CHAPTER 5

CORE ACTION RESEARCH PROJECT: RESEARCH@ITSOSENG

This chapter contains the results of the data analysis of the core action research project, Research@Itsoseng. Analysing the data entailed identifying which meanings generated throughout the project led to an improvement of our situation. The core action research project was based on two main research questions: "How can we improve the functioning of Itsoseng Psychology Clinic?", and "How can we increase our research output?"

The Research@Itsoseng project is distinguished from the thesis project in which I address the questions: "How can I facilitate a peer support research initiative?", and "How can I improve my academic practice?" The data analysis results for the first thesis project question are presented in chapter six. The second thesis project research question is presented as my living theory in chapter seven.

Action research cycles

Our efforts to answer the two research questions of the core action research project ranged across 17 meetings and over a period of two years. From this process, three action research cycles are discernable.

The first cycle (R@I meetings 1-10, 26/5/2004 to 25/4/2005)

During the first ten R@I meetings our focus was on the establishment of a peer support research initiative and practical improvements to the functioning of the Itsoseng Psychology Clinic.   We attempted to link the research activities and joint solving of practical problems in our day-to-day activities. We also felt the impact of the incorporation process on our day-to-day work and developed strategies to deal with this

impact. By the 10th meeting we were satisfied with how the clinic was functioning and we were ready to redirect our energy elsewhere.

The second cycle (R@I meetings 11-14, 23/5/2005 to 21/11/2005)

The 11th to 14th meetings saw a refocusing of our energy on some research initiatives and some significant insights in terms of community engagement. During the second cycle a drive to sell our collective vision for the future of the Mamelodi campus to the management of the University of Pretoria also emerged.

The third cycle (R@I meetings 15-17, 20/1/2006 to 29/3/2006)

The 15th to 17th R@I meetings saw the most significant shifts in terms of our efforts to increase our research output and in terms of our understanding of what needed to change in order for this to happen.

The core action research project: Research@Itsoseng

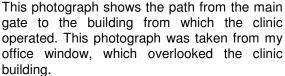**Research question: How can we improve the functioning of Itsoseng Psychology Clinic?**

This research question forms one of the two main questions asked as a result of the core AR project. We (the workgroup) expressed concerns about several aspects of Itsoseng Clinic that we felt could benefit from a collaborative attempt to improve its daily functioning. To understand the context of the day-to-day running problems of the Itsoseng clinic, an overview of the clinic functioning and the community of role players is briefly outlined in the next section.

Cycle 1

Reflection

When a client was referred to the clinic by someone outside of the Mamelodi campus boundaries (e.g. community-based general practitioner, nurse or social worker) and arrived at the campus, they would be directed to the Mamelodi campus security office. When they asked a security officer for the Itsoseng clinic, they would be directed to the relevant building on the campus.

This photograph shows the path from the main gate to the building from which the clinic operated. This photograph was taken from my office window, which overlooked the clinic building.

This photograph shows the building from the front with the sign advertising the clinic.

Figure 11 Photos of Itsoseng Psychology Clinic. Photographed by the author

Once inside the building, signs on the wall would direct clients to the office of two counselling psychology interns who would attend to them by finding out the reason for their visit and scheduling an assessment session. There was no fee charged for services or appointments at the clinic. The duties of psychology interns included clinic reception, triage, running the psychometry library, keeping records and statistics, marketing the clinic, and allocating psychotherapists (MA Counselling psychology students) or counsellors (BPsych students).

 The R@I team members provided training and supervision to the MA and BPsych students, but did not take on psychotherapy clients themselves in the clinic. Linda Blokland acted as clinic director and as such was responsible for ensuring that the interns met the requirements of their internship programmes, for the funding of the intern salaries and promoting the Itsoseng clinic externally to other agencies and internally to the University of Pretoria as our incorporating institution. Linda delegated the operational management of day-to-day running of the clinic to the interns, who reported to two clinic managers (Ilse and Member 6). The role of the clinic managers was to oversee the operational functioning of the clinic and deal with any issues that the interns could not resolve. It is important to note that the clinic had no allocated staff funding. All time and

energy spent in or on the clinic was in addition to all our other regular academic duties. The following role players were involved in the day-to-day functioning of the Itsoseng clinic:

Psychotherapy lecturers / supervisors

The six full time lecturing staff were all involved in the Master's and BPsych students' theoretical and practical therapeutic training. These individuals were briefly introduced in chapter two as they constituted the workgroup of the core action research project.

Clinic managers

Two fulltime lecturing staff members (Ilse Ruane and Member 6) were responsible for assisting the interns with whatever support was needed in their day-to-day running of the clinic. The clinic managers met formally with the interns once fortnightly, but were available on email or in person to address any urgent issues.

Twelve-month fulltime counselling psychology interns

Itsoseng Psychology Clinic offered two counselling psychology internship positions. The tasks of the interns were outlined in the previous section.

Master's (Counselling Psychology) students

A directed Master's programme in counselling psychology was offered on the Mamelodi campus. Ten students were selected each year, and part of the training entailed undertaking psychological assessments and treatment in the clinic. Students worked one afternoon a week in the clinic and a second afternoon at an off-campus psychology service.

Bachelor of Psychology (BPsych) students

A four-year Bachelor of Psychology degree was offered on the Mamelodi campus. This was a directed programme which led to a professional qualification as a Registered Counsellor, and was considered the equivalent of an academic Honours degree in Psychology. Approximately 20 students were selected for the BPsych programme each year. The students received theoretical and practical training in the practice of

counselling and each student was required to work one afternoon in the clinic conducting intake interviews, psychometric assessments and providing counselling services.

Clients

Clients who made use of the psychological services of Itsoseng Psychology Clinic comprised students on the Mamelodi campus as well as people living in Mamelodi. They included individuals who were unable to afford private psychology services as well as those who preferred to attend the clinic for other reasons. A demographic profile analysis of the client population of Itsoseng Clinic in 2005 and 2006 indicated that clients ranged in age between seven and 30, and presented most commonly with the following five complaints (in order of prevalence): learning difficulties, relationship problems, depression, career concerns and HIV-related issues (Phala, 2008).

Two Master's students with R@I member Ilse in the rear. The clinic building can be seen on the right. The tree and chairs in the foreground provided a shady spot for a discussion meeting with faculty of the University of South Africa (Unisa) psychology department on indigenous psychology (3 June 2005).

A glimpse of the inside of the building, which contained a big lecture room, two meeting rooms, two therapy rooms and the interns' office. Here participants share tea during the discussion meeting on indigenous psychology with Unisa. R@I members Linda and Gerhard are shown (front centre and right).

Figure 12 Activities at Itsoseng Clinic.

Initial concerns regarding the functioning of the clinic

Our initial concerns centred on communication between the various role players, the level of engagement and ownership each of the role players appeared to display, resource management (marketing, security, record keeping), quality of interactions with

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clients, and addressing the increasing demand for assistance with learning problems. Some of these concerns appear in the following excerpts from the record of the first R@I meeting (Box 4).

Box 4. Some initial concerns about the functioning of Itsoseng Clinic

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Member 6:

....our problem is Intern A[10]; she does not do what we tell her to do. We (Member 6 and Ilse) have a clear idea of what should be done to improve the functioning of Itsoseng, we communicate these ideas to Intern A and Intern B but I feel that Intern A just does not cooperate. A meeting is scheduled with Intern A and Intern B for 2004-05-27 to address this concern. This meeting should be more effective than previous ones since our authority as clinic managers has recently been communicated to the interns very clearly.

Ilse:

There are a lot of things not working and that is a great concern for me. The following are a few of the many areas I see that need improving:

- Case management and client distribution
- Marketing of Itsoseng
- Intern interactions with clients especially on the first contact
- Security (of valuable assets, e.g. psychometry)

I would like to reiterate what Member 6 has said; we have put all the procedures and systems in place, but the interns, especially Intern A, are just not following them.

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From the record of the 1st R@I meeting held 2004-05-26, p.2-4 of 5

Interpersonal conflict pattern played out on various levels in the clinic

Clarifying my role and the purpose of the R@I meetings

Some members felt that the R@I meetings had the potential to give me, in my role as the research facilitator, the power to question the management decisions of the Itsoseng clinic. A need to clarify my role as the research facilitator (myself) as well as the purpose of the R@I meetings thus emerged. This was particularly relevant as the workgroup

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[10] Names removed to protect privacy.

decided to take the improvement of the functioning of the clinic as our first action research project. Some evidence of this process (the concern and how we addressed it) appear in the following excerpt from the 2nd R@I meeting (Box 5).

Box 5. Clarification of my role and purpose of R@I meetings

A shift in focus

One of the first issues that was raised was the importance of making a clear distinction between a management focus and a research focus of the R@I meetings. Since we tackled the issue of improving the service delivery and efficient functioning of ITSOSENG as a first action research project the danger existed of seeing these research meetings as an attempt to exercise control over the clinic management team (Member 6 and Ilse).

Clarification of my (Willem) role

I see myself as the research facilitator or primary researcher. I have taken it upon myself to set up a research wing at Mamelodi campus (psychology sub-department), with a core aim to make it easier to publish the work that we do anyway. I believe that action research is ideally suited to this purpose and that we are surrounded by relevant research questions that would be beneficial to find answers to.

From the record of the 2nd R@I meeting held 2004-06-09, p.1 of 3

Conflict between two members of the workgroup

During the second R@I meeting, Member 6 reported that the meeting with Intern A had gone very well and Ilse mentioned that Intern A seemed a lot more open and relaxed. Member 6 stated that she felt that Intern A's new position as administrator was possibly partly responsible for the shift. A pattern of interpersonal conflict between Intern A and Intern B was mentioned by Member 6 and Ilse. I started to draw an ecological map on the board to aid exploration of the effect this pattern of conflict might have on various other role players in the clinic. This ecological map appears in Appendix E as part of the record of the 2nd R@I meeting. After completion of the ecological map, someone remarked that three dyadic relationships between female role players in the clinic seemed characterised by a less-than-comfortable relationship between them. At this point an intense vocal exchange erupted between Member 6 and Ilse after which the

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meeting was ended with a suggestion that Ilse and Member 6 work together to find ways of resolving their conflict outside the R@I meetings.

By the end of the second R@I meeting we had identified a number of areas for improvement, including the need to address some of the relational dynamics between various role players in the clinic. These areas can be summarised as follows:

1. Concerns about the **quality of training and service provided** at Itsoseng clinic
    a. Client numbers – marketing
    b. Quality of first contact with clients
    c. Responding to the increasing number of "learning problem" referrals
    d. Finding ways to increase the level of engagement from students and interns
2. Concerns about **resource management** at Itsoseng
    a. Security of the clinic – recent thefts of equipment
    b. Therapy rooms not optimally used
3. Concerns about the **management of staff and students** at Itsoseng
    a. Lack of proper communication flow between clinic managers – trainers – interns – Master's students – BPsych students – clients
    b. Low client numbers – insufficient to provide adequate practical experience for all students
    c. Incomplete or inaccurate statistical records of clients presenting at Itsoseng Clinic
4. Concerns about **interpersonal conflict** between three sets of role players in the clinic

Attempted solutions

From the record of the first R@I meeting a list of tasks was drawn up to address some of the above concerns. From this list (Box 6), it is clear that we had no idea yet of the relational tensions that existed.

Box 6. Our first imagined solutions to the clinic functioning

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Priorities that emerged during the conversation

- Involve the Master's students more
- Engage Intern A – increase a sense of ownership
- Address the issue of "learning problems" – Gerhard and Linda to organise a work session in combination with somebody from main campus educational psychology.

Preferred outcomes

1. Friday 28 May – deadline for clinic stats to be submitted by the interns to Member 6 and Ilse.
2. Friday 28 May – deadline for psychometry inventory to be submitted by the interns to Member 6 and Ilse.
3. Ideally a working relationship be fostered between clinic managers and interns as opposed to an adversarial relationship

Agreed upon action before next R@I meeting

Gerhard and Ilse:

Conversation with Intern A to engage her in the "learning problem" workshop

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From the record of the 1st R@I meeting held 2004-05-26, p.4 of 5

After we became aware of some of the strained relational dynamics present among role players in the clinic, our attempted solutions to address the above areas included a differentiation in the roles of the clinic management team (Ilse and Member 6). It was suggested that they compile an exhaustive list of areas under their control and divide them into two portfolios, with each member of the clinic management team taking ownership of one portfolio (Box 7). This was suggested partly because of the effect of diffusion of responsibility that took place when they had joint responsibility for a certain area. It was understood that once they had taken primary responsibility for each of their portfolios, they could then delegate certain tasks to the rest of the clinic team, although they would remain primarily responsible for overseeing each area.

Box 7. Proposed differentiation in clinic management team

Clinic management team

It was decided that Member 6 and Ilse would draw up a job description of the clinic

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management team, in other words a list of areas that need to be managed or controlled. Based on this list two portfolios would be decided on. Member 6 to serve as a clinic manager with a specific portfolio which would give her control of various areas that need to be managed; the individual areas can be allocated to other staff members. The same counts for Ilse.

From the record of the 3rd R@I meeting held 2004-07-16, p.1 of 6

Evaluating improvements and emergence of new concerns

During the fourth R@I meeting Ilse and Member 6 reported their enactment of the proposed differentiation in clinic management (see Box 8), with Ilse taking responsibility for everything connected to the psychometry store (referred to as "test lab" in the records) and Member 6 taking responsibility for redesigning the monthly statistics forms and ensuring that they were punctually completed.

Box 8. Clinic management team differentiation

Ilse informed us that she took responsibility for the **test lab** and that Member 6 took responsibility for the **monthly clinic statistics**. They have started to sort out these two issues first as a matter of priority, but are still open to receive ideas of what else can be included on a "job description" of the clinic management team.

From the record of the 4th R@I meeting held 2004-08-06, p.1 of 3

After the first six R@I meetings several improvements to the functioning of the Itsoseng clinic were reported. The first set of improvements related to the immediate results of the differentiated clinic management. Ilse reported better control of and increased security measures over the psychometry library, while Member 6 discussed some of the finer details of refining the monthly statistics forms (Box 9). These improved monthly statistics forms were later used by a Master's student to complete a dissertation of limited scope on the service delivery of the Itsoseng clinic (Phala, 2008).

Box 9. Improving psychometry library and statistics forms

Clinic functioning

Ilse reports that no items were reported stolen since more rigorous security measures have been put in place. She reports that the interns are much more strict with the control of the psychometry lab key and that seems to have made the vital difference. There seems to be overall happiness with the psychometry lab at present.

Member 6 is busy designing a new stats form. She expressed her disdain at the current description of *presenting problems* on the stats forms (e.g. "psychological problem")..... It is envisioned that the new stats form should enable us to use the info for meaningful and hopefully insightful research into the functioning and possibilities for improving service delivery at Itsoseng.

From the record of the 6th R@I meeting held 2004-10-08, p.1 of 7

The second set of improvements related to the improved communication and relationships between the various role players within the clinic and the overall improvement in service delivery to clients. This is evidenced by this excerpt from the record of the seventh R@I meeting (Box 10).

Box 10. Overall improvements to the functioning of Itsoseng Clinic

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Clinic

What has been improved?

- Communication and relationships within the clinic
    - Evidence: stats forms are being filled in by Intern A and others
- Service delivery
    - Better service to clients
    - More accountability on all levels of the clinic
    - When problems come up – more aware of them
    - Clinic runs more ethically (<u>Member 6:</u> When something happens Intern A now writes incident reports)
    - Terri & Ilse: The communication between training and the clinic better,

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> next year want to take it further. There should be less distance between the training and the interns
> - o Gerhard: The disconnected complaint processes have been changed
> - o Linda: I receive far fewer problems regarding the clinic that I need to address – this used to happens lots
> - o Ilse: Delineation of clinic areas is much clearer – in terms of which problems are dealt with by Ilse, Member 6 and Linda.

From the record of the 7th R@I meeting held 2004-11-10, p.2 of 3

The day-to-day functioning of the Itsoseng clinic required ongoing conversations and decisions as issues arose. However, after the seventh R@I meeting the communication processes and boundaries between the management structures seemed to have been sufficiently developed to manage issues. For example, problems such as the poor punctuality of student psychotherapists (who repeatedly failed to arrive on time for their scheduled client sessions) and uneven client allocations to the different student psychotherapists were reported during the sixth R@I meeting. These and other ongoing issues were then resolved by the various structures now in place.

At the outset of the 11th meeting I reflected on our work during the first ten meetings. I noted that we had spent a great deal of time in the meetings trying to improve the day-to-day running of the clinic and less time on research support, teaching innovation or community engagement. During the course of that year (2004) we also became aware that the campus may be closed down, and so we also focused on what we could do to keep the Mamelodi campus operating. We took on the enormous additional project of selling a vision for the Mamelodi campus to the top management of the University of Pretoria. This additional project developed as our response to the uncertainty we felt about the future of the Mamelodi campus, with the first traces of our concern expressed in the sixth R@I meeting in October 2004. I felt that the focus on ourselves as researchers had been lost, together with a focus on how we could provide support to each other in producing a higher research output and get involved in projects that would not necessarily take up more of our time. During this meeting, one of the members of

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the workgroup made the following comment (Box 11) in response to my concerns about the focus of our discussions.

Box 11. Using ten R@I meetings to improve the functioning of the clinic

> **Ilse:**
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> Just to respond to what you said at the beginning of this meeting; for me it was very useful to use ten of the meetings to get the clinic back on track because that opens up a lot of research opportunities – we needed to sort out a lot of things before the research data could become available – so I don't think all was lost, I think we have got to a space now where a space is created where we can use what we did to get research products out of it. It has helped me also to focus my ideas a lot more on how to get going with research.

<div align="right">From the record of the 11t^h R@I meeting held 2004-05-23, p.3 of 8</div>

Linda, Terri and Gerhard disagreed that the focus had been lost, noting that we had also worked on our seminar for the International Society of Theoretical Psychology conference that was to be held in June 2005 in Cape Town. From these team members' responses it appeared that my concern was perhaps unjustified. However, my motivation to structure the R@I meetings with a closer focus on our research output remained.

Defining community in "community engagement"

Our original plan in improving the functioning of Itsoseng clinic was to conceptualise the clinic as an entity with three distinct but interwoven aspects. We referred to the three aspects as the three legs of Itsoseng Clinic, namely, research, teaching and community engagement. These aspects are also referred to in the literature as the three tasks of universities (Brulin, 2001; Greenwood & Levin, 2000). Our thinking was that to improve Itsoseng meant that we would attempt to improve all three aspects of the clinic. To achieve this, we wanted to integrate the three aspects, with the clinic forming the hub of research activities, teaching innovation and the articulation point of engaging with the community. This line of thinking is evident in an excerpt from the 3rd R@I meeting (Box 12):

Box 12. The three legs of Itsoseng Clinic

The main aim of this project is to evaluate whether ITSOSENG is running to capacity or whether it is underutilised.   We ask ourselves, what can be done to improve the functioning of all three legs of ITSOSENG?:

1. Teaching

   (e.g. live supervision, assessments better suited to content)

2. Research

   - ITSOSENG library of contextually relevant knowledge
   - Web site accessibility
   - Publishing of articles

3. Community involvement

   - Under capacity? – create mutually beneficial partnerships (eg SOS, Stanza Bopape, Mamelodi Day hospital, Kalafong Hospital, 1 Military Hospital, Dept of Health, Faculty of Health Sciences

NB to define "community" – What or who can be regarded as the ITSOSENG community or the community that ITSOSENG serves?

From the record of the 3rd R@I meeting held 2004-07-16, p.4 of 5

Already present in the 3rd meeting were the idea of creating mutually beneficial partnerships as part of our community engagement function, as well as the question of how to define community in community engagement. The list of possible partners included the following:

- SOS Children's Village in Mamelodi, who requested a programme evaluation of their day care mothers' project
- Stanza Bopape Community Health Clinic in Mamelodi, who often referred clients with mental health needs to Itsoseng Clinic
- Mamelodi Day Hospital, which serves patients who are well enough to return home at night. Itsoseng Clinic received regular requests from the day hospital for assistance with HIV pre- and post-test counselling

- Kalafong Hospital in Atteridgeville (a predominantly African township west of Pretoria), which provided some of our counsellors-in-training with a six-month counselling internship

- One Military Hospital in Pretoria West, which provided opportunities for our intern psychologists to work additional hours in a setting besides Itsoseng Clinic (in accordance with the internship programme requirements stipulated by the Professional Board of Psychology)

- The Regional Department of Health, who operates mental health clinics in central Pretoria. We considered these clinics as potential practical sites for our trainees

- The Faculty of Health Sciences at the University of Pretoria, who expressed an interest in developing Itsoseng Clinic into a general health clinic by converting one of the rooms into a nursing station and examination room and providing a part-time nurse on weekdays

Our ideas about what "community" meant to us as a workgroup evolved during the course of the R@I project in many conversations with many people. The clearest expression of our latest understanding is expressed in the record of the 11th R@I meeting. During this meeting, Linda mentioned how difficult it was in our new context of an incorporated department to keep the three branches (teaching, research and community service) integrated. This was because our experience was that the University of Pretoria did not view the three branches as integrated tasks. The following excerpt (Box 13) from the 11th R@I meeting reflects some of this frustration:

Box 13. Difficulty in keeping the three tasks integrated

Linda: One of the difficulties that we face is trying to keep those branches integrated given that the pattern here is that really they are three very separate activities – so we get pulled into the separate branches and it is then difficult to bring them back into the others.

From the record of the 11th R@I meeting held 2005-05-23, p.2 of 8

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During the same meeting I presented initial ideas (Box 14) to the workgroup that I had prepared for the 2005 International Society of Theoretical Psychology conference. These pertained to the definitions of 'communities' and 'community' in community psychology, and how they relate to our attempt to integrate community engagement with research and teaching.

Box 14. Redefining teaching, research and community engagement

> **Willem:** Some wild ideas about integrating research teaching and community engagement:
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> 1. How we define these three terms is important.
> 2. If we define **teaching** as imparting knowledge or making available to a group of people a specific set of knowledge, then to integrate research and teaching would be to make our findings available to a group of students we feel should get access to these findings **– so** research informs our teaching. Teaching brings us into contact with a subset of the immediate community as well as the market needs and should inform our research focus.
> 3. **Community engagement** could imply a charity-like engagement with a group of people we envision to be less than us in some ways and our engagement with them makes them more. It could also be conceived as engaging with a group of people we perceive to be more than us, so that we seek out people we anticipate to benefit from. A third option is to form a partnership with a community of people and that we define and create the partnership in such a way that we derive mutual benefit. This community is invoked around an opportunity for mutual benefit and does not exist independently from "the presenting problem".
> 4. What counts as **research** for us? Is it only research if the results or findings are captured in a research product format (e.g. article) that is peer reviewed and accepted by an accredited journal? Or can the knowledge that we generate (and have generated) in our own archives also be considered as research?

From the record of the 11th R@I meeting held 2005-05-23, p.3 of 8

After some rigorous discussion we arrived at the collective understanding that, for our purposes, a community is formed around a certain common purpose or common sense of belonging; and that its membership is fluid. A member of one community can also belong to another, and indeed many others. As the staff members primarily involved in the research initiative to improve the functioning of the three legs or branches of Itsoseng Clinic, we regarded "a community" as a collection of people that form around us as a result of our engagement in a shared purpose or common concern. As such, we could refer to the Research@Itsoseng community and also the Itsoseng community. These two terms would not necessarily refer to people found in any geographical location, but rather to people who have an association with the purpose of Itsoseng and a sense of belonging to it. This idea was a liberating one, not from a sense of social responsibility, but from a desire to uplift the poor and unfortunate through psychology. Box 15 offers evidence of the evolution of this new understanding from a later point in the 11th meeting.

Box 15. Defining community in community engagement

An ecosystemic constitution and defining of community. One should make it as wide as possible, e.g.:

- The geographical community around the campus
- The people who come to the campus from all over the world
- The places where interns and students go out to work at as part of their practicals
- The main campus
- Any possible stakeholder that feeds information into the system (and out of the system)

Community therefore is not a word describing a homogenous, geographically boundaried group of people that we do a project on, but rather a word for everybody we engage with and from whom we derive value; and perhaps (and hopefully) our contact is also beneficial to them. This begs the question of how teaching differs from community engagement; or can teaching be done in such a way or looked at in such a

way that it can be regarded as community engagement? What makes something teaching, research and community engagement? Can they not overlap and is it useful to distinguish so clearly between them?

Events do not have an essential nature that can be classified into either teaching, research or community engagement; rather each event can be described from either a teaching angle, research angle or community engagement angle. Our language makes it so. Ad hoc communities form around a research question – question determined systems (à la Goolishian and Anderson's problem-determined systems). The community dissolves again after completion of the project.

Is the university embedded in a larger community or does it grow from within a community – is it the fruit on a tree or the carving on the tree?

The reference to problem-determined systems as a simile for research question-determined systems comes from the work of Anderson and Goolishian (1988) where problem-determined systems are temporarily formed as a result of a group of concerned or involved people in social conversation about a common problem. The nature and boundaries of the problem are negotiated and constructed in language. The process of being in conversation about a problem defines, organises, and determines membership of the problem-determined system (Daniels & White, 1994).

Transformations of and insights into the functioning of Itsoseng Clinic

In attempting to answer the research question "How can we improve the functioning of Itsoseng Clinic?" we engaged in one action reflection cycle that stretched across 11 meetings and 12 months (2004-05-26 to 2005-05-23). In the following section I describe what I regard to be the main outcomes of our attempts to answer this question in terms of the transformations and insights that occurred during this period. I regard transformation as a change in the usual way of doing things and insights as a difference in our understanding about a certain area of our work. Based on the argument outlined above, and supported by the evidence presented in the previous section, I discuss three discernable transformations that took place in response to our attempts to answer the

research question. We came to important insights regarding the process of communication as a work team, the necessity of differentiation in management functions, and our evolving definitions of research, teaching and community engagement.

The first transformation relates to the regular meeting of the full (all six) staff complement of the psychology department on the Mamelodi campus to discuss the functioning of the clinic with a focus on joint problem identification and solution construction. Prior to the R@I initiative, the discussions of the clinic's functioning never reached this level of depth or collaboration. This created the opportunity for greater continuity of discussions and learning from our attempted solutions. The increased level of intensity might have contributed to a certain amount of discomfort for some members who perhaps felt under the spotlight, as they held portfolios as clinic managers.

An ecological map of the effects of communication between the various role players indicated some strained relationships. These seemed to be the catalyst for the second transformation in the differentiation in the clinic management team. This appears to have been a beneficial change in terms of the improvements in the functioning of the clinic that followed.

The third transformation relates to the improved functioning of the day-to-day running of the clinic. This change can be summarised as improved communication and service delivery and more rapid resolution of day-to-day management issues.

The first insight relates to the importance of a non-blaming approach (Cameron, 2003; Mearns & Flin, 1999) and vocabulary in identifying and exploring practical, everyday problems in an organisation. This is needed to prevent people using this process to identify culprits or scapegoats. It is particularly relevant if the current state of affairs is framed with a negative bias towards "what is not working".

The second insight relates to the definition of community as a fluid collection of people that form around us as a result of our engagement around a shared purpose or common

concern. This was a particularly important insight when we had to decide how to conceptualise community engagement as one of our tasks as academics.

Research question: How can we increase our research output?

This research question forms the second of the two main questions in the core action research project (as distinguished from the thesis project). The workgroup expressed a concern about our individual and collective research output, which was visible in our low publication rate. As the name implies, one of the core reasons for the existence of the Research@Itsoseng project was the production of research. However, we were not content only to conduct research for the sake of research. Given our embeddedness in a geographical and social community of diverse and complex social needs, we wanted to produce research that reflected our values of social responsibility and informed committed action. Action research seemed an appropriate vehicle to realise these values, as Wood et al. (2007, p.68) point out: "Action research also provides the ideal platform to realize transformative values, while simultaneously increasing research output. Education, and educators, can thus be transformed through research."

In this section I provide evidence of progression in our individual research identities. We started as individuals (with no identity as researchers) who desired to produce more research (and so increase our number of publications). From this, we established a collaborative research support initiative and developed a group identity as researchers on the R@I project. Following our acceptance of this identity, we then evolved further to develop separate identities as individual and differentiated researchers.

Cycle 1

Reflection

The incorporation of Vista University into the University of Pretoria heralded a threat to our *identity* as lecturers committed to working in a historically black university with previously disadvantaged students. It further challenged our *autonomy* with regards to curriculum development based on our teaching experience with this student population. In addition, we felt pressure to publish more in accredited journals to affirm our legitimacy and competence as academic staff within the incorporating institution. The

establishment of an action research project was therefore our first attempted solution to retain some autonomy, and to develop and affirm our identities as researchers both to ourselves and to the University of Pretoria. Finding ways to increase our research output was thus also in part a quest to survive. As such, the research question: "how can we increase our research output?" was a complex and multifaceted one.

The section that follows outlines the evidence of our attempts to answer the second AR research question: "How can we increase our research output?" These processes are presented linearly in separate sections in this report. In reality, however, they were intricately interwoven and developed as parallel processes.

Attempted solutions

To increase our research output, we decided to link our research activities with practical problem-solving relating to our day-to-day work activities. To do so we established the R@I forum, which we envisioned as a monthly meeting where we could discuss our pressing concerns, and use our understanding of AR to resolve them in such a way that we could also publish our efforts as research. Any concern or creative idea that was raised in these meetings could potentially become a spin-off research project. During the first R@I meeting I proposed that we take as our first collective research project improving the functioning of Itsoseng clinic, although other ideas were not excluded. This proposal was based on prior conversations with team members and was not uniquely mine; I was merely summarising what I perceived to be the logical step forward, based on the discussions we had. This is illustrated in the excerpt below (Box 16).

Box 16. Defining the Research@Itsoseng initiative

I [Willem] see us starting with a core team, testing our wings in true AR style on a problem that has practical relevance for each of us – the efficient running of Itsoseng clinic. From this many other smaller projects can fit into the original problem (improving Itsoseng clinic) or we could work on other projects concurrently. The specific problem that we tackle can be regarded as content and our progressing competence in applied research can be seen as the process.

From the record of the 1st R@I meeting held 2004-05-26, p.1 of 5

This proposal was accepted and during this first R@I meeting each of the participants contributed several areas of concern regarding the functioning of the Itsoseng clinic. During the second R@I meeting, we generated a collaborative list of research topics (Box 17) that fell within the larger definition of our work as psychology lecturers on the Mamelodi campus.

Box 17. Research questions and topics generated during 2nd R@I meeting

1. The link between qualitative research methods and psychotherapy training (exchange of metaphors, hermeneutic circle – move from local to general and back)
2. Class participation – what contributes to the status quo?
3. Class participation – what is the reality? What categories of explanation (e.g. white lecturer, black students) are used and by whom to explain the reality?
4. Assumption that the Mamelodi campus is busy moving from an African mindset to a western mindset. Common frame of looking at people who are different from the norm.
5. "The oppressed majority" – a concept that is uniquely South African?
6. Transport of University of Pretoria students between Mamelodi campus and Hatfield campus – what is the sentiment among students about this?
7. What do students on the Mamelodi campus feel and think about the vision and happenings around the incorporation?

From the record of the 2nd R@I meeting held 2004-06-09, p.2 of 3

I regard the most important step towards eventually increasing our research output to be the *establishment of our research identities*. The team was comprised of two experienced and published academics (Terri and Linda), one experienced but relatively unpublished academic (Gerhard), and three fairly inexperienced and unpublished academics (Ilse, Member 6 and myself). Prior to the R@I project, we did not have a collective identity as a group or team of researchers. However, this started forming as a result of our joining together in this venture. I submit that this transformation from a individual identity as a researcher (or not) to a unifying group identity represents a first

shift in identity as a result of the R@I project. This group identity (belonging to the R@I project) also allowed us to shift our perceptions of ourselves from being primarily lecturers who did research on the side when time allowed, to thinking of ourselves as researchers who also lectured. I maintain that organising and attending these meetings to talk about "our research" as if it already existed helped to create this identity. Already in the record of only the third meeting there is evidence of this shift taking place:

Box 18. Accepting the establishment of a research centre

> It was decided that we are now no longer *in the process of establishing* a centre of excellence or *in the process of establishing* a research wing. We are doing it and living it and can make it known to the world. Possible forums to introduce R@I could be the following….

From the record of the 3rd R@I meeting held 2004-07-16, p.2 of 5

Establishing our research identities provided us with some legitimisation for our struggle to convince the receiving institution that we were able and willing to make the Mamelodi campus a successful venture for the University. We dreamed big dreams of the kind of valuable social research we could do. Perhaps this became more possible when some of us became more comfortable in our identities as researchers. This is evident in the following excerpt from the 8th meeting:

Box 19. A quest for recognition and identity

> **Gerhard:** This is actually the whole drive with what we are busy with (R@I) - a quest for recognition, identity, relevance, for keeping something that is potentially very worthwhile for the community and hopefully in the end for the whole university.

From the record of 8th R@I meeting held 2005-01-25, p.4 of 11

We created a context where we could develop our identities as researchers together. The development and acceptance of this group identity (a research team) had unexpected but welcome benefits. For instance, Gerhard attended a university organised research day, at which he engaged in a discussion with a research psychologist and spoke about the "group of researchers" at the Mamelodi campus who

might be interested in becoming involved in a research project that was being planned in Mamelodi. This suggests that he attended the research day in his capacity as a researcher representing a research team rather than a lecturer interested in research. This shift in identity allowed him to offer his and his colleagues' expertise as researchers when the possibility of participating in a research project arose. This conversation eventually led to two members of the R@I team (Gerhard and Willem) conducting a formal programme evaluation project for SOS Children's Village in 2005. I am doubtful whether any of us would have had the courage to accept the request for a project of this nature without some kind of confidence derived from an (albeit new) research identity. The following excerpt (Box 20) is from a record of the 11th meeting in which we acknowledged the power of our research identities:

Box 20. Engaging from a research identity

The SOS project came as a direct result of establishing R@I. Gerhard met KM[11] at some research day and mentioned the R@I initiative to him, to which KM responded with a proposal that we do a small research project for them. We then met with KM and D[12], got a sense of their need, wrote a proposal which was accepted, conducted the research, wrote a budget or invoice and got paid for a job well done. All this was possible because we had established research identities for ourselves and engaged from that position.

From the record of the 11th R@I meeting held 2005-05-23, p.5 of 8

Cycle 2

Reflection

Most of our reflections and actions during the first ten meetings were centred either on the logistical support we felt was necessary to improve the functioning of the clinic, or on making sure that the efforts we made to establish the research support initiative and to improve the clinic would not be in vain. Towards ensuring the latter goal, we offered

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[11] The name of the research psychologist was kept private to ensure confidentiality.
[12] The second person referred to in this excerpt is the social worker employed by SOS Children's Village at the time, with the name kept private to ensure confidentiality.

presentations to various levels of top management in which we tried to sell our vision for the future of the Mamelodi campus.

In every R@I meeting I was confronted with the creativity and enthusiasm of my colleagues regarding research projects we might get involved in. I also got the idea that individually, my colleagues were working on their own research projects outside the collective awareness of the monthly R@I meetings. Notwithstanding the apparent development of our research identities, I was still left with an uncomfortable perception that our research output had not really increased from when we started. We were preparing several papers to present at the International Society for Theoretical Psychology conference; we called our R@I meetings "research" meetings and I studiously recorded these discussions as data to be used by team members; and we advertised ourselves to the world as researchers – but where were the goods? Where were our publications?

During the eleventh meeting I invited my colleagues to reflect on our focus during the meetings. I asked whether they shared my concern that our focus on the functioning of the clinic and the future of the campus was at the expense of finding innovative ways to increase our publications. From their responses, it appeared that it was only me who was concerned about the pace of our progress and the lack of a visible increase in publications. Terri reminded me that we were preparing several papers for the ISTP conference and that the R@I project was a useful forum for the papers to later develop into publications. Ilse responded by referring to increased research opportunities as a result of the better functioning of the clinic and Gerhard stated he felt optimistic about the fact that his mind had slowly been populated with ideas for publications. This served as a valuable reminder to me of the generative and unpredictable nature of action research (McNiff & Whitehead, 2006). Notwithstanding everyone else's satisfaction with the evolution of the R@I project, after this reflection in the eleventh meeting, the records of the R@I meetings slowly began to reflect more discussion on research support and less on issues related to the clinic. This possibly also reflected the improved functioning of Itsoseng Clinic following the first ten meetings.

Attempted solution

The next three meetings (12, 13 and 14) were far more focussed on plans to turn research ideas into research opportunities and eventually publications. These plans included investigating funding possibilities so that we could pay guest lecturers to teach, thereby freeing us to write articles; co-publishing with Master's students; appointing research assistants; and using a buddy system to motivate us to dust off and finish half-completed articles. For each of these ideas there was some mild support and often some counterargument about why it would not work. It seemed easier to identify and talk about what makes it difficult for us to do research rather than addressing what we could do to make it easier. The following excerpt (Box 21) from the record of the 13th meeting provides an example of identifying obstacles rather than resources.

Box 21. Identifying obstacles rather than resources

The University of Pretoria promotes the principle of individual promotion and individual achievement and NOT teamwork. So for everybody in the department to agree to help one person to become a *National Research Foundation* (NRF) rated researcher will work against the whole current philosophy of the university.

From the record of the 13th R@I meeting held 2005-10-18, p.2 of 7

Cycle 3

During the 15th meeting I suggested that we redirect our focus and energy from fighting "the outside world" to providing support and ideas for each other in order to start turning ideas into research products, including publications in accredited journals. It was a call to get on with it and just do it. I suggested an individuation process where we could stand accountable to our individual research projects, rather than talking about "our" research. The shift to "my" research would make it possible to talk to each other and ask each other for help. As long as our group identity was too strong during the meetings, we had to create an "other" with whom to engage. If a new meeting culture could be created where we interacted as "I" with each other, we would start becoming available to each other and also had to assume personal responsibility and accountability for our own projects. The following excerpt (Box 22) from the 15th meeting illustrates this:

Box 22. Shift from group identity to individual identity as researchers

> **Willem:** Our group identity as researchers from R@I has formed sufficiently so that we are comfortable with running a research centre and we have engaged in many actions to live out our sense of belonging to a research centre on the Mamelodi campus. My concern is that our current direction and volume of energy is directed towards the outside to "prove" that we have a right to exist. My proposal is that we redirect our energy inwards towards ourselves and use that energy to improve our skill at publishing our work. I propose that we individuate within the group identity, declare our current work – our joys and struggle and make use of each other as resources to improve our own competence level.

From the record of 15th R@I meeting held 2006-01-20, p.1 of 6

During the 16th R@I meeting we drew up the following table (Table 3) as an attempt to encourage us to become visible to each other and to ask for assistance from each other in a differentiated way.

Table 3 Individual Research Projects Declared and Needs Expressed in 16th R@I Meeting

	Projects	Goals	Needs	Comments / Concerns
Gerhard	1.SOS article: Evaluation of the Educare programme	Middle April	Possible places for publications	* dissertation articles
	2.Translation article	End of May		
	3.Social construction methodology: a compendium of games	End of May		* AR journals at wshop
Member 6	1.Draft PhD proposal	End of July	Ideas and suggestion wrt proposal	I'm quitting smoking soon, be patient with me
Terri	1.Incorporation article	End of April	A kick every now and then	Report on each project
	2.Indigenisation article	Middle March		next time
	3.Testimonio	End of April		
Ilse	1.Article on C's dissertation: Forgiveness in HIV/AIDS	End of Sept	Permission from C	Pregnancy & baby now
	2.Awaiting feedback on submitted article			a high priority
Linda	1.The ghetto is in the eye of the beholder	End of April	Keep nagging me	Invite Unisa
	2.Globalisation & Indigenisation		Visual reminder in Tea room	
	3.Local knowledge & theory around research - critical perspective		Invite Unisa crowd	

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	4.Therapeutic development in indigenous contexts			
	5.Two chapters on trauma counselling in Africa			
	6. Co-editor of counselling book			
	7. Section editor for counselling book			
	8. Involved in chapter of MV's book			
Willem	1. PhD: Integrating Research, teaching and community engagement:			
	Permission from Mamelodi campus principal	End of March	Keep doing what you are doing	Tearoom lists
	Consent from participants	End of March		Website
	2.SOS article: Evaluation of the Educare programme	Middle April		Invite Unisa

From the record of the 16th R@I meeting held 2006-02-28

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Further implementation and evidence of greater individuation of research identity

In the 17th R@I meeting I challenged members of the R@I team to start giving accounts of their research projects in more detail, and so making their work visible to the rest of the team members. Using the completed table from the 16th R@I meeting, I constructed another form that required more detailed information with regards to (1) the main argument, statement or question of each project; (2) the paradigm (e.g. positivist, interpretive, constructionist, etc); (3) the method; and (4) possible journals that might be interested in publishing research in this field of study. In going through every team member's lists of projects in this way, I hoped to facilitate more critical thinking and questioning among ourselves. We did not have enough time in the meeting to do this exercise with every team member, nor did it prove necessary. Gerhard and Terri volunteered to give accounts of their work and we completed this exercise for each of their projects (see full record of the 17th R@I meeting in Appendix E). I include here excerpts (tables 4 and 5) from the record of the 17th R@I meeting detailing a small section of Gerhard and Terri's more detailed accounts of their own work. This serves as an example of the result of my challenge, which I believe to be further evidence of differentiated research identities:

Table 4 Evidence of Differentiated Research Identity: Gerhard

Gerhard	**1.SOS article: Evaluation of the Educare programme** ➢ **Main argument, statement or question** In Evaluating SOS Mamelodi's presentation of the *Educare* programme we discover complex definitions of vulnerable children in a township context and we give a critical reflection on trying out an action research approach in programme evaluation. ➢ **Paradigm** Critical psychology Constructionist Action research (critical look at this) Explorative, political ➢ **Method** Action-reflection cycles (we take a critical look at this) (need references/ AR according to whom?) Focus groups, interviews, policy scrutiny ➢ **Possible journals that might be interested** AR websites, Research Psychologist from SOS Children's Villages could recommend some

From the record of the 17th R@I meeting held 2006-03-29, p.2 of 9

Table 5 Evidence of Differentiated Research Identity: Terri

Terri	**1.Incorporation article** ➢ **Main argument, statement or question** The implication of the incorporation process is that the psychological knowledge base (content and process, epistemology) of the psychology department was threatened with extinction and the purpose of this study was to find a way to conserve some of those knowledges and processes. Purpose of the article is not a claim to knowledge, but a form of activism – giving a voice to the disenfranchised and marginal – it is to document a process and a testimony. Witnessing as outcome. To document knowledge that can be taken forward. ➢ **Paradigm** Postmodern, social constructionist paradigm Action research, Narrative therapy, Oral history Research as conversation and dialogue and recognition of voices Research is a political process that has been institutionalised in favour of the privileged ➢ **Method** Created a community from the marginal Concerned with oral, particular, the local and the timely (Toulmin, 1990) Individual interviews (conversations better describes this process), written documents

	(emails), focus groups, transcribed tape recordings
	➤ **Possible journals that might be interested**
	?

Conclusion

The 17th R@I meeting was the last formal R@I meeting that I facilitated and recorded. Soon thereafter I went on a six-month sabbatical to reflect on what we had achieved in the two years of the project's lifespan and to start writing the draft thesis manuscript. At first I noticed the transformations in our understanding of the clinic functioning, community engagement as well as the transformations in research identity, all as a result of the core action research project. I have reported on these in this chapter. The thesis project – "how can I improve my academic practice?" – turned out to be more than merely an attempt to increase my own research output in collaboration with others. It evolved into a project that addressed my living contradiction with regards to my academic practice. In the next chapter I discuss my learning when I attempted to answer the research question: "How can I facilitate a peer support research initiative?" I also report on my educational influence as perceived by my five colleagues.

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	➤ **Possible journals that might be interested**
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