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Theoretical and method trends guiding community psychology based HIV research and implications for marginalised groups

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CHAPTER ONE

INTRODUCTION

This is a critical study of knowledge production about the topic of HIV from a community psychology perspective over 20 years. Through the evaluation of theoretical and method trends in published HIV research within JCP, AJCP, JCASP and the SAJP, this study seeks to gain a greater understanding of how international and local community psychology has addressed the issue of HIV over the period 1990 to 2009. This chapter will begin with a discussion of why research of this nature is important, and will attempt to elucidate the stance taken within the study as well as clarifying the link between HIV and community psychology. The aims of this study will subsequently be presented, followed by a section explicating the chapter organisation and content of the remainder of the research report.

RESEARCH RATIONALE

"Locally, the AIDS "pandemic", as it is often called, weighs heavily on the shape of things now and in the future" (Campbell & Hayes, 1998, p. 57).

The prevalence and far reaching impacts of HIV in South Africa have long been noted. According to Pettifor et al. (2005), not only are young South Africans still highly vulnerable to HIV infection, but in some age groups patterns of new infections do not appear to be stabilising, and are in fact on the rise. This persistent growth in new HIV infections can be found even in the face of close to three decades worth of research and accruing literature on the topic (van der Walt, Bowman, Frank & Langa, 2007).

According to estimates published in the 2009 AIDS epidemic update (UNAIDS, 2009), 2 million people were estimated to have died from HIV-related diseases in 2008 globally, of which 1.4 million were from sub-Saharan Africa. In the same year, 2.7 million adults and children were found to be newly HIV positive, approximately a 30% decrease since the pinnacle of HIV in 1996. Looking to further situate South Africa within the global HIV problem, a study conducted by Shisana et al. (2005) is brought to the foreground. The results of this study estimated the HIV prevalence in people over the

age of two years old to be 10.8%, with women in the 15-22 year old age group being the worst affected, with an HIV prevalence of 33.3% (Shisana et al., 2005). South African children are also hard hit by HIV, with prevalence in females concluded to be approximately 5.3% and males 4.9% (Shisana et al, 2005). The above statistics illustrate that sub-Saharan Africa and South Africa have been particularly influenced by the HIV pandemic, and continue to be among the most highly impacted.

The severity of the HIV pandemic in South Africa poses many challenges and has many implications for multiple levels of society. Visser (2007) posits that HIV influences nearly every facet of communities, from individuals and family life, the workforce, welfare agencies and healthcare, to the basic make up of communities. Gibbons and Walker (2002) elaborate on the impacts of HIV, highlighting the large number of orphaned children, strain placed on healthcare services, and the amount of suffering and stigmatisation faced by those infected. As such, the HIV epidemic has hugely disruptive economic, social and political effects on communities. The persistently high prevalence of HIV in South Africa and within the global context, as well as its devastating effects within communities, firmly positions HIV as a psychosocial problem that warrants attention by the psychological community. As such, HIV remains an important concern universally, but also for South Africa, South African psychologists and researchers, as well as communities at large.

Previous research on HIV, of which there is an abundance, has focused predominantly on assessing the effectiveness of specific interventions. As such, common studies regarding HIV are those that evaluate the success of behavioural interventions, such as those conducted by Noar (2007); those interested in the effectiveness of mass media programmes on HIV prevention, such as carried out by Bertrand, O'Reilly, Denison, Anhang and Sweat (2006); or studies that attempt to collate the value of a number of HIV prevention research studies (e.g. Sogolow, Peersman, Semaan, Strouse & Lyles, 2002). Studies have also been conducted on people living with HIV, such as those that have looked at stigmatisation (e.g. Petros, Airhihenbuwa, Simbayi, Ramlagan & Brown, 2006), and quality of life of those undergoing treatment (e.g. Jelsma, MacLean, Hughes, Tinise & Darder, 2005). This focus of HIV research precludes an understanding of individual experiences of HIV, limits considerations of context and phenomena such

as power and discourses around HIV. In addition to this, that is, approaches are often found to be focused on the individual, and may contribute to the marginalisation of certain groups.

The vast impact HIV has upon the wellness of individuals and communities within society is merely one reason why HIV should be considered a topic of interest for community psychology. This speaks to the ambition of community psychology to remedy traditional psychology's focus on the individual as separate to the environment, by tackling contextual circumstances that create and perpetuate social issues like HIV that have an impact on society (Van der Walt et al., 2007). HIV can be conceptualised as not merely a health related issue, but one that is inextricably located within social and political milieus. With HIV prevalence following patterns of inequality and disempowerment, the socially marginalised are more vulnerable to infection, more adversely affected by its consequences, and less likely to have access to treatment and other resources to deal with the pandemic and its effects on families and communities. For this reason, HIV becomes an issue not only related to individual wellness, but one that is connected to ideas of social justice and empowerment. Community psychology's commitment to the socially marginalised and inequalities found in society puts it in a constructive position to play a key transformative role in the HIV situation both in a local and global sense (Kagan & Burton, 2005). Considering the extent of the repercussions HIV has on multiple community levels – political, economic, cultural and personal – also makes it a palpable issue for the agenda of community psychology (Visser et al., 2007).

With the contribution of community psychology to the understanding of HIV and the implementation of interventions in mind, it is vital to gain insights into how community psychology has researched and addressed the topic of HIV in the past, as is a goal of this study. Accessing published work is one approach to understanding how this social issue features in the field of community psychology. Articles published in journals of community psychology, *are an important indicator of the ebb and flow of community relevant research and the people, places, events and ideas that shape it,* (Martin Lounsbury & Davidson, 2004, p. 163). Therefore, work published in journals provides an intimation of what is occurring within the field at any given time, specifically with regard to how research is being conducted, what theories are being employed, and the

epistemologies that are drawn upon. The types of articles published and the content of these articles indicate what topics are being researched, and which groups are the objects of inquiry. At the same token, by gaining ideas of who is being represented within research conducted within a community psychology framework, it is also possible to gain a sense of who and what is being neglected and silenced (Duncan, van Niekerk & Townsend, 2004) It is through this neglect that published work reproduces and maintains structural inequalities and processes of marginalisation that are at play in society. Ultimately, investigations of published work allow for an appreciation of the existence of gaps in knowledge and exposing patterns of power and dominance. This has implications for the role published work has in relation to practice and training of community psychologists and those in university training programmes that are exposed to community psychology and the like. Articles that are deemed fit to publish essentially mediate what topics and types of research is supported and that which is devalued within the field on the ground, influencing what is taught in institutions (Canagarajah, 2004).

As such, this research examines the ways in which published studies in community psychology in particular have researched HIV internationally and in South Africa, with a special interest in who is being represented in such studies, and the extent to which existing research reflects an empowerment agenda. By comparing contexts, namely international and local, South African approaches are situated within the broader field of work being conducted in community psychology. The focus of HIV research in community psychology over a twenty year period allows for the emergence of changes over time, and reflects historical changes in understandings of HIV and the manner in which it has been investigated. Fundamentally, this research desires to turn a critical mirror back on international and South African community psychology HIV research itself, hoping to highlights gaps in knowledge and expose the workings of power and ideology. This will be achieved through an examination of the broad methodological and theory trends in such research, as gleaned from a content analysis of selected psychology journals.

RESEARCH AIMS

This study aims to identify the broad trends in HIV research in the field of community psychology published internationally and in South Africa in the 20-year period between the years 1990 and 2009. The study has a principally dual focus, with broad trends being further separated out into those pertaining to theory and method, respectively. Theoretical trends include taking a look at which theories, levels of intervention, and intervention models existing research make use of. Method trends speak to issues of research methods, article types, and sample characteristics. The research therefore concerns itself with how HIV is being researched from a community psychology perspective internationally and in South Africa. It not only aims to uncover the predominant theoretical and methodological approaches being utilised, but more specifically highlights the extent to which socially marginalised groups are being represented in the focus of HIV research, and how community psychology as a sub-discipline has responded to the issue of HIV.

Through the examination of the broad trends present in HIV research based in a community psychology framework, this research also intends to unpack disjunctions between community psychology-based HIV research published internationally versus locally, with the aim of exploring this in relation to what this may mean with respect to politics of knowledge production in different contexts. By making use of a critical paradigm, this study will be able to gain a sense not only of what the broad theory and method trends are within international and South African published HIV research, but also be able to critically engage with the resultant findings, with specific reference to the socially marginalised populations in society, the politics of knowledge, and what connotations these observations have for the agenda of community psychology. In addition to this, the inextricable link between power and knowledge is acknowledged, and elaborated on below, implicitly allowing for an investigation into published work to reflect power asymmetries in society.

CHAPTER ORGANISATION

The research report is divided into six chapters, comprising the literature review, the research methods and consequent presentation of findings, and an overall discussion. The

current chapter, chapter one, provides an introduction to the study, including a rationale as to why the study is of value and to help provide a brief overview of the study. Following this was the research aims of the current study to afford the reader with a clear understanding of this study's intentions. Chapter two reviews literature relevant to the study, and attempts to situate the study within what has been conducted before. The chapter begins with a brief overview of HIV in relation to health and traditional psychology, and moves onto a description of the empowerment theoretical framework which this research subscribes to. Community and its basic principles follows with an in-depth look at the values community psychology subscribes to, and three of the predominant theoretical frameworks utilised within this field. A brief survey of the history of community psychology in South Africa is presented next. The literature review then moves on to the implications HIV has for marginalised groups and how this fits in with a community psychology agenda. In line with this argument, literature on how community psychology responded to the HIV crisis has been reflected on. A section on the politics of knowledge and how the study of trends in articles published in journals contributes to knowledge and the implications of this. Lastly, other trend analysis studies, both international and local are engaged with, with the aim of highlighting a gap in knowledge that this study will attempt to fill. Chapter three concerns itself with the methods used within this study, from the research design this study locates itself within, to the research procedure and coding. As this study makes use of qualitative and quantitative methods, this is expanded upon here. Issues of ethical concern and self-reflexivity are engaged with. Chapter four presents the findings of the research study, making use of graphs and tables to illustrate the results that were found. And lastly, chapter five discusses the findings illustrated in the previous chapter, linking it to the findings of previous studies and making sense of them with the use of the theoretical framework, empowerment theory. Chapter six addresses the limitations and future directions of this study, and serves as a conclusion to the research conducted.

CONCLUSION

Chapter one has attempted to provide a foundation for the study illustrated within this report. A rationale for why the questions asked later in this report are important, has been

put forth. Of these, the prevalence of HIV in South Africa, the impact it has on marginalised groups, and the agenda of community psychology have been prominent. Knowledge production within the field of community psychology and the way in which this serves to create and maintain certain social categories was also highlighted. The aims of the study, which link into wanting to turn a critical mirror back onto community psychology research, were also discussed. The next chapter moves forward from this point, aiming to elaborate on the aspects already mentioned, through the use of community psychology literature and theory.

CHAPTER TWO : LITERATURE REVIEW

INTRODUCTION

The purpose of this chapter is to provide a background in which this piece of research can be firmly understood and conceptualised. This literature review begins with a broad presentation of the relevant sub-disciplines of psychology and their responses to HIV, including a discussion on what differentiates community and health psychology. Following this is a brief overview of HIV research as a whole. The theoretical framework of this study, namely empowerment theory, is presented and discussed next, with reference to why this framework is suitable for this study, and how it links into knowledge production as a whole. The illustration of empowerment theory is to enable the study to have a firm theoretical base from which the results may be consistently understood. An impression of community psychology is then provided with regards to the values and principles subscribed to, three of the principal frameworks utilised, and a history of the discipline in the South African context. As this research pertains to how HIV research has been carried out within this sub-discipline, a thorough illustration of what the field of community psychology subscribes to, and it's past is invaluable. An argument is then presented around what the intersection is between HIV and marginalised groups, and why this should be a concern for community psychology. Literature that looks at the response of community psychology with regards to the issue of HIV, in both an international and local context is then explored in greater depth. Knowledge production as it pertains to published work has been reconnoitred, and the implications that producing knowledge has upon the field of community psychology as a whole, and training within this field are discussed. There is then an attempt to situate the current study within what has been done before with regards to previous international and local trend analysis studies within a community psychology framework. This discussion looks at what topics have been studied and by whom, and utilising what methods. Through this focus on previous research, the present study is able to identify what the gaps in research have been, as well as the methods that have successfully been used before in the examination of trends. A comprehensive look at trend analysis studies that have been conducted previously have been expanded upon, and the topics, methods, and aims these

studies attempted to address are presented. This chapter attempts to deliver a context for the current study, and provide a robust theoretical and methodological base for the study at hand.

HIV AS APPROACHED BY VARIOUS PSYCHOLOGICAL SUB-DISCIPLINES

Health psychology and community psychology have been identified as two of the fledgling sub-disciplines in psychology that have experienced rapid growth over the last few years (Duncan, 1991). They have also been found to have many intersecting as well as divergent foci and goals. The principal differences have been acknowledged as community psychology's goals of prevention and empowerment, the deviating subject matter each discipline is concerned with, and the divergent manner in which similar subjects are examined (Duncan, 1991). According to Chesney (1993), health psychologists have approached the HIV epidemic with a view to expanding on their knowledge of health-behaviour relationships. Community psychologists on the other hand perceive the development of ways to systematically alter asymmetrical social and political conditions to be at the core of HIV prevention and the promotion of healthy communities. Benatar (2002) agrees with this stance, but moreover acknowledges that community psychology should also aim to situate causes, interventions and outcomes of HIV at the junction where individual, relational, and environmental factors meet.

As differences can be noted between health psychology and community psychology's understanding of issues such as HIV, similar differences can be observed between the approach of community psychology and traditional psychology towards similar topics. Unlike most forms of traditional psychology, community psychology would be interested in how issues like gender or monetary inequalities in a community are maintained and how this affects their vulnerability to or resilience against HIV infection (Seedat, Duncan & Lazarus, 2001). A focus on prevention prioritises the neutralising of risk factors in communities responsible for HIV transmission. This is said to be more efficacious than the more individualised and curative nature of traditional psychology (Pettifor et al., 2005). The inequalities created by the Apartheid system with respect to healthcare have shaped the face of psychological service today, with only the privileged minority having access to mental health services or counselling that may

impact upon outcomes for those living with HIV. Traditional psychology as a theoretical scaffolding has not been able to address the considerable psychosocial issues present in South Africa. Consequently, there has also been a turn towards strategies that make use of local knowledge and collaboration (Lazarus, 2001).

Visser (2007a) indicates that the roles of community psychologists in relation to the HIV pandemic include, but are not limited to research, prevention schemes, counselling, training and supervision of healthcare workers, education and policy development. Marginalised groups of women and young adults in low socio-economic communities rarely have the political or economic power to construct healthier environments without the support of government policy, and external financial aid (Campbell, 2006). As a result, approaches to HIV prevention that make use of community-level approaches may be difficult to implement, but are valuable and have shown efficacy in the past (Nath, 2000).

The following sections are devoted to forming a solid foundation of existing literature in the area and getting a better sense of the issues relevant to this study. First a basic overview of community psychology is presented, followed by a brief look at the values of community psychology and different theoretical approaches utilised. This discussion is essential in the defining the boundaries of what is and what is not considered to be community psychology. HIV and the plight of marginalised people is then explored, with attention to what the implications are for the agenda of community psychology. Of specific interest here will be to look at the history of South Africa and what impact socio-historical factors had upon the development of community psychology, as well as the development of HIV as a disease. Also addressed here is the response of community psychology to HIV, and an exploration of the possible reasons for why HIV may have been relatively overlooked in the past. Lastly, a review of research relating to HIV, and those relating to trend analysis will be presented, followed by what this may mean with regards to politics of published knowledge in the area.

AN OVERVIEW OF HIV RESEARCH

The stance we take towards the nature of the world (ontology) and our considerations of our knowledge of this world (epistemology) have particular implications for the

methodology we use (Nightingale & Neiland, 2008 in van Vlaederen & Neves, p. 426). Simply put, the methods of research (guided and informed by the ontological and epistemological commitments of researchers), have led to specific types of knowledge production, and ultimately the creation of particular kinds of interventions based on this knowledge.

Examples of prominent types of research conducted in the HIV arena can generally be grouped as: those seeking out knowledge, attitudes and risk perceptions of different population groups towards HIV (Liau & Zimet, 2000; Nachega, Lehman & Hlatshwayo, 2005), studies relating to risk factors and sexual behaviours (Zuma, Gouws, Williams & Lurie, 2003), those seeking predictors of protective health behaviours (Sunmola, Olley & Oso, 2007), or those that address predominantly medical aspects of the disease such as mother-to-child transmission (Coutsoudis, Pillay, Spooner, Kuhn & Coovadia, 2006), and co-occurring illnesses such as Tuberculosis (Ghandi et al., 2006). The studies mentioned above come from particular diverse ontological standpoints. For instance, research that looks at attitudes and perceptions, as well as the more medically based studies, would likely be more positivistic by nature. Interventions resulting from this type of research would probably be more individualistic. A belief here would be that with an increase of information, change would occur in individual attitudes and behaviours, leading to a decrease in HIV infection rates.

Gupta, Parkhurst, Ogden, Aggleton and Mahal (2008) agree that HIV research has to a large extent emphasised behavioural interventions that target the individual. Campbell (2006) poses the question of why HIV interventions are still predominantly biomedical and behavioural in nature with a focus on the individual level, despite the acknowledgement that HIV is largely perpetuated by macro-level, community and psychosocial factors. Coates, Richter and Caceres (2008) concur, arguing that whilst more individualised types of intervention have shown some efficacy; interventions that also take broader structural features like socio-economic status, gender, age and power into account (factors that are said to influence individual's behaviour), are more effective.

Community psychology views biomedical and traditional approaches as having an overly simplified understanding of HIV. The belief is that for the most part, traditional psychology limits the knowledge one can have about individuals and disease, its causes

and the manner in which it is addressed. Community psychology attempts to rectify traditional psychology•s individual-social dualistic perspective by addressing larger contextual issues that impact upon communities (Van der Walt et al., 2007). With traditional psychology•s limiting effects in mind, this study seeks to look at the way in which HIV has been studied within a community psychology framework, through an investigation of published work. Published work has been said to play a vital role in the empowerment of those on society•s periphery, a notion that is further expounded upon below.

THEORETICAL FRAMEWORK

Empowerment is a multifarious and dynamic concept that can take on diverse meanings depending on time, context, and people (Fetterman, Salem, Chibnall, Legler & Yapchai, 1998). Rappaport (1987, p. 122) gives the definition that €empowerment is viewed as a process: the mechanism by which people, organisations, and communities gain mastery over their lives•. Empowerment is thus concerned with both a psychological sense of control over ones life, and a broader sense of influence or power within society (Rappaport, 1987). The link between people as entire human beings with innate strengths, capabilities and abilities to act decisively, to issues of social policy and change are inherent to a model of empowerment (Rappaport, 1981). Following this thread, empowerment theory has its focus on well-being rather than on illness, seeks to capitalise on strengths rather than focus on limitations, and is concerned with collective help and the need to construct a community that is responsive to individual needs (Perkins & Zimmerman, 1995). Research grounded in empowerment theory looks past the mere identification of factors that put individuals at risk to include an appraisal of what other environmental factors that may have an impact, thus lessening the chance of victim blaming (Perkins & Zimmerman, 1995).

Empowerment includes the notion that there are many interdependent levels of analysis, where empowerment at one level impacts on the other levels (Zimmerman, 1995). According to Zimmerman (1990), an individual level of analysis relates to psychological empowerment and encompasses individual participation, drive to exercise control in a specific context, and ideas about levels of control and effectiveness.

Organisational empowerment looks at leadership, and shared decision making. Citizen participation in larger decision making processes and equal access to resources are indicators of community empowerment (Perkins & Zimmerman, 1995). Zimmerman (1990) cautions that levels of empowerment can differ across the multiple levels at various times.

The benefits of making use of empowerment theory within the context of a project looking at how HIV has been researched within a community psychology framework are many. To begin, empowerment has long been cited as a core value and strategy within community psychology (Lazarus, 2007). Rappaport (1977, 1981, 1987), who has been a principal contributor to the development of empowerment theory and research, has also argued for the use of empowerment as an informing directive for community psychology. According to Rappaport (1981) many turn to either prevention or advocacy when attempting to address social problems which deal with needs and rights models respectively and how these approaches are one-dimensional. An empowerment model however seeks to view people in a holistic manner, taking their innate paradoxical natures into account. Due to the ineffaceable links between HIV and the environment, one cannot look merely at HIV as a disease of the individual in isolation of social and political factors. Empowerment theory accounts for this by looking at the individual as situated within their environment. By focusing on human competencies and resilience, and attempting to limit victim blaming through addressing contextual enablers of the HIV epidemic, cognisance may be taken of how the socially marginalised have been disempowered and kept on the periphery of society.

With the theoretical underpinnings of this research in mind, it is important to be cognisant of the ways in which published work contributes to empowerment. Kiguwa (1994) speaks of social constructionism as a theory that seeks to take a critical stance towards knowledge. Within this school of thought notions of how objects and ideas are essentialised and put forth as universal truths through language, are explored. An investigation into discourses is said to uncover oppressive and unseen practices that are couched to how social categories as well as groups come into existence. Due to this, language, including text, can be used as an instrument of change enabling alternate social and political ways of being (Rance, 1997). A discussion of social construction and its

implication for knowledge is a particularly vital one within the context of this study, as marginalised groups are not being studied directly. Rather, through an examination of work published within academic publications, this study seeks to examine how marginalised groups are represented, constructed, and omitted within these texts. Ideologies and power are represented in text in similar ways as in life, with these dynamics playing themselves out through text. As such, text is able to reproduce and reinforce marginality. It should be noted, that it cannot be said that marginalisation is purely a social construction, as this would deny the daily lived experiences of countless disadvantaged individuals, but does have a material reality. Burr (1998) highlights the issue of social constructionism and realism, speaks of the idea that is proposed by many, that the material world and discourse are inseparable as they are merely expressions of the same thing. She then goes on to speak of how discourse and material are what creates "social reality, subjectivity, consciousness and experience" (Burr, 1998, p. 20). If this conceptualisation is recognised, it is seen as possible that a change in discourse could result in a change in social realities and structure (Burr, 1998). As such, whilst this study is primarily focused on a theory of empowerment, it is necessary that these concepts play a role in the conceptualisation of the current study.

COMMUNITY PSYCHOLOGY: THE BASIC TENETS

Those that seek to briefly define community psychology have often struggled to encapsulate all that this subdiscipline of psychology entails (Nelson & Prilleltensky, 2005). This may be attributed to the fact that the approaches that fall within the realm of community psychology are highly variable, as well as the notion that no one definition could perfectly encompass the multifarious nature of community psychology theory and praxis (Sedat et al., 2001). Most are in agreement however that community psychology represents a shift towards a psychology that recognises the need of "developing theory, research, and intervention that locates individuals, social settings, and communities in sociocultural context" (Trickett, 1996).

Community psychology: Goals and values

Seedat et al. (2001) put forth that one of the primary undertakings of community psychology is the extension of psychological and mental health services to all. The fear was that traditional psychology was too focused on the individual, was inaccessible to the majority of the population, culturally insensitive, and only benefitted the privileged few (Seedat, McKenzie & Stevens, 2004). As such, community psychology aims to tackle oppression and societal inequalities, and empower the disadvantaged and marginalised groups within society. Related to community psychology's desire to extend psychological services to all, is the need to alter how psychosocial problems are viewed, situating them within social, political and historical contexts and taking local knowledge and human diversity into consideration (Lazarus, 2007).

Prilleltensky (2001) believes that academic and practical conventions prioritise science over morals and values. He goes on to say that whilst ideas about methods are generally well established, values are not often brought to the foreground, and so remain largely peripheral and abstract. This being said, attention to values is an integral part of community psychology. Dalton, Elias and Wandersman (2007) discuss the importance of values being that they help guide research and action, as well as testing for congruence between these two. Awareness of values may also result in the questioning of prevailing worldviews in the conceptualisation of psychosocial problems, and how these may be supportive of the status quo. An understanding of a community or culture is heavily reliant on gaining insight into their specific value system. Values in community psychology should take into account many voices, work in a multidisciplinary way, be mindful of power and the particularities of diverse milieus, and be cognisant of praxis. Praxis is seen to go beyond the accord of research and theory, to include "a cycle of activity that includes philosophical, contextual, needs, and pragmatic considerations" Prilleltensky (2001, p748). It is these considerations that will guide integrative practice and create a shift from reflection on values, to research into needs and situational factors, and consequently to appropriate action. Nelson and Prilleltensky (2005) work within this praxis framework to suggest several values they feel typify those of community psychology as a field, they divide these into values for personal well-being, relational well-being, and collective well-being. Self-determination, caring and compassion and

health fall into the first category; respect for diversity, participation and collaboration fall into the second; and support for community structures and social justice and accountability make up the third. Dalton et al. (2007, p. 22), add to this list the values of community psychology that they propose are important to the discipline, with some overlap. These include: Individual and family wellness, sense of community, respect for human diversity, social justice, citizen participation, collaboration and community strengths, and empirical grounding (Dalton et al., 2007).

THEORETICAL PERSPECTIVES IN COMMUNITY PSYCHOLOGY

Heller and Monahan (1977) found that it is constructive to consider community psychology as having numerous discrete orientations as opposed to one overarching stance. Visser (2007) expands on this by saying that community psychology represents a new way of thinking, and that many theories can be used either on their own or in tandem to describe community processes, including ecological systems theory, social constructionism, and critical psychology. Toro (2005) emphasises this miscellany of orientations, and looks at the three main perspectives he stresses, namely prevention, empowerment, and ecology. Whilst the diversity of epistemological standings in community psychology may appear daunting to some, and may create the impression that community psychology is too broad by nature, Toro (2005) disagrees. It is his stance that the internal diversity of community psychology is not contradictory, and can in fact be embraced.

Prevention

Prevention is a key strategy in community psychology and has become a common ambition of many on the quest to bring about psychological wellness, despite the debates about how central this concept should be in the realm of psychology (Cowen, 2000). When prevention, specifically primary prevention, was originally conceptualised, it had significant ties to the public health model (DeWild, 1981). Prevention in public health is focused on the lessening of environmental stressors, as well as the augmenting of individual resistance. This approach has proved efficacious in the tackling of problems where there is a sole recognisable cause. It has proved less successful in the reduction of

psychosocial problems that are more complex, where there is no single causal factor, but rather a series of intertwined multileveled factors that have an impact, as most issues are (Albee, 1982). This is where an ecological perspective in conjunction with preventative programmes can be beneficial (Nelson & Prilletensky, 2005).

In one of his first writings on the subject, Cowen (1973, pp. 432-433), succinctly stated the two basic overarching goals that prevention is concerned with, namely, to forestall dysfunction by reducing the occurrence of a disorder, and to promote psychological health and wellbeing. Cowen (2000) considers two predominant primary prevention approaches. The first, and the most common, is the risk detection-disorder prevention model. The main intention of this approach is to look at the interaction of factors that are related to production of problems with mental health, and most psychosocial issues, with the aim of neutralising their effects. It is identified as being concerned with more focused, short-term interventions that target early detection of problems (Cowen, 2000). The second approach spoken of by Cowen (2000) seeks to improve wellness by generating circumstances and contexts that promote and perpetuate wellness. This model aims to discover the conditions that advance wellness, which is seen as serving a protective function against negative outcomes across the lifespan, and to build on this wellness as a resource to be utilised over time. This model is broader in scope, and more long term than risk-detection strategies, in that it uses different approaches over protracted periods rather than at a particular point in time. This approach is also more likely to take multiple levels into account. Whilst this approach has had little support in the past, there has been greater interest in broader setting and community based prevention programmes (Nelson & Prilleltensky, 2005).

A prominent model that is often utilised within community psychology, the mental health model, has prevention as a core value. Preventative interventions are proactive and look to prevent or lessen harm by changing conditions that generate risk of future problems (Lazarus, 2007). The mental health model in particular intends to increase, protect and expand human resources. It looks to extend mental health services, and boost their impact, thus reducing the pressure on mental healthcare facilities (Seedat, Cloete & Shochet, 1988). In this way the mental health model looks past the more curative approach of traditional psychology, utilising knowledge about risk factors and

contexts to assist larger groups of people (Ahmed & Suffla, 2007). Nelson and Prilleltensky (2005) classify preventative interventions as either: (i) primary (aim is to decrease new incidences of a problem), (ii) secondary (concerned with early detection and treatment, or (iii) tertiary (rehabilitation and treatment to diminish negative impacts of a problem once it occurs). The mental health model has been lauded as a way to change mental health practice and move away from a focus on the individual. It has conversely been criticised for perpetuating the mainstream medicalised view of the individual and not engaging in more enduring structural change (Ahmed & Pretorius-Heuchert, 2001). Other critiques involve the mental health model's lack of acknowledgement of diversity, a focus on deficits, and a tendency to try and teach the disenfranchised to reconcile their individual shortfalls (Fabricaro & Weinberg, 2002).

Empowerment

Rappaport (1981) viewed prevention as a unidirectional and narrow approach that was innately patronising of people in distress, treating them as if they had no agency and were needing of help from external sources. His answer to the limitations of prevention in addressing social change was empowerment. However, Rappaport (1987) repudiates his earlier supposition that prevention and empowerment are separate and irreconcilable approaches, where an espousal of the one requires a disavowal of the other. Rather than seeing these two as contrary, he acknowledges their differences, whilst taking into account the important roles both concepts play in community psychology. According to this new conceptualisation, empowerment was viewed as the phenomena of interest of community psychology, whereby it should be the focal point of theory. As such, empowerment is the concept that community psychology attempts to define, understand, explain, predict, and create or facilitate by our interventions and policies (Rappaport, 1987, p 127). Empowerment may therefore be seen as the lens through which community issues are viewed, and the goal of community psychology interventions. Prevention can conversely be understood as an exemplar. Prevention is not conceptualised as an abstract goal of psychology, rather a tangible problem solving strategy through which the goal of empowerment may be achieved (Rappaport, 1987).

An empowerment perspective looks to correct the discrepancies of the mental health model by focusing on the promotion of an individual sense of active personal, psychological and social control (Radebe, 2007). An intervention model that aims to uphold the value of empowerment is the social action model. It has convergences with the mental health model in that it is initially aimed at prevention, but approaches this concept in a fundamentally alternative manner (Seedat et al., 1988). The social action model has its roots in social change and a political protest perspective, and seeks to empower communities to transform adverse conditions that impact negatively on community wellbeing (Visser, 2007).

The core idea behind this model is that mainstream psychology overlooks the structural inequalities present in society, resulting in the site of pathology being located exclusively within individuals. Factors such as derisory housing, unemployment, poverty, and lack of political power are ignored (Brown in Seedat et al, 1988). The social action model looks to rectify this victim-blaming through the consideration of the make up of societies and power discrepancies. Rappaport (1981, p. 16) crystallises this notion through the simple statement that what was formerly seen as "poor functioning" can in fact be attributed to the arrangement of society and few resources that limit individual's potential. This model holds that the poor lack societal power, control or influence. The goals of a social action approach therefore are structural changes and redistribution of power and resources. This is made harder by the fact that dominant groups have vested interests in keeping inequalities in place (Seedat et al, 1988). Another constraint of the social action model is that it looks to work within the current system, not to change the overarching structural causes of psychosocial and mental health issues (Ahmed & Pretorius-Heuchert, 2001).

Ecology

One of the principles of community psychology remains to be a more critical and holistic understanding of the causes of problems. Community psychology is to understand issues as situated within a particular political, social and historical context (Orford, 1992). In the consideration of this notion, and a focus on ecological processes, it is of value to begin with a brief discussion of the work of Kurt Lewin as described by Orford (1992).

Lewin's equation B = f(P, E) highlights the importance of acknowledging that "behaviour is a function of the person, the environment, and the interaction between the two" (Orford, 1992, p. 5). In a similar vein, Bronfenbrenner (1979) viewed existing approaches as limited by the fact that they were either scientifically rigorous, or socially relevant, but never both of these simultaneously. He sought to deny that rigor and relevance were discrete categories, and advocated for the necessity of considering behaviour and development as situated within multiple systems of interaction. As such, no individual should merely be observed in one situation, without regard for settings beyond their location in their immediate setting. It was a bringing together of the experimental and the naturalistic theoretical assumptions (Bronfenbrenner, 1979). The key feature of the ecological perspective is thus that the person and the context in which they are situated are inseparable. Within an ecological mode of thinking, the world is conceptualised as a non-static entity, where all parts of the system exert mutual influence upon each other (Visser, 2007).

Utilising Bronfenbrenner's (1979) theory of the ecology of human development, the ecological model concerns itself with the interrelatedness of the individual to all levels of the system. The environment is conceptualised as a "nested arrangement of structures, each contained within the next" (Bronfenbrenner, 1979, p. 22). These interrelated systems are divided into the microsystem, mesosystem, exosystem, and macrosystem (Orford, 1992). Bronfenbrenner (1997) put forth that the microsystem is the intricate network of interactions between an individual and the immediate contexts that are in direct contact with the individual, where they hold specific roles and carry out specific activities at specific times. The concept of reciprocity is important here, where processes are viewed as bidirectional. The mesosystem is made up of interrelations between the foremost locations of the individual. It is concerned more with interactions with society at the point of social networks. The exosystem is seen as an expansion of the mesosystem, incorporating both official and unofficial social configurations that impact upon, but do not encompass the individual. The macro-level is concerned with culturally embedded archetypes, explicit and implicit, that delineate action and structures of a society at a tangible level. This theory implies that through alterations in the physical, social or relational environments, human behaviour will change as well (Orford, 1992).

Trickett (2009) argues for the value of a community-based ecological model in the struggle for community transformation, based on a number of grounds. His belief that it is beneficial that this framework recognizes that behaviour is simultaneously influenced by, and impacting upon various levels of the environment. Furthermore, without broader environmental transformation, it is difficult to support and uphold individual change. Interventions based in an ecological approach can attend to this discrepancy. Trickett (2009) also speaks of the significant role these interventions can play in the tackling of psychosocial issues like HIV or violence that impinge on various ecological levels. Multilevel courses of action increases the likelihood that these problems will be addressed, and in a manner that exceeds that of the capabilities and resources of solitary individuals or associations.

Many preventive studies have made use of an ecological model. The ecological model has been used to examine how behaviour of individuals and groups, and so preventive interventions, both impact on and are impacted by the contexts in which they are carried out (Trickett & Birman, 1989). Due to this interaction, it is imperative that a framework be used to negotiate the consideration of the site of intervention. A useful guide for implementation and evaluation of research in an ecological scaffold is the ecological metaphor as stimulated by Kelly (1987). This metaphor looks at four principles. Adaptation, which attends to the norms, structures and arrangements; cycling of resources, which pertains to the way in which resources are developed, conserved and utilized in a system; interdependence, how different subsystems interact with each other; and succession, which concerns itself with the temporal dimension of a setting (Trickett & Birman, 1989).

COMMUNITY PSYCHOLOGY IN SOUTH AFRICA

It is imperative to look briefly at the history of community psychology as it stands in South Africa. Looking at the history of community psychology allows one to observe how the social and political circumstances of the past have shaped the discipline, and also make it possible to appraise how apt the ideas created are in addressing present issues (Yen, 2007). The roots of community psychology have commonly been attributed to the 1965 Swampscott Conference in Massachusetts, USA (Ahmed & Pretorius-Heuchert,

2001). Some authors have disputed this claim, arguing the existence of non-American writings on the subject occurring as early as the 1920s (Yen, 2008). Furthermore, community psychology in non-American countries have been said to have arisen from many other sources and origins than in the USA (Fryer, 2008). However, few would argue that the Swampscott conference went a long way in the formalisation of community psychology as a field. Community psychology in the USA came about as a response to the need for more appropriate mental health services due to a swell in immigration and urbanisation, as well as socio-political factors of the time such as the struggle for civil rights and high levels of poverty and racism (Stevens, 2004).

Pretorius-Heuchert and Ahmed (2001) draw parallels between the oppression experienced in the United States of America and those in South Africa, with the exception that South Africa was characterised by greater need and repression, less resources, and fewer progressive psychologists to lead the way. In addition to this, traditional psychology remained largely silent about apartheid, at times being overtly supportive of the apartheid state and perpetuating of the status quo, particularly with regards to race (Yen, 2008). As the South African people in general became more active in confronting the apartheid government, so did academics and psychologists. It was within, and in response to, this climate of broader socio-political crisis and internal tensions within the discipline, that community psychology found its footholds in South Africa in the 1980s. Many organisations, made up of individuals who found themselves opposed to apartheid practices, were formed. Two of the most influential in the dawning of a community psychology in South Africa, were the Psychology against Apartheid (PA) assemblage and the Organisation for Appropriate Social Services in South Africa (OASSSA). These groups consisted of a vast array of professionals in the mental health and social services field, whose work included the provision of mental health services to those adversely affected by the apartheid state (Yen, 2007).

It has been observed that a more radical form of community psychology prevailed, whose aim was the transformation of societal structures. Making use of a liberatory psychology and conscientisation as proposed by Freire, theorists and professionals tackled the dismantling of apartheid configurations, resource relocation, and empowerment of the oppressed (Ngonyama ka Sigogo et. al., 2004). As such,

community psychology in South Africa was characterised by being profoundly political; aspiring to alter professional psychology's theory and practice, and rectify past imbalances through the training of more black psychologists and psychologists suitable for the highly diverse South African milieu (Duncan, Van Niekerk, De la Rey & Seedat, 2001).

The period following apartheid has seen greater utilisation of community psychology ideals in the formulation and implementation of research and activity, from both governmental and non-governmental sectors (Yen, 2007). Community psychologists have found themselves working in alliance with state structures, which has led to a need to reconceptualise their roles as agents of change (Ngonyama ka Sigogo et al., 2004). Post-apartheid community psychology has grown as a field of academia, and has become a part of both professional study and practice. Concerns have been raised however, that the strength of South African community psychology as an academic field has not been complemented by strong developments in practice (Bhana, Petersen & Rochat, 2007). By setting up community psychology as a distinct branch of psychology, mainstream psychology has been allowed to remain focused on traditional individualistic problems and methods (Ngonyama ka Sigogo et al., 2004).

Despite the recognition of the need for interventions that take the broader context into account and that are more appropriate to the larger population of South Africa (as opposed to merely the privileged few), a relatively low number of individuals in need of psychological assistance seek it out. This may be a result of a lack of adequate services in specific areas, limited numbers of black psychologists, language disparities, as well as social norms and stigmas (Pretorius-Heuchert & Ahmed, 2001). This is indicative of the steps still need to be taken in a community psychology that addresses the needs of South African society.

HIV, MARGINALISED GROUPS AND THE AGENDA OF COMMUNITY PSYCHOLOGY

Dawes (1985) held that the legacy of geographic and socio-economic segregation according to race as enforced by the apartheid system, created and maintained conditions that are not conducive to the psychological wellbeing of most South Africans, the black

and lower economic populations in particular. He included poverty, interpersonal violence, and high levels of poor health amongst these conditions. It is important that these issues are highlighted because HIV as a disease is linked not only to behaviour, but is also indelibly influenced by social and political contexts, a trend that is becoming more evident in developing nations like South Africa (Lindegger & Wood, 1995).

Campbell (2006) highlights that even prior to the apartheid regime, the exploitive deeds of the colonial powers in Africa created a situation where HIV might thrive. Barnett and Whiteside (2002) examine how imbalanced power relations between rich and poor countries, as well as a history of disruption, have aggravated and shaped both global and local inequalities that serve to perpetuate the pandemic. Ahmed and Pretorius-Heuchert (2001) identify that the three foremost categories of inequalities in South Africa are class, race and gender.

People who belong to marginalised or minority groups are often the hardest hit by HIV (Wood, Whittet & Bradbeer, 1997). Webb (2004, p 24) goes further in saying that "AIDS is a condition of the marginalised, feeding off discrimination and inequality". Marginalisation speaks to certain groups of people who have been shunted to the periphery of society. They are denied any social or political power within their lives and society, and are restricted in their access to resources that are generally more readily available to those in mainstream society (Langa, 2007). Others suggest that marginalisation "undermines the essence of humanity" as it is through associations with others that people become who they are (Kagan & Burton, 2005, p 300).

Rappaport (1981) emphasises community psychology's commitment to the marginalised, how making their voices heard is the foundation of empowerment. Lamptey (2002) draws attention to the vulnerability of marginalised groups, such as youth and women with regards to HIV infection. Factors such as poverty and lack of jobs, unequal power relations between men and women, cultural and traditional practices, as well as deficits in information and access to healthcare all increase the risks the above mentioned groups face. Also attributing to female risk of HIV infection is their innate biological susceptibility to the disease, resulting in the observed elevated numbers in HIV positive women in comparison to men (Wingood & DiClemente, 2000). Van der Walt et al. (2007) refer to these as contextual enablers of HIV, which aid in the increase of HIV

infection, thwart the use of knowledge about HIV to prevent HIV infection, and affect the ability of those who are HIV positive to gain access to the support and resources necessary to live productive lives.

Visser (2007a) speaks about the role the field of psychology should play in the quest to lower HIV infection rates. Visser's (2007a) argument focuses on the psychological and economic consequences HIV can have on those infected, their loved ones, and their communities; the stigmatisation and prejudice those who are HIV positive often face; and the need for community development, educational and behavioural strategies to be put into place. Community psychology's commitment to the socially marginalised and inequalities found in society puts it in a constructive position to play a key transformative role in the HIV situation both in a local and global sense (Kagan & Burton, 2005). Considering the extent of the repercussions HIV has on multiple community levels – political, economic, cultural and personal – also makes it a palpable issue for the agenda of community psychology (Visser, 2007a).

INTERNATIONAL AND LOCAL RESPONSES OF COMMUNITY PSYCHOLOGY TO HIV

A central focus in the present study is to establish what has been the response of community psychology to HIV evident in published work over the past two decades. Hobfall (1998) reflects on the fact that community psychology internationally showed a delayed interest to the issue of HIV. Hobfall (1998) argues that many of the principles inherent to community psychology are related to HIV prevention, such as a focus on prevention, empowerment, a recognition of power in relationships (women – men, majority-minority), social support, and an interest in issues such as multiculturalism and homosexuality. Hobfall (1998) hypothesised that one of the reasons for international community psychology's slow response to the HIV crisis was the earlier attempts of community psychology to make itself distinct from health psychology. HIV may have been perceived as a more health related issue at the time, and so would have fallen into the realm of traditional health psychology. Another reason may have been the trepidation felt by society at large regarding talking candidly about sexual matters, especially those relating to already stigmatised homosexual issues (Hobfall, 1998).

According to Perkel, Strebel and Joubert (1991) the same was true in South Africa. The fact that the first appearance of HIV in a South African publication only occurred in a special issue of the SAJP in 1995, over a decade after the first HIV case was reported, gives evidence of this discrepancy (Richter & Dawes, 2008). In South Africa, reasons for delayed attention to HIV have a more political flavour. HIV is a complex and devastating disease of its own accord, but the political climate in which the disease first became apparent made it incrementally more difficult for it to be adequately dealt with (Van der Vliet, 2001). Van der Walt, Franchi and Stevens (2003) express how at around the same time HIV was first coming to the forefront of international public attention in the 1980s, the Apartheid government was preoccupied with trying to retain their power against those who opposed Apartheid. Amidst this political tension, many black activists were suspicious of the AIDS outcry, believing it to be a government lie. AIDS was said at the time to stand for "Afrikaner Intervention to Deprive Us of Sex" (Van der Vliet, 2001, p. 155). Post-1994, HIV was still not made a priority, as many other issues such as poverty alleviation, social justice, nation building, as well as land, economic, and infrastructure reform were seen by the post-Apartheid government to be of a more immediate nature (van der Walt, et al., 2004). Work was also at this time being done on HIV by international and local non-governmental organisations, involving few South African psychologists involved in those organisations (Green, Zokwe & Dupree, 1995).

Another chief reason for the belated consideration of HIV in South Africa relates to the focus of community psychology at the time being on issues of violence, substance abuse, trauma and issues relating to the development of children (Yen, 2008). Violence in particular has been a priority of much of the research in the past. Stevens, Seedat, Swart and van der Walt (2003), postulate that violence and its prevention have played an integral role in the social formation of South African psychology. Prior to the end of Apartheid, a time characterised by political turmoil, politically motivated violence was prominent, particularly against the black majority (Ebarin, Richter & de Wet, 2001). The Truth and Reconciliation Commission (TRC) came about in the mid to late 1990s as a forum for those whose rights had been violated during the Apartheid era, so that they might be given voice. It was hoped that this would break the silence surrounding human rights

violations would act to €heal the nation by providing therapy for a traumatised national psyche• (Wilson, 2001, p. xix).

The situation was not to improve in later post-Apartheid years, when the prevailing medical understanding of the link between HIV and AIDS was faced with fierce denunciation from the South African government. In 2000, then President Thabo Mbeki, addressed the International AIDS Conference in a controversial speech that dismissed HIV as the cause of AIDS, whilst questioning the extent of HIV infection rates as well as the effectiveness and safety of anti-retroviral drugs (Mbali, 2003). Another event that typified the South African government•s ambiguous commitment to the issue of HIV occurred during former deputy president Jacob Zuma•s 2006 rape trial. Zuma stated that he took a shower following sex with a woman he knew to be HIV positive, in order to minimise HIV risk (Epstein, 2008). Incidents like these had a significant impact on national AIDS policy-making, the response of state to the issue of HIV, and public awareness and perceptions of HIV. It was only in late 2007, after criticism from multiple bodies, that the government revealed the national strategic plan. The plan•s goal being to decrease the HIV infection rate, and increase the provision of ART treatment over the time frame 2007-2011 (Nattrass, 2008).

These silences around HIV at such critical periods of the development of the disease, as result of both political agendas and a focus on other psychosocial problems (such as human rights abuses covered by the TRC), as well as the many contextual enablers already discussed, created ideal conditions for HIV to develop and flourish.

THE POLITICS OF PRODUCING KNOWLEDGE

This study is concerned with articles published in the JCP, AJCP, JCASP, and the SAJP over a particular period of time, in order to gain a sense of trends in HIV research in a community psychology framework and what implications this may have for the socially marginalised. This research is based on the assumption that knowledge generated through published work is not neutral, but rather functions as a way in which ideologies and power hierarchies are reproduced and maintained. Foucault (1986, p. 120) asks the question €What difference does it make who is speaking?• In making this query, Foucault (1986) wishes to stress the point, that it certainly does matter who is writing. He

illustrates that no text is passive, and that in writing, authors are not merely producing or writing their own works. In fact, €they have produced something else: the possibilities and the rules for the formation of other texts• (Foucault, 1986, p. 114). As such, authors may be seen as both creating and limiting future possibilities of what may be produced. In addition to this, questions of what gets published within academic journals is decided upon by journal editors, reviewers and boards of advisors. These individuals decide upon the topics and kind of research that is included. As such, trends observed do not occur passively, but are intimately linked with policy and politics (Canagarajah, 2004)

According to Seedat (2001), this becomes problematic when the majority of knowledge that is being produced is being done so by groups that had previously been over-represented due to systems such as Apartheid. Within South Africa this meant that the majority of authors whose ideas and worldviews were being heard were white males, to the exclusion of other social groups (Seedat, 2001). When considering who authors articles, it is also imperative to consider what they write about, and what approaches they use to understand the world. Power operates through the characteristics and values of the authors, and how research and essentially social problems are conceptualised and constructed.Despite community psychology•s focus on power differentials and the impact this has on the wellbeing of communities and individuals, power is often not central to work conducted in this field. Rather, often due to the scientist-practitioner training models, research methods that fundamentally seek out universal truths and focus on internal processes of individuals as well as value-free empirical methods are deferred to (Fisher, Sonn & Evans, 2007). This approach to research is said to exclude analyses of power, or ignore the role power plays within societies, ultimately reinforcing the status quo (Fisher et al., 2007). Post-structuralist understandings become important here, as power is perceived as being produced through ideologies and discourses that intercede amid individuals and social systems. Within this view, it is imperative that methods €expose power implicit in ideologies and to make visible who benefits and who loses out• (Fisher et al., 2007). Ife (2002) states that this indicates the necessity for socially marginalised groups to be involved in discourses of power and the understanding, scrutiny, and deconstruction of these discourses.

Mama (2000) looks to explain overt patterns that exist regarding whose voices are and are not heard in academic publications. These range from large-scale political factors, to those that relate to lived experiences of the most disadvantaged groups of society. In fact it has been hypothesised that there are few places that disparities in society are more evident than those reflected in publications (Duncan et al., 2004). According to Mama (2000), groups that are found to be underrepresented in academic literature are most often found to be those that are marginalised within society, particularly in relation to race, language and gender. With specific attention to the political nature of scientific knowledge in HIV, questions regarding who decides which knowledge is important, and who is eligible to construct and defend certain knowledge, are pertinent (Epstein, 1998). This argument clearly indicates that it is important who writes, but at the same token, it is also important to acknowledge who is being written about or studied. By not recognising the plight of marginalised groups of people, who are often the hardest hit by HIV, their place in society is validated and maintained. In this manner, it can be said that published work reproduces and maintains categories of marginalisation, and implicitly supports social inequalities.

This has repercussions on learning that occurs within community psychology training programmes. Although higher education has become a mass system where great numbers of students are taught according to their fields of interest, the trend in tertiary education has become skewed towards research. In fact, rather than being geared towards training young professional specifically, the predominant product of universities is knowledge in the form of research. As those communities that constitute academia are principally communities that interact and relate through text, the implications of academic publications for the practice of these communities, is immense (Canagarajah, 2004). This serves to further highlight the importance of the kind of study reported here.

TREND ANALYSIS STUDIES: A REVIEW

According to Loo, Fong and Iwamasa (1988), the quantity of articles published regarding certain subjects or themes is indicative of the value placed on these areas by a discipline, and that much can be understood from a probe of these trends over time. Numerous trend analysis studies have been conducted in the past, for multiple reasons and in a variety of

settings. A brief consideration of these studies not only draws attention to the merits of trend analysis as a method, but also to what topics have been looked at in what contexts.

International Trend Analysis Studies

Lounsbury, Cook, Leader, Rubeiz and Meares, (1979) carried out a content analysis of a systematic random sample of articles published in two community psychology journals, the JCP and the AJCP over the period 1973 to 1977. The aim of this study was to gain an understanding of where community psychology has been and what had been its areas of interest, in an attempt to ascertain what differentiates community psychology from clinical psychology and areas such as social work and public health. The articles were examined with respect to the topic area the article represented, the purpose it served, the subject characteristics, and the variables analysed (Lounsbury et al., 1979). Research conducted on the extent to which community psychology has dedicated itself to one of the undertakings it espoused in its early days (namely a commitment to the advancement of cultural relativity and diversity) also made use of content analyses of the JCP, the AJCP, and the Community Mental Health Journal (CMHJ). This study explicated the number and proportion of published articles by cultural content, and devising a coding system that allowed for trends in the ethnic breakdown of the articles to emerge both as a total, and by year (Loo et al., 1983). The results of this study indicated that whilst studies focusing on ethnic minorities did increase in the period under review, the number of these articles remained relatively low (Loo et al., 1983).

Internationally a recent study was that conducted by Martin, Lounsbury and Davidson (2004), which looked at comparing three epistemological frameworks (social action, human diversity, person-environment fit), author affiliation and sample characteristics, and method trends of community psychology in the AJCP over the time frame 1993-1998, to two previous studies done by Lounsbury, Leader, Meares and Cook (1980), and Speer et al. (1992). The main aim of this study was to uncover trends that would speak to the extent to which the AJCP is working toward the goal of improving life for individuals within the community. Other trend analysis studies that have looked to the way in which community psychology has responded to values and causes it originally committed itself to as a field, include one study that looked to gauge the presence of

certain minority groups such as Latinos and Latinas in community psychology literature (Bernal & Enchautegui-de-Jesus, 1994) and another study that focused on gender consciousness (Angelique & Culley, 2003). Bernal and Enchautegui-de-Jesus (1994) were concerned with investigating the presence of Latinos and Latinas in community psychology articles published in the AJCP and the JCP from 1973-1992. This study posited that this minority group remains a silent group within the United States, and engaged with empowerment theory in relation to this group. Articles were coded according to whether they consisted of ethnic minority content, or whether the minority group in question was a part of the sample. Authors' surnames were also of interest in this study, with Spanish surnames being used for coding purposes. It was found that not as much interest in this minority group was found, as would be expected. Many of the articles were found to make use of empowerment and ecological approaches, which the authors found to be encouraging (Bernal & Enchautegui-de-Jesus, 1994). The study conducted by Angelique and Culley (2003) surveyed the AJCP and the JCP for articles with feminist content, particularly with regards to gender consciousness and intersecting identities, from 1973 to 2000. Making use of a theme generated search, the authors speculated that community psychology is shifting towards a feminist stance.

These studies provide much insight into what has been done previously. It can be seen that research that attempts to ascertain whether community psychology has lived up to its original ideals and values has been rife, particularly those that make use of trend analysis to gain a sense of these dimensions. Trend analyses that sought to illuminate social issues that relate to marginalisation have also been observed, as seen by those mentioned above that sought out the presence of the Latino community group and issues of gender respectively. A study addressing method and topic trends within the JCP conducted by Graham and Ismail (in press) showed that articles relating to 'sexual outcomes and HIV' only accounted for 4.1% of articles published between 2003 and 2007. This highlights the lack of research conducted within this topic area by those situated in community psychology.

Trend Analyses in South Africa

Studies of this nature can also be found in South Africa. One such study is that of Duncan et. al. (2004), who looked at authorship trends in the South African Journal of Psychology (SAJP) between 1994 and 2003. Through their examination of author characteristics, the authors were able to draw conclusions about inequalities that exist in the academic realm, that mirror marginalisation processes present in society at large. Another local study made use of publication trends to review the extent to which articles published in the SAJP and Psychology in Society (PINS) reflected the ideals of early South African community psychology after 1994 (Seedat et al., 2004). This was done through a content analysis of the aforementioned journals, with special interest in the authorship characteristics, nature of the articles, subject characteristics, and content categories. Whilst it was found that community psychology is a field with much to offer those who seek emancipatory psychological practice, one aspect of the results was that there was a relatively small representation of issues concerned with gender and race, indicating a persistent silence in these regards (Seedat et al., 2004). In a further study, Stevens (2003) utilised publication trends, gleaned from articles appearing in the SAJP over a ten year period, to explore how constructions of "race" altered over time in accordance with changes in political, social and economic contexts. The last study to be reviewed centred on female authorship in post-apartheid South Africa as analysed through trends analysis of the SAJP (Shefer, Tshabalala & Townsend, 2004). This study allowed the authors to explore not only the place of women in society as related to knowledge production, but also the maintained status of black women authors as marginalised.

Research of this type shows the importance of journal-based trend analysis, and the inferences about larger structures that can be made from them. As can be seen from the above studies, trend analyses can allow unheard voices and underrepresented groups to become apparent. Earlier studies of this nature can also be telling through the choice of topics. The above South African studies all form part of a critical examination of trends in psychology in the period after apartheid. As can be seen focus rests on issues of inclusion, such as race and gender. This is significant, as it shows where South Africa's research priorities have been post-apartheid, and is perhaps indicative of the lack of emphasis on HIV. From the above it can be seen that trend analysis has been proved to be

a powerful tool in the illumination of how certain constructs have been researched and viewed over time, and has shone light over the consideration of marginalised groups within published work.

CONCLUSION

This chapter has presented a review of the literature that pertains to the current study. Discussions around community psychology; its values, principles and primary epistemological frameworks have been presented. In addition to this, community psychology has been linked to the field of HIV research, as well as the goodness of fit of this field in the consideration of HIV and the plight of marginalised people. Community psychology's response to HIV, both in an international and local setting, has been expanded upon. A comprehensive look at trend analysis studies that have been conducted previously have been expanded upon, and the topics, methods, and theoretical studies attempted to address have been presented. With these studies in mind, the rationale for carrying out the present study was strengthened, with gaps in the research having been illuminated. This chapter has provided context for the current study, and has served as a foundational source for the study at hand. All of this has been spoken about in relation to an empowerment perspective, as well as the link between power and the process of knowledge production. This chapter has allowed the research questions and the methods utilised to answer them, presented in the following chapter, to arise.

CHAPTER THREE: METHOD

INTRODUCTION

The preceding chapter presented an exploration of the extant literature pertaining to the current study. This chapter begins by presenting the research questions that have been seen to arise from the literature, and have consequently formed the aims and focus of this study. Following this is a comprehensive description of the research design and the methods that were used in the answering of these questions.

RESEARCH QUESTIONS

The following research questions informed the present study:

1. How has community psychology researched HIV in published work over the past 20 years?
    1.1. What are the broad theoretical trends in international and South African community psychology HIV research published between 1990 and 2009?
    1.2. What are the broad methodological trends in international and South African community psychology HIV research published between 1990 and 2009?
    1.3. How do the theoretical and methodological trends observed in international and local community psychology HIV research published between 1990 and 2009 differ?

2. In what ways are marginalised groups a priority of published community psychology-based HIV research?

RESEARCH DESIGN

This research is located within the critical research paradigm. The critical paradigm seeks to go beyond what is overt and visible to expose falsities and underlying structures that serve to constrain and restrict people (Neuman, 1994). It seeks not only to understand phenomena, but to also be an instrument of empowerment (Fossey, Harvey, McDermott

& Davidson, 2002). The rationale behind critical research is a desire to expose concealed truths, help the disempowered become empowered and make the world better for themselves through the identification of the subjugating forces present in society (Bhana & Kanjee, 2001). Guba and Lincoln (1994) go on to describe the critical stances view of the world as being context bound. Knowledge is moulded by social, cultural, political and economic context. It can be seen that the above criteria of seeing the individual as part of their context, looking to expose hidden truths, and a desire for empowerment are fully aligned with empowerment theory. As such, the paradigm and theory utilised in this study are seen as compatible. This study takes a critical position in that it seeks to empower individuals in society through the exposure of power imbalances between marginalised and dominant groups in society with regards to who is or is not being represented in community psychology HIV research. This study proposes to achieve this aim through a broad trend analysis, looking at the epistemological and method trends of HIV research that makes use of a community psychology theoretical framework, published internationally and in South Africa over the past twenty years.

Another feature of critical theory is that quantitative and qualitative research are not viewed as irreconcilable polar opposites (Morrow, 1994). This is an important consideration, as this study will have aspects of both quantitative and qualitative research. Much debate has engaged with the question of combining qualitative and quantitative methods in the same study. One criticism is that the underlying philosophical assumptions of the two approaches cannot be resolved, and are inherently discordant (Bryman, 2008). Johnson and Onwuegbuzie (2004, p. 15) substantiate the use of perceived contrasting paradigmatic stances through the "logic of justification". These authors speak of how disparities between epistemological underpinnings, such as divergence in understandings about the logic of justification, should not limit the researcher to methods of data collection that are classically used in either quantitative or qualitative research respectively (Johnson & Onwuegbuzie, 2004). Through being based in a critical paradigm, this study will be able to examine the trends found within the published HIV research that supposes a community psychology focus, with the aim to critique knowledge production processes and power asymmetries as they relate to the socially marginalised.

DATA SET

The data for this study takes the form of titles and abstracts of published articles highlighted asusing a community psychology framework relating to HIV research internationally and in South Africa over the time period 1990 to 2009. Editorials, book reviews and replies to other articles have been included, as well as introductory articles introducing special editions. Errata, memorials and the like will however were excluded from the study. The published articles came from four major peer-reviewed publications; the South African Journal of Psychology (SAJP), the American Journal of Community Psychology (AJCP), the Journal of Community Psychology (JCP), and the Journal of Community and Applied Social Psychology (JCASP).

The SAJP has been noted as being the main journal of psychology in South Africa, with the largest distribution numbers and regular contributions throughout the year (Duncan et al., 2004). The SAJP has been the source of many trend analysis studies based within a community psychology framework, and has been viewed as worthy of investigations of this nature in the past (e.g. Duncan et al., 2004; Seedat et al., 2004). The AJCP is the official journal of the division of community psychology within the American Psychological Association (APA), and constitutes qualitative and quantitative research emphasise interventions, methods and experiences of social issues in the context of community psychology. The JCP has similar foci to the AJCP, but is an international journal in that its scope extends outside the confines of the United States. And lastly, the JCASP is also an international journal and was formerly known as Social Behaviour: An international journal of applied social psychology. This journal focuses on critical understandings of issues concerning the community as they relate to intervention and social policy (Stephenson & Orford, 1991). It was deemed necessary to include all four journals in this study to have an adequate sample size of research recounting HIV research from a community psychology perspective both internationally and in South Africa. As such, not only was it thought that the articles within these publications would provide typical reflections of trends in international and South African HIV community psychology research, but they also provided ample articles to analyse, thus increasing the legitimacy of the current study. The search resulted in 29 articles being highlighted for analysis from the SAJP, 40 from the JCP, 44 from the AJCP, and 29 from the JCASP.

This tallied the sample size to 138, which was deemed large enough for the researcher to be able to observe the trends set out in the research questions.

PROCEDURE

As this study does not make use of a human sample, the ethical considerations regarding the use of the selected data set for the study were minimal, and permission was not needed to access the data set. The data was accessed electronically via the University of the Witwatersrand library, and made use of the EBSCO Host search database. An initial automated search was conducted on SAJP, AJCP, JCP and the JCASP for the time frame specified, at the level of abstracts, using keywords "HIV" and "AIDS", "COMMUNITY", and "COMMUNITY PSYCHOLOGY". The researcher then chose to manually search the article titles in order to determine whether there were other articles that should be considered for inclusion in the study that may have been overlooked in the automatic search. The articles deemed suitable for use in the study were then kept for further analysis.

Once the articles to be analysed were selected, codes were generated with the study's research questions in mind. This deductive coding method made use of categories defined and utilised by trend analysis studies that had gone before such. As such, the abstracts were coded for article type, methodological approach, whether the article was international or not, the primary method and setting of data collection, characteristics of the sample, as well as the data analysis and theory utilised. The researcher did move the search into the body of the article if there was any confusion about how a particular variable should be coded, and clarification of any of the above was needed. An in-depth and comprehensive description of the coding process and the coding categories decided upon can be found in the results chapter of this report. Following the qualitative coding of the abstracts into the specified theoretical and methodological categories, codes were assigned numerical values and descriptive statistical analyses were utilised to allow the researcher to critically engage with the findings.

CODING

The abstracts that were set aside for analysis were assembled, provided with an identity code for efficient identification, and coded manually. As proposed by Krippendorf (2004, p 99), coding units are "units that are distinguished for separate description, transcription, recording, or coding". Coding was performed both in an inductive and deductive manner. Inductive coding strategies involve codes being drawn out of the data as they emerge, whilst deductive coding strategies involves the creation of coding schemes prior to the researcher becoming immersed in the data (Joffe & Yardley, 2004). Bauer (2000) however cautions that a code or theme derived from data will never be solely inductive or data driven because of the researcher's understanding, interpretation, and preconceptions.

Inductive coding processes were employed in the consideration of i) special features of the sample participants, and ii) topic trends found within HIV related community research published in the four journals specified. Accordingly, no coding categories with regards to topics were determined prior to the examination of the abstracts, and topics were generated from the data. On the other hand, deductive coding was utilised in the search for trends relating to i) the article type, ii) the methodological approach, iii) the primary method, iv) the setting of data collection, v) the characteristics of the sample, vi) the data analysis, vii) the theory subscribed to, and viii) whether an article was international or local. The detailed coding process, both deductive and inductive, has been further elaborated on in the results chapter to follow

DATA ANALYSIS

This study made use of a multi-method approach, with the data analysis having elements of both qualitative and quantitative research. Another study that made use of both quantitative and qualitative approaches was that of analysis alluded to earlier conducted by Bernal and Enchautegui-de-Jesus (1994) on Latinos and Latinas in community psychology. Within this study, a quantitative approach in the form of content analysis was used to code articles from the JCP and AJCP according to their ethnic minority content. The qualitative aspect of the study came in when an assessment of the emerging themes and topics of the articles found to have content on Latinos and Latinas, was embarked upon. Within the present study, a similar approach was employed. The

predominant method used was content analysis. As thematic content analysis allowed for themes to arise in a qualitative matter; and more quantitatively geared content analysis was used to discover the incidence and trends of themes, with implications for the significance of the observed trends. Content analysis, according to Krippendorf (2004), has a long history, is possibly the most important research strategy in the social sciences, and has been found to be in use within fields as diverse as linguistics, history and education. Over the many years since its inception, numerous definitions of content analysis have been put forward. One of the early definitions was put forth by Berelson (1958, pp. 15), who described content analysis as a research technique for the objective, systematic, and quantitative description of the manifest content of communication.

Problems with Berelson•s (1958) definition, for the purposes of this research, are the claim of objectivity and the reliance on purist quantitative methods. It is noted that within this study, the researcher•s interpretation of certain codes and their meanings will come into play. Therefore, a more functional definition would be that suggested by Weber (1990), who defines content analysis as a systematic method that uses coding to condense texts into smaller, more manageable and significant groups of data. Holsti (1969) has put forth several functions of content analysis. These include the ability to describe patent characteristics of a text or communication (what is being said about who, how it is being said, and for what reason), looking at what the outcomes or consequences of the communication, as well as trends and patterns in data sets. Content analysis is a potent tool in the quest for data reduction (Stemler, 2001). Due to the ability of content analysis to reduce data and observe trends within data, it was clear therefore that content analysis had obvious merit for this study. The qualitative and quantitative aspects of this study have been further elucidated below.

Qualitative Data Analysis

As indicated above, qualitative and quantitative methods were used in tandem, in order to address different aspects of the research questions that arose from a consideration of the literature. Qualitative analysis took the form of a thematic content analysis. Thematic content analysis can be used as a way of seeing, making sense and analysing information, and systematically observing individuals, groups or society (Boyatzis, 1998). Thematic

analysis emphasises the creation of categories consisting of text that is found to have similar meanings that arise from the data itself rather than from prior theory (Fossey et al., 2002). Analysis of this type allows for themes in data to be acknowledged, taken into consideration, and then recounted. This allows data to be organised so that patterns are easily apparent, and allows data to retain its richness and depth (Braun & Clarke, 2006). The use of this method was employed in the coding of article topics and with regards to the special features of the sample participants. These categories were not able to be predetermined, as it was uncertain what would surface from within the data. Rather, an inductive process was used to bring about expansive categories that were subsequently refined. This process is characteristic of this approach.

Thematic analysis encompasses a continuous comparative approach, where a process of categorising, clarifying, assembling and refining takes place until themes are derived (Fossey et al., 2002). This method was also utilised in the consideration of the cross-tabulations carried out on the coded data. As the sample size was relatively small, few of the chi-square analyses studies showed great significance. Qualitative analysis was therefore used to describe the palpable patterns and trends that emerged from these cross tabulations that appeared to have qualitative value.

Quantitative Data Analysis

A quantitative content analysis was used in the collating of the resulting data once all the articles within the dataset had been coded according to. Quantitative content analysis has been defined as "the systematic assignment of communication content to categories according to rules, and the analysis of relationships involving those categories using statistical methods" (Riffe, Lacy, Fico, & Fico, 2005, p. 24). As such, this method was used to analyse and illuminate typical patterns and features according to the content groupings surveyed, once the data had been coded qualitatively. This method was used to generate frequencies of coded categories, and ultimately revealed the trends within the data. Once descriptive statistics had been compiled of the data, these have been reported within the data. One way frequencies were used to gain counts for single response variables such as year; international author or sample; special issue; publication type; publication approach; primary method; gender, age, level of education and employment

status of the sample; and theory utilised. For the categories where numerous responses were coded, multiple response frequencies were conducted. Categories that had several possible responses were marginalised groups; setting; ethnicity; special features of the sample; and the type of analysis. These frequencies were run using the Statistical Package for the Social Sciences (SPSS), and the findings presented in the results chapter to follow.

ISSUES OF RELIABILITY AND VALIDITY

Neuendorf (2002) posits that reliability is of the utmost importance in content analysis, as this type of analysis is concerned with recognising comparatively objective or inter-subjective features of data. To ensure reliability in this study, data checking and independent coding by the research supervisor was executed. Through the process of having an external individual coding a random sub-sample of the data, inter-coder reliability is garnered. This provides corroboration for the coding system chosen. Whilst level of subjectivity is expected, the highest possible level of reliability is desired, and so should large discrepancies exist, it may be necessary to improve coding categories or processes (Rourke, Anderson, Garrison & Archer, 2001). This study made use of two coders in order to determine inter-coder reliability. The articles that constituted the dataset were first coded by the author. Subsequent to this, the author's supervisor coded 15% of the total dataset, and these resulting codes were compared. The manner in which articles would be coded was discussed by the coders prior to the coding process began, and discussions around divergent understandings were clarified. The ensuing reliability value was found to be 98.5% agreement overall.

Validity is "that quality of research results that leads us to accept them as true, as speaking about the real world of people, phenomena, events, experiences, and actions" (Krippendorff, 2004, p. 313). This study aimed to achieve a level of high construct validity, where there is support for the link between the category selected, and the concept which is aims to depict. As such, there is congruence between the data and theoretical constructs (Weber, 1990). This research also attempts to maintain face validity, as it has sought to ensure that the research findings appear to make sense and appear truthful. In addition to the researcher's scrutiny, the researcher's judgments were continually and independently checked against those made by the supervisor.

SELF REFLEXIVITY

Research is considered to be inherently indivisible from the subjectivity of the researcher. Characteristics of the researcher affect formulation, analysis and findings of research (Finlay, 2003). The critical paradigm perceives no theory as neutral because people are socially located, thus knowledge is impacted by the worldview and agenda of the researcher (Bhana & Kanjee, 2001). Bhana and Kanjee (2001) go on to say that this subjectivity is not a fault, as the aim of critical research is to contemporise social issues in the community. This position therefore expects those conducting this type of research to advance particular arguments. It should also be noted that the adoption of certain theories speaks to the way in which a researcher views the world (Kuhn, 1970). As such, my choice to situate myself within a critical framework and to make use of empowerment theory, relates directly to my worldview.

It is thus acknowledged that as a researcher I am entering this study with a specific agenda, that being to critically comment on the state of previous HIV research, which groups are the focus of study, and what the implications of this may be. However, it is also important to recognise that I am located within a particular historical position of power through being a white, well-educated, middle class, English-speaking woman. As such, my beliefs about the importance of social justice and social change, the impacts of power, and ideas the structure of society and about helping those who are marginalised may impact upon this study. At the same time, coming from a historically privileged position, it is important to recognise that my worldview may not be shared by the groups that I am interested in. Within a similar vein, the question of whether or not I, as one speaking from my particular location within a system of power, have the right to engage with issues of marginalisation both internationally and in a local setting.

Eagle (2005) speaks of how her white English South African identity impacts upon both the influence she may have on the topic of culture in South Africa, as well as the reception her contribution will receive. Dawes (1985) acknowledges this tension, but states that this should not repudiate the additions made by such voices, as it does not intend to negate or replace experiences of black South Africans. It is his understanding that as an academic in South Africa, it is essential that these issues are tackled, and their

repercussions for psychology explored. Similarly, within the current study, the experiences and worldviews of marginalised groups as addressed in the study are not intended to be overlooked, nor subsumed by my own notions and ideals. Throughout this research process, I have attempted to be aware of my own ideological commitments, and have been open and transparent about my own process as much as possible.

ETHICAL CONSIDERATIONS

The nature and stigmatisation of HIV makes it a particularly difficult subject in terms of ethical considerations. As this study deals with textual data in the form of journal articles however, and does not make use of human subjects to make up a sample, the foreseeable ethical problems that would pose harm to those suffering with the disease, are few. On the other hand, Neuman (1994) states that even though the people about whom inferences are being made are not expressly involved in a study, there are still ethical issues to consider. Amongst these are the confidentiality and privacy of using data collected by another researcher, as well as the theoretical and value assumptions that determine what data is appropriate for the study, and what categories guide this choice.

It is important to note therefore that this study will convert textual data into data of a more quantitative nature as part of the thematic analysis, and so no references will be made to individuals or individual studies in particular. As stated above, the researcher acknowledges that subscription to certain social and political values will influence the decisions made regarding what is considered important within this study. In addition, as this critical work will in essence be a critique of HIV research, and so other researchers' work, there is also inherently a value judgement involved. As such, a level of self awareness and reflexivity is crucial. As an additional precaution, the researcher will confer with a supervisor within the Psychology Department in an attempt to enhance the study's legitimacy.

Sixsmith and Murray (2001) suggest that another important ethical issue is that of interpretation. As the researcher made use of titles and abstracts of journal articles, and not the full text, there is the fear of misinterpretation. Steps were taken to ensure that this would not be an issue. The researcher only included journal abstracts into the data set if

access to the full text article was possible, so that the researcher could move into the body of the article were clarification and confirmation necessary.

CONCLUSION

This chapter has presented the research questions under investigation, and sought to provide an account of the research methods made use of by this study in answering of these questions. An indication of the research design that this study located itself in and the reasons why this approach was deemed the most suitable for this study were offered up. A concise yet inclusive discussion of the research procedure, a description of the dataset, the coding process and data analysis carried out was illuminated. Reliability and validity of the study was deliberated, with a consideration of ethical implications of this study following. Lastly, this chapter indulged in a discussion regarding issues of self reflexivity felt necessary to acknowledge within the conducting of this research.

CHAPTER FOUR: PRESENTATION OF FINDINGS

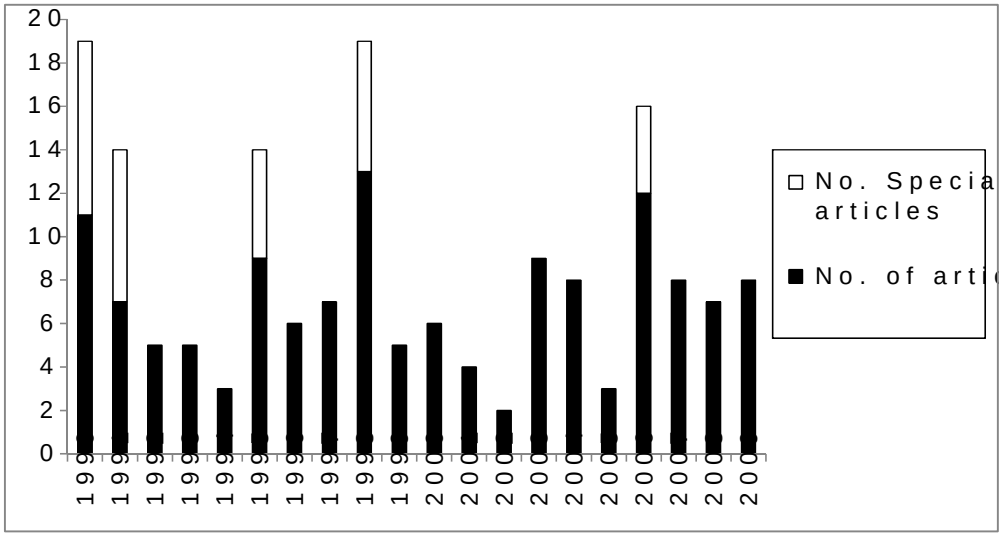
INTRODUCTION

The findings presented within the body of this chapter were gained using the methods described in the previous chapter. The chapter begins with a description of the sample used within this study. Results obtained from one-way frequencies and, where applicable, multiple response frequencies have then been put forth. Results have then also been engaged with in a more qualitative manner.

DESCRIPTION OF THE DATA SET

The abstracts that were included within this sample ranged from the beginning of the year 1990 to the end of 2009, and came from JCP, AJCP, JCASP, and the SAJP (N=138). The contribution of each journal to this total is as follows: JCP 29.0% (n=40), AJCP 31.9% (n=44), JCASP 18.1% (n=25), and SAJP 21.0% (n=29) The abstracts that make up the data set are systematically depicted in Graph 1, according to the number of abstracts included per year.

Graph 1: Description of Data Set: Total articles and number of articles made up by special issues per year



The results indicate that articles regarding HIV within a community psychology framework have been consistently published across the 4 journals that make up the data set. The most articles regarding HIV were published in the year 1998 (9.4%), followed by 2006 (8.7%) and then 1990 (8%), which was the first year in which HIV articles appeared in any of the journals being examined. The year with the fewest articles was 2002, with 11 articles difference between this year and the year with the most HIV articles published, 1998. The results depict a fluctuation in the number of articles regarding HIV being published annually across the 4 journals. The greatest increase can be seen between 2005 and 2006, where 9 more articles of this nature were published in the previous year. The largest decrease in HIV articles can be seen from the year 1998 to the year 1999, with a difference of 8 articles published. Of the articles published that address issues relating to HIV, 21% of them were from specials issues. It can be seen that most of the special issues dedicated to HIV were published in the 1990s, as seen in Table 1, with only the SAJP publishing a special edition with an HIV focus in the 2000s, in 2006. This hints at the notion that HIV has perhaps remained more of a special interest in the South African context than within an international one.

Table 1: Special Issues Dealing with the Topic of HIV in the JCP, AJCP, JCASP and the SAJP between 1990 and 2009

Journal	Year of Special Issue	Theme of Special Issue	No. of articles	Percentage of total HIV articles in journal (%)	Percentage contribution to total data set (%)
JCP	1990	"AIDS and the community"	8	20	5.8
AJCP	1998	"HIV/AIDS prevention through community psychology"	6	13.6	4.3
JCASP	1991	"Exploring social dimensions of AIDS"	7	28	5.1
SAJP	1995	"The AIDS crisis: review of psychological issues and implications, with special reference to the	5		

2006	South African situation• €A milestone for South African psychology•	4	31.04	6.5

In addition to this, 6.4% of the total HIV related articles published within the three international journals, the IJCP, AJCP and the JCASP, between 1990 and 2009 were South African articles, with 5.0%, 2.3% and 16.0% respectively being authored by local authors. The peaks observed in Graph 1 above coincide with the presence of special issues published within given years.

International or local author and research participants

An important aspect of the current study was to be able to differentiate between trends in articles authored by South African academics as opposed to those from an international setting, as well as seeing which groups constituted the focus of a particular study. Due to this fact, articles were coded according to two categories. The first related to the author of an article, and whether or not the author was local or international. This information was gained from the abstract itself, particularly from the specified university affiliation of the author, and this was coded into a binary variable (1 = international author; 0 = South African author).

The second consideration was whether or not the participants in the study was concerned were locally or internationally based. As with the procedure detailed above, the participants in the article was coded into a binary variable (1 = internationally based; 0 = based in South Africa). As such, the articles were described as being either international or local with regards to both author and participant characteristics. Of the total dataset, 24.6% (n=34) of articles were found to have local authors, whilst 75.4% (n=104) were penned by authors in an international setting. This, and the fact that the only international article published in the SAJP was from a close African neighbour, indicates that South African authors, concerned with community psychology related HIV research, for the most part publish within South African publications. From this point, all trends will also be discussed according to international and local authorship.

TRENDS IN PUBLICATION TYPE

The APA (2009) identifies four primary categories with regards to article type , namely i) empirical, ii) review, iii) methodological, iv) theoretical, v) an editorial, vi) a case study, or vii) a book review. An article was considered empirical if it was by nature a research study; where a specific hypothesis and set of aims was being addressed, and a result or discussion section could be observed. This category included studies that made use of both qualitative and/or quantitative analyses. Reviews included those articles that did not carry out research in their own capacity, but reported or reviewed research studies that had gone before it (APA, 2009). This included literature reviews and discussions of the current literature pertaining to a specific topic. Methodological articles were those that put forth new methodological approaches, or explored amendments to present methods. These articles focused on the discussion or presentation of one or more existing methods (APA, 2009). Theoretical articles emphasised the discussion of a specific theory, with the goal of elucidating and advancing new ideas or refining prevailing theories (APA, 2009). Editorial articles are those that are often found at the beginning of an issue of special issue that are penned by the editors. These articles serve as an introduction, often stating the stance of the issue. Case studies are reports of material gained through work with either individuals, groups, communities, or organisations. The purpose of these articles is to illuminate a problem, and suggest solutions and areas for future research (APA, 2009). As these definitions are utilised by the APA, as well as in both international trend analysis studies such as Loo et al. (2009) and similar local studies such as Seedat et al. (2004), article type was coded utilising these definitions. Table 2 depicts the publication trends gained from the HIV related articles published in the JCP, AJCP, JCASP, and the SAJP over the specified period of 1992-2009.

Table 2: Trends in Publication Type

Publication Type	Local n (%)	International n (%)	Total n (%)
Empirical	19 (54.3)	72 (70.0)	91 (65.9)
Theoretical	7 (8.6)	4 (3.9)	11 (8.1)
Review	3 (8.6)	6 (5.8)	9 (6.6)
Editorial	1 (2.9)	8 (7.7)	9 (6.5)

Methodological	3 (8.6)	3 (2.9)	6 (4.3)
Case Study	1 (2.9)	5 (4.9)	6 (24.3)
Book Review	0 (0.0)	4 (3.9)	4 (2.9)
Total	35 (100.0)	103 (100.0)	138 (100.0)

As can be noted from the above table, the vast majority of articles across the 4 journals (65.9%, n=91) could be described as empirical; 8.7% (n=12) were theoretical; 7.2% (n=10) were reviews; 6.5% (n=9) were editorials; 4.3% (n=6) were methodological and case studies respectively; and 2.9% (n=4) were book reviews. The results highlighted that articles of an empirical nature dominated published HIV work over the specified period examined. Approximately similar numbers of theoretical articles, reviews and editorials were published, followed by exact amounts of methodological articles and case studies. Book reviews were the least observed article type.

Comparisons of publication type trends between the local and international published articles were roughly analogous when viewed in proportion to the total numbers of articles that fit into these two categories. Empirical articles dominate both local (54.3%) and international (69.9%) articles. Despite this being the majority trend seen in both, it appears that international articles contain a markedly larger amount of empirical articles than local journals. South African based community HIV related research is observed to publish more articles of a theoretical nature than that of international articles, with 20% of local articles deemed as such in comparison to 3.9% of international articles.

The trends over time with regards to type seemed to indicate that empirical articles were by far the most dominant article type, and was the most common type of article every year except for one, where one empirical article and one case study observed. However, a greater variation in article types published did seem to appear as time went on, with a greater number of article types appearing in the later years.

TRENDS IN METHODOLOGICAL APPROACH

This category speaks to the research question regarding what the observed method trends were able to be gleaned from the journals in the current study. Methodological approach

was divided into i) positivist, ii) interpretive, iii) critical, iv) mixed method and v) applied community research method. Positivist articles were those that made use of quantitative methods and included systemic measurement and analysis of data. Methods of data collection were those that were by definition positivist, such as surveys or questionnaires, and made use of experimental methods and statistics (Swart & Bowman, 2007). Interpretive articles included those that fit well into a qualitative paradigm, and were concerned with meaning, interpretation and experience (Bhana & Kanjee, 2001). Methods that helped the researcher determine whether articles were interpretive included unstructured interviews, fieldwork, as well as a desire to gain data that would help contribute to understanding subjective meaning of the participants and their experience (Swart & Bowman, 2007). An article was seen to be critical if it was centred on uncovering surface illusions and to unearth beliefs and differentials in power that limit human capabilities. Within these articles, objectivity of the researcher was not championed, rather the ability to engage with a topic in a critical and suspicious manner (Bhana & Kanjee, 2001). Mixed method articles were those that combine the use of quantitative and qualitative research methods within one study (Bryman, 2008).

With regards to articles making use of an applied research method, it was seen to be valuable to separate this broad category out into its constituents. This exercise was deemed beneficial to the current study as applied methods of conducting research are in line with community psychology's values of collaboration, making use of communities own resources, working at broader levels of change, and the importance of evaluating and disseminating information about interventions (Fawcett, 1991). Graham and Ismail (in press) put forth four research methods that the heading applied community research methods encompasses. These are i) needs analysis, ii) policy research, iii) participatory action research and iv) programme evaluation. If an article was said to fall into the applied methods category, it was then further coded into one of the above divisions. The results yielded in response to the consideration of methodological approaches found within the data set are presented within Table 3 below.

Table 3: Methodological Approach Trends

Methodological Approach	Local n (%)	International n (%)	Total n (%)
Positivist	5 (25.0)	53 (69.0)	58 (59.8)
Interpretive	3 (15.0)	11 (14.3)	14 (14.4)
Mixed	3 (15.0)	7 (9.1)	10 (10.3)
Applied	5 (25.0)	3 (3.9)	8 (8.2)
Critical	4 (20.0)	3 (3.9)	7 (7.2)
Total	20 (100.0)	77 (100.0)	97 (100.0)

The results show that the bulk of the articles in the data set were positivist, with 59.8% (n=58) deemed as such. This was followed by 14.4% (n=14) interpretive, 10.3% (n=14) mixed method, and 8.2% (n=8) applied community research method. The critical methodological approach showed the lowest frequency, with 7.2% (n=7). Therefore, the most widely subscribed to methodology in HIV related research in the JCP, AJCP, JCASP, and the SAJP over the past 20 years is positivism. Whilst articles that incorporated applied methods were slight, it is important to see how this category was further divided between the 4 sub-categories. Of the articles that were found to make use of an applied community research method, 37.5% (n=3) fell into the category of participatory action research, whilst the majority of these (62.5%; n=5) were found to be concerned with programme evaluation. No articles were found to be concerned with needs analysis or policy research.

Considering these trends across local and international articles, it is seen that only 25.0% of South African articles were found to be positivist, compared to 53.8% of international articles. Local articles made use of more applied and critical approaches; with applied community research method articles making up the same percentage of articles as the positivistic ones (25.0%), and the critical approach accounting for 20.0% of local articles and only 3.9% of international.

When the trends in methodological approach are looked at over time, it can be seen that positivist approaches have dominated HIV research with a community psychology commitment published in the JCP, AJCP, JCASP, and the SAJP from 1990 to 2009. This approach has been utilised regularly every year since HIV first appeared within these journals. Trends in the appearance of interpretive methodological

approaches move in a similar fashion, but with less consistency than positivist approaches, being absent from nine out of the twenty years examined. Mixed methods and critical approaches appear for the first time in 1990, and can be found throughout the twenty year period, again with less consistency and numbers than both positivist and interpretive approaches. Applied community research approaches are also first seen to be used in the early 1990s, and used sporadically until the end of the time frame in question within the present study.

PRIMARY METHOD TRENDS

In addition to investigating the trends in methodology, this study extends this inquiry to the trends in methods of data collection. Primary methods of data collection refer to the main way in which research data was obtained. As not all the abstracts related to empirical studies and so did not make use of a data collection method, or contain many of the categories to follow, these were excluded from the sample (N=94). This difference can be seen within this table and those in the sections to follow that are based on articles of an empirical nature. Articles were differentiated according to 6 categories. The first 5 categories were gained from a previous international content analysis study conducted by Zebian, Alamuddin, Maalouf, and Chatila (2007) that successfully made use of these divisions. The mixed method category arose from the data itself as a necessary category. Articles were coded according to the following data collection methods: i) self-report survey or questionnaire that was structured in form; ii) a test, scale or inventory; iii) studies that were explicitly stated as being experimental or quasi-experimental were coded as such; iv) qualitative methods, be it an unstructured interview, an analysis of text, fieldwork and the like; v) multi-method approach, where various methods were utilised, be they quantitative or qualitative, or a combination of the two; and any article that did not make use of the preceding data collection methods was labelled vi) other.

Table 4: Trends in Primary Method of Data Collection

Primary method	Local n (%)	International n (%)	Total n (%)
Survey/Questionnaire	5 (25.0)	33 (44.6)	38 (40.4)

Qualitative	8 (40.0)	13 (17.6)	22 (23.4)
Test/Scale/Inventory	1 (5.0)	18 (24.3)	19 (20.2)
Multi-method	2 (10.0)	5 (6.8)	7 (7.4)
Quasi-Experimental	1 (5.0)	2 (2.7)	4 (4.3)
Experimental	1 (5.0)	2 (2.7)	3 (3.2)
Other	1 (5.0)	0 (0.0)	1 (1.1)
Total	20 (100.0)	74 (100.0)	94 (100.0)

As can be seen from Table 4 above, the principal method used to obtain data was through the use of surveys and questionnaires (44.4%). Following this, the most commonly used methods were qualitative in nature (23.4%) and through the use of tests, scales or inventories (20.2%). Studies that made use of more than one means of data collection were classified as multi-method, of which 7.4% of the current data set pertains. The least frequently used methods were quasi-experimental and experimental, this trend being observed both locally and internationally (10%, n=2; 6.8%, n=5). Local articles were perceived to make far greater use of qualitative methods (40.0%) than international articles (17.6%). The converse is true with regards to surveys or questionnaires and tests (44.6%) and scales or inventories (24.3%) which were the preferred methods internationally.

RESEARCH SETTING TRENDS

An investigation into settings in which research was conducted aided in the illumination of method trends sought after in the research question. A study conducted by Hennessy and Greenberg (1994) conducted an analysis on mental health trends. This study looked at whether research was located in hospital versus community settings, and the implications this had for the discipline of mental health. Consequently, articles were coded into the following categories: i) hospitals or clinics, ii) universities, iii) schools, iv) organisations or companies, including NGOs, v) welfare facilities, vi) the home of participants, vii) rural areas (village or farm and similar), viii) recreational venues, ix) the general community, x) other, including support groups or xii) unspecified.

Table 5 Research Setting Trends

Research Setting	Local n (%)	International n (%)	Total n (%)
Hospital/Clinic	6 (27.3)	23 (27.7)	29 (27.6)
Unspecified	3 (13.6)	19 (22.9)	22 (21.0)
General community	5 (22.7)	8 (9.6)	13 (12.4)
Home of Participant	2 (9.1)	8 (9.6)	10 (9.5)
School	2 (9.1)	7 (8.4)	9 (8.6)
Recreational venue	0 (0.0)	8 (9.6)	8 (7.6)
University	1 (4.5)	5 (6.0)	6 (5.7)
Welfare facility	1 (4.5)	3 (3.6)	4 (3.8)
Organisation/Company	1 (4.5)	1 (1.2)	2 (1.9)
Other	1 (4.5)	1 (1.2)	2 (2.0)
Total	22 (100.0)	83 (100.0)	105 (100.0)

Most of the HIV research published in the JCP, AJCP, JCASP, and the SAJP from 1990 up until 2009 has been conducted in hospital or clinic settings (27.6%). 12.4% has been carried out in the general community, 9.5% at the participant's home, 8.6% at schools and 5.7% at universities. The research settings used the least were organisations or companies (1.2%), and other (1.2%), which included a support group and a church setting. In comparison between local and international trends in research settings, it can be noted that both had the highest frequency attributed to hospital or clinic setting. It was seen that local articles made use of the general community to a larger degree (22.7%), than did international articles (9.6%). International articles also made greater use of recreational venues (9.6%) and universities (6.0%). Few local nor international articles situated themselves at welfare facilities (4.5%; 3.6%) or organisations or companies (4.5%; 1.2%).

TRENDS IN ANALYSIS

Of interest to this study, particularly with regards to method trends, was the types of analysis that were most commonly used within HIV-related community psychology research. Articles were coded as either making use of i) descriptive statistics, ii)

inferential statistics; iii) content analysis; iv) hermeneutics, grounded theory or narrative analysis; v) discourse analysis; or vi) other. Where more than one type of analysis was used, both analyses were recorded.

Table 6: Analysis Trends

Analysis	Local n (%)	International n (%)	Total n (%)
Inferential Statistics	11 (30.6)	57 (46.3)	68 (42.8)
Descriptive statistics	12 (33.3)	49 (39.8)	61 (38.4)
Content analysis	6 (16.7)	12 (9.8)	18 (11.3)
Discourse analysis	4 (11.1)	2 (1.6)	6 (3.8)
Hermenuetics/Grounded theory/Narrative	2 (5.6)	2 (1.6)	4 (2.5)
Other	1 (2.8)	1 (0.8)	2 (1.3)
Total	36 (100.0)	123 (100.0)	159 (100.0)

Table 9 illustrates the findings with regards to the analyses being used within published HIV research in a community framework. Inferential statistics (42.8%) and descriptive statistics (38.4%) were the most widespread analysis types, followed by content analysis (11.3%). Discourse analysis (3.8%); hermeneutics, grounded theory and narrative analysis (2.5%); and other (1.3%) had the lowest observed frequencies, and hence are the types of analyses utilised the least in HIV research. The analysis trends found within international and local articles appear roughly to mirror each other in hierarchy. The majority of articles were inferential and descriptive statistics, with local articles using inferential statistics 30.6% and descriptive statistics 33.3% of the time. International studies made use of the same analyses 46.3% and 39.8% of the time, showing a greater reliance to these analyses in international settings. In contrast, local settings made greater use of content analysis (16.7%); discourse analysis (11.1%); and hermeneutics, grounded theory or narrative analysis (5.6%) than international articles, which in turn observed these types of analyses 9.8%, 1.6%, and 1.6% of the time.

THEORY TRENDS

One of the principal questions asked by this study is which theoretical frameworks have commonly underpinned HIV related research in community psychology over the past twenty years. From the literature, many of these theories emerged quite naturally, and so categories based on these theories were developed. The theories coded for within this data set were i) prevention or promotion, such as where a public health or mental health stance was being taken, and issues of risk and resilience were prioritised; ii) structuralist theories, such as post-colonialism, feminism or activity theory; iii) social action, including empowerment or conscientisation. These theories were separated out from structuralist theories because of their specific link to a community psychology epistemology rather than critical theory at large; iv) ecological systems theory, where emphasis is placed on person-environment fit; v) cultural diversity (including cultural values, acculturation or local knowledge); vi) traditional individual psychological theory, such as classic psychological theory and other theory centred on the individual; vii) post-modern theory, such as social constructionism and post structuralism, where authors such as Foucault have been utilised; viii) other, where the theory used does not fit into any of the predetermined categories. The theories of prevention, the social action, and ecological systems theory categories were drawn from Toro (2005), who outlined these perspectives as the three predominant thrusts of community psychology. Macleod (2004) made use of the categories of individual-focused and classical theories, and post-modern theories in her trend analysis study regarding the relevance of psychology. Within the current study, it was deemed fit to combine the individual-focused and classical theories, given their similar focus and stance with regards to community psychology. The category of "postmodern" frameworks were also divided up by Macleod (2004), to include social constructionism and post structuralism, a pattern that was deemed worthy to be included within this study.

Articles were coded according to these categories, and were assigned a number from 1 to 9 depending on which category was deemed to best describe the theoretical underpinnings of a given article. It was at times tricky to code, as articles often utilise the language of certain theories without actually subscribing to them. In these cases, the theory deemed to be the primary theoretical stance was coded. Table 10 highlights these trends as found in the four journals being examined.

Table 7. Theory Trends

Theory	Local n (%)	International n (%)	Total n (%)
Prevention	14 (40.0)	56 (54.4)	70 (51.1)
Individual psychological theory	7 (20.0)	16 (15.5)	23 (16.8)
Structuralist theory	4 (11.4)	16 (15.5)	13 (9.5)
Social action	2 (5.7)	7 (6.8)	9 (6.6)
Ecological systems theory	2 (5.7)	6 (5.8)	8 (5.8)
Postmodern theory	4 (11.4)	4 (3.9)	8 (5.8)
Cultural diversity	2 (5.7)	4 (3.9)	6 (4.4)
Total	35 (100.0)	103 (100.0)	138 (100.0)

A prevention framework dominates HIV research in a community framework, with 51.1% (n=70) of total studies, and individual psychological theory following with 16.8% (n=23). Then structuralist social theories (9.5%), social action, empowerment and conscientisation (6.6%); ecological theory (5.8%); postmodern theory (5.8%) follow with lower frequencies. Cultural diversity (4.4%; n=6) was observed to have the lowest total frequency. As such, cultural diversity is deemed to be the theoretical stance least observed in the dataset. In comparing local and international theory trends, it can be seen that epistemologies of prevention, followed by individual psychological theories dominate across both contexts. This being said, local articles seemingly subscribed to theories of prevention than international studies, making use of these theories 40.0% of the time in comparison to international studies • 54.4%. Conversely, international articles made use of less individual psychological theory than South African articles, reporting 15.5% and 20.0% respectively. Theories utilised the least across both the local and international articles were social action (5.7%; 6.8%), ecological systems theory (5.7%; 5.8%), and cultural diversity (5.7%; 3.9%). Whilst the numbers were still low, it was noted that despite this, local studies made notably greater use of postmodern theory (11.4%) than international articles (3.9%).

TOPIC TRENDS

With regard to coding of the topic of published articles, the coding scheme was not decided upon prior to the researcher's immersion with the data set. It was understood that with regards to topic, predetermined categories would limit what may emerge from the data. Topic trends refer to the dominant themes and subject matter within the articles. At the outset the abstracts within the dataset were probed, and their principle themes and topics were determined. These topics were extracted and collated. It was noted that some abstracts had more than one topic, and in this case numerous themes were noted. Many topics were seen to be duplicated, and so repeats of topics were removed. A synthesis and reduced list of topics resulted, but one that was seen to represent all the topics that the abstracts had contained. This process was repeated until it was certain that no remaining topics were repeated.

The next stage of topic coding saw the researcher grouping together topics that appeared to be broadly related. These broad topics were refined and reworked until all the topics that had emerged from the abstracts were accounted for. Keywords that justified the inclusion of a topic within the broad categories were removed from the source abstract. This allowed for a more systematic coding process, and also increased the accuracy of topic groupings. Ultimately, 16 topics were extracted. A comprehensive depiction of the process and examples of keywords used to code articles according to topic may be found in Appendix A.

The topic of social support and social networks was concerned with any article that related to an individual's support systems or their seeking of help from those around them. This included articles that spoke of other issues surrounding support networks, such as levels of disclosure. Coping strategies and stress included abstracts that looked at the ways in which people living with HIV or AIDS cope. Abstracts that focused on the strategies utilised by care workers in managing caring for HIV infected persons, were also included in this category. Psychological adjustment looked at abstracts that referred to the period or level of adjustment of people who have discovered that they or their loved one has HIV. The topic of risk was concerned with abstracts that were about

engagement in risky behaviours, or individual•s perceptions of their own or their community•s risk. Stigma and social exclusion was developed to account for abstracts that made reference to groups being stigmatised due to their HIV status, or another form of disadvantage that related in some way to HIV. Othering processes and the like were also included within this topic. Attitudes and knowledge was a topic formed to describe the articles that were concerned primarily with individual and group attitudes and understandings of HIV or AIDS, and the individuals that are infected. Any abstract that looked at this subject matter was included within this category. HIV, the media and education was created as a category to include abstracts that pertained to either broad based media campaigns or HIV education on a smaller scale, such as peer programmes. Originally HIV education was a category on its own, but due to the small sample size, these two aspects of HIV education were integrated. Critical considerations of research came about because of the number of abstracts that were concerned with challenging individualised methods within HIV research, or seeking to advance new methodologies. Abstracts also included within this category were ones that were critical of transposing western methods with regards to HIV research, onto €developing• contexts. HIV and mental health included all abstracts that looked at either the effect an HIV diagnosis, or living with the disease affects daily living, as well as links to pathology and comorbid disorders like anxiety or depression, and issues such as use of psychotherapy or counselling. Experiences of PLWH has a topic accounted for articles that were concerned with the daily experiences of people who are HIV positive. Included in this category were articles that made reference to PLWH•s negotiation of a sense of identity. Implications of gender relations in the context of HIV was decided upon as being an essential topic, and accounted for articles that looked at gender roles, negotiating of condom use by either genders, or questions such as sexual agency were coded as fitting in with this category. Social constructions and discourses relating to HIV centred on subjects such as HIV, sexuality and relationships in relation to social constructions and the questioning of dominant discourses. Articles whose subject matter looked at issues of culture, race or ethnicity with regards to HIV and some aspect of theory or a sample, or levels of acculturation within a particular context, was coded as the topic of HIV and culture. Issues of a biomedical nature were coded as a theme, such as those relating to

vaccine trials, HIV testing, and utilisation of services. HIV and drug users, arose due to the number of abstracts that looked specifically at HIV in relation to drug use. Lastly, considerations of HIV and the community came about through abstracts that had a distinctly community focus with regards to HIV and its impacts. Abstracts that were coded as belonging within this category primarily referred to the broad influence HIV has on the community and its functioning, macro-social considerations of HIV, or the influence that communities and contexts have on community interventions.

Table 8 Topic trends

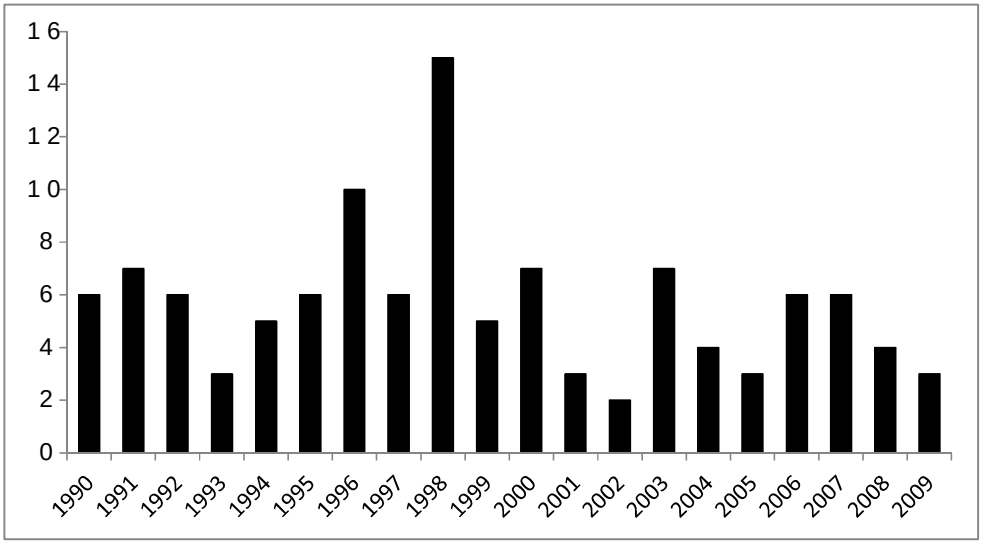
Topic	Local n (%)	International n (%)	Total n (%)
Risk	16 (20.0)	98 (38.1)	114 (30.2)
HIV, the media, and educatio	7 (8.8)	22 (8.6)	29 (8.6)
HIV and mental health	8 (10.0)	17 (6.6)	25 (7.4)
Social support and social networks	3 (3.8)	20 (7.8)	23 (6.8)
Critical considerations of research	8 (10.0)	13 (5.1)	21 (6.2)
Attitudes and knowledge	9 (11.3)	10 (3.9)	19 (5.0)
HIV and culture	2 (2.5)	14 (5.4)	16 (4.7)
Psychological adjustment	5 (6.3)	9 (3.5)	14 (3.7)
Considerations of HIV and th community	3 (3.8)	9 (3.5)	12 (3.6)
HIV and drug users	1 (1.3)	10 (3.9)	11 (3.3)
Stigma and social exclusion	3 (3.8)	9 (3.5)	12 (3.2)
Coping strategies and stress	1 (1.3)	10 (3.9)	11 (2.9)
Implications of gender relations in the context of HIV	3 (3.8)	7 (2.7)	10 (2.9)
Biomedical issues	5 (6.3)	3 (1.2)	8 (2.4)
Social constructions and discourses relating to HIV	3 (3.8)	4 (1.6)	7 (2.1)
Experiences of PLWH	3 (3.8)	2 (0.8)	5 (1.5)
Total	80 (100.0)	257 (100.0)	337 (100.0)

The investigation of topic trends in HIV research within a community framework in the journals JCP, AJCP, JASCP, and the SAJP from 1990 to 2009, clearly indicates that issues of risk are the most prevalent subject matter in both local (20.0%) and international (38.1%) articles, constituting 30.2% of the total data set. The next most frequent topic

overall was HIV, the media, and education, with a frequency of 5.6% in international articles and 8.8 % of local articles. HIV and mental health had the next highest frequency (7.4%) of total articles. Internationally this topic accounted for 6.6% of abstracts, whilst in local articles, it accounted for 10%. Social support and social networks made up 6.8% of the total dataset, with 7.8% internationally, it constituting a lower proportion of local articles, at 3.8%. Critical considerations of research, which made up 6.2% of the total articles was a more prevalent topic in the local articles (10%) than the international ones (5.0%). Biomedical issues also had a higher occurrence in local articles (6.3%) than observed in international articles (1.2%).

However, in comparing local and international trends in topics, the topics of HIV and culture (2.5% and 5.4%), HIV and drug users (1.3% and 3.8%), and coping strategies and stress (1.3% and 3.9%) were all marginally more common in the international articles. Implications of gender relations in the context of HIV (3.8% and 2.7%) and considerations of HIV and the community (3.8% and 3.5%) were observed in roughly similar numbers across local and international articles. The topics that accounted for the least number of abstracts were social constructions and discourses relating to HIV, and the experiences of PLWH, accounting for 2.1% and 1.5% of the total topics encountered. Of the total local articles 3.8% were attributed to each of the above topics respectively, whilst of the international articles social constructions and discourses relating to HIV made up 1.6% of the total international articles, whilst experiences of PLWH made up 0.8%. Exploration into the question of whether topics have changed over time yielded some interesting observations. It was found that the topic risk, was by far the most frequently utilised topic every year over the twenty year period examined. In the late 2000s the topic with the highest occurrence was critical considerations of research. Graph 3 represents the most common topic utilised within the total dataset, risk, across the span of twenty years, 1990 to 2009.

Graph 2: Topic 6 'Risk' over the period 1990 to 2009



This graph shows that there has been consistent interest in the topic of risk for the past twenty years with regard to published HIV research within a community framework. This interest peaked in the late 1990's. The year where risk has been the object of the least study, was in 2002. This is also one of the years, where the highest level of the topic coping strategies and stress was noted. The first year that the topic of critical considerations of research was noted, was in the early 1990's, and was seen to occur consistently up until the period in question.

PARTICIPANT CHARACTERISTICS

Participants were categorised according to i) gender, ii) age, iii) ethnicity, iv) employment status, v) level of education, vi) special features, and vii) membership to marginalised groups. Of the 138 articles in the data set, 44 were excluded due to a lack of a human sample (N=94). Coding for gender, age, ethnicity, employment status and level of education was considered an important aspect of the study, as much marginalisation worldwide occurs across these lines. A summary profile of these results can be found in Table 5.

Gender

Gender was coded according to whether the participants were i) all-female, ii) all-male, iii) mixed, or iv) unspecified, if no gender characteristics of the sample were provided. Table 9 represents the comparisons of the frequencies of these categories found within the data set.

Table 9 Trends in gender of participants

Gender of sample	Local n (%)	International n (%)	Total n (%)
Mixed	8 (44.4)	40 (53.3)	48 (52.7)
All-female	8 (44.4)	14 (18.7)	22 (22.6)
All-male	2 (11.1)	17 (22.7)	19 (20.4)
Unspecified	0 (0.0)	4 (5.3)	4 (4.3)
Total	18 (100.0)	76 (100.0)	94 (100.0)

With regards to gender, it was found that studies most commonly made use of mixed samples (51.6%), followed by all-female samples (23.6%) and all-male samples (20.4%). Very few studies (4.3%) did not specify the gender of their sample, from which it can be assumed that gender is perceived as an important sample characteristic. There also appears to be roughly equal interest in HIV matters as they pertain to males and females with regards to mixed groups, a trend that was noted in both local and international published articles. This being said, South African articles made use of an all-female sample 44.4% of the time, compared to the 11.1% concerned with males only. In contrast, international participant genders in single sex groups were skewed towards all-male samples (22.7%), utilising an all-female sample 18.7% of the time.

Age

Another variable that was sought out in terms of the characteristics of the sample was age. Age was coded according to whether the sample fell into the following age ranges; i)

childhood (0-12 years); ii) adolescence (13-17 years); iii) adult (18-64 years); iv) elderly (65 years and older); v) mixed, if the sample fit into two or more age ranges; or vii) unspecified, if the study did not report the ages of the participants. These ranges were decided upon prior to the coding process. Early to middle childhood was initially coded as two separate categories, with early childhood ranging from 0 to 5 years, and middle childhood from 6 to 12 years. However, as no articles made use of studies with either of these age ranges, the categories were collapsed into one larger category. Table 10 reports the findings of this inquiry.

Table 10: Trends in age ranges of participants

Age Category	Local n (%)	International n (%)	Total n (%)
Adult	9 (50.0)	61 (81.3)	70 (74.2)
Adolescent	4 (22.2)	6 (8.0)	10 (10.8)
Mixed	5 (27.8)	5 (6.7)	10 (10.8)
Unspecified	0 (0.0)	3(4.0)	3 (3.2)
Elderly	0 (0.0)	0 (0.0)	0 (0.0)
Childhood	0 (0.0)	0 (0.0)	0 (0.0)
Total	18 (100.0)	75 (100.0)	93 (100.0)

The results depict that research regarding HIV is predominantly focused on adult populations (75.3%), whilst other age populations are seemingly overlooked. Adolescent (10.8%) and mixed (8.6%) populations follow, but together do not even reach half of the number of studies carried out on adults. Whilst the majority of participants in both local and international articles were adult, this age group made up 81.3% of international articles as opposed to 50.0% of local articles. Local articles made use of more participants that fit into the adolescent (22.2%) and mixed (17.0%) than international articles; these ranges accounting for 8.0% and 6.7% respectively. In addition to this, it was clearly seen that the elderly and those in childhood were not the subject of any international or local HIV studies within a community psychology framework carried out in the past twenty years within these journals, despite their increased likelihood of being marginalised.

Ethnicity

Ethnicity was the next variable considered in relation to participant characteristics. It is imperative to note the danger of speaking to this category when considering the perpetuation of racist notions that occurs within psychology as a discipline, and society at large (Seedat et al., 2004). However, within this study, race of the sample was considered an important variable, particularly with regards to this study's focus on marginalisation and redress. As such, race or ethnicity was coded according to the categories stated in the articles that make up the sample. Ethnicity was thus divided into 5 categories. As the majority of the studies were international, South African race categories as enforced during apartheid were not sufficient. As a result, the samples were coded into one of the following groupings as explicitly stated by the article being published; i) black, if the participants were described as either Black South African or African American; ii) white, if the study specified that participants were described as being white, Caucasian, of European descent, or any other term or expression with equivalent meaning; iii) coloured or iv) indian, if the study has utilised apartheid race categories; v) Latino/Hispanic, if the participants have been identified either with these labels, or as being from Latin or Spanish descent; vi) other, if the sample did not fit into any of the other coding categories; or vii) unspecified, if the study has not expressly indicated the race/ethnicity of the sample. The results yielded can be found in Table 11 below.

Table 11: Trends of ethnic groupings of participants

Ethnicity	Local n (%)	International n (%)	Total n (%)
Unspecified	20 (42.6)	56 (29.5)	76 (32.1)
Black	12 (25.5)	47 (25.0)	59 (24.9)
White	5 (10.6)	34 (17.9)	39 (16.5)
Latino/Hispanic	0 (0.0)	28 (14.7)	28 (11.8)
Other	1 (2.1)	23 (12.1)	24 (10.1)
Coloured	5 (10.6)	0 (0.0)	5 (3.0)
Indian	4 (8.5)	0 (0.0)	4 (1.7)

Total	47 (100.0)	188 (100.0)	235 (100.0)

A large number of studies (32.1%) did not specify the race/ethnicity of their sample. This trend was observed to be the case for the majority of both local and international articles, with 42.6% and 29.5% not specifying the race of their sample respectively. In both local and international journals the next most frequent ethnicity was black, with this group making up approximately a quarter of sample participants in local and international published articles, constituting 24.9% of the overall frequency. The proportions of sample participants that were coded white were found to make up 10.6% of the local and 17.9% of the international articles, and were the next highest observed frequencies in both, although those coded coloured also accounted for 10.6% of participants within South African articles. The lowest frequency within the categories that could possibly appear within a local context was other, which was an Asian sample, followed by indian, which accounted for 8.5% of participants. In the international articles, Hispanics or Latinos made up 14.7% of the participants, whilst the other category (also concerned with primarily Asian groups) constituted 12.1%.

Employment Status and Level of Education

The employment status and level of education of the sample were other variables that were coded for in the present study. The sample was coded as i) unemployed only where the study made use of a sample that was unified in the fact that they did not have a job; ii) employed only where the study was concerned with participants that did have work; or iii) mixed where the article presented the employment status of the sample as varied; and unspecified when the employment status of the sample was not given. It should be noted that employment may be inflated due to the presence of adolescents in the sample. Results may be found in table 12 below.

Table 12: Trends in Employment Status of Participants

Employment Status	Local n (%)	International n (%)	Percentage n (%)
Unemployed only	1 (5.6)	4 (5.4)	5 (6.6)
Employed Only	2 (11.1)	9 (12.2)	11 (12.1)

Mixed	4 (22.2)	19 (25.7)	23 (25.3)
Unspecified	10 (61.1)	41(55.4)	51 (56)
Total	18 (100.0)	74 (100.0)	93 (100.0)

It was observed that the majority of studies, 56% do not take employment status of individuals into account. 12.1% of the participants across the 4 journals were employed, 6.6% were unemployed, and 25.3% of studies made use of mixed groups. The local and international articles appear to roughly echo similar trends in this regard.

Level of education was coded depending on whether the highest level of education reached by the participants was stated as i) less than secondary school, ii) secondary school, iii) tertiary education, iv) postgraduate education. If a study made use of a sample that diverged with respect to education, or did not stipulate educational level, the article was coded as either v) mixed, or vii) unspecified. The findings for both the above categories are illustrated in Table 13 below.

Table 13: Level of Education Trends of Participants

Level of education	Local n (%)	International n (%)	Total n (%)
< secondary school	0 (0.0)	0 (0.0)	0 (0.0)
Secondary school	5 (27.8)	8 (10.8)	13 (14.1)
Tertiary	1 (5.6)	8 (10.8)	9 (9.8)
Postgraduate	0 (0.0)	3 (4.1)	3 (3.3)
Mixed	4 (22.2)	17 (23.0)	21 (22.8)
Unspecified	8 (44.4)	38 (51.4)	46 (50.0)
Total	18 (100.0)	74 (100.0)	93 (100.0)

The results indicate that half of the studies included in the data set did not take the education levels of their participants into account or report this explicitly (50%). Of those studies that did, 22.8% of participants were mixed with regards to their level of education, 14.1% had at least secondary school education, 3.3% had a postgraduate degree, and none were reported to have less than secondary schooling. Contrasting local and international trends in education level of participants, international articles had a greater number of participants who had either tertiary education (10.8%) or a postgraduate degree (4.1%). On the other hand, 5.6% of local participants had a tertiary education, and

none were noted as having a postgraduate degree. This may have to do with the number of studies conducted internationally that concern healthcare workers. Roughly equal numbers of studies that made use of participants with wide education levels were seen in both local (22.2%) and international (23.0) articles. During the process of coding it became apparent that very few studies within the data set made use of employment status or level of education as primary or characteristic features of their sample, and that this variable was mostly descriptive in nature.

Special Features

The consideration of special features of the sample participants was important, as it allowed the researcher to capture other important aspects of the sample that may otherwise have been overlooked. Articles were coded accordingly, depending on whether their sample fit into any of the following categories: i) criminal or victim of crime, ii) student, iii) mother or caregiver, iv) psychological condition (such as depression or anxiety), v) occupation, vi) health condition, vii) drug user, viii) language, ix) health professional, x) developmental stage (such as having children, old age, puberty), or xi) other. The results have been compiled below, in Table 14.

Table 14: Trends of Special Features of Sample

Special Feature	Local n (%)	International n (%)	Total n (%)
Student	4 (28.6)	10 (19.6)	14 (21.5)
Drug user	0 (0.0)	13 (25.5)	13 (20.0)
Mother or caregiver	2 (14.3)	5 (9.8)	7 (10.8)
Occupation	1 (7.1)	5 (9.8)	6 (9.2)
Psychological condition	0 (0.0)	5 (9.8)	5 (7.7)
Health professional	1 (7.1)	4 (7.8)	5 (7.7)
Developmental stage	1 (7.1)	4 (7.8)	5 (7.7)
Out-of-school/homeless youth	2 (14.3)	0 (0.0)	2 (3.1)
Criminals or victims of crime	0 (0.0)	2 (3.9)	2 (3.1)
Other	3 (21.4)	3 (5.9)	6 (9.2)
Total	14	51	65 (100.0)

With regards to samples with special features, most of the studies were concerned with student populations (21.5%), and drug users (20%). With regards to research into HIV, these findings were expected, as these are considered two very high risk populations. Similar things may be said for those with psychological conditions (7.7%), and health professionals (7.7%). The special features of a sample that had the lowest frequencies were out-of-school or homeless youth (3.1%) and criminals or victims of crime (3.1%). Students made up the largest proportion of the participants both locally and internationally. On the other hand, all of the studies that looked at drug users were located internationally, with none being done in South Africa. The same trend was observed with regards to psychological conditions as a special feature of the participants and those that were criminals or victims of crime. On the other hand, out-of-school and homeless youth was a special feature only observed in local articles.

Turning the examination of participant special features towards one according to trends over time it can be seen that studies involving students have the greatest consistency across the twenty year period being examined within this study, being the object of study from the first year under investigation, to the very last. Mothers and caregivers became the subject of study later on, with articles relating to caregivers first appearing in the mid 1990s, and all the studies that relate to mothers being conducted within the last four years of the dataset. Articles that looked at drug users seem to have two main phases. Drug usage as a characteristic of study participants was observed highly from the early to late 1990s. No studies within the dataset focused on this feature of participants again until the late 2000s. Health professionals as a group were the focus of study much in the early years, from 1990 up until 1995. Only one other study focusing on health professionals was carried out in 2001.

MARGINALISED GROUPS

Membership to marginalised groups as a consideration formed the basis for answering the second research question of this study. Ife (2002), in his consideration of empowerment claims it is imperative to consider what constitutes disadvantage. He divides these into primary structural advantage, where disadvantage centres round issues of class, gender and ethnicity; and disadvantaged groups that do not always fit into the above category but

are still seen as disadvantaged, such as children, the elderly, those with disabilities, those who are homosexual, and those who are geographically or socially isolated. Articles were thus coded utilising the categories put forth by Ife (2002). As such, coding was based on whether the sample participants were considered marginalised according to: i) race; ii) gender; iii) sexual orientation; iv) HIV status; v) socio-economic status (SES); vi) disability; vii) migration status (refugees, forced migrants and so forth); viii) geographical location (rural areas or townships); ix) age; . Within the coding of this variable, it was important to recognise the context that the particular article being examined was being conducted in. This is essential, as the definitions of marginalisation may be different according to a particular setting. Table 15 presents the findings of this investigation.

Table 15: Marginalisation Trends of Sample

Marginalisation category	Local n (%)	International n (%)	Total n (%)
Race	10 (25.0)	33 (29.7)	43 (28.5)
SES	5 (12.5)	19 (15.9)	24 (15.9)
Gender	8 (20.0)	15 (9.9)	23 (15.2)
HIV status	3 (7.5)	19 (15.2)	22 (14.6)
Sexual orientation	0 (0.0)	15 (9.9)	15 (9.9)
Geographical Location	10 (25.0)	3 (14.5)	13 (8.6)
Age	3 (7.5)	5 (4.5)	8 (5.3)
Migration status	1 (2.5)	2 (1.8)	3 (1.9)
Disability	0 (0.0)	0 (0.0)	0 (0.0)
Total	40 (100.0)	111 (100.0)	151 (100.0)

As the above table indicates, 28.5% of the participants within studies published in the JCP, AJCP, JCASP, and the SAJP over the past 20 years were classified as being marginalised with regards to race. 15.9% of participants were coded as being marginalised due to their SES, 15.2% according to gender, 14.6% because of their HIV status, and 9.9% due to their sexual orientation. At the lower end of the observed frequencies, only, 8.6% of the participants were deemed marginalised by their geographical location, 5.3% by their age and 1.9% by their migration status. No

participants utilised within the past two decades of HIV research within a community psychology framework reported in the above journals had a noted disability.

From the results noted above, it can be seen that race was the marginalised group that was the most focused on within the samples of the data set, with 25.0% of the local articles and 29.7% of the international articles. In the local articles, this number was matched by those considered marginalised due to isolation through geographical location (29.7%), and followed by those on the periphery according to gender, with 20%. Many differences were to be found within the focus of local and international articles with regards to marginalised groups, with international articles concentrating on SES (15.9%), HIV status (15.2%), and gender (9.9%). Other noteworthy divergences in emphasis were noted in sexual orientation, which described 9.9% of international participants, but no local participants; and HIV status, which described 15.2% of international, but only 7.5% of local participants.

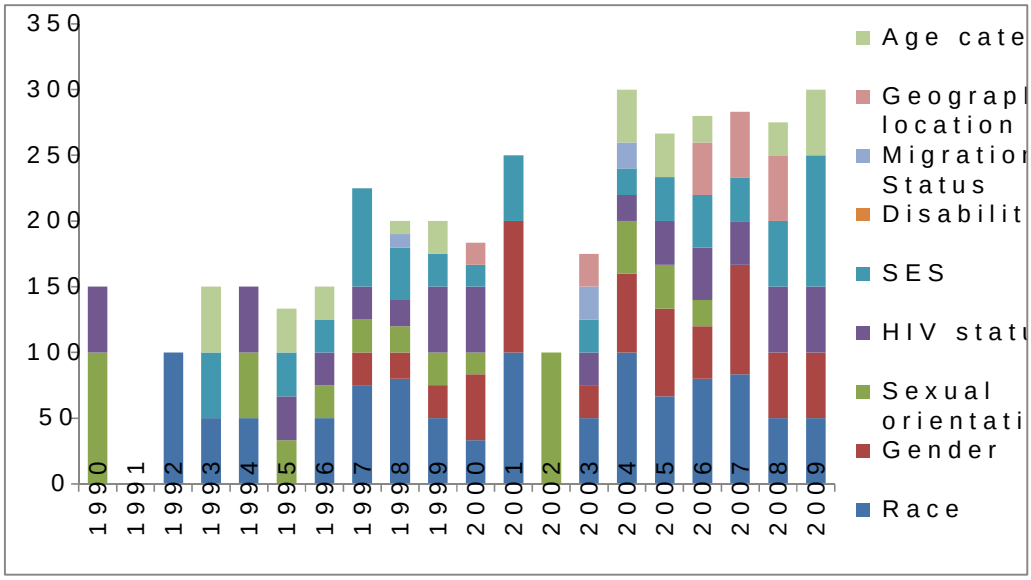
Other Considerations With Regards to Marginalised Groups: Time, Theory and Topic

Following is a more in-depth presentation of the trends that were encountered with regards to marginalised groups across the four journals over the specified time period. The intention of this study was to make use of descriptive statistics and to investigate for significant relationships, specifically through the use of Pearson's Chi-Squared test. The variables of this study were cross-tabulated with each other to see if such relationships arose. However, as the sample size is relatively small, it was difficult for these relationships to emerge. As such, the trends that were observed through these cross-tabulations were garnered making use of a qualitative analysis, where common themes and trends were sought out and expounded upon. This discussion centres on a consideration of marginalised groups over time, the theories most used in relation to marginalised groups, and the topics predominantly engaged with in the contemplation of the socially marginalised.

Marginalised groups and Time

Graph 2 depicts the number of marginalised groups that were the focus of HIV related research in a community psychology framework by year, as published in the aforementioned journals over a twenty year period, beginning in 1990.

Graph 3: Trends in marginalised groups over the time period 1990-2009



It can be seen from the above table that there appears to have been a steady increase in the attention paid to marginalised groups over time, with dips in these numbers in the early 2000s. It can also be seen that the years where articles were published and marginalised groups were not the target of study, was in the early 1990s and the early 2000s. It appears that from 2003, the numbers of marginalised groups that have been included in HIV research of a community psychology nature have been relatively consistent. Overall though, a specific focus on marginalised groups seems to be a greater and more consistent focus in the mid to late 2000s and was less of a concern in the earlier publications.

Groups marginalised by race have consistently been the subject of study across the twenty year period being studied. Those marginalised by sexual orientation were among the first groups to be studied with regards to HIV within community psychology, with the majority of studies utilising this group taking place prior to the year 2000. Three

studies concerned themselves with this group in particular after this point. Those disadvantaged by gender first become the interest of research published in these publications in the late 1990s, and have been observed every year since this time. HIV positive individuals were found to be a group of special interest with regards to HIV research consistently across the time period, as is to be expected. Whilst few studies have looked specifically at those marginalised by migration status, this group was observed in studies in the late 1990s and the early 2000s. Those marginalised by age and geographical location follow a similar trend, appearing mostly within the last decade of the time frame.

Marginalised groups and theory

In relation to a consideration of what theories are most often used to understand marginalised groups, it was clear to see that individuals considered marginalised according to race were the focus of the most research in comparison to other marginalised groups. In addition to this, the findings show that the theory most utilised by researchers examining this group, was by far prevention followed by individual psychological theory. This trend could be observed across all the marginalised group categories, with prevention being the most commonly used theory in relation to any investigation involving marginalised groups. Cultural diversity and postmodern theories were the next that were commonly used in the investigation of people marginalised by race, being equally utilised. The least frequently used theories in relation to this category were social action and ecological and systems theories.

The next group under consideration are those thought to be marginalised due to gender. A prevention theory prevailed, followed by an equal use of individual psychological theory and postmodern theory. No diversity or ecological theories were used to understand this group. With regards to the use of ecological theory, the same can be said about those who are marginalised according to sexual orientation. Those marginalised according to HIV status and SES were both dominated by prevention theory, followed by individual psychological theory. Neither of these groups were the subject of studies subscribing to ecological theory, and those who were HIV positive have not in the

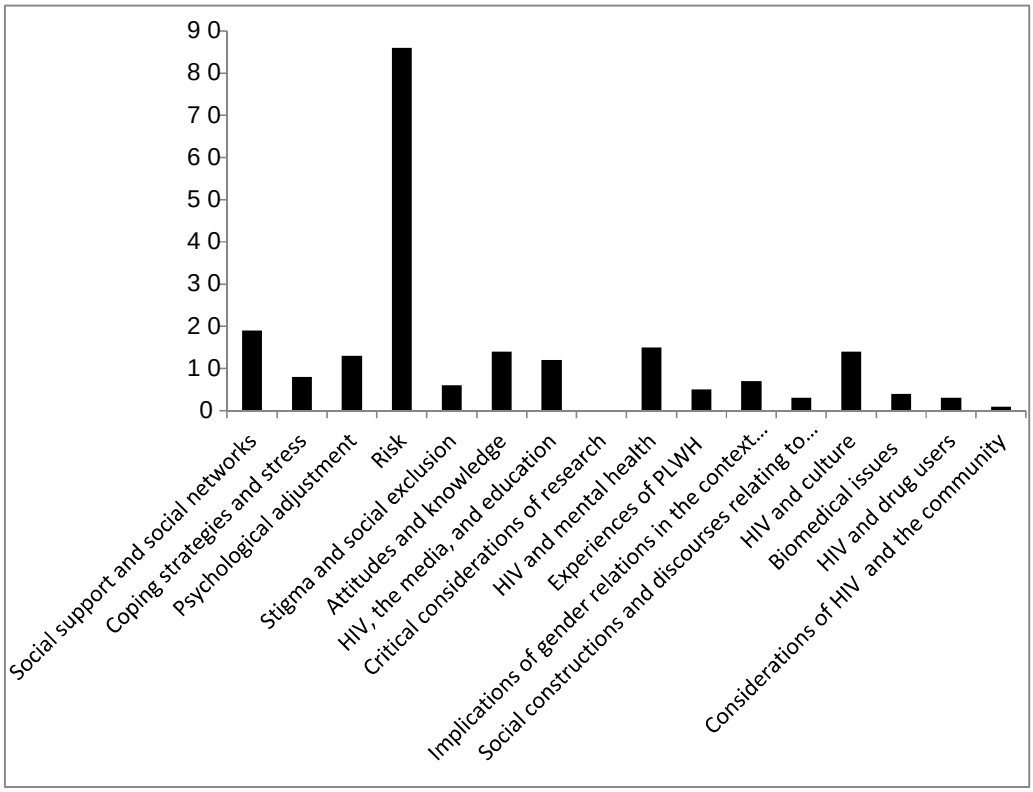
past twenty years of work published in the aforementioned journals, have not been viewed using a critical social theory lens.

Those marginalised due to geographical location and age, were not the subject of enquiry by those making use of social action model or diversity theory. For both of these groups, prevention was the most widespread theory. The only group that was not predominantly focused at under the prevention framework, was those marginalised by migration status. This group was mainly looked at using diversity theory, and individual psychological theory.

Marginalised groups and topics utilised

Trends were also discovered when marginalised groups were looked at in terms of the topics that articles were concerned with. Table 3 presents the number of studies that focused on marginalised groups and the topics observed.

Graph 4: Marginalised groups by the percentage of topic used to investigate them



As can be seen in graph 3, overwhelmingly, across marginalised groups, risk dominated investigations of marginalised groups. The next frequent topic used in relation to marginalised groups was stress and coping, followed by HIV and mental health (15.0%) and attitudes and knowledge (15.0%). The topics least utilised in the consideration of marginalised groups were those of critical considerations of research, of which no studies utilised, considerations of community and HIV, HIV and drug users, and social constructions and discourses relating to HIV.

CONCLUSION

This chapter has attempted to provide a clear and comprehensive presentation of the results obtained through the utilisation of the methods earlier elucidated. It began with a description of the dataset, making use of descriptive analyses and frequencies. Before the findings were illustrated, an in-depth explanation was provided for the reader as to how each specific category was coded. This was done so that the results and how they were

obtained would be clear. Within the presentation of results, the study attempted to address the issue of relationships within the data, making use of tabulations and cross-qualitative explanations of the trends observed. Many interesting and valuable results have emerged, which will be further discussed within chapter five, the discussion chapter.

Table 16 Summary of Results: Trends in community psychology based HIV research across the JCP, AJCP, JCASP and the SAJP over the period 1990 - 2009

Number of articles published per year					
Year	Frequency	Number of articles from special issues	Year	Frequency	Number of articles from special issue
1990	19	8	2000	6	0
1991	14	7	2001	4	0
1992	5	0	2002	2	0
1993	5	0	2003	9	0
1994	3	0	2004	8	0
1995	14	5	2005	3	0
1996	6	0	2006	16	0
1997	7	0	2007	8	0
1998	19	6	2008	7	0
1999	5	0	2009	8	0
Predominant trends in publication type Empirical: Total n = 91 (65.9); Local n = 19 (54.3); International n = 72 (70.0)					
Predominant methodological approach trends Positivist: Total n = 58 (59.8); Local n = 5 (25.0); International n = 53 (69.0)					
Predominant trends in primary method Survey/questionnaires: Total n = 38 (40.4); Local n = 5 (25.0); International n = 33 (44.6) Qualitative methods: Total n = 22 (23.4); Local n = 8 (40.00); International n = 13 (17.6)					
Predominant trends in research settings Hospital/clinic: Total n = 29 (27.6); Local n = 6 (27.3); International n = 23 (27.7)					
Predominant analysis trends Inferential statistics: Total n = 68 (42.8); Local n = 11 (30.6); International n = 57 (46.3)					
Predominant theory trends Prevention: Total n = 70 (51.1); Local n = 14 (40.0); International n = 56 (54.4)					
Predominant topic trends Risk: Total n = 114 (30.2); Local n = 16 (20.0); International n = 98 (38.1)					
Predominant gender category of participants					

Mixed: Total n = 48 (52.7); Local n = 8 (44.4); International = 40 (53.3)
Predominant age group of participants Adult: Total n = 70 (74.2); Local n = 9 (50.0); International = 61 (81.3) Children/elderly: Total n = 0.00
Predominant ethnicity of participants Unspecified: Total n = 76 (32.2); Local n = 20 (42.1); International n = 56 (29.5) Black: Total n = 59 (24.9); Local n = 12 (25.5); International = 47 (25.0)
Predominant employment status of participants Unspecified: Total n = 51 (56); Local n = 10 (61.1); International = 41 (55.4) Mixed: Total n = 23 (25.3); Local n = 4 (22.2); International = 19 (25.7)
Predominant level of education of participants Unspecified: Total n = 46 (50.0); Local n = 8 (44.4); International = 38 (51.4) Mixed: Total n = 21 (22.8); Local n = 4 (22.2); International = 17 (23.0)
Predominant trends in special features of participants Student: Total n = 14 (21.5); Local n = 4 (28.6); International = 10 (19.6)
Trends in representation of marginalised groups Race: Total n = 43 (28.5); Local n = 10 (25.0); International = 33 (29.7) Disability: Total n = 0.00

CHAPTER FIVE : DISCUSSION

INTRODUCTION

This chapter focuses attention towards a discussion of the findings presented in the preceding chapter, gained through the qualitative and quantitative analyses previously described. This chapter attempts to situate and explain these results in relation to an empowerment theoretical framework and existing literature in the field. Through a critical consideration of the trends in HIV research studied within a community psychology framework published in the JCP, AJCP, JCASP and the SAJP over the specified twenty year time frame, this section seeks to illuminate what these mean in relation to HIV and how community psychology is addressing this particular social issue. In addition, this study concerns itself with commonalities and differences between articles deemed international versus those that are local and come out of a South African context. The structure of this chapter begins with a brief consideration of the dataset, followed by an understanding of the methodological and epistemological trends, and lastly a consideration of the implications the type of research being conducted on HIV in community psychology has on marginalised groups.

DESCRIPTION OF THE DATA SET

Through an investigation of the dataset it was seen that articles pertaining to HIV were present in the JCP, AJCP, JCASP and the SAJP throughout the twenty year period, despite fluctuations of the numbers published annually. This hints at a dedication towards this particular social issue, as it was observed to be the focus of many of the journals utilised within this study, as well as an important focus of community psychology. Holding this in mind, whilst there appears at first to be a commitment to the issue of HIV through its consistency, in proportion to other topics being investigated within community psychology, it is still neglected. This is illustrated in the trend analysis of Graham and Ismail (in press) where only 1.4% of articles published in the JCP over a five year period from 2003 to 2007 spoke to HIV, compared to 14.2% which addressed violence and 7.4% which addressed substance abuse. Similarly, Martin et al. (2004) also notes a lower number of HIV related articles in comparison to other social issues.

In support of the relative neglect of HIV as a topic of interest, a look at special issues across the four publications is expressive. It has been noted that through the inclusion of special issues, journals are able to rapidly increase their attention to a topic that has been sidelined (Loo et al., 1988). In this manner, special issues allow for publications to compensate for their neglect of a topic, acting as a reflection of the lack of attention a topic may have previously received. In contrast to the observed trend of relatively consistent publication of HIV related articles in these journals, a more accurate picture is painted, whereby HIV is seen as a neglected topic within community psychology. This is subject to the occasional influx of articles on HIV due to the publication of special issues, which accounted for 21.7% of the total dataset.

Taking this discussion of special issues further, it was found that all special issues that focused on HIV were published within the 1990s. The SAJP, however, was the only journal to have published a special issue on HIV in the 2000s. As South Africa has long been noted as one of the world's worst hit countries with regards to HIV finding itself in a continuing with regards to HIV, certainly in comparison to many international and more developed nations (Lurie & Rosenthal, 2009), greater and more consistent publishing on this topic would be expected. However, the need for a special issue late in the 2000s would seemingly indicate differently. Considerations to be thought through in relation to this trend would be the delayed response of the government, and the at times controversial repudiations of the disease and its treatment (Van der Vliet, 2001). In essence, it may be linked to the manner in which HIV has been addressed within the South African context. This late address of HIV, as well as the economic and structural limitations of South Africa, hints once again at the political and social flavour of HIV that makes it worthy of the attention of community psychology as a whole.

Another trend that was noticed was that very few South African articles were published in international publications. This may be in line with the idea that HIV as a disease is very much embedded in the socio-political context in which it evolves. For this reason, it may be found that articles regarding HIV may differ and have diverse applicability depending on where they originated. This being said, it should not be underestimated how valuable research from other locations may be in the fight against a disease that has an indelible foothold in the local and global community, and the benefit

of knowledge sharing. The non-South African journal found to publish the most articles penned by South African authors, was the JCASP. Local articles published in the AJCP and the AJCP were negligible. This may be due to the focus that the JCASP sets out in its mandate, stating an emphasis on more critical understandings of social issues that influence the community (Stephenson & Orford, 1991). This criticality is more often observed in South African articles, a trend that will further be illustrated and elaborated on in the discussion of methodological trends section below.

METHODOLOGICAL TRENDS

As previously noted, this study categorised published articles into one of the following types; empirical, methodological, theoretical, literature reviews, editorials, case studies, and book reviews. The overwhelmingly predominant type of article found within the four journals over the time period under investigation was empirical by nature, constituting 65.0% of the total dataset. As well as being the most prevalent type overall, it was also the most common type across the twenty year period. This is indicative of the type of knowledge production that is prioritised, and that research studies in whatever form are highlighted. The predominance of empirical studies has been echoed by other trend analysis studies over the years. Seedat et al. (2004) found 38.3% of the articles published within the SAJP and Psychology in Society (PINS) over the period 1992-2003 to be empirical in nature. Community psychology as a field is concerned in particular with research based action and the importance of the generation of knowledge that guides practice. The term used to understand this is praxis, which indicates the intimate relationship between knowledge and practice. Action is said to build knowledge that is attained through research (Orford, 2008).

It may also be noted that in relation to HIV, a greater focus on research and action is what is to be expected. With regard to an appraisal of this trend in international versus local articles, it was found that despite empirical articles accounting for the majority of articles in both, they constituted approximately half of local and 70% of international articles. Local articles had a greater proportion of theoretical, methodological, and reviews. This diversity in article types indicates that HIV work in South Africa is more varied than that found within an international setting. Whilst local articles emphasise the

generation of research, they are also concerned with the promotion of theory and method, as well as the appraisal of previous interventions. The focus on these aspects of HIV related research allows for the further development of a community psychology framework with regards to how HIV is studied and understood. In a similar vein, a greater variation in article type has also been seen as a trend across the four journals examined, despite the reliance on empirical articles. This variation in article types indicates a desire for knowledge that locates itself in various paradigms, frameworks, and theories. Through this widespread acknowledgement of different types of knowledge, community psychology seems to be shifting towards a more multifarious approach to the issue of HIV. Conversely, the observed trend in South Africa with regards to empirical articles only accounting for half of the dataset, also raises concerns about whether the field is producing sufficient new knowledge for it to remain responsive to the issue of HIV, or whether it has become stagnant, merely repeating and reusing work that has gone before it.

Another methodological trend found was that the total articles investigated were skewed towards articles making positivistic inquiries relating to HIV. Trends found in methodologies, methods of data collection and types of analyses that dominated published articles all support this frame of reference. Community psychology as a discipline has committed itself to the understanding of individuals and communities in context (Dalton et al., 2004). Through making use of an approach and methods that view the world as a static entity consisting of absolute truths that can be seen and measured, where phenomena are quantifiable and individuals may be understood regardless of context (Johnson & Onwuegbuzie, 2004). This limits the knowledge that one can gain regarding the complexities of HIV. In fact, Shweder (1990, p. 8) talks rather eloquently about the place of positivism in community psychology stating that the "ideas of a context-free environment, a meaning-free stimulus event, and a fixed meaning are probably best kept where they belong, along with placeless space, eventless time, and squared circles on that famous and inspiring list of notions." These methods assume homogenous experience and downplay individual differences. For the most part, community psychology as a whole appears to be allowing particular values and ideologies to be championed, whilst disregarding other types of experience.

With this having been said, questions of methodological approach throw the differences between the international and local trends into sharp contrast. Whilst positivism is the approach used most commonly overall, as well as in internationally authored articles, this is not the case in South African articles. Positivistic articles account for 25% of local articles, the same prevalence as applied community research methods. This indicates that South African articles are geared towards a greater variety of approaches than international articles, and that applied approaches are considered important. As was highlighted in the results chapter of this report, the majority of applied methods noted in the articles examined, was programme evaluation.

It has been said by Novaco and Monahan (1980) that community psychology will flounder as a sub-discipline if there is an absence of investigations into the impact of interventions, and will not be able to keep in step with the shifts in political and social environments. This has been underlined as an important facet of community psychology, and has implications of both an ethical and moral nature with regards to being accountable to the community at large (Novaco & Monahan, 1980). South African community psychology appears to be moving towards the fulfilment of this calling however the number of research studies applied methods remains limited overall. In connection with this it should be noted that no articles that pertained to policy research were coded. Community psychology has been seen to concern itself with advocacy and policy work, seeking action at a broader level. A consideration of policy and other types of political action are also an important factor in the quest for empowerment, where it is often through these mechanisms that structural change and change at an institutional level may occur (Ife, 2002). The value of policy research is therefore a palpable direction for local HIV research based in community psychology.

South African articles also appeared to make greater use of qualitative and critical methodologies, data collection methods, and types of analyses. This points to South African community psychology having a more critical agenda than community psychology internationally with regards to this social issue. Interpretive approaches were utilised equally across contexts, showing a similar commitment to the understanding of the subjective meanings of HIV and HIV experience. Globally HIV related community psychology research appears to be devoted to people's daily experiences of HIV.

Lastly, South African articles were seen to make use of a mixed methods approach more frequently than international articles. Martin et al. (2004) advocate for the use of mixed method approaches as opposed to purely quantitative, and mainly positivistic, approaches. It is said that through the combination of qualitative and quantitative methods, research would be better able to gain insight into the complexities of phenomena and how they play out in particular settings. Through the increased usage of these methods, it can be seen that local community psychology appears to have grasped this notion, whilst the field internationally still defers to positivistic methods.

THEORETICAL TRENDS

Overall, a focus on prevention frameworks dominated the way in which HIV was understood from a community psychology view. Prevention frameworks emphasise issues of illness and mental illness, prevention and the promotion of health and mental health. Prevention has long been a core principle of community psychology, but many have questioned the extent to which this framework should be utilised. In particular, prevention has been said to be more valuable in addressing issues that have a single distinguishable cause, but are less useful where issues are complex and multi-level (Albee, 1982). Similarly, prevention has been critiqued for not acknowledging diversity and focusing on the individual (Fondacaro & Weinberg, 2002). In this way, investigations into risk and resilience are usually concerned with the individual at the expense of recognising contextual factors, which community psychology as a whole has been trying to move away from.

Individual psychological theories were the next commonly used within both contexts, but were observed more within local research. These theories tend to locate problems, particularly those that are inherently social, within the individual. Due to the location of the problem as one being within the individual, treatment is based within the individual as well (Trickett, 1996). Whilst it is acknowledged that in the case of HIV some consideration and treatment of the individual is necessary, in the form of medical management, an explanation of this issue based entirely on the individual without the cognisance of contextual factors that the individual is unable to control can lead to victim blaming. This phenomenon occurs when individuals that experience the costs of an unjust

and oppressive society are ultimately blamed for their shortfalls (Ife, 2002). This flies in the face of community psychology principles, which aim to go beyond theories that imply "ahistorical, acultural and acontextual assumptions" (Trickett, 1996, p. 212). An ideal community psychology approach would challenge these repressive injustice structures, taking issues such as power differentials, gender relations and access to resources into account. It appears that on the whole HIV is being studied as if it is any other disease, and not one intimately linked to the socio-political context.

Structuralist critical theory was the next most frequent theory in both contexts, as well as postmodern theory locally. This shows that globally there is a move towards a emphasising oppressive and unequal social structures as being at the root of social problems, essentially indicating that HIV is inherently linked to issues such as gender, class, and race (Ife, 2002). Ife (2002) speaks of how this perspective is relatively disliked among those in government as it highlights weaknesses within the system. South African community psychology HIV research shows a trend towards being much more critically orientated than its international counterparts. This has important implications for the plight of marginalised groups, as this theory is geared towards understanding and consequent reshaping of discourses and the manner in which power constructs and perpetuates marginalisation and disadvantage (Ife, 2002).

A perhaps surprising finding that emerged from this study was the low number of studies that subscribed to either ecological, social action or cultural diversity standpoints. This is unanticipated as these theories, along with a focus on prevention, have been identified as being the central thrusts within a community psychology perspective (Toro, 2005). This raises questions about whether or not research based in community psychology in general differs greatly from the research carried out within the discipline regarding HIV specifically. However, when this result is considered in relation to the findings of Graham & Ismail (in press) on the method trends within the JCP over the period 2003-2007, similar trends surfaced. It was found that there was a low representation of studies that located themselves within a social action or ecological framework. It appears therefore, that this trend is perhaps applicable to community psychology based research as a whole, and is not specific to the topic of HIV.

The topic most often the subject of study within community psychology HIV research was overwhelmingly risk, although this trend was seen to be less in local articles. Similarly, the topics of HIV and mental health and attitudes and knowledge were also observed to a large extent, particularly in local settings. This focus on issues of risk and those around mental health and attitudes and knowledge related to HIV was particularly disheartening trend to come about, and is consistent with a mental health framework. This focus on mental health in particular has been noted in previous studies such as Seedat et al. (2004). This trend points to the fact that despite the calls for shifts within community psychology towards a focus on context, the majority of HIV research is still centred on individual beliefs and attitudes and the association of HIV with pathology.

Many previous studies have highlighted the fact that relevance of psychology has been a central theme within community psychology, particularly in South Africa (Seedat et al., 2004). This study follows a similar trend, with local articles specifically speaking to a great extent about critical considerations of research. This trend is interesting; as it appears that there is a discrepancy between what is being done regarding community psychology in an academic setting, and what is being put into practice on the ground. Critiques being levelled against community psychology practice and research, often regarding the individualised nature of such research and the use of western theories in a local context, are largely being overlooked on the ground. Structural topics were low overall, but slightly higher in South Africa. This once again shows the political flavour of publications, as these studies were chiefly regarding ARV roll outs and Vaccine trials taking place within the country at that time.

The topics that were observed the least across the board were HIV and culture, considerations of HIV and the community, gender relations and the implications for HIV, social constructions and discourses relating to HIV, and experiences of PLWHA. Again, the neglect of these topics is unexpected within a community psychology framework, to the disciplines core beliefs and principles. This is seen particularly as these topics refer to contextual enablers of HIV and the vulnerability of marginalised groups to HIV infection.

CONSIDERATIONS OF MARGINALISED GROUPS

At the now well-known Swampscott conference held in Boston in 1966, which many view as the beginning of formalised community psychology, it was decided that community psychology would not confine itself to issues regarding community health, but would strive to understand and regard social interventions in alternate ways (Trickett, 1996). Psychologists would go beyond their traditional roles, becoming advocates for those who suffer in poverty, and those on the periphery of society. The goal was for community psychologists to actively participate and contribute to the social and political life of communities (Trickett, 1996). Since the outset it can be seen that community psychology had an explicit commitment to those seen to be disadvantaged and powerless within communities, and sought to investigate social problems in ways that did not further marginalise these groups. We have already looked above at the methodological and theoretical trends that impact on the type of knowledge that can be gained from carrying out research located in particular worldviews has on how individuals under investigation are viewed. This discussion now turns to trends found in the focus on particular groups within studies, what can be gathered from this information, and the implications this has for the socially marginalised within society.

The trends that were uncovered within the JCP, AJCP, JCASP, and the SAJP showed that marginalised groups have been the focus of study with regards to HIV research in a community psychology framework, and that there has been an increase in this interest over time. This trend should also however be viewed critically, as the peaks in studies concerned with marginalised groups appear to match the years in which special issues were published. This indicates a realisation on the part of the respective publications that both HIV and marginalised groups have been neglected of interest to this study to look beyond the broad label of marginalisation to see which groups are being made the focus of research, and which are not. The investigation into marginalised groups within HIV related research focused on those seen to be disadvantaged according to race, socio-economic status, gender, HIV status, sexual orientation, geographical location, age, migration status and disability.

One needs to critically engage with the idea of marginalised groups as investigated within this research. This argument will take two forms. Firstly, that through

the investigation of groups deemed disadvantaged, notions of the marginalisation of certain populations are strengthened and perpetuated. And secondly, that the investigation of marginalised groups of people inherently assumes ideas about the homogeneity of these groups. To begin with the first thread, of interest are questions of whether or not marginalised groups should be the focus of study, or whether by focusing on these groups the idea of them on the periphery is perpetuated and maintained. One can make use of the findings from the current study to engage with this idea of promoting marginalisation through focusing on disadvantage.

The first trend that was espied regarded race. It was found that groups considered peripheral according to race were the most commonly investigated group within this type of research, as well as being made the most consistently the focus of research over time. In addition to this, it was observed that this trend was more apparent in international as opposed to local studies. This trend was seen as a flag as it would be expected that local articles would have a greater proportion of studies regarding race, as the majority of the population in South Africa is black. This is in contrast to international settings, where those that are more marginalised by race are the minority. Questions were raised as to if international community psychology is constructing HIV as a black problem. A study carried out on low-income African American men living in urban settings looked at this group of men and how they are often constructed as being only concerned with sexual activities, and being irresponsible with regards to protective sex (Whitehead, 1997). Another study spoke of how due to the apparent high prevalence of HIV in African American groups, that even *being black in America is a stigma itself* (Thomas & Quinn, 1993, p323).

Similar arguments can be made with regards to gender. As was highlighted previously, women are particularly vulnerable to HIV infection. This has to do with the existence of gender inequalities and the lack of sexual agency of women in general (Lamptey, 2002). Shefer (2004) takes this further and looks at the "feminisation of poverty" in Africa in particular, where women find themselves at the juncture of both economic and gender imbalances. It is here, that women are often caught between the need to be in sexual relationships for financial stability and being unable to negotiate sexual relationships (Shefer, 2004). Those marginalised by gender were paid much

attention in local articles, and not much internationally. This may be due to issues such as those discussed above that relate more closely to an African context, as well as issues such as gender violence and their intricate connection to sexual practices, of which there has been much research within the South African context (Shefer, 2004). Through emphasising women and their €powerlessness• and vulnerability to infection, particularly within an African context, is HIV constructed as a black woman•s disease, thereby further marginalising this group? Likewise, through the increase in studies centring on mothers and motherhood, are the most vulnerable sectors being made responsible?

In the same vein, similar things may be said about those marginalised by their sexual orientation. There was a sharp contrast between the trends in representation of those marginalised by sexual orientation in local and international articles. Locally it was seen that no articles looking at those sexually marginalised were recorded, whilst a number of international articles were. Is sexual orientation an issue that is avoided locally due to stigmatisation of this group, and so fear of individuals being singled out should they participate, or are no studies being conceptualised on this topic? If the answer is indeed the latter, is it because South African community psychology does not see LGBT individuals as an important group to study, or is the discipline internationally focusing too much on this group, leading HIV to be seen as an issue that is particular to this population. Another trend with regards to those marginalised by sexual orientation is that as a group they were emphasised to a greater extent prior to 2000. This may be due to the shift from an understanding of HIV as a €gay man•s disease•, to a more accurate reflection of who HIV impacts. This change in trend over time illustrates the political nature of publications, but also the effects they may have in the production of knowledge in an area. A potential implication of constructing HIV as a disease unique to homosexuals and gay men in particular, is that initially this perception may have fuelled heterosexual transmission through the manner in which this issue was initially framed and responded to (Asthana & Oostvogels, 2001).

Ultimately, should categories such as gender, race and class, the groupings said to be the most unequal in South Africa (Ahmed and Pretorius-Heuchert, 2001), be ignored? Marginalisation across these groups has been shown to play an intricate role in the spread of HIV, specifically speaking to the vulnerability of these groups and the

impact the socio-political context has in maintaining this vulnerability (Wood et al., 1997). The consideration of those marginalised through their migration status, being refugees or immigrants of some sort, was a topic not acknowledged to any large extent within the local or international contexts. Migrants have been identified as one of the most vulnerable populations; with issues such as uncertain rights with regards to long-term residence in a country, fair wages, adequate working conditions, and access to basic services and healthcare (Skeldon, 2008). In illustration of this point, the US has a controversial history of not allowing HIV positive immigrants into the country, nor granting them citizenship or permanent residence, even if they were HIV negative upon entering the country legally (Baruch & Hangarter, 1992). In the vast majority of the cases, the voices of citizens will be heard over those of migrants (Skeldon, 2008). A similar trend appears to be evident in community psychology, being more concerned with the dominant cultural groups and the indigenous minority groups in any given context. This marginalisation and shunting of foreign nationals to the periphery of society through the silencing of their voices and the lack of knowledge or research generated about this group can be seen.

With regards to the trends observed in age ranges of the participants of HIV related research in a community psychology framework, it was found that studies at made use of adult populations. Whilst this result is anticipated due to the subject of inquiry, namely HIV, it does serve to neglect other groups infected and affected by the disease. Adolescents are an important group in the consideration of HIV, as this is the age frequently noted as being the period in which many experience their first sexual encounters. Neglect of this group can be observed more in international settings than local ones. In addition to this, it was noted that no study in community psychology over the period 1990-2009 that related to HIV focused solely on individuals in childhood, or the elderly. This finding was surprising considering the increased chance that these groups have of being on the periphery of society. Previous studies based in community psychology support this; highlighting the fact that the most commonly socially excluded groups are women, children, the elderly, certain ethnic groups, the disabled, widows, the severely poor, and those infected by HIV (Orford, 2008).

The elderly and the youth are also the populations that are often the most impacted by HIV. As the bulk of people living with HIV and dying of illnesses related to AIDS are adults, it is often left to the elderly to look after any young family members left behind. Often, where no older members of a family exist or are able to provide support, child-headed households ensue (Ssengonzi, 2007). As can be seen, the very nature of HIV is such that the burden of the disease habitually befalls on those who may not be infected, but are nonetheless directly impacted. The relationship between HIV and the economics of a country have long been recognised, from the microeconomies with respect to households, the influence on education and human capital, and issues such as government welfare (Haaker, 2004). Through the focus of research on the adult population, and the economically active individuals, the government is able to ensure that they do not leave dependants behind that will be a further encumbrance on the economy.

The marginalised group that was the focus of the least amount of research, in fact no research, was those who are marginalised based on some form of disability. Once again this was a trend that appears to be universal, at least with respect to the journals investigated. Individuals with disabilities have previously been highlighted as an under researched group (Martin et al., 2004). This lack of research on individuals with disabilities within community psychology is said to be unexpected due to the discipline•s interest in minority groups (McDonald, Keys & Balcazar, 2007). Moreover, disability is understood as being able to cross other categories, and can bisect with individuals from different race groups, sexual orientation, genders, and SES (McDonald et al., 2007). Through the studying of this group, community psychology may gain a greater understanding about this group•s experiences of themselves and their understandings of how power and oppression operate within their lives (McDonald et al., 2007).

However, due to the lack of research carried out on these groups, as can be seen they are kept at the periphery of society. No knowledge is produced in reference to them, and they remain a silenced voice in relation to what knowledge is in the public domain. Ife (2002) speaks of the €wisdom of the oppressed•. By this he means that in order for the oppressed to become empowered, the knowledge of the powerless needs to acknowledged, as opposed to solely the knowledge of the dominant groups (such as those in the ivory towers of universities). In other words the victims of oppression, silenced

through the ascendancy of dominant groups in society, need to be allowed to express their own needs and be able to contribute to society at large (Ife, 2002). In this manner it may be seen that there are costs and benefits of focusing on marginalised groups within published work, but essentially if no knowledge is produced with regards to these populations, they remain hidden and silenced.

Turning now to the second theme, that of the consideration of marginalised groups as discrete categories. With regards to a consideration of the concepts of marginalisation used within this study, it may be seen that making use of discrete categories such as white, black, heterosexual, homosexual, able-bodied, disabled may contradict a community psychology approach with regards to diversity. One of the central values of community psychology is a consideration of diversity (Dalton et al., 2007). In ignoring difference, the idea that groups are homogenous is promoted and the diversity of human beings and their experience are negated. Wilsenfield (2006) argues that to think about population groups as homogenous and undifferentiated, the assumption is that all the individuals that make up that group have the same characteristics and think, feel and act in the same way. As Trickett (1996, p221) states "We need to stop trying to homogenise diversity". The study alluded to earlier by Bernal and Echategui-de-Jesus (1994) also spoke to this point, indicating that through categorising an individual as Latino or Latina limits an understanding of the differences within this group, such as different cultural histories, differential accesses to resources and languages. As such, in relation to this study, when speaking about those marginalised through sexual orientation, many assume that homosexual men; implicitly negating the voices of lesbians, transsexuals, and those who identify as intersex. Trickett (1996) goes on to say that community psychology is uniquely placed to generate knowledge and develop programmes and interventions that acknowledge the intricacy of a concept of diversity.

THE SHAPE OF COMMUNITY PSYCHOLOGY BASED HIV RESEARCH

Community psychology has been critiqued in the past for being a somewhat amorphous field. Definitions of community psychology tend to be nebulous in the consideration of what the scope is for community psychology in relation to similar fields (Goodstein &

Sandler, 1978). Lounsbury et al. (1979) has long highlighted the issues community psychology has be perceived as experiencing in relation to its boundaries as a discipline.

In trying to elucidate the divergences between traditional health psychology and community psychology, the difference predominantly cited relates to the fields' emphases and aims. Health psychology is concerned with the part that psychological processes play in the development and course of influence individual health and illness (Campbell & Murray, 2004). In the consideration of HIV, a large focus has been placed by health psychologists on understandings of the relationship between health and behaviour (Chesney, 1993). Conversely, community psychology perceives social issues as being inherently linked to imbalanced social and political structures, and to change these conditions (Duncan, 1991).

Questions about what implications the above findings have on the profile of community psychology based HIV research are raised. It would appear that in the quest for knowledge regarding HIV, community psychology tends to draw on more positivistic methodologies across both local and international contexts than perhaps it normally would in light of other topics of concern. Another focus of community psychology with regards to HIV research is that it appears to emphasise a preventive thrust, with a high observance of issues such as risk and associations of HIV with mental health. Traditional health psychology has been seen to for the most part disregard or overlook issues of the broader context that also play a role in health (Campbell & Murray, 2004). Little research pertains to the manner in which HIV prevention and empowerment needs to occur through the systematic address of structural inequalities that persist and that contribute to the creation and maintenance of contexts in which HIV as a disease thrives. Due to the lack of true community psychology geared research within the topic of HIV, the marginalised are continually shunted further onto the periphery of society, and become increasingly more vulnerable to HIV infection. Holding these critiques in mind, whilst the general approach overall appears to adhere to a more health psychology stance, trends have been noted, particularly within local community psychology, HIV being studied in increasingly critical ways.

Lounsbury et al. (1979), by way of commenting on the seemingly diffuse boundaries that link community psychology to domains such as community mental

health, applied social psychology, public health and social work; stating that this interaction is unlikely to cease, but that it is important that these disciplines intermingle in a manner that works towards wellbeing. This being said, it is perhaps a valuable observation that areas of health psychology and the different foci they play a part in how HIV is studied within a community psychology framework. The caution being that this should in no way be subscribed to, to the exclusion of a community psychology geared understanding and approach with regards to HIV. If the predominant trends continue to ignore context and neglect issues such as policy research and more critical methodologies, the fear is that the socially marginalised groups will be the most adversely affected.

CHAPTER SIX: CONCLUSION

INTRODUCTION

This chapter acts as a summation of this study. The chapter encompasses a look at the limitations of this study, as well as the significance of this study for the discipline of community psychology internationally and locally, and its address of HIV as a pressing psychosocial issue.

This study sought to investigate how community psychology has researched and understood HIV over the past twenty years, over the period 1990 to 2009. In addition to this, it has sought to contrast the manner in which these dimensions differ between international and local community psychology. This was achieved through an exploration of the theoretical and method trends in HIV research within the realm of community psychology published in the AJCP, the AJCP, the JCASP, and the SAJP. As well as being concerned with knowledge produced through these publications with regards to methods and theory, the implications this has for those deemed to be socially marginalised was discussed. Some of the core trends that emerged were a focus on empirical studies, particularly in the international setting. Whilst the implications of this for the generation of new knowledge is inherently progressive, the majority of these studies were found to fit into a positivist paradigm and make use of data collection methods that are similarly focused, which has been said to limit the knowledge that is able to emerge. This being said, the trend was for South African studies to be more applied and critical, findings that are in line with a community psychology stance.

It was found that a focus on an adult population was in place, to the detriment of the elderly and child population groups. Questions were raised about the perhaps political nature of this, with the emphasis being on the economically productive members of society. Ethnicity as a category was one that was often unspecified, particularly in local studies, discussions around the meanings of this were engaged with. With regards to marginalised groups, many trends were found and discussed in relation to international and local contexts. Trends in research settings found the majority of local and international studies taking place in hospitals and clinics, and another setting highly utilised within local contexts being the general community. An investigation into the

types of analysis utilised in the articles in question showed a strong preference for statistical methods, both inferential and descriptive. Local studies made use of qualitative analyses such as content analysis, and critical methods like discourse analysis to a greater extent than international articles. And lastly, with regards to theories most commonly looked at with regards to HIV research or prevention was used the most across contexts, followed by individual psychological theories. Across contexts, social action, ecological theory, and cultural diversity theories were neglected. The repercussions of these trends on knowledge production within a community psychology field were explored.

LIMITATIONS OF THE STUDY

This study aimed to uncover broad trends in international and local community psychology HIV research published in particular journals over a twenty year period. Whilst this goal has certainly been achieved, what is conspicuously absent is a look at unpublished work, or "grey literature". In this manner, this study is to a certain extent limited in making claims that refer to all knowledge produced in community psychology HIV research generated, as not all research conducted over this time period has been attended to. However, due to the need to make the study more focused, and because of the interest in contrasting international and South African trends, it is not felt that this study compromises its relevance. In addition to this, the subject of importance was how HIV research in community psychology is being addressed within the broad academic arena, and published work allows an indication of this, particularly in accordance with what knowledge is being promoted. This has also allowed for the implications that this may have on the training of community psychologists to be engaged with.

Another limitation of this study was the fact that the sample size was relatively small. However, as this study allowed for the results to be engaged with using a more qualitative lens, the research questions were not compromised, and were able to be answered as set out prior to the commencement of the study. In line with this limitation it is imperative that some of the issues that arise through the use of qualitative and quantitative work be highlighted. Firstly, with regards to the qualitative aspects of the study with regards to the coding, problems may emerge due to the inherently subjective nature of such a process. This limitation was taken into account within the body of the

research report through the use of another coder, namely the research supervisor. Through the calculation of inter-coder reliability on 15% of the sample, the strength of the study as a whole was amplified. With regards to the quantitative features of the study, whilst quantitative methods may allow for a systematic understanding of the data and an advent of the trends within community psychology HIV research, an in-depth understanding of the data is often limited. This mixed methodology was seen to be appropriate for this study however, which may be used as a springboard for further study. Lastly with regards to the qualitative-quantitative tension, questions may arise about utilising quantitative methods (which fit neatly into a positivistic framework) whilst situating the study within a critical paradigm. This paradigmatic pull was addressed in the method section of the study, making use of the assertion of Bhana and Kanjee (2001) that critical theory does not see qualitative and quantitative research as polar opposites. However, acknowledging that locating this study in a critical paradigm which fundamentally questions the worldview of positivism, this study attempted to be highly critical of its own methods as well as of the resultant findings.

The last limitation of this study that is necessary to ruminate upon further, is the use of marginalised categories utilised within the conceptualisation of this research. It needs to be recognised that the use of discrete categories of marginalisation ignore or downplay the complexity of these categories. In addition, through the use of quantitative methods, the day to day experiences of individuals that find themselves on the periphery of society, is negated. Whilst these limitations to the current study are acknowledged, this does not negate the importance of a study of this nature, to gain an overview of trends within community psychology HIV research that have implications for the plight of marginalised groups. As stated previously, this may be an interesting route for further study, and that the results garnered from the answering of the current study's research questions may serve as a valuable starting point.

SIGNIFICANCE OF THE STUDY

The strength of this study lies primarily in its methodology. Following a tradition of trend analyses studies carried out by many influential authors both internationally and locally, as examined previously, this study has set itself up to carry on along this path. Also

important is the critical paradigm and the empowerment theory framework adhered to, as they aligned well with the aims of the current study, and allowed the researcher to critically examine and explore the presenting trends from a more suspicious way. In this way, the researcher was able to highlight issues surrounding international and local trends in HIV research based in a community psychology frame, as well as comment on the position of marginalised groups in South Africa. Increased specific awareness is given to marginalised groups in HIV research, the cycle of perpetual disempowerment may be further brought to the foreground and condemned, ultimately furthering the agenda of community psychology.

Many criticisms may be levelled at the idea that a study may be conducted and conclusions drawn merely by looking at the abstracts of published articles. As was noted previously however, this limitation was not a concern for this study as it was ensured that there was complete access to the full articles of the abstracts under investigations. If any confusion or uncertainty occurred, the full article was examined. This was the case for the vast majority of the articles investigated.

In addition to this, this study had a narrow focus, but cast its net wide. Rather than looking for trends encased in one journal, where it would be difficult or perhaps unethical to draw conclusions from such a limited scope, this study undertook an exploration of trends in 4 publications. This allowed for a greater number of articles to be included in the study and a greater verification of trends, thereby strengthening the conclusions that this research was able to draw.

FUTURE DIRECTIONS

Novaco and Monahan (1980) speak of the moral and ethical obligations of community psychology to continuously be critical of community psychology as a field, and its impacts. They go further, acknowledging that as a discipline this is necessary if it is to remain relevant and based in context. Community psychology should not be viewed as above critique, and needs to be persistently monitored and reviewed.

One of the areas in which this sort of scrutiny is highly important, relates to community psychology's goals. As a discipline, community psychology needs to be constantly challenged to remain true to its original objectives and values, particularly

with respect to marginalised groups. The inquest into HIV research that has been carried out in a community psychology framework over the past twenty years has been particularly revealing in this regard. It is important that the way in which research is conducted does not perpetuate stereotypes, or limit the types of knowledge that one can gain about individuals and groups. A greater effort should be made to move away from the investigation of the individual, to more structural factors that are in place, that add in the perpetrating of marginalisation.

In accordance with this, it was noted that international and local trends in HIV research within community psychology did diverge in many respects, but that on the whole there appeared to be an over-reliance on individualised views such as coping and adjustment, a trend that was highlighted by Speer et al. (1992). It appears that after many years, as noted by Speer et al. (1992), this may be community psychology's status quo. It is important therefore for community psychology to expand its topic and methods base to include a still greater focus on models that look at individuals within their context.

CONCLUDING COMMENT

This chapter has gone into depth with regards to the trends that were illuminated within HIV related community psychology research identified within the journals in question. Discussions around the methodological and theoretical trends, as well as the consideration of participant characteristics and marginalised groups were used to comment on the field of community psychology in general and the way in which local and international community psychology specifically, are investigating the issue of HIV.

It has been highlighted throughout the study the importance for community psychology to remain true to its original value base and principles. It has also been indicated that the plight of marginalised groups with regards to HIV is convincing, and more than warrants the attention of those with a community psychology agenda, and the benefits that studying HIV from this perspective may confer.

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APPENDIX A. Topic Category Descriptions

This appendix contains a description of each topic that emerged from the analysis of the articles in the dataset. Further, examples of keywords and phrases used to guide the division of articles into topic categories have been provided. The article number has been specified in brackets behind each example. Articles were coded with more than one topic if an article appeared to not only address a single topic. As such, multiple responses were gained, and frequencies of this nature were established.

1. Social support and social networks was concerned with any article that related to an individual's support systems or their seeking of help from those around them. This included articles that spoke of other issues surrounding support networks.

   "Social support is associated with better health outcomes, yet support receipt can be stressful." [1]

   "A study on the psychological impact of the perceived availability of illness-related support and negative illness-related network interactions." [79]

   "Research trends in psychosocial aspects of HIV/AIDS are reviewed, gives cognisance to the role of psychosocial stress, social support, and emotional adjustment." [138]

2. Coping strategies and stress included abstracts that looked at the ways in which people living with HIV or AIDS cope. Abstracts that focused on the strategies utilised by care workers in managing caring for HIV infected persons, were also included in this category.

   "The relationship between coping strategies and anxiety and depression was investigated." [26]

   "An enhanced stress and coping model was used to explain depression among HIV-positive women." [50]

   "Examines the joint effects of coping, conflict and social support among a sample of HIV-infected individuals." [65]

3. Psychological adjustment looked at abstracts that referred to the period or level of adjustment of people who have discovered that either they or a loved one has HIV.

   „f what factors in these women€s lives are predictive of adjustment f„ [18]

   „The association between HIV disease progression (asymptomatic, symptomatic, AIDS) and mental health and psychological adjustment f„ [23]

   „Influence of the variables on adjustment to stressful circumstances f„ [65]

4. The topic of risk was concerned with abstracts that were about engagement in risky behaviours, or individual•s perceptions of their own or their community•s risk.

   „Risky sexual behaviour can lead to pregnancy, sexually transmitted diseases (STDs), and human immunodeficiency virus (HIV)…[10]

   „Examines the effects of an HIV risk reduction intervention among African American adolescents in Trenton, New Jersey…[66]

   „This paper explores HIV risk related behaviour in the context of men€s entry into the gay community…[92]

5. Stigma and social exclusion was developed to account for abstracts that made reference to groups being stigmatised due to their HIV status, or another form of disadvantage that related in some way to HIV. Othering processes alike were also included within this topic.

   „f a questionnaire was used to investigate the personal and perceived community stigma regarding HIV/AIDS in a South African community„ [87]

   „f the ways in which new health technologies have afforded a process of •othering€: creating the social exlusion of known or assumed HIV positive men f„ [91]

   „The aims of this study were to investigate variables that influence AIDS related stigma f„ [103]

6. Attitudes and knowledge was a topic formed to describe the articles that were concerned primarily with individual and group attitudes and understandings of HIV or AIDS, and the individuals that are infected. Any abstract that looked at this subject matter was included within this category.

> ‚This study aimed at predicting intentions to avoid casual sex and to use condoms, through self-efficacy, attitudes, optimistic bias in perceived risk, knowledge…„ [93]
>
> ‚A follow-up study was conducted to investigate change in sexual behaviour, knowledge about HIV/AIDS transmission, and attitudes to condoms over a 6-month period…„ [100]
>
> ‚The group discussions focused on knowledge about transmission and prevention, attitudes towards AIDS and people with AIDS, and sexual and other behaviours related to AIDS risk…„ [139]

7. HIV, the media and education was created as a category to include abstracts that pertained to either broad-based media campaigns or HIV education on a smaller scale, such as peer-led programmes. Originally HIV education was a category on its own, but due to the small sample size, both two aspects of HIV education were integrated.

> ‚ The print and electronic media have been used effectively in the past to assist individuals in altering negative health behaviours and attitudes…„ [39]
>
> ‚MARCH promotes behavioural changes through entertainment-education using mass media, particularly long running radio serial dramas…„ [47]
>
> ‚How media-based health promotion interventions can reach large segments of the population and lower barriers; Designing of media interventions„ [70]

8. Critical considerations of research came about because of the number of abstracts that were concerned with challenging individualised methods within HIV research, or seeking to advance new methodologies. Abstracts also included

within this category were ones that were critical of transposing western methods with regards to HIV research, onto €developing• contexts.

> ‚Challenges faced by ƒ individualistic perspective pertaining to the study of AIDS risk behaviour and interventions ƒ„ [76]
>
> ‚While research in developed countries is quite advanced in this area, and while some of this research is relevant and important in developing countries ƒ vastly different considerations ƒ„ [127]
>
> ‚ƒ consider the interventions that are currently in place and critically discuss the methods that are being used to evaluate them ƒ„ [133]

9. HIV and mental health included all abstracts that looked at either the effect an HIV diagnosis, or living with the disease affects daily living, as well as links to pathology and co-morbid disorders like anxiety or depression, and issues such as use of psychotherapy or counselling.

> ‚ƒ emphasis on social support and counselling opportunities in facilitating women€s progress through the emotional process associated with HIV/AIDS diagnosis and treatment ƒ„ [5]
>
> ‚..address the association between heavy substance abuse and major mental disorders in a large sample of HIV-infected community-resident African American men ƒ„ [22]
>
> ‚ The current study examines two contrasting models of the relationships between illness disclosure and mental health ƒ„ [90]

10. Experiences of PLWH has a topic accounted for articles that were concerned with the daily experiences of people who are HIV positive. Included in this category were articles that made reference to PLWH•s negotiation of a sense of identity

> ‚The unique experience of HIV/AIDS among rural women in the United States was explored ƒ„ [5]
>
> ‚The study elicited women€s narratives as they talked about their experiences of living with a •spoiled identity ƒ„ [124]

11. Implications of gender relations in the context of HIV was decided upon as being an essential topic, and accounted for articles that looked at gender roles,

negotiating of condom use by either genders, or questions such as sexual agency were coded as fitting in with this category.

> „...traditional gender relations...critically discussed to better understand the complex realities faced by Cape Verdean immigrant women..." [46]
>
> „...concerned with their sexual reputation if they carried condoms...more of a problem for women than men..." [94]
>
> „...young women in low-income communities...participants demonstrated limited sexual agency in their first experiences of sexual intercourse..." [125]

12. Social constructions and discourses relating to HIV centred on subjects such as HIV, sexuality and relationships in relation to social constructions and the questioning of dominant discourses.

> „...women are not necessarily in a position to make purely rational, individual decsions about safe sex, since these decisions are intimately linked to social constructions of sexuality and the power relations that operate in cultures..." [126]
>
> „...implications for intergenerational communication of loveLife's use of a youth-culture discourse about adolescent agency alongside the familiar storm-and-stress discourse..." [112]
>
> „We investigated not only their views on HIV/AIDS, love, sex and friendships, but also how out-of-school youth talk to each other about these topics and the discourses they utilise..." [113]

13. Articles whose subject matter looked at issues of culture, race or ethnicity with regards to HIV and some aspect of theory or a sample, or levels of acculturation within a particular context, was coded as the topic of HIV and culture.

> „AIDS prevention messages should be tailored to high risk groups within specific cultural and ethnic populations and that risk may differ by level of acculturation..." [19]
>
> „...lack of culturally specific behavioural theories that can inform HIV prevention..." [58]

,The importance of culture in psychological theory…Social contexts and internalised sociocultural experiences can affect a variety of issues, including sexual scripts…[60]

14. Issues of a biomedical nature were coded as a theme, such as those relating to vaccine trials, HIV testing, and utilisation of services.

,This study examined the influence of demographic variables, risk behaviours, knowledge, and psychosocial variables on HIV testing among a sample…[12]

, It has been argued that the focus of HIV vaccination attempts should be on early adolescents younger than 15 years of age…[119]

,…research contributes to the understanding of the concerns of potential HIV vaccine trial participants within the South African context…[123]

15. HIV and drug users arose due to the number of abstracts that looked specifically at HIV in relation to drug use.

,The families of drug users are an underutilised resource…[31]

,Intravenous drug users may hold the key to the future epidemic of AIDS in the United States…[37]

,Examines the relationship between drug injection contexts and risk of HIV infection of inner-city injection drug users…[83]

16. Considerations of HIV and the community came about through abstracts that had a distinctly community focus with regards to HIV and its impacts. Abstracts that were coded as belonging within this category primarily referred to the broad influence HIV has on the community and its functioning, macro-social considerations of HIV, or the influence that communities and contexts have on community interventions.

,Focuses on the effects of human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) on communities in the United States…[71]

,…explore the social dimensions of AIDS. The social dimensions are many and varied…[104]

,f €intervention-in-context€, we systematically compare the context and the implementation f community development ethos f,[42]