

# **‘Memory boxes’ as tool for community-based volunteers**

**Liesel Ebersöhn**

Unit for Education Research in AIDS, University of Pretoria

**Irma Eloff**

Dean of Education, University of Pretoria

**Ancois Swanepoel-Opper**

Part-time lecturer, Faculty of Education, University of Pretoria

## ***Abstract***

*This article describes an action research intervention to augment community-based volunteer counsellors’ support capacity. We conducted a case study with purposefully selected community-based volunteers (N=30). From a narrative and positive psychology framework we developed and implemented an intervention which focused on memory box-making (MBM). The participants’ ranges of psychosocial competencies were explored pre- and post-intervention by way of observation, focus-group discussions, as well as informal conversational interviews. We found that the volunteers acquired the skills and applied them competently.*

**Keywords:** Community-based volunteers, memory box-making, psychosocial support

---

## **Background: Postgraduate student research as part of community-based educational psychology**

In the South African educational psychology training sphere it has become obvious that integrating training and research with community engagement is generally one way of developing a sense of social responsibility (Petersen, Dunbar-Krige & Fritz 2008). Such training imperatives echo international higher education practices towards a ‘scholarship of engagement’ (Boyer, in Coxe 1997). This view of scholarly activity has been adopted by the service learning community (Bringle & Hatcher 2002; Petersen 2007) as well. In fact, it has become a tenet of service learning. It is against the background of understanding people within their social worlds (Trickett 1997) that we integrated community-based action research into an educational psychology training programme (Denis, Mafu & Makiwane 2003; Inger 2002; Winkler 2003).

### ***The focus is on action research as part of educational psychology training***

In this article we describe how an action research intervention centred on memory box-making (MBM), as additional tool in the work kit of community-based volunteers. We address the question of how MBM can be applied by community-based volunteers,<sup>1</sup> as they provide psychosocial support to families in need of help due to HIV/AIDS. We also wanted to find out which intervention(s) could be developed to facilitate the acquisition of MBM competencies by volunteers and how they would apply these once acquired.

## Action research for memory box-making<sup>2</sup>

HIV/AIDS constitutes a terminal illness. Even in the presence of antiretroviral treatment, pre-bereavement, grief and/or bereavement support are indicated to individuals and families infected and affected by the pandemic (Visser & Moleko 2001). Community-based volunteers play a central role in providing care and support to individuals and families (Akukwe 2003) in South Africa, as the state has not been able to provide this on a large enough scale.

Because some hold the view that volunteers *do more than what can be expected* (Christensen, Reininger, Richter, McKeown & Jones 1996) we conducted an exploratory *pilot study* about volunteers' work experiences (Ebersöhn 2004). We established that the pilot group of volunteers felt confident in providing physical care to households. Yet, the same group of volunteers *felt ill equipped* to provide psychosocial care. In addition, they saw the pre-bereavement, grief and bereavement support expected of them, as a problem.

We pondered what role educational psychologists could potentially play to address this challenge. On the one hand, the role of educational psychologists entails working in domains of learning and development in various settings. On the other hand, a critical need exists in communities to equip lay people with basic intervention competencies. Based on what we encountered in some of the literature (Denis 2000; Eloff, Ebersöhn & Viljoen 2007; Morgan 2004; Swanepoel 2008; Winkler 2003), we posited that MBM could be a useful intervention with volunteers.

The assumption that MBM can be utilised as a technique to facilitate a process of bereavement counselling has led to many interventions regarding memory work. Throughout Africa, health- and community workers work on memory projects with families affected by HIV/AIDS (Winkler 2003). Similarly, advocacy and donor agency documents often refer to this type of work (Bristol-Meyers Squibb Company and Bristol-Meyers Squibb Foundation 2007; Inger 2002; PlusNews Weekly 2004; Sinomlando Project 2003; Siyam'kela Project 2003; Smetherham 2002; The ten million memory project 2005; UNICEF 2005). Empirical evidence to support this view is emerging (Denis 2000; Ebersöhn, Ferreira & Mnguni 2008; Eloff et al. 2007; Morgan 2004; Richter, Manegold & Pather 2004). In order to contribute to the meaningful, yet narrow empirical knowledge base on memory work and volunteers, we explored ways in which volunteers in a rural province in South Africa would apply (or not) the memory box-making technique.

## Volunteers' role in providing care and support in the HIV/AIDS arena

Globally, HIV/AIDS is viewed as a rapidly spreading disease, creating eco-systemic challenges (Kelly 2000; Siyam'kela Project 2003). Community-based care is seen as a key strategy to sharing the multisectoral workload of AIDS care among hospitals, clinics, families and the rest of the community (Akukwe 2003). Central to this community-based approach are volunteers. Significantly, volunteers tender their time and effort to mitigate the impact of HIV/AIDS by playing a pivotal role in spheres of prevention, care and support (Department of Health 2005). Kmita, Baranska and Niemiec (2002) explain that volunteer intervention diminishes the social isolation of families living with HIV/AIDS, and plays an important role in supporting the process of coping with this terminal illness and with associated loss. Coovidia (2000) states that even though the provision of care, counselling and support for people living with HIV/AIDS is one of South Africa's uppermost concerns, high workloads and a shortage of people with the necessary skills render this support an ideal, rather than a reality.

Except for physical care (distributing food parcels, bathing and feeding ill individuals, and overseeing the intake of medicine), volunteers are also expected to provide expert psychosocial support. Studies report that one of the most often identified needs in terms of home-based care is that of counselling (Lindsey,

Hirschfield, Tlou & Ncube 2003; Uys 2003), particularly bereavement counselling and anticipatory guidance. In addition, coping with bereavement caused by AIDS may be dissimilar in a number of ways to coping with the loss of loved ones to other diseases (Sikkema, Kochman, DiFranceisco, Kelly & Hoffman 2003). Physical and psychosocial losses associated with HIV include the pain caused by the stigma which is often attached to being HIV infected, consequent fears of discrimination and disclosure, as well as the presence of heightened anxiety. These factors indicate the need for specialised psychosocial support. In the absence of formal psychosocial service provision, volunteers also take on the role of counsellors to people who have lost loved ones.

It is with some of these assertions in mind that we opted to try memory box-making (MBM).

## Memory box-making

We view memory box-making through the integrated lens of positive psychology (Ebersöhn 2007b; Seligmann 2003) and narrative therapy (Eloff 2002; Fritz 2006). From a positive psychology stance, making memory boxes becomes a way of eliciting awareness of positive emotions, positive supportive institutions, as well as positive traits. Narrative therapy denotes remembering as a storied endeavour – through talking, people are allowed to create alternative stories, rather than remaining in stories of illness and death. Making memory boxes helps people build identity and strengthen emotional capacity, enabling them to understand the past and fear the future less.

A memory box is created to store letters, photographs, tapes or any object relating to what is of significance to the 'box maker'. The purpose of a memory box is to build resilience in families to facilitate processes of grief and bereavement, and help them cope in adverse times (Siyam'kela Project 2003; Smetherham 2002; UNICEF 2005). A 'memory box' is a physical object, as well as a symbol. The box is decorated with letters, poems, photographs, drawings or anything that is precious to the individual or the family (Sinomlando Project 2003). The box contains the story of the deceased or dying person, as well as various objects related to the identity of the family. Memory box-making may also provide a fatally ill person with the opportunity to disclose his or her status (Inger 2002; UNICEF 2005). Studies suggest (Eloff et al. 2007; Morgan 2004; Sinomlando Project 2003; Smetherham 2002) that items such as precious books and other objects such as jewellery and pieces of clothing could be placed in the memory box for people to admire and reflect on, when loved ones pass away. The memory box can also serve as safekeeping-storage for documents.

The making of a memory box is a process involving the sharing of memories of an ill (or deceased) person. Recording and storing memories in the memory box helps people to break the silence surrounding disease and death (Inger 2002). Hence, the process creates a space for family members to talk about sickness and death, thus facilitating bereavement. Everyone can take an active part in the concrete creation of the memory box, and thereby access otherwise deep-seated, abstract and emotive domains (Ebersöhn 2007b).

## Methodology

The inquiry was an *action research* project with an *instrumental case study* design (Bless & Higson-Smith 1995). A rural Limpopo research *community* was conveniently selected, where members of the research team had been involved in collaborative research since 2004. The relevant *case* is a group of 30 purposefully selected male and female community-based volunteers, representing the following languages: Sepedi, IsiZulu, Tshivenda and Xitsonga. Table 1 provides particulars of the participants in the study.

Based on memory-work literature, we developed a two-day workshop-format *intervention* (Swanepoel 2008). Each day consisted of four one-hour sessions focusing on the acquisition of memory box-making competencies. Table 2 provides an overview of the session foci. We conducted *focus groups* with all participants *pre- and post intervention*, to explore their experiences of applying memory box-making in the process of psychosocial support.

Table 1: Particulars of the participants involved in the study

Gender	Age	Youth volunteers	Home based care volunteers
Pre-intervention focus group and intervention participants (30)			
Male	20–35	10	0
Female	18–42	4	16
Post-intervention focus group participants (11)			
Male	20–35	2	0
Female	18–42	0	9 (two did not participate in intervention)

The *post-intervention focus group* occurred four months after the intervention was implemented. Eleven volunteers attended the session, of whom two did not participate in the intervention, but were reportedly trained by peers (who were part of the intervention). The intervention and focus groups were conducted at a community-based centre. One researcher facilitated the intervention sessions as well as the focus groups, while another observed. A member of the Department of Social Development acted as translator during the intervention and focus groups.

Table 2: Memory box-making intervention sessions

Day	Session	Topics
1	1	<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Ice breaker</li> <li>• Focus group: what have you been doing to support your community?</li> </ul>
1	2	<ul style="list-style-type: none"> <li>• Life story</li> <li>• Life-lines</li> </ul>
1	3	<ul style="list-style-type: none"> <li>• Mapping our lives</li> <li>• Parts of our lives</li> </ul>
1	4	<ul style="list-style-type: none"> <li>• Experiences (windows of six important events, periods, people, places in life)</li> <li>• Debriefing</li> </ul>
2	5	<ul style="list-style-type: none"> <li>• Group reflection</li> <li>• Individual reflection (The plot: A storyline that runs through all the windows)</li> </ul>
2	6	<ul style="list-style-type: none"> <li>• Property and belongings</li> <li>• Supervision and grants</li> </ul>
2	7	<ul style="list-style-type: none"> <li>• Dedication and decoration</li> </ul>
2	8	<ul style="list-style-type: none"> <li>• Dealing with criticism, barriers, pitfalls</li> <li>• Memory box-making for psychosocial support in communities</li> <li>• Debriefing</li> </ul>

Qualitative data sources relevant to this article are 1) *informal conversational data* (Dewalt & Dewalt 2000) during interaction between participants and researchers; and 2) *focus groups*. Both data sources were audio-visually recorded and transcribed. During thematic analysis we organised documented data and identified categories, themes and patterns by means of open and axial coding (Marshall & Rossman 1989).

## **Volunteers' acquisition and application of MBM skills**

### *'I can teach somebody outside about the memory box'*

Volunteers seemingly acquired psychosocial support capacity subsequent to the intervention. Volunteers reported their *acquisition of MBM knowledge* as tool to provide psychosocial support, thus signifying the feasibility of MBM in community volunteers' daily practices. The knowledge which volunteers gained regarding the application of MBM helped them to understand its value. This sub-theme substantiates insights from other investigations (Denis et al. 2003; Kmita et al. 2002; Winkler 2003) that MBM provides emotional support to cope with HIV/AIDS-related losses, decreases the social isolation of families living with HIV/AIDS, and supports children and families in the process of coping with terminal illness. Likewise, volunteers stated that they understood the relevance of MBM in their occupations as volunteers, echoing Winkler's (2003) view that community-based volunteers, involved in caring for those who are ill, are expected to provide not only physical care, but also offer emotional support.

### *'I teach each and every caregiver about what is the memory box'*

Volunteers seemingly demonstrated sufficient confidence to *apply* their acquired MBM knowledge. This sub-theme indicates the use of MBM by volunteers as a means to offer guided bereavement, and it adds to HIV/AIDS psychosocial support literature. Furthermore, the subtheme corroborates related findings (Denis et al. 2003; Inger 2002) that MBM assists community-based volunteers to help people confronted with HIV/AIDS to *tell their life stories*. Volunteers also reported that people *disclosed* their HIV status more readily during the MBM process, supporting Winkler's (2003) assertion that MBM helps individuals share information with families in a safe and non-threatening way. As a result, this subtheme verifies the assertion that the process of MBM per se serves as *bereavement counselling* (Inger 2002). Consequently, MBM addressed HIV/AIDS-related stigma, as silences surrounding disease and death were broken when volunteers applied MBM.

Olshansky (1962) states that having a chronic illness could cause a state he conceptualises as 'chronic sorrow', indicating that this condition is marked by persistent feelings of sadness that recur with varying intensity throughout one's life. Chronic sorrow relates strongly to people with HIV/AIDS, affecting family and friends alike. This sub-theme suggests that MBM seemed to provide community-based volunteers with the *skills to address some basic psychosocial needs*, to alleviate the chronic emotional burden that HIV and AIDS place on individuals and the families affected by the disease (Owens 2003; Sinomlando Project 2003).

### *MBM initiatives and modifications by volunteers*

This theme adds to the body of knowledge on the various ways in which the memory box can be used (Morgan 2004; Plusnews 2004; Richter et al. 2004), as volunteers reported that they had used it in other, different ways. These *alternative MBM formats* included using a file as memory box, making artwork, and presenting memories as a play. Volunteers expressed the view that they preferred to apply *MBM in groups*. This theme is supported by Kmita et al. (2002), who similarly revealed that individuals coping with HIV/AIDS find group activities a great source of support. Participating volunteers expressed the

view that more individuals could be reached if MBM sessions were offered in an organised way at *schools and faith-based organisations*. Volunteers found it *useful to have their own memory boxes ready and to share* their personal experiences in making them.

## **Psychosocial advantages of using MBM in community-based support**

### *‘Put valuable things in’*

Volunteers indicated that various *essential documents* could be placed in memory boxes (e.g., a testament, identity document, birth and marriage certificates, medical records, school reports), thus supporting the findings of several other studies (Denis et al. 2003; Eloff et al. 2004; Inger 2002; Sinomlando Project 2003) which highlight the value of memory boxes in terms of storage.

### *‘Commemorate the past’*

Volunteers reported on the significance of memory boxes to facilitate *recollection* of loved ones who had passed away. Being left with a concrete object seemed to evoke memories and helped people to grieve, *as well as* celebrate the past. This sub-theme confirms ideas suggesting that distinctive items in memory boxes (jewellery, special books, pieces of clothing) could facilitate reflection (Morgan 2004; Sinomlando Project 2003; Smetherham 2002). Likewise, the theme supports claims that memory boxes can be a way for families to craft a *personal legacy* for loved ones (Denis et al. 2003; Inger 2002).

### *‘That thing it can help the orphans to know their future’*

Post-intervention volunteers indicated that memory boxes left people with *hope*, as those affected by HIV/AIDS realised that their lives would continue, even in the absence of family members who pass away. This theme, therefore, underscores Eloff et al.’s (2007) insight that memory box items (achievement certificates, awards) may reveal a departed loved one’s dreams and wishes, providing hope and expectations for an own future. Correspondingly, volunteers revealed how their use of MBM facilitated *orphans’ bereavement* and adjustment. In this manner, this sub-theme confirms the findings of the Sinosizo Home-based Care and Oral History Project (Bristol-Meyers Squibb Company and Bristol-Meyers Squibb Foundation 2007), suggesting that because of MBM, children’s understanding of their family and culture have improved.

### *‘We need to help them to make a memory box for their parents and this I think can bring some relief, some ways to help’*

Volunteers shared their appreciation for the *healing value* of MBM, to support those grieving or devastated by the heartache and sadness associated with HIV/AIDS. In this regard, Owens (2003) also found emotional support by volunteers in terms of affective support, love and concern, sympathy and commitment, to be of considerable value to community and family members. As with Field and Behrman (2002), this sub-theme also signifies MBM as an appropriate psychological and practical technique to support bereaved family and friends.

### *‘They feel proud of that’*

Volunteers reported people’s pride in their memory-work. Oaklander (1988) mentions that painting has a specific therapeutic value – as paint flows, often so does emotion. This art component could explain the pride volunteers experienced regarding memory boxes, as creating a memory box provides a therapeutic

way of coping with the personal losses associated with HIV/AIDS. Symbolically, a memory box becomes a creation of emotion *of which one can be proud*.

## **The value of MBM in volunteers' personal lives**

### *'It's good to me'*

Oaklander (1988) attaches value to the *meaning of working with people* who need to give expression to their emotional world, in order to feel enabled and comforted in a personal and individual sense. We related this premise to volunteers' experiences of the memory box as being *'good to me'*.

### *'We are representing the community'*

Volunteers viewed themselves as *representatives at the heart of the community*. The literature (Coovadia 2000; Department of Health 2005a and b; Exline, Dorrity & Wortman 1996) supports the notion that healthcare initiatives are built on the identity of volunteers as community delegates.

### *'I must learn from it'*

Volunteers seemed encouraged to explore their experiences and own personal life stories through making *lifelines*, stating that they *'must learn from it'* when referring to positive and negative lifeline experiences. Amundson (1998) states that the lifeline-exercise is appropriate to explore individuals' significant stories and experiences. Research suggests that the lifeline requires individuals to demonstrate an appreciation of the way in which experiences form an integral part of peoples' life stories, and to gain an understanding of the complex interplay between personal attributes, contextual factors and serendipity in one's development (Semple, Paris & Howieson 2002). As echoed in the literature (Lindsey et al. 2003; Siyam'kela Project 2003), volunteers in our study used the lifeline to facilitate personal growth experiences within themselves, as with clients struggling with specific aspects of being HIV positive (stigma, discrimination and alienation).

## **Discussion**

In this section we contemplate three interrelated discussion foci: first, we consider the relevance of MBM to assist community-based volunteers in the context of HIV/AIDS. Second, we theorise the possible meaning of themes for MBM as a psychosocial support measure. Lastly, we consider insights related to using MBM in psychosocial support.

### *The relevance of memory box-making to assist community-based volunteers in the context of HIV/AIDS*

We deduce that the *psychosocial role is endemic* to the job description of South African community-based volunteers. Volunteers were unanimous about their clients' need for support in addressing instances of orphanhood, poverty, poor health and stigma, as well as emotions such as grief, anxiety and helplessness. They similarly agreed that *'each and every caregiver'* be privy to *'the memory box'*, in order to *'bring some relief'*, as well as a sense of self-worth.

The *'psychosocial advantages of using MBM in community-based support'*-theme, in particular, demonstrates MBM as *applicable to the psychosocial role of community-based volunteers*. Our findings illustrate that MBM served as a vehicle for counselling to support bereavement on various levels. On

a socio-emotional level, MBM provided a space in which to grieve, a safe space in which to disclose a stigmatised identity, as well as a temporal space to facilitate a sense of belonging and identity. Volunteers used MBM to counsel individuals facing chronic sadness. On a pragmatic level, memory boxes housed essential documents for educational, health and socio-economic reasons.

Our findings indicate that volunteers' application of MBM seemed to facilitate psychosocial support to clients. Before the intervention, volunteers were unable to provide their clients with psychosocial support (Ebersöhn 2004), but thereafter, volunteers reported their ability to provide pre-bereavement, bereavement and grief counselling. Accordingly, MBM shaped an opportunity to discuss death, commemorate loved ones, share deep emotions, and move towards relief and an acceptance of loss. A propos the ability to provide psychosocial support in the realm of HIV/AIDS, volunteers similarly reportedly acquired competence. MBM led to disclosure between family members discussing it, strategies for the future care of orphans, and of establishing a sense of pride, history and identity.

Finally, we posit that MBM is a relevant psychosocial capacity technique amongst community-based volunteers, as our findings show that MBM was acquired independent of age, gender and literacy variables. Volunteers were able to acquire, apply, adapt and modify MBM, in order to provide psychosocial support to their clients. A range (ages, genders and literacy levels) of volunteers participated in the MBM intervention, yet the acquisition of MBM competencies seemed to occur irrespective of these variables. Volunteers reportedly knew how to apply (and applied) MBM with clients. In addition, volunteers modified MBM to be more suitable to their application needs, and made recommendations for the future use of MBM. Some volunteers transferred their MBM competence to peers. In this regard, inspired secondary-trained volunteers showed an interest in the follow-up focus groups, wanting to share their experiences of MBM, based on their training by volunteers who participated in the educational psychology intervention.

### *Hypothesising memory box-making as a means to support resilience*

We theorise that MBM supports adaptation processes to build resilience. We view resilience as a means to bounce back from adversity, through a process of adapting to changing circumstances (Ebersöhn 2007a). Amongst other strategies, the process of adaptation can be directed in counselling (Ebersöhn 2007b) by foregrounding protective factors in clients' lives. In this study, some protective factors which came to the fore due to the application of MBM, include: the identification and safe-keeping of useful documents to serve as buffers in health, education, social development and future care circumstances; the co-construction of identity and self-worth by means of storytelling, a sense of historicity and recollections of practices; as well as the emergence of positive emotions such as hope, optimism and expectancy. We look forward to broader research to further explore and understand our theorised position.

### *Memory box-making insights*

MBM proved to be useful for basic psychosocial intervention purposes. Similarly, the technique led to innovative practices and instances of demonstrated ownership and skills transfer. MBM is thus signified as an adaptable and user-friendly alternative in the helping professions domain.

Other than grief and bereavement counselling purposes, the findings also point to indicators for the use of MBM in psychosocial support. These indicators include: chronic sorrow, facilitating processes of HIV/AIDS status disclosure, generating a future perspective, identity-formation, psychosocial support for orphans, as well as family- and group-based grief and bereavement counselling. The relevance of these indicators could possibly be transferred to situations similar to those of the participating community-based volunteers, yet it necessitates further inquiry.



We also identify contra-indicators for the use of MBM, based on our inquiry. The absence of official documents implies limited pragmatic value in terms of MBM, as well as a risk factor to our hypothesised position on processes of adaptation. Stigma could also serve as contra-indicator (especially amongst older clients), because clients may be resistant (shy, embarrassed) to reveal information about themselves.

## Conclusion

From the above discussion, the findings confirm our working assumptions that MBM supports psychosocial coping; that MBM (as a concrete-interactive technique) *can be acquired* by people with a range of literacy levels; that volunteers are *able to apply* MBM competencies in their daily work *to provide psychosocial support* to people infected and affected by HIV/AIDS. This study adds to the literature in terms of community-based volunteers who work with communities affected by HIV/AIDS and use MBM as a means to offer guided bereavement.

As the psychosocial role is endemic to the functioning of community-based volunteers, it follows that their capacity in this regard may be similarly developed. At the time of this study, such psychosocial skills development did not form part of community-based volunteers' training. Based on the findings of our investigation, we recommend MBM as an appropriate avenue for such psychosocial capacity building. We suggest that future MBM interventions include the process of participants making their own memory boxes. This process seemed to provide multiple benefits: first, volunteers had a space in which to exercise (and ultimately acquire) competencies via *experiential learning* (they made lifelines, decorated their own boxes, brought items from home to include in their boxes). Second, their personal involvement seemed to provide an opportunity for *personal growth and reflection*. The latter benefit also indicates the probable need to provide support to community-based volunteers to sustain their own wellness. We recommend further research in this regard, considering the risks volunteers are exposed to, in terms of vicarious trauma.

We consequently argue that educational psychology can play a meaningful role in the capacity development of psychosocial support competencies amongst community-based volunteers. Similarly, we argue that broadening educational psychology scope-relevance to community-based foci seemingly enriches the theoretical understanding and practitioner value of MBM in educational psychology. As evidence for our thesis we posit that the findings of this study *provide support for changes in the scope of practice of educational psychologists*. Recent policy documents (HPCSA 2008) foreground community-based relevance in the training and practise of educational psychologists. The findings portrayed in this article illustrate how collaboration between educational psychologists and community members (in this case, volunteers) reaped varied benefits. In the first instance, volunteers gained capacity development as practitioners; secondly, research outcomes imply that knowledge bases were increased (within therapeutic realms, in terms of HIV/AIDS psychosocial support, and in terms of volunteer training); and lastly the findings gave evidence of the expanded range of educational psychology theory and practice.

In view of the urgent need for interventions suitable to lay counsellors, our findings illustrate that making memory boxes is a feasible technique for volunteers to support the chronic grief associated with HIV/AIDS. As a therapeutic intervention, memory boxes will be dependent on clients' readiness for change, as the state of readiness will determine a person's response to MBM.

We conclude with some thoughts on the use of action research within a community-based training paradigm for educational psychologists. To our minds, the use of action research within community-based educational psychology provides compound advantages. On the one hand, action research seemed an accountable approach by which to pave a learning opportunity to support the educational psychology postgraduate student's research-based insights into societal matters aligned with the

educational psychology scope of practice. On the other hand, the action research approach tenders applicable knowledge insights (and social solutions) emerging from active data generation within a characteristically South African life world. Lastly, we posit that such research-based participation in a community-based educational psychology endeavour could possibly lead to the development of different roles for the postgraduate student, namely '*advocate, consciousness-raiser, consultant and activist*' (Pillay 2006:183). These positions, by conjecture, like all conjectures, are restricted by the aptness and relevance of our generalisations. The value of these suppositions, however, looks forward to subsequent research to evaluate the proposed hypotheses.

## Notes

- 1 In this article 'community-based volunteers' refers to home-based care and youth volunteers.
- 2 All ethical considerations have been adhered to in this research.

## References

- Akukwe, C. 2003. HIV/AIDS in Africa: Politics, policies, programs and logistics. *The Perspective*. Available at: [http://www.theperspective.org/december2003/hiv\\_aidsinafrica.htm](http://www.theperspective.org/december2003/hiv_aidsinafrica.htm) (Accessed on 26 June 2004).
- Amundson, N.E. 1998. *Active engagement: Enhancing the career counselling process*. Richmond: Ergon Communications.
- Bless, C. and C. Higson-Smith. 1995. *Fundamentals of social research methods: An African perspective*. Second edition. Kenwyn: Juta & Co, Ltd.
- Bringle, R.G. and J.A. Hatcher. 2002. Campus-community partnerships: The terms of engagement. *Journal of Social Issues* 58(3):503–516.
- Bristol-Meyers Squibb Company and Bristol-Meyers Squibb Foundation. 2007. Secure the future: Case studies volume 2. Available at: [www.securethefuture.com/our\\_experience/funding/casestudy\\_vol2.pdf](http://www.securethefuture.com/our_experience/funding/casestudy_vol2.pdf) (Accessed on 12 August 2010).
- Christensen, L.A., B.M. Reininger, D.L. Richter, R.E. McKeown, A. Jones and M.T. Wright. 1996. Defining the elements of a successful volunteer program in the provision of AIDS services. *Journal of Volunteer Administration* 14(4):9–19.
- Coovadia, H.M. 2000. Access to voluntary counselling and testing for HIV in developing countries. *Annals of New York Academy of Science* 918:57–63.
- Coye, D. 1997. Ernest Boyer and the new American college: Connecting the disconnects. *Change* (May/June):21–29. Available at: <http://www.servicelearning.org/library/resource/2026> (Accessed on 3 August 2010).
- Denis, P. 2000. Memory boxes: Helping AIDS orphans to remember. *Bulletin for Contextual Theology in Africa* 7(1):34–36.
- Denis, P., S. Mafu and M. Makiwane. 2003. Memory box programme: Training manual. Sinomlando Project. Available at: [www.ukzn.ac.za/.../sinomlando/.../TrainingMW-TrainingmanualEN.doc](http://www.ukzn.ac.za/.../sinomlando/.../TrainingMW-TrainingmanualEN.doc) (Retrieved on 12 August 2010).
- Department of Health. 2005. National Guideline on Home-based Care (HC)/Community-based Care (CC). Available at: <http://www.doh.gov.za/index.html> (Accessed on 31 May 2005).
- Dewalt, K.M. and B.R. Dewalt. 2000. *Participant observation*. Walnut Creek, CA: Altamira Press.
- Ebersöhn, L. 2004. Educational Training and Development Sector Education Training Authority project report of study in Limpopo (Bothlabela district) focusing on psycho-social coping skills interventions. Unpublished research report.
- Ebersöhn, L. 2007a. Voicing perceptions of risk and protective factors in coping in an HIV&AIDS landscape: Reflecting on capacity for adaptiveness. *Gifted Education International* 23(2):163–173.

- Ebersöhn, L. 2007b. Utilising reminiscences: Constructing boxes of memories to tell stories for life choices. In *Shaping the story: A guide to facilitating narrative counseling*, ed. K. Maree. Pretoria: Van Schaik.
- Ebersöhn, L., R. Ferreira and M. Mnguni. 2008. Educators' use of memory box-making to provide psychosocial support in their pastoral role. *Journal of Psychology in Africa* 18(3):305–315.
- Eloff, I. 2000. Narrative therapy as career counselling. In *Lifeskills and career counseling*, ed. J.G. Maree and L. Ebersöhn. Sandown: Heinemann.
- Eloff, I., L. Ebersöhn and J. Viljoen. 2007. Reconceptualising vulnerable children by acknowledging their assets. *African Journal of AIDS Research* 6(1):79–86.
- Exline, J.J., K. Dorrity and C.B. Wortman. 1996. Coping with bereavement: A research review for clinicians. *Psychotherapy in Practice* 2(4):3–21.
- Field, M.J. and R.E. Behrman, eds. 2002. *When children die: Improving palliative and end-of-life care for children and their families*. Washington, DC: National Academies Press.
- Fritz, E. 2006. Metaphors in supervision. In *The supervision of counsellors in South Africa*, eds. H. Dunbar-Krige and E. Fritz. Pretoria: Van Schaik.
- HPCSA. 2008. *Scope of practice for practitioners registered under the auspices of the Professional Board for Psychology*. Pretoria: Health Professions Council of South Africa.
- Inger, J. 2002. Memories of the past provide hope for the future. International Federation of Red Cross and Red Crescent Societies. Available at: <http://www.ifrc.org/docs/news/02/02112001/> (Accessed on 16 June 2005).
- Kelly, M.J. 2000. *Planning for education in the context of HIV/AIDS*. Paris: United Nations Educational, Scientific and Cultural Organization.
- Kmita, G., M. Baranska and T. Niemiec. 2002. Psychosocial intervention in the process of empowering families with children living with HIV/AIDS – a descriptive study. *AIDS CARE* 14(2):279–284.
- Lindsey, E., M. Hirschfield, S. Tlou and E. Ncube. 2003. Home-based care in Botswana: Experiences of older women and young girls. *Health Care for Women International* 24:486–501.
- Marshall, C. and G.B. Rossman. 1989. *Designing qualitative research*. Newbury Park: Sage Publications.
- Morgan, J. 2004. Memory/Life story work manual. Available at: <http://web.uct.ac.za/depts/cgc/Jonathan/Life%20Story%20Manual.htm> (Accessed on 12 August 2010).
- Oaklander, V. 1988. *Windows to our children: A gestalt therapy approach to children and adolescents*. New York: The Gestalt Journal Press.
- Olshansky, S. 1962. Chronic sorrow: A response to having a mentally defective child. *Social Casework* 43:190–193.
- Owens, S. 2003. African-American women living with HIV/AIDS: Families as sources of support and of stress. *Social Work* 48(2):163–171.
- Petersen, N.F. 2007. Pre-service teacher education students' engagement with care and social justice in a service learning module. *Education as Change* 11(3) (Special issue: Community Service Learning):169–181.
- Petersen, N., H. Dunbar-Krige and E. Fritz. 2008. Chronicling a Faculty of Education's journey into community engagement through service learning. *Education as Change* 12(2):123–135.
- Pillay, J. 2006. Community supervision in the training of counsellors. In *The supervision of counselors in South Africa*, eds. H. Dunbar-Krige and E. Fritz. Pretoria: Van Schaik.
- PlusNews Weekly, Cape Town. 2004. *Africa: Memory boxes to help say goodbye*. 27 October.
- Richter, L., J. Manegold and R. Pather. 2004. *Family and community interventions for children affected by AIDS*. Cape Town: HSRC Publishers.
- Seligman, M.E.P. 2003. Positive psychology: Fundamental assumptions. *Psychologist* 16(3):126–127.
- Semple, S., M. Paris and C. Howieson. 2002. *A longitudinal study of young people in Ayrshire*. Universities of Strathclyde & Edinburgh: Ayrshire Careers Partners Ltd.

- Sikkema K.J., A. Kochman, W. DiFranceisco, J.A. Kelly and R.G. Hoffmann. 2003. AIDS-related grief and coping with loss among HIV-positive men and women. *Journal of Behavioral Medicine* 26(2):165–181.
- Sinomlando Project. n.d. The Memory Box Programme. School of Theology, University of Natal, Pietermaritzburg. Available at: <http://www.ukzn.ac.za/sorat/sinomlando/research/memory-boxes.html#top> (Accessed on 12 August 2010).
- Siyam'kela Project. 2003. Measuring HIV/AIDS-related stigma. Literature Review.
- Smetherham, J. 2002. People living with HIV/AIDS tell their stories: Boxes transformed into treasures. *Cape Times*, 26 February.
- Swanepoel, A. 2008. The memory-box-making technique as a tool for community care and support. In *From microscope to kaleidoscope: Reconsidering psychosocial and educational aspects related to children in the HIV&AIDS pandemic*, ed. L. Ebersöhn. Rotterdam: Sense Publishers.
- The Ten Million Memory Project and Memory Work. 2005. Available at: <http://web.uct.ac.za/depts/cgc/Jonathan/index.htm> (Accessed on 7 July 2005).
- Trickett, E.J. 1997. Ecology and primary prevention: Reflections on a meta-analysis. *American Journal of Community Psychology* 26(3):314–322.
- UNICEF. 2005. Memory boxes. HIV & AIDS: Care and support for orphans and families affected by HIV & AIDS. Available at: [http://www.unicef.org/aids/index\\_orphans.html](http://www.unicef.org/aids/index_orphans.html) (Accessed on 16 June 2005).
- Uys, L.R. 2003. Aspects of the care of people with HIV/AIDS in South Africa. *Public Health Nursing* 20(4):271–280.
- Visser, M. and A. Moleko. 2001. *Introduction to community psychology*. Pretoria: University of Pretoria.
- Winkler, G. 2003. *Courage to care: A workbook on HIV/AIDS for schools*. Southdale: Catholic Institute of Education.

## **Corresponding author**

Liesel Ebersöhn  
Department of Educational Psychology  
Faculty of Education  
University of Pretoria  
0002  
South Africa  
Email: [liesel.ebersohn@up.ac.za](mailto:liesel.ebersohn@up.ac.za)

## **Co-authors**

Irma Eloff: [irma.eloff@up.ac.za](mailto:irma.eloff@up.ac.za)  
Ancois Swanepoel-Opper (no e-mail)