health was significantly reduced.

All of the above examples fall in the domain of public health and in each example there is an impact on the psychological functioning and wellbeing of people. The ability of humans to adapt and self-correct is incredible and wonderful, even if it sometimes takes years or decades to implement. As seen in these cases, the interventions typically included: (a) engineering (design changes in products or infrastructure), (b) legislation and regulations (prohibitions, limitations or licensing, and procedures to safeguard usage, activities and exposure), (c) enforcement (policing and inspection), and (d) education (awareness, knowledge, attitudinal change, promoting preventative and safe behaviour, and skills

training). Interventions are primarily about human behaviour change and improved human self-regulation. Note that these rest on the foundation of (e) accurate and current knowledge and research. If the knowledge base or research is outdated or incorrect, the intervention won't have the desired impact. For this reason research, including epidemiological research to determine the prevalence and incidence of a phenomenon, is conducted. Census data, official records and field surveys are widely used to identify problems and their scope and range, and to evaluate the success of interventions.

With these complicated interventions, the problems are often managed and not completely solved. Success is measured as a matter of degree, and in many instances, is dependent on people using the seatbelt, safety helmet or similar device. The outcome of the solution is a matter of degree, and success is measurable, sometimes as a percentage (for example, in 60% of low speed motor vehicle accidents, the seatbelts were effective and no injuries were reported). Other low frequency events may be stated as a simple frequency count (for example, only ten large nuclear tests were conducted by governments in the past 12 months; or, only one major nuclear power disaster was reported in the past five years).

For the above processes, there are clear planning and action cycles that aim for consistency according to a blueprint, manuals, laws, standards and regulations, codes of conduct, and "good practice" guidelines or protocols. Problem-solving is highly technical and can involve the inputs of various specialists, for example, engineering, legal, educational, behavioural and design experts. It can also involve regulatory bodies with regard to legislation, licensing, strict control and even banning of products, services, and processes. Solutions may also draw on education and awareness campaigns to positively influence human behaviour via awareness, knowledge, attitudinal change, safe behaviour promotion, skills training, workshops, and training manuals.



Learning activity 2

- (1) Discuss the difference between simple and complicated problems and processes.
 - (2) Look again at the seven examples of **complicated problems** provided above. For each example indicate to which one of the following intervention types the example belongs: (a) engineering (design changes in products or infrastructure), (b) legislation and regulations (prohibitions, limitations or licensing, and procedures to safeguard usage, activities and exposure), (c) enforcement (policing and inspection), (d) education (awareness, knowledge, attitudinal change, promoting preventative and safe behaviour, and skills training), (e) accurate and current knowledge and research. The correct answer may include a combination of more than one or two intervention types. List your findings and explain your reasoning for each answer.
 - (3) In the above text it is stated that "Interventions are first and foremost about human behaviour change and improved human self-regulation". While it may be true for community psychology, do you think it is true for all disciplines? Critically reflect on and discuss this. Use your own opinions and perspectives to do so. (This is an open-ended question that has no absolute or correct answer!)
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5.5 COMMUNITY PROBLEM SOLVING: INSTRUMENTAL RATIONALITY

The previous discussion picked up on a lot of technical matters that may seem daunting. Perhaps our sciences have become too technical and somewhat distanced from our humanity. Here we will uncover how an overly technical approach to life, or “instrumental rationality”, can become a problem in itself.

The scientific and technical knowledge base that emerged from dealing with complicated technical processes, problems and solutions is a powerful tool for change. Scientific modelling and prediction using mathematics, physics and statistics has led to massive technological advances. This is evident in worldwide interconnected telecommunications systems, huge regional energy supply grids, massive city complexes and transport infrastructures, huge industrial complexes, and large-scale farming and agriculture. However, as with any technology there are limits, and technological expansion has had various unintended negative consequences.

Some of these consequences are of such a scale that they affect regional ecosystems and have contributed to planetary and regional climate changes in the weather and atmospheric systems due to carbon emissions because of fossil fuel usage (coal, oil, and other sources of energy and fuel).

Another consequence is the encroachment on natural habitats, plant and animal species and their extinction, or threat of extinction. This encroachment is both in the form of expanded human settlements, and in the form of environmental change through engineering (rivers, dams, and human water supply systems), degradation, and toxic pollution. Some of the worst examples are the almost unimaginable development of nuclear bombs for warfare, with devastating loss of life and threat of terror. Another unimaginable example was the meltdown of “safe” nuclear power stations due to design and human error (Chernobyl, Russia) and natural disaster and design error (Fukushima, Japan). The radioactive leakage at Fukushima that occurred in 2012 is still not contained and currently still flows into the Pacific Ocean. These events have disastrous negative cascading effects on many plant, animal and fish species, as well as on the human population. This apparently unstoppable toxic cycle is an example of a super-complex and “wicked” problem that cannot be solved with our current technical expertise.

To analyse why these extremely hazardous events or disasters happen, it is useful to look at the assumptions and ideas (the paradigm) that underpins the complicated technical sciences. The complicated problem-solving approach and complicated processes have become a predominant way in which the professions, the sciences, industry and the world economy functions. This approach has direct implications for communities, particularly from a wellbeing, resilience, and sustainability perspective. The following table reveals the deeply held, both explicit and implicit, assumptions and truisms of instrumental rationality.

Table 5.1: Ten assumptions of change from the perspective of instrumental rationality

<ol style="list-style-type: none">1. Problem-solving: To every problem, there is a solution. (Belief in the power of problem-solving approaches.)2. Analysis: We can understand something by breaking it down into its component parts. (Believing a complex whole can be understood by looking at the detail.)3. Reductionism: The whole (of something) is no more than the sum of its parts. (There are no emergent properties or systemic knock-on effects.)4. Cause and effect: Most processes are linear and characterised by cause and effect. (Events and phenomena have an identifiable beginning and finishing point.) It assumes that there are known recipes and remedies that will fix or solve any situation.5. Atomism: Most issues and events are fundamentally discrete or may be regarded as such, and may be dealt with adequately in a segregated way. (Most issues are essentially unrelated. Human systems are not connected to ecological systems.)6. Narrow boundaries: It is ethically acceptable to draw your circle of attention or concern quite tightly, as in “that’s not my concern”. (Our system of concern is restricted – we do not need to look beyond our immediate concerns as, for example, an individual, a householder, a consumer, or a businessperson. All other aspects or relationships are “externalities”.)7. Objectivism: Objectivity is both possible and necessary to understand issues. It is important to exclude our feelings and values in our analysis and judgment.8. Dualism and dichotomies: We can define or value something by distinguishing it from what it is not, or from its opposite. (A belief that economics is separate from ecology, people are separate from nature, facts are separate from values, etc, and that we can put boundaries around that which we value.)9. Rationalism: We can understand things best through a rational response. Any other approach is irrational. (We need to downplay our intuition, emotions, premonitions, hunches, dreams, and non-rational knowing.)10. Determinism: If we know what the state of something is now, we can usually predict future outcomes. (A belief in certainty, prediction, probabilistic mathematical modelling, and the possibility of control.) (Sterling, 2009, p 79)
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The world and the cosmos have become increasingly available for exploration and manipulation through this technical-scientific worldview. It has an implicit ethical values base which is linked to instrumental rationality. “It is good at analysing things; *categorising* and *labelling* things (for example, this is a ‘health issue’, an ‘economic issue’, a ‘social issue’, or an ‘environmental issue’); *seeing detail* and dealing with parts; *focusing in* on one factor or one goal (eg, maximising a particular achievement, increasing productivity, or maximising profits)” (Sterling, 2009, p 79). With instrumental rationality humans have been able to produce highly advanced devices, massive infrastructure, powerful tools, and powerful procedures to intervene and shape the world and people’s lives.

However, when it fails, it does so at an epic level. A key problem with the power of the technical-modern science base, is that it requires a lot of power and resources to **consistently mass-reproduce** a similar looking product or service. To perform this, it needs to accumulate matter and energy in very concentrated forms. But, this leaves a trail of pollutants and toxins in its wake. These polluting processes and toxic waste products are of such a magnitude that they negatively affect life-sustaining ecosystems across the planet. We are gradually becoming increasingly aware of the cost of cumulative linear progress that has not been willing to pay attention to its micro-, meso-, macro- and exo-

systemic impacts and harmful consequences (Bronfenbrenner, 1979; Orr, 2013; Sterling, 2009).

Instrumental rationality places a high value on efficiency, bureaucracy, rules, procedures, order, rational planning, profit, and a search for so-called “facts”. When instrumental values are considered as the only important factors in our “search for objective truth”, we run the risk of disconnection and inhumane ways of understanding self and world. Social and psychological facts, theories and stories are always derived from the values that support them. A relational approach to people and environments includes the important life-enhancing values of: caring and compassion, self-determination, health, social and cultural diversity, participation and collaboration, support for community structures, social justice, and accountability (Prilleltensky, 2012). Problem solving does not just involve better thinking, but in most cases, should include better relating – to people, to communities and to the environment.

5.6 COMMUNITY CHALLENGES AS TECHNICAL AND RELATIONAL ISSUES

The instrumental rational problem-solving approach has been highly successful in the past, but is now in many respects maladaptive to current conditions of increasing complexity, uncertainty, and volatility in intermeshed economic, social and ecological systems. “While they still have validity and applicability to relatively simple and contained problems, they are unsuited to the super-complex, “messy” and “wicked” problems that often characterise sustainability issues. Try applying these approaches for example, to issues of climate change or loss of biodiversity, or poverty, political instability, violence and crime, and their inadequacy becomes apparent (Sterling, 2009, p 80). Scharmer (2013) lists increased rates of burnout and depression as another wicked problem. Wicked problems are messy and they resist being tamed, bounded, or managed by classical (instrumental-rationalist) problem-solving approaches (Sterling, 2009, p 80).

The following quote by Gus Speth (Hull, 2016) reflects an interesting divide between a technical scientific worldview and the world we live in: “I used to think the top environmental problems were biodiversity loss, ecosystem collapse and climate change. I thought that with 30 years of good science we could address those problems. But I was wrong. The top environmental problems are selfishness, greed, and apathy. And to deal with those we need a spiritual and cultural transformation – and we scientists don’t know how to do that”.

Is this a political, socio-cultural, and economic paradigm problem that cannot simply be technically addressed within the domains of the natural sciences? Naomi Klein puts it bluntly – we have reached the limits of our current intelligence and need to adapt our collective ways of organising, our paradigm and worldview of civilisation: “The abundance of scientific research showing we have pushed nature beyond its limits does not just demand green products and market-based solutions; it demands a new civilisational paradigm, one grounded not in dominance over nature but in respect for natural cycles of renewal – and acutely sensitive to natural limits, including the limits of human intelligence” (Klein, 2012, np).

According to Speth (Orr, 2013) the worldwide environmental crisis is as much a moral or spiritual problem as it is scientific, economic, or political. Otto Scharmer (2013) comes to a similar conclusion: The interconnected set of critical challenges now facing the world calls for new global strategies that bring together leaders to build the collective capacity to act. Systems thinking, cooperation, and innovation are more important now than ever before. The two shortcomings of mainstream economics are: (1) externalities, where the supportive ecosystems of economic production systems are disregarded and abused; and (2) consciousness (our thinking and worldview). “The solution to these global crises begins between our ears. The root causes of today’s global crises originate in our outdated paradigms of economic thought. The symptoms of these crises can be located in three divides that disconnect us from each primary source of life: ecological, social, and spiritual” (Scharmer, 2013, p 1). The ecological divide refers to massive environmental destruction and disruptive climate changes. The social divide manifests in increasing rates of poverty, inequality, fragmentation, and polarisation. The spiritual (psychological) divide shows up in increased rates of burnout and depression, and in an increasing disconnect between Gross Domestic Production (GDP) and people’s actual wellbeing (Scharmer, 2013).

The above authors all point to the importance of a complex living systems view to address the crises of our time. With a complex living systems approach we can study the following: complex adaptive systems and the patterns of relationships within them, how they are sustained, how they self-organise and how outcomes emerge. People are conscious of their own behaviour and that of others; they learn from past experience, and they have hopes and desires for the future that affect their behaviour and their expectations of others (Lacayo, 2006). (This will be further discussed in the next section.)

When a problem arises in a community setting or organisation there is a strong tendency to try to figure out who is responsible for it (Lacayo, 2008). This is a simple problem-solving approach that is technical and rational. The underpinning idea is that someone should be held accountable. It assumes that problems are known, the dynamics that contribute to the problem are understood, and the knowledge about the problem and dynamics is ecologically valid. However, if the understanding of the problem is incorrect and key role players operate from the mistaken belief that their incorrect understanding is in fact correct, the systems on which communities are dependent for their livelihood will be weakened and eventually collapse. There is a saying that captures this dynamic: “It isn’t what we know about the problem that is the problem, it’s what we think we know is true but just isn’t true”.

5.7 WHEN COMMUNITY CHALLENGES ARE SUPER-COMPLEX PROBLEMS

The rules of complicated problem solving using an instrumental rationalist approach (as discussed earlier) are based on the assumption that a project can be organised into distinct phases: information gathering, problem understanding, solution design, and implementation. But, this doesn’t work for super-complex wicked problems (Rittel & Webber, 1974).

Super-complex problems (or “wicked problems”) are systemic problems that are characterised by multiple stakeholders involved in complex and unpredictable interactions. Stakeholders are people or organisations with an interest in the “wicked problem” and its resolution. Systemic interventions are needed because conventional understanding and management cannot address wicked problems (Williams & Van’t Hof, 2014, p 7).

The elements of a wicked or super-complex problem are (Williams & Van’t Hof, 2014, p 7):

- Every wicked problem is novel or unique.
- There is a no stopping rule; you can’t hit the pause button.
- The problem is not understood until the formulation of the solution.
- Wicked problems are complex; they have no single cause, no single effect and have no given alternative solution.
- Every wicked solution is a ‘one shot operation’; there is no off-the-peg ‘best practice’ answer.
- Solutions are not right or wrong, but they may be better or worse.

Jonathan Rosenhead (1996) suggests some more options for dealing with complex social planning problems, which are: to accommodate multiple alternative perspectives rather than prescribe a single solution; to function through group interaction and iteration; to generate ownership of the problem formulation through transparency and participation; to facilitate a graphical (visual) representation for the systematic, group exploration of a solution space; and to concentrate on possibility rather than probability.

According to Sterling (2009) if we want the chance of a sustainable future, we need to think relationally. The sustainability problems we face are rooted in the dominant underlying beliefs and worldview of the technical-modernistic Western mind, which, according to Clark (1989, p 472) has grown “maladaptive” because of its simplistic view of problems and ignorance of the inter-relatedness of problem dynamics. The cumulative and exponential combinations of various negative processes that are toxic to the environment and to humans are driven by rapid technological advances, global economic systems that pursue endless growth in a finite planetary ecosystem (MaxNeef, 2012). We have inadvertently created a highly interconnected and endangered world (Sterling, 2009). The world is increasingly complex, interdependent, and unsustainable. We often need to look at the whole, and at the larger context of interactions and knock-on consequences between sub-systems, from the individual level to the planetary biosphere.

Under conditions of uncertainty and unpredictability our knowledge is not sufficient to help us to plot a course of action. We need to “make the way by walking it”. But, we can’t do it alone, and we need more rapid feedback cycles to keep steering and make course corrections while on the journey into the unknown future. To address any wickedly complex problem requires that we develop competencies in systems thinking, critical thinking, creative thinking, and relational thinking (Sterling, 2009). The above discussion contributes to developing a systemic and relational way to navigate complex and super-complex problems and challenges.



Learning activity 3

- (1) How many instruments and technologies can you list that were unknown to your great-grandparents? Discuss what this tells you about the rate of change in the past 100 years.
 - (2) Discuss how the assumptions about change from the viewpoint of instrumental rationality can lead to environmental and community solutions (for example, electricity and oil pipelines) and problems (for example, nuclear and oil spills), and provide examples from the text or elsewhere to illustrate your points of discussion.
 - (3) How much household waste do you estimate that your great-grandparents' generation typically produced, and how does this compare to a similar sized household of your generation? How much water does your household unit use, and how does this compare to your great-grandparents' generation? If you are unsure about this, make an educated guess. (Or, see if you can find information on this from an older person in your community.)
 - (4) Describe super-complex and "wicked" problems.
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5.8 FAMILY AS A COMPLEX LIVING SYSTEM

We can view the following as examples of complex living processes: (a) being in an intimate relationship; (b) starting out as a family unit; (c) child rearing; and (d) living in a community. None of these processes are simple. Raising a child is not as simple as baking a cake or fixing a motor vehicle! There is no linear step-by-step manual that can predict what to expect on a day to day basis. Rather, the sequences of events are non-linear and cyclical. The way in which a complex living system regulates and adapts itself is through *continuous feedback-loops* that help it to keep adapting as it grows, changes and ages.

With child rearing there is no detailed and specific manual for a specific child. Each child develops organically and in their own specific way. Yes, there are generic guidelines on the principles of infant and toddler care. The general milestones of child development are known. However, each child is different and has unique interests, talents, and challenges. With so many unknown aspects, some of which are unpredictable and unanticipated, we talk of the "*emergent characteristics*" of the child. A complex living system emerges into the future. It is not always clear what the correct action or response would be.

There is a larger field of living where a **relationship** of inter-dependence and continuous action, feedback, learning and adaptation are the important dynamic between the caregivers and the child. This relational context is characterised by discovery, constant learning, and emergence. When we raise a child we cannot use a simple and rigid rule-based approach, but have to constantly adapt and aim for "coherence" (rather than consistency or exact replication according to a manual) and adapt it for each development cycle of the child (Westley, Zimmerman & Patton, 2006). Coherence refers to a sense of stability and continuity, where we can recognise a child as the same child, but different as he or she goes through various developmental phases and milestones.

Problem-solving is done within a relational framework and there is a kind of “family micro-culture” of caring and parenting that is inherited from the caregivers’ families of origin, and is passed on and keeps developing in relation to the child. However, specific technical expertise can be drawn in when required, for example, from a medical practitioner, a psychologist, a social worker, a nurse, a dentist, an occupational therapist, a medical specialist, and an educational specialist. Sometimes a problem or situation that arises is biological in nature, and sometimes a difficulty relates to a new life cycle or life change that requires an adaptation in the micro-culture of the relationship.

The important guiding characteristics for resilient growth and adaptation are love, security and discipline. Discipline includes routine, regulation, and correction. The way in which these guidelines are conceived are life cycle appropriate (new born, infant, toddler, child, teenager, young adult, etc.) and are expressed and understood within a bigger nested complex living system of a community that is located within a cultural milieu (language groups, religious and spiritual, socio-economic class, identities, etc.). This is a site where **nature** or the biological aspects of life, intersect with **nurture** and **culture** or the psycho-social aspects of group relating, to ensure survival and continuity of the human family unit.

The child grows up within various (complex living) nests that impact on its growth and development. The water that it drinks comes from massive ecosystem cycles that involve the oceans, rivers, lakes and underground aquifers; in combination with sunlight and evaporation, precipitation, wind patterns and rain. If and when this macro-system fails or changes, the family unit and community of families living in the same area will be impacted.

For an infant to grow into an adult there are very important socio-psychological transitions that need to be completed successfully. The rites of passage include birth, naming, going to school, puberty, becoming a young adult, marriage, or death. In many cultures, there are clearly prescribed rituals or ceremonies that assist the child to enter the next life stage. This is enacted differently in different cultures, religions, and traditions.

The coming of age rituals in many African cultures include circumcision for males and a separate initiation ceremony for females, in Jewish culture the bar and bat mitzvah, in Christian tradition catechism and confirmation or *katkisasie en bevestiging* (Afrikaans) or adult baptism. In our modern society this can also be signalled by getting a driver’s license, or passing Grade 10 or 12. In some cultures a special birthday celebration is held at age 16 or at age 21. For others, it is signalled by graduating with a diploma or degree. These are all examples of important markers that indicate that the youth has entered a new phase in their life and identity within the context of a community. You can learn more about this in Developmental Psychology.

The complex living family system in which a child grows up has an inherent messiness, unpredictability, and emergence. As the child grows the rules and guidelines for caregiving and parenting change and must be updated, adapted, renegotiated and sometimes re-invented. When the parenting style is too permissive (overly liberal) or too conservative (restricting) it can create problems. The specific optimal parenting or caregiving style depends on the super-complex mix of the personalities and styles of everyone involved,

including the specific child. There are no guarantees of success. There will also be conflicts, disagreements, quarrels, tantrums, disappointments, hurts, wounding, and losses. Raising a child is a super-complex challenge! The only constant in this relationship is constant change, uncertainty, and hard work. We make the path and learn the skills while travelling on it. In these living systems, the relationships and patterns between the people are as important as the people themselves (Lacayo, 2008). Perhaps we can use this example as a metaphoric path to navigate collective super-complex problems or challenges in communities?



Learning activity 4

- (1) Discuss the challenges and possible ways in which a child can be raised and parented. Use a complex living systems view. Also discuss whether there is a place for technical experts who typically use instrumental rationality to solve problems.
 - (2) Apply the above example as a metaphor to attend to a super-complex community problem (such as racism, sexism, poverty, violence, or crime).
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5.9 BLIND SPOTS AS A “WICKED” PROBLEM

A key finding of Senge, Kleiner, Roberts, Ross and Smith (1994) is that individuals, family systems, groups, organisations and other human systems have blind spots that inhibit new learning for adaption and self-correction. This explains why people sometimes act in ways that appear irrational or thoughtless. As mentioned before, Scharmer (2012) stated that the solution to any crises or problematic relatedness begins between our ears, with our perceptions, assumptions and thinking. By uncovering our hidden assumptions, limiting beliefs and perceptions, we can discover how we can adapt and enhance our behaviour and interrelatedness with people and the environment. As mentioned previously, *“It isn’t what we know about the problem that is the problem, it’s what we think we know is true but just isn’t true”*.

Another way of looking at this is, if a person or organisation proudly promotes dysfunctional life-eroding views (eg, the mistaken belief that a defiant child must be broken) but isn’t aware of their dysfunction, then their behaviour will create problems for other people (eg, the child may become traumatised or abused). There may be a larger historic context that leads to a mistaken view (eg. the parent may have been battered and abused as a child, turning him or her into a bully). This raises two plus one important questions, namely, how does one engage with a person or group who can’t see the dysfunction that you can see?; How can you ascertain that your view, or your group’s view is not the dysfunctional one?; and, how could one through ethical and moral ways and means gain clarity and certainty on these two questions, and how to guide a generative and respectful way forward? (Lacayo, 2008).

Often people and systems ignore symptoms and try to squash negative or unwanted feedback. The feedback is seen as troubling and unwelcome. An example of this is the way in which whistle blowers of corruption and crime are treated. Another example is when

we try to medicate a body symptom away by using medication. Sometimes a headache is just a headache, but it could be a tumour (headache pills won't solve this issue).

When our solutions don't work, the next step we can take is to listen to the symptoms and the feedback much more carefully. We can then decide whether to dismiss it, park it in the "maybe file", or take it to heart. To listen more carefully one needs to learn "the language of the system", and learn to listen without assuming or imposing your ideas. Otto Scharmer (2013) calls this "whole systems listening" with open mind and open heart. This can only be done if we take and make the time to stop and listen. To listen more deeply we are required to be in a more vulnerable and empathic state, rather than being defensive or hostile. A safe space for deep listening becomes important.

To find deeper solutions to intractable problems it can be helpful to embrace an open-hearted relational (a true dialogical) stance for hosting a difficult conversation. A way to not solve an intractable "wicked" relational problem is to hold an oppositional (dialectic) stance where being right is more important to us than being in a mindful frame of willingness to adapt and find reconciliation. When we are married to our traumas and inflamed psychosocial wounds we can become bitter, angry and hard-hearted.

A typical problem with human problem solving is that sometimes people try to control a situation and enforce their viewpoint and will on others. This can lead to escalating cycles of hardness and blaming of others. In such dire and harsh circumstances, the non-powerful and not-listened-to people can easily withdraw, or aggressively retaliate. In these situations, we can ask whether there is another way between the either-or of totalitarianism, or laissez-faire defeatism, aggressive retaliation or subversive sabotaging? Must it be my way or the highway, and is the guiding script in this game "winners and losers"? Where there are losers, we all suffer losses. Is there a better position of relating? Can we find or create a position that constitutes us with virtue, with value, and care, and appreciation, and dignity, and worthiness?

Both Senge et al (1994) and Scharmer (2013) suggest that the way to uncover the source of deep problematics or when we are going through a deep identity transition is to do a "deep dive" to uncover and discover tacit and implicit aspects of our relating and being in the world.

By establishing a safe space, we can suspend our normal ways of doing, thinking and relating. By opening our heart, we can listen more deeply to symptoms, and difficult processes. By opening our will, we can discover thoughts, perceptions, beliefs and assumptions that are incorrect or maladaptive. A perception that we thought was correct, yet is now incorrect was described as a "thunk" by renowned physicist David Joseph Bohm (Mooney, 2017). We can also discover feelings and emotional states that are incorrect, stereotypic, or maladaptive. Bohm called this a "felt" (Mooney, 2017). An example of a "felt" is a person who still holds resentment toward a romance that has long since faded. In this context, the person may have a "thunk" that they will never trust men (or women) again. This is an example of a psychosocial wound that inhibits good relationships. In essence, we can discover things that we thought were true, truisms that are false. Often these perceptions are based on perceived or actual hurts, betrayals, traumas, anger, and

pain. These unreconciled hurts and wounds, if left untreated lead to fragmentation and incoherence in the ways that people process information and relate to others.

Sometimes the feelings and perceptions are true and valid normal human response to loss, shame, violation, or disappointment. These are not blind spots. An important finding in the field of emotional healing is that negative emotions cannot be fixed or eradicated, but can be attended to via mindful befriending and attending (Greenspan, 2003, 2004). Furthermore, Greenspan (2004) remarks that if we cannot feel grief, fear, and despair we may have numbed our capacities to feel joy and vitality. In her experience as a psychotherapist the heart heals itself when we know how to listen to it. Thomas Moore also finds that with difficult emotions, thoughts, and symptoms we would do well to also attend to these, rather than attempt to quickly cure or fix them (Moore, 1992). Symptoms have a message, and can be a useful guide to discovering something about ourselves and in relation to others. However, this process can also benefit from appropriate psychiatric, psychological, and medical support and care. It is important to access beneficial professional support when one is overwhelmed or struggling with emotional or cognitive issues!

We all have psychological or emotional triggers, blind spots, or relationship landmines that can be activated and go off in our most vulnerable moments. By becoming aware of these triggers, we can become more mature and better able to regulate our emotions, thoughts, and behaviours. This is a key component in emotional and relational intelligence.

Fortunately, every “mistaken” perception or viewpoint can be corrected by doing an appropriate and valid “retake”. When grave and serious mistakes are made, there are always consequences. Dealing with and managing the consequences of mistakes is a hard, yet, vital skill. It is vital for adaptive learning in a complex interrelated world that faces the three divides – ecological, social, and spiritual-psychological (Scharmer, 2013). By growing and maturing our interpersonal skills and maturity, we can be the difference that makes the difference in the world (Bateson, 1972).



Learning activity 5

- (1) Discuss how emotional (“felts”) or perceptual (“thunks”) blind spots or stereotypes can hamstring relationships.
 - (2) According to Greenspan (2003) and Moore (1992), the emotions of grief, fear, and despair are normal human emotions and can be attended to via mindful befriending and attending. To numb our emotions is to decrease our capacities for joy and aliveness. What is your view on this perspective?
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5.10 HISTORICAL TRAUMA AS A SUPER-COMPLEX COMMUNITY CHALLENGE

How do we go about addressing the intergenerational legacies of colonialism, racism, and Apartheid? How do we stop the repetition and transmission of these negative relational

patterns on our children and future generations? These questions may seem daunting, but fortunately in the past decade there has been an proliferation of work, models, guidelines, and literature. Here are three useful documents that provide excellent roadmaps on this journey to psycho-social reconstruction: (1) The Transforming Historical Harms Manual (Hooker & Czajkowski, 2006); (2) the Social Healing Project Report (Thompson & O’Dea, 2011); and (3) the Educaring Report by Judy Atkinson from Australia (2012). (The internet links to these documents are provided in the references section.) Harris (2014) in a TED video talk explains how the repeated exposure to trauma, abuse, neglect has tangible negative effects on the development of children’s brains. This makes children who have experienced high levels of trauma at high risk for the later development of heart disease, lung cancer and other risk factors. Sam Simmons (2016) agrees and states that when trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next. This work involves the restoration of dignity, respect and healing of invisible and pervasive patterns and wounds, and negative coping styles in the context of colonisation and institutionalised racism. It can be understood as a negative imprint on family and cultural systems (Brave Heart, 2000; Shulman-Lorenz & Watkins, 2002; Watkins & Shulman, 2008).

On the side of the descendants of oppressors and enslavers, the legacy of colonisation was based on ethnic, racial, religious or group *supremacism* or *exceptionalism*. This is a dynamic where one group views themselves and their (sub)culture as more special and exclusive; and where “the other” is dehumanised, devalued, and seen as a lesser human (or even as an animal). Extreme examples of this are the issuing of hunting licenses in Southern Africa for the hunting of Xhosi and San peoples, and in Australia for the hunting of Aboriginal/indigenous peoples. The cultural view of ethnic, racial, or religious supremacism is a wounded and wounding relational mindset.

In this module, we only provide a starting point on this vast and important topic. We are mindful of the need to reconceptualise ideas and theories about empowerment and disempowerment, historical trauma and resiliencies, personal and collective agency, on our path toward collective recovery. As Father Michael Lapsley says: “We (South Africans) are a damaged nation, we are all wounded”, and he also remarks that “the day I arrived in South Africa in the 1970s (from New Zealand) I stopped being a human and became a white man”. “I participated in the struggle against injustice and oppression under Apartheid, in *solidarity* with the struggle for human right of black people, but also for the recovery of *my humanity* which was eroded under the Apartheid system” (paraphrased, Straus Institute for Dispute Resolution, 2014).

Lorenz and Watkins provide a remarkable in-depth discussion of the impact of colonisation on the psyche, soul, and communities (Shulman-Lorenz & Watkins, 2002; Watkins & Shulman, 2008). Thompson and O’Dea (2011, p 6) call this social healing and describe this as follows: “Social healing is an evolving paradigm that seeks to transcend dysfunctional polarities that hold repetitive wounding in place. It views human transgressions not as a battle between the dualities of right and wrong or good and bad, but as an issue of wounding and healing. Thus, a key question driving the work of social healing is how do individuals, groups and nations heal from past and present wounds? Our view of social healing assumes a relatedness between individual and collective wounding and healing. Unresolved historical wounds carried in the collective memory and collective unconscious

can, and do, trigger a complex array of conflicts. This transference from generation to generation of victim-perpetrator dynamics often results in violent confrontation, war, oppression, human rights abuses and terrorism" (Thompson & O'Dea, p 7).

Judy Atkinson (2002, p.5), in the context of Australian indigenous communities, uses the Educaring process: "1. Creating culturally safe places; 2. Finding and telling our stories; 3. Making sense of our stories; 4. Feeling the feelings; 5. Moving through layers of loss and grief, ownership of experiences, and remaking choices; and 6. Reclaiming our sacred selves." She makes the point that underneath anger, there is always grief. Therefore, the first step is to establish safety and security, followed by calming and re-bonding, and then establishing connection and belonging. People's need for justice, fairness and dignity are recognised. By doing this meaning and coherence are supported and fostered.

What makes this process remarkable is that Atkinson mainstreams the Educaring programme in the school system and trains teachers and others to facilitate the community healing processes. There are few psychologists and psychiatrists in the far-flung rural communities. In the Educare model everyone, including the elders, parents and children are involved in establishing a healing container for their collective trauma as Indigenous Aboriginal Australians. "Dadirri, a ceremonial contemplative deep listening, is used to support the process of listening and learning. Many strategies are used, including narration, reflective discussion, art, dance, music, symbols, ritual, drama, bodywork, and group process in emotional regulation and release work. In this process, Indigenous healing theory and practice is continually being redefined and redeveloped" (Atkinson, 2012, p 23). This approach takes therapy out of the consulting room and restores a collective healing practice in the community.

Father Michael Lapsley of the Institute for Healing of Memories (IHM) in Cape Town explains how the process of reconciliation and healing can be facilitated by group encounters. The IHM runs workshops to foster and support community healing of individuals in the context of the deep and lingering wounds and traumas of Apartheid.

Adonis (2016) writes "Given the superficial manner in which the difficult legacy of Apartheid and colonialism has been engaged with, it would be relevant to focus on how this may impact on young white South Africans, particularly in relation to issues of guilt and silencing. Schwan (1998) reminds us that the silencing of guilt damages the political culture of a democracy, because (1) it hinders the realisation of a vivid and motivating consensus on the common values of a polity, and (2) it damages the psyches of perpetrators as well as their children, so that it becomes difficult for them to develop the strength of personal identity necessary for good citizenship. Focusing on these issues could possibly allow for the creation of trauma discourses that will not focus on blame and anger on the one hand, and denial and defensiveness on the other, but rather trauma discourses that will help us to understand how both victim and perpetrator groups in contemporary South Africa suffer from what Schwab (2010) refers to as 'psychic deformations' of our violent past" (2016, p10). To restore and reconcile these past wounds, and address the sense of betrayal and even "moral injury" which can be buried beneath a code of silence, is essential, and makes it possible to resolve the wound, trauma and distress (Edlmann, 2012; Marvasti, 2012; Tick, 2014).

In the context of post-war Germany, Schwab (2010) notes that “the more the acknowledgment of shame and guilt was silenced in public debates, the more they migrated into the psyche and the cultural unconscious” (Schwab, 2010, p 71). In brutalising contexts, people lose their capacities to relate and manage interpersonal relationships. These capacities to ask for and receive forgiveness and make amends, may be lost skills that need to be reclaimed and relearned or newly acquired. We are also called upon to transform our stereotypes, “thunks”, “felts” and relational wounds and attend to others’ wounds to restore our humanity, dignity and respect.

When we are socially wounded and carry the burden of injury, it is difficult to forgive this injury. It is realistic to consider Kubler-Ross’s phases of human adaptation to a negative and restricting pattern of experience. Kubler-Ross worked with cancer patients, and observed a pattern of loss and bereavement. The first response is often denial and shock (and getting a second medical opinion). The next phase is anger and can include blaming. Afterwards bargaining sets in. Despair and depression often follow this. For many patients, this is then followed by the acceptance phase, that is, acceptance of the condition and the treatment or palliative care. Other aspects of the process include the following: feeling helpless and overwhelmed, a sense of injustice, the feeling that one is abandoning one’s loved ones and dependants, a sense of failure, and a sense of doom. Receiving a life-threatening medical diagnosis is a shock. People tend to move through these phases, but the process is non-linear or can involve being in two or more phases at the same time. This is a very vulnerable, distressing, and threatening life experience. One’s picture of oneself, of the world and of the expected future is shattered. And, not all people reach a stage of acceptance.

Kubler-Ross’s stages of loss and bereavement can also be applied to collective loss and bereavement. For many people across the world the wounds of collective injuries in the past still run deep. Many of these histories are marked by layers of multiple traumas, indignities, and injustices over a prolonged time. This is referred to in the literature as complex grief, complex trauma, continuous post-traumatic stress disorder, post-traumatic soul distress (Tick, 2014), historical trauma, ethno-trauma, cultural trauma, intergenerational trauma, mass murder, gross human rights violations and genocide (Atkinson, 2012; Edlmann, 2012; Marvasti, 2012). In some places across the planet, people’s memories of war and oppression that occurred centuries ago are still inflamed, angry and bitter. If this is the case, would it not be realistic to expect that the wounds of colonisation and Apartheid will take decades or generations to be healed and reconciled?

A more thoughtful, compassionate, and informed approach to collective trauma and oppression will make it easier to navigate the areas in our collective and personal being that are inflamed and filled with “historical and relational landmines that are still waiting to go off at unexpected moments”, as stated by Ebrahim Rasool (Straus Institute for Dispute Resolution, 2014).

For one’s own benefit and restoration it is better to forgive and move toward a state of good-heartedness and goodwill. Michael Lapsley makes the important distinction that this forgiveness does not mean that one condones or pardons people who harmed one unconditionally, but rather that one liberates one’s own heart. He echoes Nelson Mandela’s words, which are, “For to be free, is not merely to cast off one’s chains, but to live in a way

that respects and enhances the freedoms of others. No one is born hating another person because of the colour of their skin or their background or their religion, people must learn to hate. And if they can learn to hate they can be taught to love. For love comes more naturally to the human heart” (Straus Institute for Dispute Resolution, 2014).

This involves a movement away from defensive accusation toward generosity, ongoing restitution, and goodwill. We need to understand that this happened in the past, but the wounds and effects are still present, and will not go away in one or two generations. In some instances across the globe the oppression continues. Fortunately, in South Africa a new inclusive, nonracist, nonsexist, democratic system of human rights have been negotiated and is in the process of being implemented. However, without the healing and reconciliation of historic trauma and its effects, this project will fail. From the standpoint of community psychology this healing and reconciliation is possible.



Learning activity 6

- (1) Briefly discuss Kübler-Ross's stages of transition in the context of social wounding. Do you think it is a relevant model?
 - (2) Judy Atkinson's Educaring process with Indigenous Aboriginal Australian First People's provides a process for community restoration toward healing. Briefly discuss the method she uses, and reflect on it in the context of your communities.
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5.11 CONCLUSION

In "Getting to Maybe: How the world is changed" the authors (Westley, Zimmerman, & Patton, 2006) say that, when it comes to social change issues, especially those that imply long-term, complex processes, the best we can aspire for is "getting to maybe". Alan Fowler agrees, in that, "the longer something takes, the less predictable the outcome". Longer timeframes – from political and social changes, through shifts in social institutions, to intergenerational changes – require us to move from relying on certainties in defining desired change to estimating probabilities (Lacayo, 2008).

Manfred Max-Neef (2012) provides the following meaningful postulates for an economic system that serves human wellbeing and social justice:

1. Economics is (there) to serve the people, and not people to serve the economy.
2. Development is about people, and not about objects or abstract mathematical numbers such as GDP or profit margins.
3. Economic growth is not the same as development, and development does not necessarily require growth. (Development means the enhancement of human quality of life, community resilience and household well-being.)
4. No economics is possible without ecosystem services. (Ecosystem services include access to clean air, clean water, uncontaminated food, access to safe and unpolluted land, a myriad of natural cycles that enable natural species reproduction and

maintenance, and consistent seasonal cycles and climate patterns. Without nature, there is no human civilisation on the planet.)

5. The economy is a subsystem of a larger and finite system, the planetary biosphere (and nature, and hence permanent economic-financial growth is logically impossible).

All the above postulates are based on one value principle: *“Under no circumstances whatsoever should economics be placed above the reverence for life”* (Max-Neef, 2012). This statement can aptly be applied to education, research, and all other domains of life as well.

We could add another postulate, that is, (6.) greed, selfishness, narcissism, apathy and carelessness (including corruption, criminality, kleptocracy, nepotism, abuse, and non-existent service delivery) destroy the connections and trust in human relations, and are detrimental to the collective health and well-being of households and communities. A simplistic view of wealth involves the acquisition of possessions, assets, moneys and power; monopolising and having exclusive corporate business rights of communal natural resources (such as water, seeds, the ability to produce food) and the merchandising of “common good services” (primary-secondary-tertiary education and training, medicine and medical services). These unbalanced and unsustainable indicators are detrimental to the wellbeing and health of human households and the health of the natural environment on which humans are intimately dependent. There is a saying that money cannot buy health. Health is our greatest asset. This is true for individuals, as it is for families, communities, and cultures.

Indicators that are based on the above understanding are linked to sustainability, human need provision and food security, non-pollution and protection of the environment, and the resilience and well-being of both humans and nature.

According to the complex living systems view, the world does not simply consist of dead matter that is inanimate. Rather, the world is filled with vitality and complex nested living systems that range from the intra-organism, organism, inter-organism, larger meso-system, macro-systems, and exo-(bio-) systems. This changes our views on life, community, and their interdependencies. If the world is dead there are non-consequences to our actions and behaviours. However, this is linked to other losses of connection that directly link to loss of meaningful living, loss of purpose, and poor personal resilience. The assumption that the world is unalive, is a modernistic invention that is maladaptive for human living in community. Excessive consumption and addictive lifestyle patterns are a stress-response by people who are perhaps trying to squash the symptoms of emptiness, lovelessness, isolation and disconnection (Moore, 1992).

Kruger, Lifschitz and Baloyi (2007) hold the viewpoint that we are called upon to reinvent ourselves, our relationships and actions during times of great change, such as we have experienced in Southern Africa and the world over the past decades. They state that “We are informed in this by the core value of ubuntu, of honouring the sacred in the creation of new ritual and honouring of existing rituals. We are also informed by Western notions of agency and pro-action (as opposed to reaction and fatalism), and African notions of connectedness, ubuntu and wider cosmological relatedness. This requires a mindset that values vulnerability and allows for multiple meanings to co-exist, that allows for paradox and ambivalence. It also requires the courage to explore and respectfully

engage with different worldviews. Finally, it requires the courage to share and act on our inner convictions in interaction with our various communities. We see self-awareness and communal co-awareness as vital to our healing as we take personal and collective responsibility for the world we live in" (Kruger et al, 2007, p 338).

If the world is a living ecosystem then everything we do, from throwing plastic out into communal garbage dumps or littering on the street, to recycling and caring for the ways in which we manage our energy consumption, is important. We suggest that a mindful and conscious way of living will over time decrease the personal stress that we experience and that we pass on to our families, communities, and environment. It is likely that a mindful approach to life will provide long-term beneficial cascading impacts on our relations with people and nature. Potentially this will increase our quality of life, simplify our lifestyles, increase our sense of interconnection and belonging, and improve our mental, physical, emotional, and spiritual health. We hope you find this prospect agreeable, inspiring and worth the investment!

CONCLUSION OF THE MODULE

This module, **Community psychology: Building foundations (PYC2614)**, was developed with you, a second-year student, in mind. We were cognisant of the fact that you were most probably exposed to the sub-discipline of community psychology for the first time in your academic studies. The goal, therefore, was to give you a foundation of what community psychology is about. While we tried to make the themes interesting, the main focus was to equip you with basic knowledge of community psychology and to train you to observe, analyse, reflect, and develop writing skills that are expected at this level of your studies. In order to achieve these goals, we introduced you to the following:

Theme 1: This theme, **Histories and schools of community psychology**, provided background knowledge on what community psychology is and how it developed both internationally and in South Africa. This culminated in introducing you to the concepts of “community” and “community psychology”. The theme laid the foundation for understanding Theme 2.

Theme 2: This theme, **Principles and models of community psychology**, was intended to help you understand the roles that community psychology practitioners play in our communities. It also provided an understanding that community psychology is practised on the basis of particular principles. The theme was concluded with various models in community psychology. The models were presented as ways of conceptualising that inform community interventions. These interventions were introduced in Themes 3 and 4.

Themes 3 and 4: These two themes, **Prevention of violence and crime in my community** and **Safety and security: What is working in my community?** provided an opportunity to explore contemporary South African social issues. You had the option of choosing between the two themes, and in Theme 3, you had the choice of applying either Bronfenbrenner’s ecological framework for human development, or the public health model to the prevention of violence and crime. If you chose Theme 4, you were asked to explore the resilience of your community in the context of violence and crime, through the application of community psychology interventions and strategies. The goal of the two themes was to conscientise you of the ability of communities to work towards their wellbeing and to remain resilient despite the psychosocial problems that are encountered, such as violence and crime. This was done by encouraging you to raise your voice and your significant others’ voices on the current situation in your communities, how it is supposed to be according to you, and what is currently being done to address the problems that you are confronted with. We also showed you how your voices merged with knowledge gained from community psychology texts to paint a picture of how the safety and security issue could be addressed to ensure community wellbeing and resilience.

Theme 5: This was the concluding theme, **Community practices and dynamics**. The purpose of this theme was to bring together the foregoing four themes and help you to understand that psychosocial problems cannot all be viewed in the same way. There are

simple, complicated, and super-complex psychosocial problems in our communities, and the way that these problems are defined depends on the practices and dynamics that take place in our communities. Different approaches were explored to defining and addressing problems. The objective was to show you that the approaches used and definitions that are conceived shape the solutions that can be considered to solve problems in communities as well as the degree of adaptation that takes place in a community.

The ultimate goal of this module was to help you conceptualise community psychological applications, initiatives and interventions in your community context. At the conclusion of all this, the goal was to ask these questions: What is “community”?, and, What is suitable for my community?

Although you were all studying this module at the same level, you brought different experiences and perspectives of the concept of community and solutions to problems. These were evident in your assignments as you were asked to reflect on certain community issues. Even after going through all the themes covered, we still do not expect you to have definite answers to the above questions or to have the same answers. As you explored some issues with your friends, peers, family members or neighbours, you also noted similar but different perceptions. Therefore, you were “silently” pushed towards realising that understanding a community is an ongoing journey with different perspectives and signposts along the way, which cannot be ignored. Your blind spots, what you were not conscious of regarding the concept “community”, were also highlighted with the aim of making you aware of them and how to address them.

This journey still continues! Each community has its own dynamic life, and this makes the study of communities a continuous process. It continues through your personal life as you navigate your way through life in general, and life, specifically in your community. The journey also continues through your academic studies, especially if you plan to study the sub-discipline of community psychology further. We have provided this opportunity based on the third- and fourth-year community psychology modules, which are **Community Psychology: Working for Change (PYC3716)** and **Community Psychology: Ecologies of Knowledge (PYC4814)**. The teaching teams in the three modules (PYC2614, PYC3716 and PYC4814) work as a community. Therefore, the three modules were developed as a coherent whole to give you more knowledge of community psychology and a fuller experience of your own and neighbouring communities. This was ensured through the learning activities that we have included in the three modules.

As you have come to the end of exploring the concept of community and the sub-discipline of community psychology through this module, **Community psychology: Building foundations**, we hope that you travel ahead with what we planned for you to have – a grounding in community psychology that you can use to build on, moving forward.

All the best with your future academic endeavours.

The PYC2614 Teaching Team

REFERENCES

- Adonis, C.K. (2016). Exploring the Salience of Intergenerational Trauma among Children and Grandchildren of Victims of Apartheid-Era Gross Human Rights Violations. *Indo-Pacific Journal of Phenomenology*, 16 (1 & 2), 1–17.
- Ahmed, R., & Pretorius-Heuchert, J. (2001). Notions of social change in community psychology: Issues and challenges. In M. Seedat, N. Duncan, & S. Lazarus (Eds.), *Community Psychology: Theory, method and practice: South African and other perspectives* (pp. 67–85). Cape Town: Oxford University Press.
- Ahmed, R., & Suffla, S. (2007). The mental health model: Preventing “illness” or social inequality? In N. Duncan & S. Lazarus (Eds.), *Community psychology in South Africa: Analysis, context and action* (pp. 84–101). Cape Town: Oxford University Press.
- Aisenberg, E., & Herrenkohl, T. (2008). Community violence in context: Risk and resilience in children and families. *Journal of Interpersonal Violence*, 23(3), 296–315.
- Atkinson J. (2002). *Trauma Trails: Recreating Song lines – The trans-generational effects of Trauma in Aboriginal Australia*. Melbourne: Spinifex Press.
- Bateson, G. (1972). *Steps to an ecology of mind*. San Francisco: Chandler.
- Boxer, P., Rowell, H. L., Dubow, E. F., Landau, S. F., Gvirsaman, S. D., Shikaki, K., & Ginges, J. (2013). Exposure to violence across the social ecosystem and the development of aggression: A test of ecological theory in the Israeli-Palestinian conflict. *Child Development*, 84(1), 163–177.
- Brave Heart, M. Y. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7–13.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (1994). Ecological models of human development. In M. Gauvain & M. Cole (Eds.), *Readings on the development of children* (pp. 37–43). New York: Freeman.
- Bujo, B. (1998). *The ethical dimension of community: The African model and the dialogue between North and South*. Nairobi: Paulines Publications.
- Burr, L., & Jensen, S. (2004). Introduction: Vigilantism and the policing of everyday life in South Africa. *African Studies*, 63(2), 139–152.
- Butchart, A., & Kruger, J. (2001). Public health and community psychology: A case study in community-based injury prevention. In M. Seedat, N. Duncan, & S. Lazarus (Eds.), *Community psychology: Theory, method and practice: South African and other perspectives* (pp. 215–241). Cape Town: Oxford University Press.
- Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Brynant, R. M. (2007). Social justice and multicultural issues: Implications for the practice and training of counsellors and counselling psychologists. *Journal of Counselling and Development*, 85, 24–29.
- Cox, D., Frere, M., West, S., & Wiseman, J. (2010). Developing and using community well-being indicators: Learning from the experience of Community Indicators Victoria. *Australian Journal of Social Issues*, 45(1), 71–88.
- Cunningham, A. & Baker, L. (2007). *Little eyes, little ears: How violence against a mother shapes children as they grow*. London: Centre for Children and Families in the Justice System.

- Deacon, B. J. (2013). The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research. *Clinical Psychology Review*, 33(7), 846–861.
- Department of Social Development (2009). National policy guidelines for victim empowerment. Pretoria: Department of Social Development.
- De Sousa Santos, B. (2007). Beyond abyssal thinking: From global lines to ecologies of knowledges. *Review*, 1, 45–89.
- Dubow, S. (1995). *Scientific racism in modern South Africa*. New York: Cambridge University Press.
- Dussel, E. (1980). *Philosophy of liberation*. New York: Orbis book.
- Edlmann, T. (2012). Division in the (Inner) Ranks: The Psychosocial Legacies of the Border Wars. *South African Historical Journal*, 64(2), 256–272.
- Eloff, T. (2017). *Turning point: South Africa at a crossroads*. Cape Town: Creda Communications.
- Eskell-Blokland, L. (2012). Critical approaches in community psychology. In M. Visser, & A. Moleko (Eds.), *Community psychology in South Africa* (pp. 55–69). Pretoria: Van Schaik Publishers.
- Geldenhuys, J. L., & Wevers, N. E. J. (2013). Ecological aspects influencing the implementation of inclusive education in mainstream primary schools in the Eastern Cape, South Africa. *South African Journal of Education*, 33(3), 1–18.
- Greenspan, M. (2003). Healing through the dark emotions in an age of global threat. *Tikkun*, 2(18), 19–22.
- Greenspan, M. (2004). *Healing through the dark emotions: The wisdom of grief, fear and despair*. Boston, MA: Shambhala.
- Hooker, D. A., & Czajkowski, A. P. (2006). *Transforming Historical Harms. Center for Justice and Peacebuilding*: Eastern Mennonite University. Retrieved from http://www.comingtothetable.org/wp-content/uploads/2013/10/01-Transforming_Historical_Harms.pdf
- Hull, C. (2016). The Environment is Headed for Retirement: Our Greed & Apathy are Killing the Planet. Retrieved from <http://onlyoneagleway.com/2443/opinion/the-environment-is-headed-for-retirement/>
- Jason, L. A., Stevens, E., Ram, D., Miller, S. A., Beasley, C. R., Gleason, K., & Franklin, R. (2016). Theories in the field of community psychology. *Global Journal of Community Psychology Practice*, 7(2), 1–27.
- Klein, N. (2012). *Capitalism vs. the Climate*. Retrieved from <http://www.ritimo.org/Capitalism-vs-the-Climate-Part-1>. 17 January 2012
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *Lancet*, 360, 1083–1088.
- Kruger, J., Lifschitz, S., & Baloyi, L. (2007). Healing practices in communities. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay, & V. Roos (Eds.), *Community psychology in South Africa: Analysis, context and action* (pp. 323–344). Cape Town: UCT Press.
- Lacayo, V. (2006). *Approaching social change as a complex problem in a world that treats it as a complicated one: The case of Puntos de Encuentro in Nicaragua*. Retrieved from http://www.ohio.edu/commdev/upload/Approaching_social_change_as_a_complex_problem.pdf
- Lacayo, V. (2008). *When It Comes to Social Change, The Machine Metaphor Has Limits*. Retrieved from <http://www.comminit.com/content/when-it-comes-social-change-machine-metaphor-has-limits>

- Lee, S. J., & Kim, Y. (2014). Searching for the meaning of community well-being. In S. J. Lee, Y. Kim, & R. Phillips (Eds.), *Community well-being and community development: Conceptions and applications* (pp. 9–23). Berlin: Springer.
- Marvasti, J.A. (2012). *War trauma in veterans and their families*. Springfield, IL: Charles C Thomas.
- Max-Neef, M. (2012). *Zermatt Institute, 2012, keynote address*. Retrieved from <https://www.youtube.com/watch?v=5EURJI9x9Qs>
- McMahon, P. M. (2000). The public health approach to the prevention of sexual violence. *A Journal of Research and Treatment*, 12(1), 27–36.
- Mkhize, N. (2004). Psychology: An African perspective. In K. Ratele, N. Duncan, D. Hook, N. Mkhize, P. Kiguwa, & A. Collins (Eds.), *Self, community and psychology* (4-1 – 4-29). Landsdowne: UCT Press.
- Mkhize, N. (2013). Psychology: An African perspective. In K. Ratele, N. Duncan, D. Hook, N. Mkhize, P. Kiguwa, & A. Collins (Eds.), *Self, community and psychology* (4-1 – 4-29). Claremont: Juta.
- Modiri, J. (2016, October 16). In the Fall: Decolonisation and the rejuvenation of the academic project in South Africa. *Daily Maverick*. Retrieved from <https://www.dailymaverick.co.za/opinionista/2016-10-16-in-the-fall-decolonisation-and-the-rejuvenation-of-the-academic-project-in-south-africa/#.WTeQF-uGNEY??>
- Mooney, P. (2017). Audio interview on “The Leadership Forum, Adriaan Groenewald and team”, 10 April 2017. Retrieved from <http://cliffcentral.com/podcasts/the-leadership-platform/>
- Moore, T. (1992). *Care of the soul*. New York, NY: HarperCollins Publishers.
- Moore, T. (2016). *Fireside chat with Thomas Moore on being a soulful person*. Retrieved from <https://vimeo.com/157581076>
- Murray, M. (2004). Assumptions and values of community health psychology. *Journal of Health Psychology*, 9(2), 323–333. Retrieved from <http://doi.org/10.1177/1359105304040897>
- Naidoo, A. V. (2000). Community psychology: Constructing community, reconstructing Psychology in South Africa. Inaugural Lecture. University of Stellenbosch.
- Naidoo, A., Duncan, N., Roos, V., Pillay, J., & Bowman, B. (2013). Analysis, context and action: An introduction to community psychology. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay, & V. Ross (Eds.), *Community Psychology in South Africa: Analysis, context and action* (pp. 9–23).
- Nelson, G. B., & Prilleltensky, I. (2010). *Community psychology: In pursuit of liberation and well-being*. New York: Palgrave Macmillan.
- Ngonyama Ka Sigogo, T., & Modipa, O. T. (2013). Critical reflections on community and psychology in South Africa. In K. Ratele, N. Duncan, D. Hook, N. Mkhize, P. Kiguwa, & A. Collins (Eds.), *Self, community and psychology* (2-1 – 2-19). Claremont: Juta.
- Norris, F. H., & Thompson, M. P. (1995). Applying community psychology to the prevention of trauma and traumatic life events. In J. Freedy, & S. Hohfoll (Eds.), *Traumatic stress: From theory to practice* (pp. 49–71). New York: Plenum.
- Orr, D. W. (2013). *Governance in the Long Emergency*. State of the world 2013. Worldwatch institute. Washington: Island Press.
- Pityana, B., Ramphele, M., & Mpumlwana, M. (1991). *Bounds of possibility: The legacy of Steve Biko and Black Consciousness*. Cape Town: David Philip.

- Pretorius-Heuchert, J. W., & Ahmed, R. (2001). Community psychology: Past, present, and future. In M. Seedat (Ed.), N. Duncan, & S. Lazarus (Cons. Eds.), *Community psychology: Theory, method and practice: South African and other perspectives* (pp. 17–36). Cape Town: Oxford University Press.
- Prilleltensky, I. (2008). The role of power in wellness, oppression, and liberation: The promise of psychopolitical validity. *Journal of Community Psychology, 36*(2), 116–136.
- Prilleltensky, I. (2012). Wellness as Fairness. *American Journal of Community Psychology, 49*(1), 1–2. DOI 10.1007/s10464-011-9448-8
- Prilleltensky, I., & Fox, D. (1997). Introducing critical psychology: Values, assumptions, and the status quo. In D. Fox & I. Prilleltensky (Eds.), *Critical Psychology: An introduction* (pp. 2–20). London: Sage.
- Ralph, N., Hamaguchi, K., & Cox, M. (2006). Transgenerational trauma, suicide and healing from sexual abuse in the Kimberley region, Australia. *Pimatisiwin A Journal of Aboriginal and Indigenous Community Health, 4*(2), 118–136.
- Ramose, M. B. (2005). *African philosophy through Ubuntu*. Harare: Mond Books.
- Rappaport, J. (1977). *Community psychology: Values, research, and action*. New York: Holt, Rinehart & Winston.
- Rappaport, J. (1990). Research methods and the empowerment social agenda. In P. Tolan, C. Keys, F. Chertok, & L. Jason (Eds.), *Researching Community Psychology: Issues of Theory and Methods* (pp. 51–63). Washington, DC: American Psychological Association.
- Reid, B. (2007). Shifting from “sustainability” to regeneration. *Building Research & Information, 35* (6), 674–680.
- Ritchey, T. (2005). *Wicked Problems: Structuring Social Messes with Morphological Analysis*. Retrieved from www.swemorph.com
- Rosenhead, J. (1996). What’s the problem? An introduction to problem structuring methods. *Interfaces, 26* (6), 117–131.
- Rushkoff, D. (2013). *Present shock: When Everything Happens Now*. Retrieved from <http://www.rushkoff.com/books/present-shock/>
- Sabol, W. J., Coulton, C. J., & Korbin, J. E. (2004). Building community capacity for violence prevention. *Journal of Interpersonal Violence, 19*(3), 322–340.
- Saegert, S. & Winkel, G. (2004). Crime, social capital and community participation. *American Journal of Community Psychology, 34*(3/4), 219–233.
- Scharmer, C. O. (2007). *Theory U: Leading from the Emerging Future. Presenting as a Social Technology of Freedom*. Cambridge, MA: The society for organizational learning.
- Scharmer, C. O. (2013) From ego-system to eco-system economies. Retrieved from https://www.youtube.com/watch?v=GcbB1l__BmM
- Schwab, G. (2010). *Haunting legacies: Violent histories and transgenerational trauma*. New York, NY: Columbia University Press.
- Schwan, G. (1998). Political consequences of silenced guilt. *Constellations, 5*(4), 472–491. doi: 10.1111/1467-8675.00109
- Seedat, M. & Lazarus, S. (2011). Community psychology in South Africa: Origins, developments, and manifestations. *Journal of Community Psychology, 39*(3), 241–257.
- Senge, P., Kleiner, A., Roberts, C., Ross, R., & Smith, B. J. (1994). *The fifth discipline fieldbook: Strategies and tools for building a learning organization*. New York: Doubleday.

- Shulman-Lorenz, H., & Watkins, M. (2002). Silenced knowings, forgotten springs: Paths to healing in the wake of colonialism. *Radical Psychology: A Journal of Psychology, Politics, and Radicalism* (online journal). Retrieved from <http://www.radpsy.york.ca>.
- South African Police Service (2009/2010). *Programme 2: Visible policing*. South African Police Service. Retrieved from https://www.saps.gov.za/about/stratframework/annual.../2009_2010/6_prg2_vispol.pdf
- South African Police Service (2015). Sector policing operational guide. South African Police Service. Retrieved from https://www.saps.gov.za/resource_centre/publications/downloads/spo_chapter_2.pdf
- South African Police Service Act No. 68 of 1995. Retrieved from <http://www.info.gov.za/view/DownloadFileAction?id=70987>
- South African Police Service Amendment Act No. 83 of 1998. Retrieved from <http://www.info.gov.za/view/DownloadFileAction?id=70741>
- Sterling, S. (2009). Ecological intelligence: viewing the world relationally. In P. Villiers-Stuart, & A. Stibbe (Eds.), *The Handbook of Sustainability Literacy* (pp.1–20). Retrieved from http://arts.brighton.ac.uk/__data/assets/pdf_file/0018/5922/Ecological-Intelligence2.pdf
- Straus Institute for Dispute Resolution. (2014). *A Conversation about Forgiveness, Reconciliation and Healing: Lessons from South Africa. Part 1: Overcoming apartheid. Part 2: No future without forgiveness*. [Video recording] School of law, Pepperdine University. Part one retrieved from <https://www.youtube.com/watch?v=jMb-zDkx0R8> and part two. Retrieved from https://www.youtube.com/watch?v=y-aA5__MwmM
- Stevens, G. (2013). The international emergence and development of community psychology. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay & V. Roos (Eds.), *Community Psychology: Analysis, context and action* (pp. 27–50). Claremont: Juta.
- Stevens, G., Seedat, M. & van Niekerk, A. (2013). *Understanding and preventing violence*. In K. Ratele, N. Duncan, D. Hook, N. Mkhize, P. Kiguwa & A. Collins (Eds.), *Self, community and psychology* (pp. 13-1 – 13-19). Claremont: Juta.
- Swanepoel, H., & De Beer, F. (2016). *Community development: Breaking the cycle of poverty*. Cape Town: Juta.
- Swart, T.M. (2013). Contextual issues: Power, Violence and Community Psychology. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay, & V. Roos (Eds.), *Community Psychology. In South Africa: Analysis, context and action* (pp. 187–205).
- The WHOQOL Group* (1995). The World Health Organization quality of life assessment (WHOQOL): Position paper from the World Health Organization. *Social Science and Medicine*, 41(10), 1403–1409.
- Thompson, J., & O’Dea, J. (2011). The Social Healing Project. Retrieved from <http://jamesodea.com/wp-content/uploads/2012/09/The-Social-Healing-Project-Report.pdf>
- Tick, E. (2014). *Warrior’s return: Restoring the soul after war*. Boulder, CO: Sounds True.
- Trickett, E. J. (2009). Community psychology: Individuals and interventions in community context. *Annual Review of Psychology*, 60, 395–419.
- Van Vlaenderen, H. & Neves, D. (2013). Activity theory as a framework for psychological research and practice in developing societies. In K. Ratele, N. Duncan, D. Hook, N. Mkhize, P. Kiguwa, & A. Collins (Eds.), *Self, community and psychology* (9-1 – 9-20). Claremont: Juta.

- Viljoen, G., Pistorius, A., & Eskell-Blokland, L. (2007). A critical orientation to community psychology. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay, & V. Roos (Eds.), *Community Psychology: Analysis, context and action* (pp. 117–133). Cape Town, South Africa: UCT Press.
- Visser, M. (2012). Community Psychology. In M. Visser & A. Moleko (Eds.), *Community Psychology in South Africa* (pp. 2–18). Pretoria: Van Schaik Publishers.
- Watkins, M., & Shulman, H. (2008). *Toward Psychologies of Liberation*. New York: Palgrave MacMillan.
- Westley, F., Zimmerman, B., & Patton, M.Q. (2006). *Getting to maybe: How the world is changed*. New York: Random House.
- Williams, B., & van't Hof, S. (2014). *Wicked Solutions: A Systems Approach to Complex Problems – a workbook*. Retrieved from <http://www.bobwilliams.co.nz>
- Yen, J. (2013). A history of “community” and community psychology in South Africa. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay & V. Roos (Eds.), *Community Psychology: Analysis, context and action* (pp. 51–66). Claremont: Juta.

GLOSSARY OF TERMS

Boundary management: See self-regulation.

Citizen participation: This is when community members have the ability to make decisions regarding their own development, specifically by actively engaging in identifying, planning, establishing, implementing and evaluating development initiatives that affect their lives.

Community policing: A philosophy that encourages partnership and collaboration between the police and community members to prevent crime.

Community resilience: The development and dynamic use of a community's protective factors such as coping styles and strategies, in order to survive in the midst of challenges in various environments and to attain community wellbeing.

Community strengths: Factors that are available in a community that can be used to intervene to prevent a psychosocial problem.

Community wellbeing: The experience of happiness and a good quality of life pertaining to the physical, psychological, political, economic, social, environmental, cultural and governance issues at a community level.

Critical thinking: To display reasonable, reflective thinking focused on deciding what to believe or do. It involves thinking about one's thinking in a manner designed to organise and clarify, raise the efficiency of, and recognise errors and biases in one's own thinking.

Culture: The way of life of a society, including the symbolic structures that give activity significance, and the patterns of human activity and connection. It encompasses values, beliefs, norms, institutions, artefacts, and rituals. It, therefore, refers to the ways of being and doing in the living network of relationships within families and community.

Discourse: A formal way of thinking which is expressed through language, as well as a social boundary that defines what statements can be said about a topic.

Empowerment: A process of enabling community members to have a personal sense of control over their lives and to control those factors that influence their lives in one way or another.

Epistemology: A branch of philosophy that studies the nature and theory of knowledge, assumptions about knowledge, as well as the extent and validity of knowledge.

Exosystem of human development: The level at which there is interaction between two or more contexts, with at least one of which an individual does not form part.

Four-step logic of public health: Four interdependent steps used in the public health model, which guide the prevention of psychosocial problems and the containment of their effects.

Humanistic psychologists: Humanistic psychology is a psychological perspective that emphasises the study of the whole person. Humanistic psychologists look at human behaviour not only through the eyes of the observer, but also through the eyes of the person who is being observed.

Ideology: A coherent set of values and beliefs about the nature of society that is usually taken for granted as inherently or naturally true and which serves to justify a particular set of social relations.

Instrumental rationality: A form of rational thinking that is good at analysing, categorising, and labelling things; at seeing detail and dealing with parts; focusing on one factor or one goal (e.g., maximising a particular achievement, increasing productivity, or maximising profits.) The values of efficiency, profit, rules and procedures, order, neatness, rational planning, and a search for so-called "facts" are prized. When instrumental values are considered as the only important factors in our search for truth, we run the risk of disconnection and inhumane ways of understanding self and world.

Intervention: Action taken to prevent or alter a situation or condition that is a result of a course of events.

Intrapsychic: Something that exists or takes place within the mind or the psyche.

Liberalism: A philosophy and political ideology that argues that human liberties are paramount, and emphasises individual freedoms and rights.

Macrosystem of human development: The level at which interaction takes place at a higher level among the micro-, meso- and exosystems.

Marginalised people: A group of people in a community who are excluded from the networks, activities and benefits of a community or society, and are thus not connected to the whole community or society based on their characteristics such as age, gender, race/ethnicity, religious beliefs, socio-economic status, level of education, residential area, health status, and history of criminality, amongst others.

Microsystem of human development: The level at which an individual interacts with other people, objects, and symbols in the immediate environment.

Mesosystem of human development: The level at which there is interaction between two or more contexts which an individual forms part of.

Multinational corporation: An enterprise that produces or sells goods or services in various countries but is managed in one country.

Power dynamics: The combination of two or more factors such as class, race, status, and gender, among others to exercise power over another individual or a group of people, which results in compliance or submission by the latter.

Prevention: The act of preventing a certain action/occurrence from taking place.

Primary prevention: Prevention aimed at reducing or stopping potential harmful incidents before they occur.

Protective factors: Assets and resources that a community can use to protect itself from experiencing a psychosocial problem or at least its effects.

Reflexivity: Thinking about consequences, sequences, and impacts. Connecting the dots.

Risk factors: Factors that put a community at risk of experiencing a psychosocial problem.

Secondary prevention: Providing intervention at an early stage to prevent further injury or loss.

Self-regulation: Being able to manage one's emotions, thoughts, habits, and actions. Being able to adapt when these needs are changing and have become dysfunctional.

Social capital: Relying on one's community based on the social relationships formed among community members at various levels and in various contexts, taking advantage of the positions held and having relations with the larger community, in order for all in the community to have access to the resources that are available.

Social structural inequality: A condition wherein one category of people is granted an unequal status in relation to other categories of people.

Social inclusion: This is when communities are included in shaping knowledge about how they can be assisted based on their daily ways of living/doing things.

Social justice: The fair and equal distribution of resources, rights and treatment, even amongst marginalised individuals and groups, in order to ensure equal share of power in society.

Social transformation: Initiating efforts in a community to reorganise human relationships by challenging those relationships or structures within a community that are regarded as oppressive as well as changing any systems that bring injustices in the community.

Sustainability, sustainable living: This involves healthy human relationships with oneself and with others, a community orientation, and ecologically sound lifestyles. The web of social and ecological relations is made sustainable when people and the environment are treated with respect, dignity, and good boundary management. Good self-regulation at all levels of human interested systems is vital for a sustainable and adaptive human society.

Tertiary prevention: A form of preventive intervention that reduces the occurrence of injury or loss, mainly at the advanced stage of occurrence.

Victim empowerment: An approach that enables people who have suffered, individually or collectively, from harm or loss to have access to a range of services with the aim of exercising control over their lives.

Vulnerable group: Vulnerability is when an individual, an organisation or a population cannot foresee a form of disaster that is coming its way, which then compromises its ability to cope with, resist it, or even recover from it. A vulnerable group, therefore, is a group of people that is more prone to being affected by disaster or harm.

Worldview: A set of basic assumptions that a group of people develops, in order to explain reality and their place and purpose in the world. Worldviews shape people's attitudes, values, and opinions, as well as the way people think and behave. Therefore, worldview is our core assumptions about the world, about nature and about the purpose of life.

