A COMMUNITY PSYCHOLOGY NARRATIVE WITH SPECIAL REFERENCE TO ZULULAND, SOUTH AFRICA

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Abstract

This paper is concerned with a narrative of community psychology broadly viewed as a story of intervention in the unfolding communal world of the psyche. The narrative has international, national and regional themes in keeping with North American, South African and Zululand contexts. A universal and perennial, yet new and changing narrative of community psychology emerges with special reference to recent developmental in South Africa in general and Zululand in particular.

Key words: Community psychology, Zululand, South Africa

Résumé

Ce papier s'est occupé d'une narration de psychologie de la communauté, envisagée largement comme une histoire d'intervention dans le développement du monde communautaire de la psyché. La narration a des thèmes internationaux, nationaux et régionaux conformément aux contextes Nord Américain, Sud Africain et Zululand. Une narration non seulement universelle et perpétuelle, mais aussi nouvelle et changeante de psychologie de la communauté émerge avec référence spéciale aux développements récents en Afrique du Sud en général et Zululand en particulier.

Mots clés: Psychologie de la communauté, Zululand, Afrique du Sud

Community psychology may be viewed as a story of intervention in the unfolding, shared, communal world of the psyche, where the term "psyche" is understood to be concerned with psychological phenomena of human exis-
tence such as interpersonal relationships, experience and behaviour. Such a view allows various forms of community psychology to be distinguished e.g. descriptions of pre-reflective community phenomena, accounts of the communal psyche, studies in the psychology of the community and the on-going development of community psychology as an active interventionist and interdisciplinary field to improve community life.

As an academic and professional discipline, community psychology was born at a conference in Swampscott, Massachusetts in May 1965 through the efforts of clinical psychologists concerned with improving clinical psychology and effecting social and political change through an ecological perspective and emphasis on prevention. It was at this conference that people first called themselves community psychologists and established their field further at conferences in Austin, Texas in 1967, 1971 and 1975 (Duffy and Wong 1996).

There were two central themes at these and other community psychology conferences:

- giving modern scientific psychology away to the people,

- helping the community help themselves by working in the community, making better use of local resources and creating new resources. Initially the role of the community psychologist was conceptualized as accepting a diversity of roles through identifying with all the people in the community and becoming involved in the creation of new resources.

However enthusiastic this first generation of community psychologists were, community activists with their emphasis on action in the setting (or real world) where the psyche unfolds, it also was soon apparent that community psychology goes beyond mere provision of services as this inevitably leads to a demand for even more services as in the case of filling a running car with petrol (Mann 1978: 9).

Levin (1970: 72) proposed five early principles accepted by community psychologists.

- Problems arise in situations, which cause, trigger, exacerbate and maintain them.

- Some element in the situation or social setting blocks effective problem solving behaviour.
- Help has to be located in the situation where the problem arises.

- The goals and values of help and helpers should be consistent with the goals and values of the setting.

- Help should have potential for being systematised through using the natural resources of the setting or through introducing resources that can become part of the setting.

Levin's (1970) work illustrates the concept of interdependence and importance of person-setting fit.

MODELS OF COMMUNITY PSYCHOLOGY

There have been four traditional models of community psychology; the mental health, social action, organisational and ecological models. Mann (1978) has evaluated these contrasting and complementary models or approaches in terms of six criteria: *

- conceptualisation of ongoing community process,
- value assumptions,
- conceptions of change processes,
- role of participation,
- role of accountability,
- survival value of the model.

Briefly the evaluation can be summarised as follows:

* The mental health model is a traditional one focusing mainly on conceptions of mental health in individuals who live in a clearly defined locality served by the establishment of a community centre (government or non-government organisation) that cares for the needs of identified individuals, families and groups. The focus is often rehabilitative/consultative.

* The social action model is more revolutionary, economic, political and socialistic in orientation. The goal is empowerment towards self-determination (rather than influence over others) and change of structures responsible for oppressive injustices (e.g. Apartheid system target of South African mass democratic movements).
For an in-depth critical historical analysis of these models within the South African context, refer to Butchart and Seedat (1990).

The organisational model emphasises a human relations oriented approach to management where team building, as an appropriate climate and context, allows social self-actualisation and personal development. Sensitivity training groups and survey feedback groups help to provide team participation, openness to change and humanism.

The ecological model, which owes much to the original work of Smuts (1926), conceptualises community processes as subject to natural evolutionary change and the importance of channelling resources in the environment to anticipate and deal with change through four basic principles or assumptions:

- interdependence of eco-systemic units,
- recycling resources,
- adaptation as shaped by environment,
- succession through constant change dynamics of communities.

A fifth model, the phenomenological model has the advantage of laying emphasis on communal human relationships and what is neglected by all the above models, i.e. the actual ongoing sense of community (as experienced by community members themselves) in terms of its reality, development, creation, change, improvement and meaning of being a community (i.e. the communal psyche).

This phenomenological model is the basis for all the other approaches and has already been described in a related paper (Edwards 1996). It generates the following essential questions relevant for all approaches, researchers and community members.

- How, when, where, why do the community exist and experience themselves as a community? In which relationships does this community experience occur?
- What do the community experience and mean by "community," or their communal, world ecology, context or setting? Do they experience
themselves individually, communally, environmentally as members of a community or not? If so, how, why, when, where?

- How can the community create, develop, improve their existence and experience of community and/or the psyche, behaviour relationships, experiences, interactions within their community and/or in relation to other communities if "communities" are experienced differentially from other communities?

- What are the experienced values, ethics, principles, goals, and aims of the community?

What are the other resources available or needing to be created to improve the community psyche and community relationships?

Such a model lays emphasis on developing community relationships and on community members' freedom and responsibility to choose and change their (sense of) community. This becomes a psychology of democracy, which embraces persons in their diversity as well as 'uniqueness' and universality as the main resource of the community.

In a more fundamental phenomenological sense, as human beings we are community, i.e. we live in a communal world, which we create, by which we were and are created and co-created and which we continually recreate. In the beginning there is relation and continued creation (Buber 1958). I am because we are (Mbiti 1970). We are always a community in dialogue and relation with other communities. We are communal relationships in terms of our conscious and unconscious relationships (Jung spoke of our collective unconscious), experience and behaviour, both individually and collectively. Smuts (1926: 256) has even spoken of the communal sense (sensus communis) as a sixth sense.

For Heidegger (1967) to be human means to live in a social world and to care. When persons care for each other they create community through confirmation of the existence of others at various levels through physical, chemical, mechanistic, organic, biological, personal, communal, social, economic, political and spiritual realms. In this way we become companions, fellows, comrades or partners in personal communities of caring relations.

It is interesting to examine some literary terms synonymous with community. Communion implies an interchange of fellowship, a body of people
who unite to confirm their common existence e.g. as in a Christian, religious ceremony. Communality refers to the sharing of private property as in communes, which first arose in Paris in 1871 as territorial divisions governed by a mayor (in protest against a national government). To commune means to converse or talk together. To communicate means to give, share, reveal, bestow and have something in common with others, to realise that the self (and democracy) is only relevant in relation to another. The original French and Latin derivation for the words company and companion imply a very concrete form of sharing of food (com = with, panis = bread) and confirmation of communal existence.

Universal, differential and unique forms of community can be distinguished. All communities (like all persons) are, at one and the same time and place, like all, like some and like no other communities. We may distinguish between:

- the universal community of persons to whom all human beings belong,
- the differential form of community e.g. persons sharing common cultural characteristics and relationships are distinguishable from others,
- the unique community that becomes created through bridging of boundaries, e.g. the New South Africa.

A phenomenological approach has lead to the view of community psychology as a story of intervention in the communal psychological lived-world. Our narrative is a hermeneutic one concerned with the invention of the idea of a story of intervention and an interventionist story. In a sense all stories are interventionist, whether concerned with bracketing out bias to allow phenomena to reveal themselves (e.g. sense of community), describing phenomena (e.g. communal psyche), networking between different community centres (communication as story telling), the story telling role of telling stories within stories (e.g. confidential reports being interpreted appropriately) and actively telling the story of modern community psychology in the community while intervening as community psychologist in helping people help themselves.

THE ONE AND THE MANY

Resolution of traditional dualistic philosophical problems such as mind/body, subject/object and one/many by phenomenology is through recognition of intersubjectivity in existence, experience, companionship,
communication and community in the way paved by thinkers such as Heidegger (1967) and Mbiti (1971). In the words of Medard Boss, "The world of dasein is essentially mitwelt" (Edwards 1992:271). This theme is beautifully expressed in the Zulu idiom "umuntu umuntu ngabantu" i.e. we become persons through our relationships with others or as Buber (1958) said it; "I only become an I through you."

Dokecki (1992) offers a human scientifically inspired approach of knowing the community of caring persons as the core of community psychological praxis. This work is based upon the philosophy of MacMurray (1957, 1961) and is consistent with Heidegger’s thought on care as being a fundamental in human-being-in-the-world. Dokecki (1992:30) argues that the democratic slogan "liberty, equality, fraternity" is an adequate definition of community as the self-realisation of persons in relation.

Dokecki (1992) provides a human science methodological framework for community psychological research consisting of four types of inquiry, each of which offer complementary perspectives on community psychological phenomena, to be selectively chosen by the researcher either singly or in combination:

- macro-level, quantitative, experimental and functional studies to determine association and cause effect variables,
- micro-level, quantitative, interpretative, phenomenological and related methods to yield personal meanings, intentions and interpretations of community situations,
- macro-level, quantitative systems, analytic studies to see how focused cause effect relations function in networks or systems of relations,
- macro-level, qualitative, world-view studies to facilitate decisions among the competing claims of ideological, political and ethnic worldviews.

With regard to the impersonal nature of the first and third and the personal emphasis of the second and fourth frameworks above, Dokecki (1992:32) notes that for MacMurray the impersonal attitude is justifiable when subordinate to and adapted for the personal.
In a complementary paper which extends Dokecki's (1992) analysis from persons-in-community to community-in-society in the post-modern world, Newbrough (1992:12) defines community as a "localised expression of the relationship of the individual and the collectivity." Post-modern solutions to the problem of the one and the many emphasise both personal and community development in working to solve problems of chaos and confusion through a dynamic and balanced political change process where democratic principles of liberty, equality and fraternity provide variable mutual correctives and policy tests for intervention programmes. For example, as a principle, equality provides the resources for growth and development if persons are all able to participate meaningfully in a community, the fraternity principle caters for effective social development and the liberty principle enhances individual pursuit of goals.

In combination Dokecki's and Newbrough's perspectives form a useful phenomenologically inspired model of community psychology, which has clear heuristic value, is ethically grounded, action research oriented, caters for the increasing complexity of the post-modern world, has universal and local applicability and appears to be a suitable basis for development of community psychological theory.

SOUTH AFRICAN RELEVANCE

The relevance of community psychology has long been recognised Seedat, Cloete and Sochet (1988), Butchart and Seedat (1990). It seems more relevant than ever before in the new South Africa for various reasons including the following.

* Many authentic, holistic, African communal, spiritual forms of caring, helping and healing are wonderfully powerful resources as an early form of community psychology that has stood the test of time (Edwards 1985, 1995, 1996; Nyembe 1994). Such existing forms of community psychology as traditional healing and the African independent church movement need great recognition and support, particularly in those cases where there was oppression by earlier South African governments, regimes and various forms of tyranny. African philosophy, culture and customs such as ubuntu (humanness, dignity and humane relations) provide a firm grass roots foundation for any modern forms of community psychology as representations of community psychological reality of all of the above mentioned theoretical models of community psychology have a South African relevance depending upon tie and context. At the time of typing this paper,
seven members of Zululand Psychology Department rank-ordered the relevance of the models in terms of their applicability to Zulu cosmology as follows: phenomenological, social action, ecological, mental health and organisational models.

* Undoing or redressing the legacy of the past (including the Apartheid era) which has caused great violence e.g. community psychological interventions for improving:

- humane relations within and between communities still divided in many ways: historically, politically, economically, socially in terms of enhanced local networks and spirit of ubuntu (humanity),

- ongoing political violence especially in KwaZulu-Natal, Western Cape and Gauteng regions, more responsible leadership and tolerance of others,

- widespread incidence of criminal behaviour, especially through better community policing,

- inadequate housing causing homelessness, informal settlements, street children and poor living conditions,

- social action towards effective constitutional democratisation so that successive governments do not perpetuate corruption and abuse of power,

- social justice in various forms, e.g. truth and reconciliation commission, fair balanced systems of transformation e.g. land reform, educational, health and welfare reforms and renewals,

- active creation of a new South African psychological climate and spirit to redevelop the country and community e.g. with regard to foreign investment, harmonious international relations and healthy publicity to substantiate changes from an international "political polecat" to "showcase for the world,"

- prompt and effective mediation and action to resolve quickly strikes and boycotts that cripple the country if unresolved. All stakeholders need to be consulted to work together e.g. management, unions, students,
- creative entrepreneurial programs to assist government interventions for "liberty, equality, fraternity" particularly in terms of economic inequality between communities,

- the continual entrenchment and application of a human rights constitution and climate to combat future forms of oppression of all forms from governmental abuse of power to sexual harassment in the work place. A human rights climate will also assist towards protecting the rights of all individuals and groups, especially disadvantaged and minority groups,

- physical and community psychological improvement, creation or recycling of resources for the poor, homeless and disempowered, e.g. in squatter camps and other forms of informal settlements,

- specific programmes for street children and other destitute, disabled or disadvantaged persons,

- primary prevention in the form of education for informed, responsible citizenship which attends to all aspects of human and communal development, democracy education and culture of learning,

- improved relations between private and public sector especially in business/government links to improve education, health and welfare and support government initiatives,

- programs for specific forms of violence e.g. child abuse, spouse battering, ethnic conflicts, tribal conflicts and racial conflicts,

- generally continued active creation of a new South African community psychological climate and spirit to reconstruct and develop all people in their universality, diversity and uniqueness.

* Various other specific programmes e.g.

- mediation for ethnic, tribal, racial, cultural and other conflicts,

- transcultural counselling for more extensive exploration and intervention of ethnic, tribal, racial, cultural and other conflicts,

- crisis intervention for acute conditions such as parasuicide and acute psychotic conditions like brief reactive psychosis, (e.g. ufufunyane)
- grief counselling for bereavements and personal loss,
- trauma counselling, including stress inoculation and debriefing for various forms of violence, stress and prolonged traumatization,
- community policing interventions of a psychological nature for criminal acts of violence, rape, murder,
- family therapy for child and spouse abuse and battering,
- pastoral counselling for spiritual problems,
- lay counselling for general problems in living,
- life-line counselling for confidential catharses,
- AIDS counselling for pre- and post HIV testing and for full blown terminal AIDS patients and families,
- eco-systemic counselling and other action and empowerment techniques for ecological communal interventions,
- mental health educational, preventative and rehabilitative programs for family planning, child and spouse abuse,
- community health psychological interventions to improve life style habits such as proper diet, exercise, prevention of alcohol, drug and nicotine addictions.

Up to this stage this paper has been concerned with a brief contemporary narrative of the field of community psychology with special reference to the South African context in general. By its very nature, community psychology is highly context bound in terms of time, place and the shared communal world of the psyche as will become apparent in the next section.

**THE ZULULAND STORY**

As in other places on earth, psychology can be said to have existed since time immemorial in Zululand, South Africa. It is at least as old as humanity itself or older if we accept Jung's revelation on Mount Elgin in Kenya that the psyche is antecedent and a precondition for humanity with human
consciousness having evolved essentially as a witness to the dawn (Brooke 1991).

Zululand is on the Eastern Coast of Southern Africa where various peoples have existed over the years; the hunter gatherer, "First People" as the !Kung or San described themselves, the Nguni Zulu pastoralists and later Afrikaans, European and Asian people of South Africa (Readers Digest Illustrated History of Southern Africa 1994).

KwaZulu-Natal is today one of nine provinces or regions of the post apartheid new South Africa which came into being on 27 April 1994 with the first democratically elected government under President Nelson Mandela. Zululand refers to the northeastern area where the famous leader Shaka formed various Nguni groups into the Zulu people in the early nineteenth century.

Zululand is the English equivalent for the more correct term KwaZulu or place of the Zulu peoples. It extends from the Tugela river in the south to the Mozambique border in the north. Its people live mainly in extended rural family homesteads or umuzi that are scattered over the rolling hills that typify the landscape of this region.

While there are certain highly developed areas in Zululand such as Empangeni; Richards Bay, the world's largest coal export facility and St. Lucia, the area is generally rural and economically underdeveloped. In the rural areas, there remains a well-organised tribal authority system that maintains social homeostasis in each ward or isiGodi under the governance of the local community leader or induna. Various wards are controlled by tribal authorities, or chiefs known as amakhosi, who traditionally all fall under a King. A communal way of life is thus the foundation of the social system of the Zulu people.

This traditional form of community psychology has been extensively described (Krige 1953; Gumede 1990). Some essential psychological principles are humanism (ubuntu) and communalism (ubunye, ubudlelwane) based upon the fundamentally religious world view of reverence and rites (umsebenzi) for the ancestors (amadlozi and first creator/God (uMvelinqangi/uNkulunkulu), following appropriate customs (amasiko) and becoming a person through one's relations with others (umuntu umuntu ngabantu).

Traditional community psychology had different levels of being from the family homestead (umuzi), which included all members of the extended
family and their living dead (amadlozi) through the wards or isigodi composed of various families to the Zulu nation itself i.e. kinship, feudal, national and kingship systems. Traditional healers have long been the spiritual and cultural providers and protectors of the community officiating at special community gatherings (umhlahlo).

Although various specialists also exist, there are basically two types of traditional healers, the traditional doctors (izinyanga), who are usually men and often specialise in herbal medicines and the traditional diviners (izan-goma), who are usually women and specialise as diagnosticians through their mediumship with the ancestral shades. These forms of healers have been extensively described (Ngubane 1977, Gumede 1990).

The abathandazi or faith healers have become increasingly popular in modern times. These healers are usually members of the African Independent Churches (AIC's) who are able to provide their local community with a communal-spiritual circle that addresses many needs; traditional ancestral reverence, old testament and modern Christianity, a substitute extended family, assistance with employment contacts and the caring psychological experience of family and sense of community accompanied by healing rituals, which include music, drama and dance. This is a marvellous form of community psychology where community development, healing and education are harmoniously integrated (Oosthuizen, Edwards, Wessels and Hexam 1989, Nyembe 1994).

Gumede (1990) has estimated that traditional healers cater for 80% of the health needs of the African population and are usually consulted before modern doctors, particularly in the less developed and rural areas of Kwa-Zulu-Natal. The abathandazi have become increasingly popular in urban environments. Religious groups in their brightly coloured attire gather wherever convenient, at the river or the mountain, near the sea, at a vacant plot in town or at the bus stop. These African Independent Churches constitute the largest organized religious group in Kwa-Zulu Natal and in Southern Africa and as such are possibly responsible for most of the everyday community psychology in KwaZulu-Natal (Nyembe 1994).

In 1960 the University of Zululand was established under the old Apartheid System for Black Zulu-speaking South Africans and subsequently stigmatised as a form of ethnic bush college. Over the years, however, it has broken free from such chains and has reached autonomous maturity as an academic institution for tertiary education, which reflects and celebrates the rich diversity of South African society.
The psychology department has grown extensively since 1960. Independent departments of educational psychology and industrial psychology were established, which now work very closely with the psychology department as a collective school in teaching, research and community service. The psychology department honours degree enables students to register as psychometricians with the Professional Board of Psychology, while the educational psychology department offers a BEd degree specialising in guidance and counselling. Applied masters’ degrees in clinical and educational psychology include community psychology programmes and internships. All three departments co-operate closely in these community psychology programmes and a Ph.D. in community psychology was approved by the Professional Board for Psychology and begun in 1998.

While applied community psychological services have been in operation since the inception of the psychology department in 1960 and have been accelerated since the establishment of the applied masters degrees in clinical psychology in 1986 and educational psychology in 1993, it was only in 1993 with the six month community psychology internship block recognised and accredited by the Professional Board for Psychology that a modern community psychology programme has been truly functional in the community.

In the initial programme the Zululand Mental Health Community Psychology Programme consisted of five community centres; Zululand Mental Health Society who managed the funding of the programme, Richards Bay Minerals, Ngwelezane Hospital, Thuthukani School and the University of Zululand. These five community centres each time shared an intern clinical psychologist’s salary and their representatives formed part of an ongoing committee involved with the supervision of the intern and with the further development of community psychology in KwaZulu-Natal.

From the point of view of the intern psychologist a wide range of community experience was thus possible. The abovementioned centres provided varying community contexts; private industrial company, large general hospital, non-governmental welfare organisation, school for special children and university clinical and counselling settings respectively.

The community psychology project has developed enormously since then, extending community psychological services to many other areas of KwaZulu-Natal, albeit often on a very limited scale, e.g. local rural areas, Mandeni community, Alusaf, Portnet, ATIC, Mondi, Zululand Chamber of Business Foundation, Rand Air, Labour Department, Richards Bay Coal Terminal and many others.
Besides those already mentioned for South Africa in general, there seem to be three main themes at this stage in the development of Zululand community psychological services.

* Ongoing harmonisation of old and new types of community psychology. This takes many forms:

- Assisting traditional healers with transport and facilities to conduct their own professional examinations and registration procedures.

- Mutual attendance of important meetings e.g. Nyanga's National Association AGM, Zululand Mental Health Community Psychology Project meetings and meetings with local chiefs.

- Research projects where traditional healers work with psychologists e.g. issues with regard to professionalization, comparison of diagnostic and treatment methods, the process of joint decision taking in multi-professional team contexts.

- Collaboration on instructional materials e.g. video projects to improve educational instruction, skills transfer and market the programme to sponsors.

* Establishment of referral networks among all local community centres, especially those involved in the project committee in order to bridge community boundaries, facilitate prevention of violence and promote harmonious community relations.

- Various local centres have employed psychologists after they completed their training e.g. Labour Department, Richards Bay Minerals, Ngwelezana Hospital, Richards Bay Coal Terminal.

- Portnet hosted a large meeting of all local stakeholders in health, education and business in 1997 to network and promote the community psychology programmes.

- A Community College, inspired by Government and Zululand Chamber of Business Foundation, together with the Zululand University hosted workshops by Prof. Donata Francescato, world renowned Italian Community Psychologist in 1998, which was very valuable for networking and skills transfer.
* Continual focus on the vision and ultimate goals of community psychology such as empowerment through optimal use of local resources in "helping people help themselves." Some examples follow:

- Ph.D. Community psychology students working at the Labour Department have started self-help groups for the unemployed.

- Zululand University and Zululand Community College are planning further instructional programmes to give psychology to the people "i.e. general interested public, community workers, paraprofessionals, professionals, policy makers etc.

- Many local leaders in industry, health, education and welfare, private and public sector have much to teach university students and are invited to the university to share experience and skill along with academics and professionals from other provincial universities. In this way valuable knowledge, experience and skill is continually recycled to the benefit of all.

- The growth in numbers of the Ph.D. in community psychology which is now also offered part-time will further address specialised needs and service delivery at regional and national levels. The course outline for this degree appears in the appendix.

In conclusion, this paper has been concerned with a narrative of community psychology which has an international, national and regional theme in keeping with North American, South African and Zululand contexts. A universal and perennial, yet new and changing story of community psychology has emerged. Community psychology has been defined as a psychology of, with, by and for the people in its concern with improving relationships within and between communities, with special reference to the poverty stricken, violently traumatised Zululand region, where there is a serious shortage of community psychologists.
References

APPENDIX

Ph.D. IN COMMUNITY PSYCHOLOGY COURSE OUTLINE

INTRODUCTION

Community psychology may be briefly defined as psychology of, with, by and for the people. It begins and ends in the community. In Zululand such a communal form of psychology has existed for centuries. Modern community psychology programmes build on earlier forms in a story of intervention in the communal world of the psyche. The main goals are to optimise existing resources, redress problems of the Apartheid years and facilitate community development through improving relationships within and between communities in a poverty stricken and violently traumatised region.

AIMS OF THE COURSE

It was against this background, that the Ph.D. in community psychology was developed at the University of Zululand. The course is a natural extension of the applied masters degrees in clinical and educational psychology, which have community psychology components and internships, accredited by the Professional Board for Psychology. It is in keeping with academic, professional, health and educational needs and trends in South Africa besides the general goals mentioned in the introduction, the specific aims of the course are to satisfy a national and regional need for highly qualified skilled community psychologists in order to facilitate community development and provide community psychological leadership and services especially for disadvantaged communities and those in the less developed rural areas of our country. The course is approved by the university and recognised by the Professional Board for Psychology as an additional professional qualification.

CURRICULUM

The Ph.D. in community psychology consists of a specialised doctoral programme of studies for registered psychologists. It is offered jointly by a school of psychology consisting of the Psychology, Educational Psychology, Industrial Psychology and Counselling and Guidance Departments. A limited number of registered psychologists, selected in
terms of academic merit and personal suitability are admitted to the programme which extends over a minimum period of two years full time or three years part-time during which students must register with the University. The University calendar specifies other minimum requirements.

The curriculum consists of three basic parts:

* **A thesis.** Although it may be limited in scope and length, the thesis satisfies all the academic requirements of a Ph.D. thesis. Students are advised to begin and maintain work on their theses immediately after selection and be acquainted with the university regulations concerning doctoral thesis submission criteria and dates.

* **Theoretical part.** This consists of supervised coursework and examinations in the following areas during the compulsory full time academic year spent at the University.

**African Community Psychology**

* Early older forms of community psychology including traditional healing
* Community psychology in South Africa
* Professionalization of traditional healers and primary health care
* Afro-Christian healing
* Harmonisation of traditional and modern healing/medicine and primary health care

**Community Psychology Theory, Models and Development.**

* General community psychology i.e. community psychology as informed by general psychological theory and practice, with special focus on clinical, educational, industrial psychology.
* Critical reflection on the concepts community, psychology and community psychology. The need to develop theory.
* The history of community psychology in USA, Europe, South Africa and elsewhere.
* Models of community psychology; mental health, organisational, social action, ecological and phenomenological models applicability and validity.
* Principles of primary health care
* Policy directions with regard to mental health, education support services, industrial and organisational psychology in South Africa.
* Community mental health for children

**Community Psychology Research Methods**

* Positivistic, nomothetic, experimental and functional studies e.g. experimental, quasi-experimental, factor analytical and correlational methods
* Qualitative interpretative studies e.g. phenomenology, symbolic interactionism, ethnography, narratology
* Quantitative and qualitative systems analytic studies using eco-systemic principles e.g. in program design and evaluation.
* Macrolevel qualitative worldview studies to facilitate decisions among the competing claims of ideological, political and ethnic worldviews. This may be based on critical social science, feminist and post-modern research orientations.

**Community Psychology Interventions**

* Individual, interpersonal, marital, family and group interventions, counselling an psychotherapy
* Transcultural counselling
* Advocacy, mediation and consultancy training
* Networking and community meetings
* Organisational, leadership and psychological activist training.
* Training to train lay counsellors and establish community care and help centre

* **Practical part.** This consists of supervised practical work in a variety of community centres and settings. The practical part is distinguishable but inseparable from the thesis and theoretical part in that the community centres and settings provide the resources, direction and context for the thesis and theoretical part. The formal requirement for completion of the practical part is the submission of a scientific paper based upon the community psychological practice.

The three parts, thesis, theoretical part and practical part each carry equal weight. Candidates must pass all three parts before the Degree Ph.D. (Community Psychology) is conferred.
DURATION OF THE COURSE

The course extends over a minimum period of two years full time and three years part-time. Theoretical and practical parts are integrated during the first year spent at the university. All students continue working on their thesis and scientific papers during the second year of study. Full time students complete their community practical work during the second year while part-time students satisfy this requirement over the next two or more years spending a minimum of 150 hours in community practical work.

COURSE-WORK REQUIREMENTS

The Zululand University calendar specifies the general course requirements. These also include:

* Thesis with a community psychological perspective
* Scientific paper based on practical community psychological work; services, consultations, mediation, advocacy, interventions
* Practical work at the Community Psychology Centre and other/or centres
* Written, theoretical, practical and oral examinations (three exams) in the first coursework year
* Supervision sessions with course instructors
* Seminars, workshop, case conference and community meeting attendance and participation by university staff, visiting lecturers and community members
* Supervision of instruction to masters clinical, educational, industrial psychology students, psychology honours and B.Ed. students

VISION

The main vision is prevention of illness and promotion of health, education and community development. The mission is threefold:

* Primary prevention. Preventing problems before they start through preventive education, health promotion and community development. For example, improving and optimising existing community psychological resources such as earlier forms of communal living and traditional healing by izangoma and izinyanga in collaboration with modern community psychological programmes for holistic health services.
Secondary prevention. Early identification and prompt treatment of problems through various intervention programmes e.g. community counselling towards establishment of crèches, half way houses, community centres, parent effectiveness and children's enrichment programmes, victims of violence trauma counselling, crisis intervention, debriefing, advocacy, mediation, conflict resolution, stress management, health promotion.

Tertiary prevention to decrease the long term effects of problems e.g. redressing sequelae of the Apartheid years by improving relations within and between communities in a crime ridden, poverty stricken and violently traumatised region, e.g. training of lay counsellors for victims of violence, oppression, crime, poverty and injustice.