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**HIV/AIDS and men: A critical examination of
tensions and challenges in establishing a support
group for men**

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degree of Masters in Clinical Psychology

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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Abstract

The HIV/AIDS pandemic has introduced significant challenges to health care professionals, specifically the appropriate means of supporting those living with the virus. Little research, however, has critically investigated the difficulties involved in the creation of community interventions in this area. In addition, few men's only HIV/AIDS support groups exist and a relatively modest amount of literature surrounds the subject. This thesis, aims to investigate the struggles and tensions involved in the formation of men's only HIV/AIDS support groups. Three knowledgeable practitioners in the field were interviewed, using semi-structured interview schedules, regarding their experience and knowledge of the complexities faced by those forming a support group of this nature. Supplementary data was also drawn from the authors attempt's to start a support group for men living with HIV/AIDS, based on the principles of Participatory Action Research. The data was examined using thematic analysis. Results from the study indicate that a number of areas may influence or hamper the progress of such groups. Factors surrounding attendance, needs assessment, gatekeepers, the role of masculinity, denial and stigma around HIV/AIDS, as well as unemployment and poverty, all played a role in the ability of a group to sustain itself. The dynamics of power and politics inherent in many of these areas, divided broadly into individual, interpersonal, environmental and socio-political are discussed. Critical theory is used to allow for a layered and contextual understanding of the numerous challenges faced by such a project within South Africa. The findings suggest that though there are significant challenges posed in such an intervention, reflexivity, informed preparation and an awareness of power, may all allow for a sustainable group process and thus limit the influence of the intricacies raised.

Key Words: HIV/AIDS; support groups; masculinity; critical theory; power; Participatory Action Research

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List of Abbreviations used

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
PAR	Participant Action Research
MAP	Men As Partners

Symbols used in the transcription and quotation of interviews

.....	Pause in conversation or ellipsis
“ ”	Direct quote
()	Included by the author
BN/AT/XC	Names of interviewees
J	Author

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Chapter 1

Introduction

HIV/AIDS in South Africa presents specific and complex challenges. While a large proportion of the current discourse on the subject concerns prevention, education, stigma and ostracisation, there is an increasing need for research surrounding the emotional support of those living with the virus. Support groups have been suggested as useful in providing effective assistance to those with particular emotional needs. Their usefulness has been well-documented in a plethora of literature and they are widely used in numerous countries.

Specific groupings within the HIV/AIDS body are notably un-catered for in terms of emotional needs. Importantly, although some organizations do cater for males as a definitive grouping (e.g. Hope World Wide, 2004), servicing the emotional and practical needs of this demographic segment with some considerable success, there are few men's-only HIV/AIDS support groups. There is also an expressed need for more community interventions in this area to be critically evaluated and explored. In addition, anecdotal and objective evidence suggests that masculinity in this area has been marginalised in the literature, creating a further lack of practical and specifically male appraised support. Significantly, the role of masculinity in contributing to the status quo, has been largely unexplored.

The rise of feminism and the changing nature and dominance of masculinity within 'western' society has been noteworthy. More recently, the need of psychology itself to remain, or become, practically relevant, has seen it adapt, and accordingly place particular focus on power, politics and their effects. Specifically, critical psychology has focused on oppressed groupings, with an emphasis on their liberation or emancipation. The convoluted historical and cultural climate of South Africa, where dynamics of politics and power have been so traditionally rife, lends itself to critical and candid examination. Nonetheless, it is clear that any investigation which aims to explore the complexities of HIV/AIDS and masculinity, with the broader aim of changing practical circumstances, is likely to face numerous obstacles. Consequently, this thesis has been born out of a desire and spirit of change, to understand the

challenges involved in the formation of an HIV/AIDS support group for men. Though the intervention attempts were ultimately unsustainable, it is hoped that this will provide a useful opportunity to examine the difficulties and tensions inherent in such an endeavor.

The layout of the thesis covers the requirements of a project of this nature. Thus, chapter two will concern itself with a literature review of the principle areas to be covered in the thesis, including relevant research on support groups, HIV/AIDS, masculinity, needs and critical psychology. The third chapter will outline methodological features, focusing specifically on Participatory Action Research, as well as including sections on sampling, data collection, procedure and method of analysis. The fourth chapter includes analysis of the results, which has been divided broadly into two sections, viz: themes drawn from the interviews done with men involved in support groups and the themes extracted from the authors own experiences of starting a support group. The fifth chapter includes a discussion on the results and themes. The discussion has been broken into four general levels, including individual, interpersonal, environmental and socio-political. The final chapter contains recommendations for future interventions of this nature and conclusions based on the themes and discussions.

Chapter 2

Literature review

2.1 Introduction

This chapter will cover in some broad detail, the current literature and seminal work surrounding support and self-help groups and more specifically their formation and the associated challenges. Further, it hopes to explore HIV/AIDS, needs and masculinity as general concepts, thus illuminating the major areas to be engaged with in this thesis.

The structure of the chapter, given the focus of the thesis, will initially concern itself with understandings and defining groups and specifically their therapeutic value in supporting those with illness. Further, specific attention will concentrate on factors involved in the formation of groups and the paucity of literature that discusses the inherent difficulties in that process. In addition, the review will discuss and outline relevant literature surrounding HIV/AIDS and masculinity in a South African context, the nature of which had a significant bearing on the group under discussion. Finally, broad comment will be made on needs theory, culture and critical psychology, all of which were seen as germane and useful in analysing, understanding and discussing the dynamics and events surrounding the formation of the group.

2.2 Groups

Although literature has given much thought to groups* as a whole, there is little concerning the formation of groups and the complications concerning their evolution (e.g. Anderson & Wilkie, 1992; Kurtz, 1997; Toesland & Rivas, 1998). These areas are principally confined to brief discussion in textbooks and there is even less devoted to the subject in current journals.

* For this masters thesis, the scope of the word 'group' has had to be severely limited and consequently will refer only to groupings brought together for the purposes of healing and succourment. While the author acknowledges such a definition is significantly restrictive, such circumscribed boundaries are necessary and require that certain, potentially interesting areas be left out.

2.2.1 Group definitions

Before full examination of theories on the difficulty of forming and sustaining groups, it seems appropriate to understand the nature of groups and their therapeutic use. Academic literature has sought to provide a taxonomy of groups and in so doing has identified different types of group and separated them into various categories. Thus self-help groups, support groups, mutual assistance groups and psychotherapy groups have all independently had a significant amount of review and discussion in scholarly circles. Their purpose and definition will be dealt with more closely in this section. For the purposes of this paper, the author will not focus on psychotherapy groups as they were deemed too far removed from the central theme of the thesis.

As Kurtz (1997) explains, there have been numerous definitions and classifications of support, self-help and therapy groups in the literature, and yet such terms continue to be used interchangeably and in a confusing manner. She goes on to cite Schoper and Galinsky (1995, in Kurtz, 1997) who place all three groups on a continuum that more helpfully depicts their functions. Thus, they suggest placing self-help groups at one end, psychotherapy groups on the other, and support groups shifting in between.

A specific definition given by Kurtz defines self-help groups as, 'supportive, educational, usually change-orientated, mutual-aid groups that address a single life problem or condition shared by all members. Its purpose may be personal or societal change, or both, achieved through the ideologies for dealing with a situation. Its leadership is indigenous to the group members. Professionals rarely have an active role in the group's activities unless they participate as members. Meetings are structured and task-orientated.' (Kurtz, 1997, p.4).

By contrast, she describes support groups as 'meeting for the purpose of giving emotional support and information to persons with a common problem. They are often facilitated by professionals and linked to a social agency or a larger, formal organisation. Membership criteria often exclude individuals not served by the sponsoring organisation. Behavioural and societal changes are subordinate to the

goals of emotional support and education. Meetings are relatively unstructured, and the groups programme is unlikely to espouse an ideology.' (Kurtz, 1997, p.5). Clearly there are a number of differences between the two, perhaps the most important of which is that self-help groups aim to effect change. Support groups, by contrast, are aimed primarily at giving emotional assistance, and often depend on outside organisational assistance.

Mutual assistance groups, considered to be on a similar spectrum, have also received increased interest and are discussed here to provide further evidence of the many and varied forms of groups available. According to Maton (1987, in Levine, 1988) these groups are composed of people who share a common experience, situation or problem. Consequently, such mutual help is provided by and for members, with the locus of control for running the groups held by the members. Significantly, and divergent from definitions of support and self-help groups, any involvement of outside professionals is seen as ancillary (Roper, 2004). A particular feature of mutual assistance groups is that members experience the groups as having a more supportive climate than professionally run therapy groups (Roper, 2004). In addition Ayers (1989, in Roper, 2004) indicates that members do not feel the lowered sense of mastery and disempowerment that can arise from the professionals assuming an authoritarian position.

2.2.2 Therapeutic benefits of Groups

Blom and Bremridge (2003, in Uys & Cameron, 2003), explain that, 'Support and self-help groups have been proposed as a key intervention for people living with illness. (p. 81)'. Although it may appear evident, both from the quote above and with a relatively modest knowledge of the subject, that groups are useful in assisting people living with HIV to deal with potential difficulties and obstacles, it should not be assumed. Research on self-help and support groups has progressed considerably in the past twenty years, producing significant outcome studies (e.g. Kurtz, 1990) and ethnographic analyses (Maton, 1993), and focusing specifically on helping processes and outcomes (Kurtz, 1997). Results have suggested a number of benefits associated with participation in such groups. Advantages relevant to this study included reduced

psychiatric symptomatology, reduced use of professional services, increased coping skills, increased life-satisfaction and shorter hospital stays. Studies have indicated that members also reported better adjustment, better coping, higher self-esteem, and improved acceptance of their illness than self-assessments of less active and non-members (Kurtz, 1997). Evidently then, self-help, support and mutual assistance groups are demonstrably useful in aiding those facing particular challenges or illnesses.

In addition to the factors described above, literature has also established that there is a plethora of therapeutic factors including helping characteristics and mechanisms of change inherent in support, self-help and mutual assistance groups. In particular, such groups may provide at least five elements or processes that are seen as helpful by their members. Thus, giving support, imparting information, conveying a sense of belonging, communicating experiential knowledge and teaching coping methods are seen as the most beneficial factors within a group's process (Katz & Madia, 1990; Kurtz, 1997). Yalom (1995) suggests that instillation of hope, group cohesiveness and universality are also of some considerable value. In a study by Heil (1992, in Kurtz, 1997), it was those three factors that members of support groups most commonly cited as helpful to them. For people living with HIV/AIDS, such therapeutic factors might be of some considerable value. Further discussion surrounding the particular challenges faced by those with living HIV and AIDS, will be outlined later in the chapter.

2.2.3 Challenges in forming groups

Research has also focused on organisational variables in forming groups, worldviews and ideologies as influential in group process and minority as well as multicultural participation (Jackson, 1992; Miller & Rockwell, 1988). Worldviews and ideologies, also described in the literature as group teaching, are often absorbed by group members, and frequently used as a means of shaping how members define and deal with their difficulties (Kurtz, 1997). Indeed, Antze (1979, in Kurtz, 1997), asserts that ideologies of this ilk should be considered more influential to group members than any other of the groups processes. Further contributions also discuss the group

members themselves and their importance (Kurtz, 1997). As such, various authors have recognised that groups cannot remain in existence without new members and that members cannot benefit without attending (Kurtz, 1997). The pertinent question of attendance and membership, closely aligned with motivation of participants, is of particular importance to this paper. Crucial conclusions from literature indicate that these are issues commonly faced by newly formed groups (Toesland & Rivas, 1998). However it is significant, and disappointing, to note that there is little research on groups in third world communities and the specific effects such an environment may have on their formation, process and composition.

As intimated earlier, there is little direct or detailed literature around starting self-help or support groups. Frequently, authors provide only euphemistic glimpses of the challenges that the majority of clinical practitioners are bound to face. Blom and Bremridge (2003, in Uys & Cameron, 2003), for example, write that, 'While the importance and benefit of support-group work can easily be understood, the practice of establishing support group structures may at times prove problematic' (p.87). Rather, multiple authors have provided guidelines which practitioners may consider when forming their own groups. Anderson and Wilkie (1992) detail six factors that need to be examined: the group's size, its membership criteria, where it will meet, if it will be an open or closed group, its recruitment strategy and deciding on a leadership style are all seen as important elements in determining the success of a group. Toesland and Rivas (1998), also discuss the planning stages. In addition to the factors suggested above, they advise establishing the purpose of the group before embarking on its formation. Further, they recommend assessing the potential sponsorship (specifically for support groups) and membership of the group, as a way of understanding who is to be involved and with what authority or influence.

Kurtz (1997) delineates a number of further challenges associated with the creation of support groups, some of which are closely linked to the difficulties associated with starting a group. Specifically, she discusses problems related to too few or absent members, listing five sources of low attendance, viz: time and place of meeting, insufficient committed members, lack of similarity amongst members, group safety and negativity. Leader burnout is also proposed by Kurtz (1997) as a problem related

to support groups. In addition, dilemmas about group composition, and unwillingness to risk in the group are also listed as barriers against running a successful group.

An other area examined by various authors is the importance of interorganisational relationships in starting and maintaining a group. The role played by professionals in linking and managing the relationship between a group and the outside community, bureaucratic or sponsor organisations, is crucial and, as Litwak and Meyer (1966, in Kurtz, 1997) submit, may determine whether a group 'will flourish in harmony with its environment, denigrate in ideological strife and hostile takeover, or fade due to indifference and neglect.' (p.116). The *linking role*, associated with the Balance Theory (advanced by Litwak & Meyer, 1966), suggests that professionals, when co-ordinating activities between powerful organisations and primary groups (including support and self-help groups) must achieve a balance between independence and dependence (Kurtz, 1997). The theory elaborates by suggesting that balance of this nature can be accomplished through strategic linking activities, which reduce the possibility of the stronger organisation or group taking over the weaker (Kurtz, 1997). Such awareness of the role of outside factors in the life of the group is certainly useful, and perhaps more importantly, realistic with respect to the practical problems facing groups. Unfortunately, aside from discussion around Balance Theory, little consideration is given to macro factors, and their influence on the group.

The above section has elaborated on some pertinent areas relating to groups, including discussion surrounding their definition and the multiple therapeutic factors that may be derived from them. In addition, the numerous challenges and difficulties that can arise in their formation was also commented on in relation to more recent literature. The question of relevant and appropriate support in relation to the HIV/AIDS epidemic in Southern Africa is critical. Consequently, the following section will combine recent statistics, discourse and literature surrounding HIV/AIDS, focusing on specific areas of support that may be required for those living with the virus.

2.3 HIV/AIDS

South Africa is, 'currently in the throes of a HIV/AIDS pandemic' (Rohleder, 2004, p.1). Though statistics vary, estimates suggest that between 4.3 and 6.6 million South Africans are living with the HI-virus (Department of Health, 2005). Such figures place an extraordinary burden on health resources and practitioners who are seeking ways to most effectively subdue the consequences of a virus that currently has no cure. An awareness of what the specific needs are of individuals living with HIV/AIDS is crucial in understanding how best to focus resources and energies. Appropriate literature suggests that while individuals require unique intervention, there is almost certainly an argument for the provision of emotional assistance for those individuals living with HIV/AIDS.

This section of the chapter hopes to describe and understand certain of the various needs and illnesses of people living with HIV/AIDS. In so doing it will also examine needs theory, an area intimately connected to the question of how to most adequately and competently deal with a pandemic on social, political, philosophical and individual levels.

According to Visage (1999) there is a plethora of HIV-related illnesses that may affect those with HIV. The Centre for Disease Control has distinguished four stages of the disease that are generally associated with particular types of infection. Viz:

Stage 1: Acute infection – observed in individuals within a short period of infection, may include glandular fever-like symptoms (including fever, tiredness, sore throat, skin rashes and diarrhoea). Such symptoms usually disappear after two to three weeks

Stage 2: Asymptomatic infection - this stage includes individuals who have HIV but manifest no symptoms.

Stage 3: Persistent generalised lymphadenopathy - some individuals develop a continuing enlargement of the lymph nodes at several sites in the body.

Stage 4: Other disease – this broad category identifies individuals who have symptoms related to HIV infection. This group is broken up into a number of subgroups, i.e. constitutional disease (e.g. severe weight loss, chronic diarrhoea); neurological disease; secondary infectious diseases; secondary cancers and other conditions resulting from HIV infection (Visagie, 1999).

Outlined above is a brief overview of the multiple physical illnesses and infections that may arise as a result of the HI-virus. Plummer (1988, in Levett, Kotler, Burman & Parker, 1997) suggests that two central discourses organise what he terms AIDSspeak, viz: the stigmatisation of HIV/AIDS and secondly its medicalization. As can be noted from above, a number of non-physical difficulties may arise. As Anderson (1992, in Anderson & Wilkie, 1992) explains, individuals with this disease have to meet a ‘considerable number of challenges’ (p.50). Not only do they ‘have to deal with the emotions evoked by a serious medical condition and with an increase in anxiety and uncertainty about the future.... But also the additional problems of stigma and discrimination’ (Anderson & Wilkie, 1992, p.160). Anderson expounds on a number of areas that may be of some significance for those infected with HIV. Such areas include feelings of fear surrounding the initial diagnosis, learning to cope with and control pain, creating meaning in the diagnosis, expressing feelings and dealing with loss, learning to live positively, meeting the needs of partners’ family and friends, dealing with practical matters and talking about death (Anderson & Wilkie, 1992).

Clearly there are numerous needs, both physical and mental, that might be connected with those infected by the HI-virus. Consequently, and more competently to examine the subjects incorporated in this thesis, some theory surrounding human needs will be examined.

2.4 Needs

There are numerous theories that address the concept of human needs, many of which have attempted to define fundamental and universal human needs. Although many of these have become popular, critical scrutiny has suggested that they hold particular assumptions about the norms and boundaries that differ largely within the grouping of humanity. Often the western concept of society and of individuals has been taken for granted – to the detriment of the model's applicability to many cultures outside that thinking. Nonetheless, such theories provide a starting point for exploring human needs. Thus, Maslow broadly saw his hierarchy of human needs as a better way of understanding people's motivations (Louw & Edwards, 1997). In contrast, Max-neef (1991) saw theories of needs as a practical way of alleviating the many problems associated with socio-economic difficulties (Max-neef, 1991). It is the thinking of these two authors that will be discussed briefly to provide a platform from which to understand needs theories and the multiple problems concerned around such models.

Abraham Maslow, a well known American author and theorist, was a strong advocate of humanistic psychology. As such, his theories have an underlying emphasis on the importance of humans as individuals with the potential for transcendence (Maslow, 1971). His interest in human needs stemmed from his interest in understanding human motivation. He felt that his theory provided a practical explanation as to what it was that humans were looking for – their behaviour, then, could be viewed as their attempts to satisfy their fundamental needs.

Maslow devised a hierarchy that included five levels of needs ranging from lowest to highest. The theory proposed that the lower category needs had to be satisfied before continuing on to the higher levels. And that as each need was attended to, the next level would become the central focus of the individuals conscious life and behaviour (Maslow, 1943, cited in Fitzgerald, 1977). The five levels were physiological (e.g. food or water), safety (e.g. shelter), love and belonging (e.g. acceptance or affiliation), esteem (goal-setting), and finally self-actualisation (the development of ones own values or capacities) (Louw & Edwards, 1997).

Manfred Max-neef, a Chilean economist, introduced Human-Scale Development (HSD) in an attempt to understand how humans can better satiate those needs and thus become more self-reliant. HSD was born out of Chilean society, but Max-neef holds that the needs he describes are universal. He was aware of Maslow's critics and thus proposed nine areas of needs that could be displayed in a wheel – implying that none were higher than the others. Those need areas are: creation, affection, understanding, protection, participation, subsistence, rest/reflection, freedom, and identity. He referred to those grouping of needs as axiological, and then included a further four under the heading of existential needs, viz: being, having, doing and interacting. The two groupings would then work in unison, thus a subsistence and having need might be food or shelter (Max-neef, 1991). In particular, Max-neef's model, by moving away from a hierarchy, has improved upon Maslow's much criticised original exemplar (Fitzgerald, 1977). His approach, so focused on the satiation of needs, rather than simply their description, has been much lauded and he has won some significant awards for his work (The right livelihood award, 2005).

Both of these models can be useful, to some extent, in providing answers for practical situations. And it is with these in mind that South Africa, and particularly those dealing with the HIV epidemic, could look to answer questions about needs. Unfortunately for empiricists, it appears that not only are there no universal needs to fall back on, but more importantly those needs that are brought up will inevitably be value-laden. Critical theorists have also suggested that the constructivist nature of language further prevents an objective or value-free taxonomy of fundamental human needs from being formed (Foster, 1999). It is largely impossible then, to be objective in deciding which needs, or perhaps more notably, whose needs should be met first. Resources, particularly in South Africa, are not always continuous, and deciding for who, what, when and how much can be exceptionally difficult. For this, psychology may have to go back to its ethical and philosophical roots (with many of the same critical questions that surrounded the question of human needs). Again, critical scholars suggest that an awareness of power and politics in the construction of theories is crucial if they are to be useful (Foster, 1999). A reflexivity, thus, on the part of researchers, determining where and in which ways power is influencing their work, is key. This is not to suggest that, because an objective description of human needs cannot be reached, psychologists cannot be of any use in this area. Rather, that

without considerable thought to the political nature of their work, researchers may potentially strengthen an ideology of empiricism that is not necessarily beneficial (Wilbraham, 2004).

2.5 Masculinity

Given that the focus of this thesis surrounds *male* HIV support groups, a brief synopsis of relevant literature and current dialogue concerning the subject of HIV/AIDS and masculinity will follow. Such an investigation will extrapolate on the relatively diminished role of masculinity in the HIV/AIDS discourse and its consequences for the provision of care at both political and individual levels. Importantly, the fluid nature of masculinities as a concept will also be discussed in an attempt to better understand its influence on the behaviour of men in particular relation to dealing with HIV/AIDS.

Current research has, for the most part, emphasised the role and efforts of women in coping with, living with and guarding against HIV/AIDS (Wilton, 1997; Commonwealth Secretariat, 2002; Kometsi, 2004). The male role regarding the pandemic has, within research, been confined to understanding their views and attitudes in relation to prevention (Foreman, 1999). Clearly such ostracism within literature holds powerful and influential assumptions about men's ability to contribute to the HIV/AIDS discussion. Further, it segregates and limits the voices of men, restricting the narratives and discourses they have of living with a potentially life-threatening virus. Freire's (1972 in Foster, 2004) work on the nature of oppression confirms such an argument, revealing a 'culture of silence' often experienced by the marginalised and dispossessed.

In sub-Saharan Africa there is an approximate male/female HIV prevalence ratio of 1:2 (UNAIDS, 2004). The majority of gender-based literature has concentrated on women (Wilton, 1997; Foreman, 1999). That this group is both biologically and socially more vulnerable to the virus, partially explains the focus (Kometsi, 2004). Predominantly, however, gender-related issues themselves have been relatively marginalised (Mgalla, Wambura & de Bruyn, 1997). Thus, although some material

has investigated the importance of gender sensitivity, little, it appears, has been done to describe it comprehensively. The emphasis has rather been on understanding the difficulties associated with lack of choice in relation to sexual practices both on individual and community levels (Mgalla, Wambura & de Bruyn, 1997; Wilton, 1997).

Stigma associated with HIV/AIDS, in this regard, has also received an increased proportion of academic interest (Mgalla, Wambura & de Bruyn, 1997; EngenderHealth, 2001). Particularly with respect to those living with HIV/AIDS, much literature has concentrated on the effects such attitudes have on individuals and, on a broader level, societies (EngenderHealth, 2001). Thus, in addition to the needs associated with carrying a life-threatening virus, HIV/AIDS sufferers are, at times and in particular contexts, further burdened with isolation from communities, which is often related to limited education and uncertainty about the cause and meaning of the virus (EngenderHealth, 2001).

Given the epidemic escalation of the virus, specifically in Sub Saharan Africa, it is perhaps appropriate that much of the academic and lay literature has focused on education and prevention in an effort to alter attitudes toward HIV/AIDS (Mgalla, Wambura & de Bruyn, 1997; Clarke & Strachen, 2000). A portion of gender work has looked, through various programmes and organisations, to alter particular misperceptions. The Men As Partners (MAP) programmes, in particular, deal with addressing such concerns through a series of training manuals. The global organisation EngenderHealth, who sponsor the MAP projects, is more closely associated with reproductive health, but nonetheless is focused on understanding and altering the views and attitudes of men (EngenderHealth, 2001). Although attention is focused predominantly on prevention of HIV/AIDS, it does point toward an increasing interest in the experience and narratives of men.

Importantly, then, the MAP programmes, and others like it, have taken into account the importance of men and, accordingly, masculinity. Connell (1995), in his seminal book, *Masculinities*, explains in some detail the multiple and varying understandings of such a concept. He particularly explains that such definitions of gender are intimately connected to cultural standpoints and presuppositions (Connell, 1995). Its

relative nature necessitates that a definition can only be coherently explained or examined through a careful understanding of a particular society's beliefs (Connell, 1995). That said, Kimmel and Messner (1995) assert that although masculinity is, in essence, a fluid concept, it can quite pragmatically influence the practices of men. Specifically, it is hypothesised that men's health practices are closely bound to the nature of masculinity and the cultural expectations given to it (Horrocks, 1994; Kimmel & Messner, 1995). The male role, it is argued, plays an integral part in contributing to the lifestyle and behaviours of men, often with particular and devastating consequences (Kimmel & Messner, 1995).

The male role in relation to HIV/AIDS is a complex one, and Kometsi's (2004) work reviewing this subject is useful. Apart from noting the multiple constructions of masculinities specified by Connell (1995), the author suggests that specific 'authentic' images of men are dominant and given authority or voice. Thus, within the cultural construction of masculinity, certain masculinities are seen as dominant and influence the behavioural practices of men.

In addition, Kometsi (2004) points to the absence of men in the discourse around HIV/AIDS. Poignantly, he comments that 'it is within the silences and apparent absences of men in these processes, that social discourse pronounces the vicious spectre of men's practices the strongest.' (Kometsi, 2004; p.37). Thus, men within the HIV/AIDS narrative are viewed and perhaps assumed as being the bearers of particular thoughts and behaviours. Some of these include an unwillingness to face the impact of HIV head on, difficulty standing by unhealthy families and being the driving force of the epidemic. Such powerful themes and social constructions, Kometsi (2004) asserts, are prevalent within many of the discourses surrounding HIV/AIDS and must, of necessity, have an influence on the behaviours of men.

The above section has sought to elaborate on the reduced role of masculinity in the broad discourse of HIV/AIDS. Such a lessened position, it has been argued, has had a significant impact, particularly regarding health prevention and supportive structures in relation to men. The variability of masculinity as a construct was also discussed, and in particular its influence on the perceived or real absence of men in support and care of those living with HIV/AIDS. The following section, in continuing and

broadening discussion around the themes of identity and power, will examine critical psychology and specifically culture, both of which have a particular ideological bearing on this thesis.

2.6 Critical and cultural psychology

Finally, this review will comment on culture as a construct, and more specifically one that must be examined in order to adequately understand mental health and how best to provide it to communities. In particular, the complexities of this notion and the various dynamics of power and difference will be outlined. Critical psychology, born from understandings of power and liberation and so often enveloped in symbiosis with cultural diversity, will also be elucidated (Foster, 2004). Culture and a critical understanding thereof will be detailed as having a significant bearing on the ability of clinical practitioners and researchers to adequately change mental health services in a South African context. While the aims of this project were substantially less than a review of mental health delivery in this country, it is nonetheless pertinent for a case study of this nature, in which reflection is so essential, to understand the broader dynamics of culture and power in context.

It would be prudent at this point to mention the valuable contribution Swartz (1998) has made in this area, particularly in his careful investigation and deconstruction of the concept of culture in Southern Africa and detailing the practical issues associated with its construction and the provision of mental health.

Swartz (1998) postulates that the scope of mental health itself is merely a cultural construction, whereby the categories of 'mental' and 'physical', 'health' and 'welfare' are understood, along with 'mental health', as 'reliant on a culturally specific medical view of human behaviour' (Swartz, 1998, p.260). Consequently, he proposes expanding the focus of mental health interests to include broader economic, social and political issues (Swartz, 1998). In addition to this more capacious view, he suggests that contemporary cultural psychology must understand human behaviour within an historical context and in so-doing, embrace and recognise the continuous change and diversity therein.

Understanding issues of power, politics, emancipation, oppression, marginalisation and hegemony are all pertinent to what has been termed a critical position (Hepburn, 2003; Tuffin, 2005). Thus, quite broadly, critical psychologists in more recent years have attempted, through various analyses to explore the ways in which particular systems and ideologies have subverted groupings and knowledges to the benefit of particular hegemonies (Levett et al. 1997; Hepburn, 2003). Specifically modernism, structuralism, subjectivity and other prominent epistemologies have been criticised for privileging certain suppositions and theories, particularly through language and reductionism (especially through focus on the individual) (Durrheim, 1997; Hepburn, 2003; Tuffin, 2005). The consequence of such thinking, which reproduces power relations and ideological effects, has been the on-going oppression of marginalised groupings (Wilbraham, 2004).

Swartz (1998) encourages a critical approach in understanding cultural psychology. Along with other authors (e.g. Donald & Rattansi, 1992; Levett et al. 1997; Foster, 1999) he suggests that critical psychology might not only allow for more textured understandings of complex constructions, but also provide relevant, practical solutions for the problems under discussion. Indeed Swartz (1998) advocates an action approach in research that includes community participation, which in turn allows information of local relevance to be provided. His reflective awareness of context, however, necessitates that he follow his thoughts by suggesting that in South Africa, 'the question of culture in research is so loaded and politicised that researchers are often frightened to engage with it.' (Swartz, 1998, p.259). Regardless, the importance of action-based research cannot be neglected and one that focuses on change, however contextually-limited, through the understanding of systems of power, must be encouraged. Evidently then, use of critical psychology with its focus on power, will be crucial in competently exploring the reasons for the limited success of an HIV support group so obviously bound within cultural dynamics.

2.7 Motivation for the study

Based on the above literature review, motivation for this thesis becomes increasingly clear. Thus, while the HIV/AIDS pandemic produces numerous difficulties, the need to support and care for those living with the virus is critical. Specifically, the lack of literature surrounding masculinity within the discourse of HIV/AIDS support may contribute to the practical manifestation of care for men living with the virus. Understanding and providing for their needs, thus, becomes a complex matter that requires careful investigation.

The broad vista of critical psychology provides an ideological foundation from which to explore the elements central to the discussion. Its interest in oppression, power and politics is useful in examining the varied and entwined dynamics. Further, however, its predisposition toward liberation combines closely with the determined struggle of community psychology to change the realities of practical circumstances.

It seemed evident, given the combination of these arguments and conclusions, that a thesis exploring some of the dynamics of politics and power while simultaneously attempting to change these circumstances, at least at some level, might be of some value. Consequently, the thesis sought to bring these aims together by starting a support group for men with HIV/AIDS, and carefully examining the process and the many political and practical elements involved.

2.8 Chapter summary

In summation, this chapter has attempted to outline the major components central to the thesis, viz: groups, HIV/AIDS, masculinity, needs and critical theory. Literature elaborated on the multiple definitions of groups, while also examining the numerous therapeutic benefits they can provide their members. Equally, a number of challenges surrounding their formation and maintenance were discussed. HIV/AIDS was also considered, and particularly its far-reaching and devastating effect both on communities and individuals. The multiple needs that those living with the virus might present with were also investigated. Such needs, however, were seen as

numerous and varied. Further discussion surrounding this topic by both Maslow and Max-neef, gave further insight into the complex area of needs and how they might best be understood and fulfilled or satisfied.

The chapter also examined the construction of masculinity, with particular focus on its connection and contribution to the discourse of HIV/AIDS. The varying constructions of masculinity were juxtaposed with the perceived absence of men in literature surrounding the pandemic. The political role and nature of this relationship was also emphasised. Finally, interest in power and politics led to discussion around critical psychology and culture, both of which were seen as crucial in producing a layered understanding of the factors and dynamics involved in this thesis.

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Chapter 3

Methodology

3.1 Introduction

This chapter aims to describe methods used in the study. These are based on principles of Participatory Action Research (PAR) which deviate from conventional research. Consequently, significant emphasis in this section is put on explaining the divergent elements of the design of the project, specifically PAR, and includes discussion on qualitative and critical theory. In addition, prominence is given to detailing other aspects that may differ from mainstream research, viz: sampling of data and researcher reflexivity. Notwithstanding its differences, the chapter will cover the major aspects expected from a methodology, including the design of the study, sampling, data collection and procedure and methods of analysis.

A brief overview of both qualitative research and PAR will allow a more comprehensive understanding of and justification for the study design and methods used within this thesis. The notable links between both methodologies and critical theory, with its emphasis on social transformation through the recognition of power and oppression, will also be addressed.

3.2 Research design: Participant action research

The initial purpose of this study was to create an active HIV support group for men. The ideals of such an intervention, which would allow for a collaborative relationship between researcher and participants, has, at its core, empowerment and transformation. Consequently, the PAR model, established with a qualitative understanding, was used to design the study.

Qualitative research has a rich tradition in a number of the social sciences, most notably sociology and anthropology (Denzin & Lincoln, 1998), though its methods have not been as widely used in psychology (Kidder & Fine, 1997, in Prilleltensky & Nelson, 2002). In contrast to quantitative research, most qualitative investigation is

rooted in alternative philosophies of science that have been variously labelled as social constructivist, critical and contextualist. These alternative epistemologies hypothesise that no research is objective and is thus necessarily value-laden (Prilleltensky & Nelson, 2002). For this thesis, critical qualitative research emphasises the possibility of change and the creation of a preferred reality, not just a focus on current realities (Guba & Lincoln, 1994 in Prilleltensky & Nelson, 2002).

Participatory Action Research (PAR - a term interchanged with 'action research' in more recent literature) considers pragmatic and contextual research to be a primary aim, ahead of the value-free knowledge often associated with quantitative, positivist approaches to study (Louw & Edwards, 1997; Terre Blanche & Durrheim, 1999). As, van Vlaenderen & Neves (2004) relate, PAR is 'not simply a new research methodology or a paradigm: it is rather a holistic approach to social science' (p.454). At its most fundamental level, PAR is based on values that are central to critical psychology (for example, social justice and empowerment) (Prilleltensky & Nelson, 2002). Further, it has been suggested that such a model has three specific tenets that separate it from other qualitative paradigms (Terre Blanche & Durrheim, 1999). First, in emphasising both rigour and relevance, PAR seeks to contribute both to the practical concerns of those in immediate problematic situations and to the broader goals of social science (Rapaport, 1970, in Terre Blanche & Durrheim, 1999). Second, it attempts to mediate between individual and collective needs. Specifically, it focuses on the empowerment of the least powerful groups and individuals in society, and insists on communal participation in the process of knowledge creation (Brown & Tandon, 1983 in Terre Blanche & Durrheim, 1999). Finally, PAR traditionally addresses the tension between researcher and researched. Accordingly, it supports egalitarian research relationships, with the intention of involving those being researched in all aspects of the project, from conceptualisation to completion (Whyte, Greenwood & Lazes, 1989 in Terre Blanche & Durrheim, 1999). As Hall (1993, in Prilleltensky & Nelson, 2002) explains, PAR is, 'a way for researchers and oppressed people to join in solidarity to take collective action, both short and long term, for radical social change' (p.51).

There are multiple difficulties associated with PAR, perhaps most pertinently in this case, around empowerment itself. Thus, Durrheim and Terre Blanche (1999) explain,

‘Empowerment is a grand and seductive concept, and it is easy for researchers to start thinking of themselves as rescuers sent to reconfigure communities along more psychologically healthy lines. This is sometimes fed by the inflated expectations people have about the ability of researchers (as representatives of the world of wealth, opportunity and power) to change local conditions..... . There are no failsafe ways of preventing the ideals of empowerment from degenerating, apart from researchers maintaining a critical awareness of the politically fraught nature of their enterprise’ (p.237).

In addition, a number of authors have suggested that while PAR can be successful at a micro level, it has done little to contribute to theory and to the ‘building of broad socio-political movements that make an impact at regional and national levels’ (Jackson & van Vlaenderen, 1994, in Macleod, 2004, p.531). Literature has also indicated that PAR can present numerous challenges for the researcher. Thus, the difficulties of combining the many roles of facilitator, catalyst, capacity-builder and researcher can be complicated and potentially limiting if communities attempt to classify them into a particular category (van Vlaenderen & Neves, 2004). In addition, the same authors present concerns about the difficulty of gaining access as an outsider, particularly to the multiple different stakeholders and subgroupings within communities (van Vlaenderen & Neves, 2004). Nonetheless, for all the many criticisms, it was felt that PAR most adequately allowed for interaction between researcher and participants, and provided a foundation based on change and liberation. While potentially unrealistically optimistic, it strives for a hopeful future which appears significant and useful in the midst of multiple oppressive elements.

Significantly, and as expounded upon by Long (1999), while there is a recognised need for community approaches in South Africa which value politically aware psychological practice, few extended analyses of community psychological interventions have been undertaken. In addition, community psychology has been critiqued for its lack of theory (Long, 1999; Swartz, 1998) and few studies have investigated the challenges of interventions critically (van Vlaenderen & Neves, 2004). Little precedent has been set, therefore, in investigating, understanding and analysing the difficulties surrounding the failure or lack of success of a community project. Notwithstanding, it was felt that the shared emotional, political and discursive

experiences inherent in the projects construction, might be useful for future attempts of a community intervention (Long, 1999).

3.2.1 Reflexivity & triangulation

The design of the study relies heavily on reflexivity, particularly on the part of the author. Though more positivist research positions may suggest that 'objectivity' is crucial, a growing body of literature suggests that such neutrality is unattainable (Long, 1999). In addition, it is proposed that by recognising the inherent position of the researcher and embracing subjectivity, the author is able to bring an awareness of him or herself to the study in a manner that is required for reflective research (Mama, 1995). A focus then, is given to the reflective nature of the process that competently lists, and explores, the subjective position and the inherent nature of power within relationships. Not insignificantly, Parker and Burman (1993, in Foster, 2004), warn that reflexivity can shift away from political accountability and move toward personal confession and emotional investment. It is crucial then that an author is aware of such a potential and ensures, where possible, that reflexivity is used prudently and to enhance the richness of the research rather than superfluously self-disclose.

Triangulation of data is seen as a useful method for researchers to capture multiple facets of the same reality (Shabalala, 2004). While also helpful in minimising researcher bias and the difficulties associated with reflexivity, it was useful for this thesis, primarily in order to provide a greater context and range from which to understand the author's experiences of forming a support group (Terre Blanche & Durrheim, 1999).

3.3 Sampling

This project, based on PAR principles, sought to most clearly elucidate the process and obstacles involved in the formation of the group. In terms of research format, the sampling of the participants differs somewhat from more conventional projects. Consequently, discussion around non-statistical sampling, which justifies and explains the authors choice of participants will follow, before describing the participants themselves.

Long (1999), thus, cites Hollway (1989) who suggests that statistical sampling is not necessarily a condition for generalisability. While this thesis is limited in its ambitions, and its sampling accordingly reflects its goal to account for and discuss the power relations surrounding a specific group, it does hope to attain some level of generalisation. Long's (1999) concise description of her own project presents a similar hope of this author, 'It is suggested that the kinds of struggles and experiences which emerged during the course of this intervention may be related to similar struggles and experiences in other interventions precisely because of their relationship to the social domain and to shared political, emotional and discursive experiences of being South African' (p.49).

3.3.1 The sampling of participants

Judgmental sampling, where participants are acquired for their expertise in the field, was deemed the most appropriate for this study (Silverman, 1997). As previously explained in the introduction, there is relatively little literature and research on men's support groups. Consequently, finding men with sufficient expertise and experience in this area was time-consuming, though ultimately useful in gaining personalised and anecdotal experiences.

A brief synopsis of the interviewees provides some indication of their diverse educational levels and professions as well as their interest and experience in the field of HIV/AIDS.

1) XC*, the first interviewee (21st August 2005), is a registered psychiatric nurse. He currently works at a major hospital in Cape Town, though has been on study-leave for the past year, enabling him to complete his Masters in advanced psychiatry. XC is particularly involved in a prominent local church that runs numerous HIV/AIDS support groups, including a once-a-week men's group, which he helps facilitate.

2) BN, the second interviewee (20th September 2005), has been employed as a health promoter at a local university since 2002. BN is HIV positive and, in his time at the university, has attempted to start a regular HIV support group. Though currently

running regularly once-a-week, the group is relatively small, and BN estimates that in his three-year tenure, less than five men have attended.

3) AT (29th September 2005) is employed by an international, non-profit, faith-based organisation involved in community based HIV/AIDS care, prevention and support. AT works closely in underprivileged communities with a local NGO that aims to create healthy gender roles, while simultaneously allowing men to examine contemporary gender and cultural norms of sexual practice.

All three interviewees have a great deal of experience between them in the field of forming and sustaining HIV/AIDS male support groups, giving each a valuable depth of knowledge and practical expertise.

** Each of the men have been assigned letters as names, to provide anonymity. These letters will be used throughout the thesis when referring to the interviewees individually.*

3.4 Data collection and procedure

As outlined in the design, the project describes and critically reflects on the surrounding obstacles and dynamics embedded in the intervention of a HIV/AIDS support group for men. The data for this thesis consisted of individual interviews with three men closely connected with facilitating or forming HIV male support groups. These interviews were crucial in expanding on, and triangulating with, the various themes that arose during the group's formation, and allowed for a broader understanding of the process, specifically around issues pertaining to gender and ideology.

With some difficulty, and through contacts with organisations and personal references, three men were interviewed using a semi-structured interview schedule. The men all had varying experiences in starting HIV male support groups (as detailed earlier). They were all interviewed following the conclusion of the project's process - between August and September 2005, and each lasting approximately an hour. The three interviews were all tape recorded and later transcribed and the interviewees were all informed of the aims and objectives of the project.

The interview schedule was broad and aimed to cover issues of male support groups, HIV, the difficulty of starting groups, male groups in South Africa, why men do not attend, practical solutions to the problems etc (See Appendix I for interview schedule). Finally, a large degree of flexibility within the semi-structured interview schedules was permitted, particularly as it encouraged and validated the responses of the interviewees, in consequence providing greater depth (Silverman, 1997).

The author's experiences in forming, creating and developing a support group has been included as complementary data that expanded on and triangulated with the themes that arose from the primary interviews. Such a reflective account, which relies heavily on memories and recollections, was greatly aided by notes and diary entries taken and made during and after the group's sessions and missed sessions.

In relation to procedure, and in addition to formally interviewing the group's co-facilitator, Mr A, around the difficulties of forming the group, there was continual reflection on the various themes and obstacles faced in attempting to start the group. The three subsequent interviews with practitioners in the field (detailed below) also provided a triangulated description that more roundly captured the multiple issues involved in starting HIV men's support groups in a South African context.

3.5 Method of analysis

Thematic analysis of the data was used to investigate and examine the material from both interviews and the process notes of the intervention (Strauss & Corbin, 1998).

Boulton and Hammersley's (1996) proposal, which delineates the process of drawing themes from uncoded data, was broadly followed. The method suggests close reading of the interview material, followed by generating as many categories as possible before gradually extracting and organising the now coded material into themes. The authors also encourage a contrast and comparison of the data and themes to ensure a richness of analysis. Further, they suggest that the themes be integrated into a network of relationships (Boulton & Hammersley, 1996). For the purposes of this study, the themes were separated into four levels viz: individual, interpersonal, environmental and ideological or socio-political. Such taxonomy, discussed in more detail in the

analysis itself, is relatively artificial and yet a similarly layered approach has been employed by a number of authors in outlining the many levels at which programmes may be influenced (Louw & Edwards, 1997; Swartz, 1998).

The various emerging themes were then analysed in more detail at the appropriate levels. In particular, a critical perspective is taken, which focuses on the means by which power influenced the many difficulties experienced during the group's formation. Critical analysis, which as expounded upon in the literature review, focuses heavily on the oppression and emancipation of society and the most germane role of psychology therein, was thought an appropriate tool to explore and analyse the obstacles that confronted the project. An emphasis, thus, was put on the multiple levels and dynamics of power within the intervention and specifically the various challenges that were faced.

3.5.1 Ethical considerations

There are certain ethical difficulties that might be created and raised in a study that so closely involves a community and which hopes to investigate personal and often vulnerable relationships, subjects and issues. Consequently, names and details have, where appropriate, been altered in order to disguise the identities of those involved. In addition, effort was taken, throughout the process, to explain and detail the aims and objectives of both the research and project to participants, interviewees and co-facilitator.

Maw (1996) and Long (1999) describe the ethical difficulties of sharing and describing intimate relationships. Both authors describe concerns about betrayal and worries about causing offence to those involved in their respective community interventions. Long (1999) cites McNamee & Gergen (1992) who suggest that power dynamics between client and practitioner are played out between subject and researcher, creating hierarchical relationships, particularly regarding access to truth and knowledge. This thesis, the ideological foundation of which is based on critical theory, would be amiss in not regarding these issues. Consequently, reflexivity and triangulation were deemed as necessary in ably allowing the paper to authentically

describe the dynamics of power. As explained previously, objectivity was not deemed possible or particularly desirable and yet being ethically accountable and responsible was thought primary. The author thus hopes to have kept to the principles of PAR and critical theory, which, in aspiring toward an egalitarian state, hopes, if not to free itself of oppression, at least be aware of its influence.

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Chapter 4

Results

4.1 Introduction

This chapter describes the results of the study, outlining the multiple themes that arose from the three interviews done with experts in the field of HIV/AIDS male support groups. The themes have been broadly divided into the following categories, group, HIV/AIDS, masculinity and culture.

The second section of the chapter, includes a closer inspection of the themes that arose from the author's experience of attempting to start an HIV/AIDS support group for men. The focus of that portion includes themes that cover the idiosyncratic difficulties involved in the intervention, including the difficulties of planning and preparation, as well as questions of attendance and language. The author's own assumptions in forming the group will also be expounded upon.

4.2 GROUPS

It was interesting and significant that all three of the interviewees felt that men-only groups were useful and could provide support. It was believed, for example, that:

'Quite a lot of males all want to have someone to talk too and have a lot of issues they want to talk discuss..... HIV is one of them'. (BN)

Two of the interviewees suggested that such meetings enabled men too express themselves in a supportive and understanding atmosphere. Specifically, they felt that men would be more comfortable discussing their issues away from women. While it was felt that perhaps there would be particular male issues to discuss, e.g. sexual dysfunction, it seemed that merely being out of the presence of women would allow men to make themselves vulnerable. This suggestion that men as a demographic group have something particular that binds them, namely their gender, was later queried. However, it was initially postulated that merely being a part of the

homogeneous category of man would provide sufficient reason to bond. Issues of competition, dominance and other variables that may have had an adverse role to play in single sex group dynamics, were not immediately discussed. Thus, the apparently overwhelming or stifling presence of women was seen as primary in preventing men from discussing sensitive topics and was deemed the most important justification for an exclusively male group, particularly given the general consensus that men do not easily discuss such issues.

'So men are not being open and complaining of talking being a female thing' (XC)

'And its not easy for some men to open up in an environment where there are females'
(BN)

Another important theme was the evolution of groups. This was felt by two of the respondents to be a determining factor in their potential for a positive prognosis. One interviewee, for example, acknowledged that multiple men-only groups had been attempted, but few had succeeded in any sustainable form. The difficulty of starting one when there is no structure in place, was noted in particular. Two successful models, both emphasising the evolution rather than creation of groups, were discussed. One recounted a group that had evolved out of a natural need in a larger HIV support structure. Meetings of sixty to eighty people were occurring every week for people with HIV/AIDS, and it was felt the few men who were arriving, did not feel comfortable to talk. Consequently, a breakaway men-only group was formed and members naturally migrated from the bigger group to this smaller group, where they became increasingly confident and able to engage with issues of personal importance. There were numerous benefits born from such an evolution, and it was explained that the men who arrived in the smaller group were self-selected, and consequently motivated and interested. Such people went on to not only facilitate the group, but also recruit additional members, enabling the group to grow. Indeed, the original facilitators had little work to do in this smaller group.

'Because most of the time, they (the group members) are the ones who are running the group, and then I will sit down and say, ok, you facilitate today' (XC)

A second model, used by Hope World Wide, suggested joining up with existing groups in different communities. This approach, successfully enabled organisations interested in HIV/AIDS or gender conscientising, to provide education and support around particular issues or topics. The model also encouraged individual members of the group to be taught around specific areas. By using existing interventions and working with members of the community, organisations like Hope World Wide are able to reach a far greater spectrum of people in an authentic and culturally acceptable and sensitive manner. The theme of using community interventions or projects that had been initiated by the members of the community themselves, was thought to be useful and arose on a number of occasions during the interviews.

There are organisations already talking about issues, say traditional issues or the schools where men go for circumcision, where you get all men sitting round there discussing. So you have to mobilise that group.' (AI)

'And then also some outside organisations, like male organisations like choirs or youth clubs' (XC)

Two respondents agreed that actively starting a group, rather than having it evolve naturally from a perceived need or by attaching to an existing group, posed significant challenges. As one interviewee, who had had particular difficulties in sustaining a group even with a number of supportive organisational structures and sponsors,

'It's difficult when there's nothing in place' (XC)

4.3 Additional Challenges

All three men identified particular challenges facing HIV/AIDS support groups for men. While stigma and denial will be discussed in a later section, the simple question of attendance was seen as particularly frustrating. Anecdotal experiences related an astonishing dearth in participation. One respondent in particular experienced that within three years of running a mixed weekly support group, less than five men had attended. Sufficient numbers, thus, were an ongoing difficulty.

'It's the same thing, the numbers, that's the big difficulty, and you are seeing new faces all the time.' (XC)

The reference to the lack of continuity in attendance is notable, indicating that it is rare for men to attend groups on a regular basis, making it difficult to build the trust required for members to feel safe and discuss more intimate issues. Two ways of addressing this issue were proposed. First, that such groups should be 'open', allowing entrance to anyone wishing to attend. This, it was expanded, might import the inclusion of both 'infected and affected', thus, not limiting attendance too only those with HIV/AIDS.

'Ja, we sometimes talk about it being both infected and affect, not necessarily just infected. So we try to make it (the support group) open so that we can try to get men coming' (XC)

Whilst this may present other challenges, it would, it was suggested, increase the numbers of men attending. The second proposal was to include more social and practical elements to the activity roster of the group. Accordingly, it was justified that men would be more likely to talk openly in an environment where they felt unthreatened. Consequently, these social elements may increase feelings of togetherness and promote a relaxed atmosphere. Further, the introduction of job-creation may be an additional motivation.

Significantly, this final suggestion was not met with agreement from all the interviewees. One respondent did not agree that practical and social activities would encourage sharing. Indeed, this argument postulated that such an approach might allow for and permit further denial of difficult topics. Rather, the theme continued, stigmatised topics, including HIV/AIDS, should be dealt with in a forthright manner, creating an environment in which it was acceptable to discuss authentic feelings and experiences. The theme was perhaps best summarised in the following quote,

'People talk about sport, instead of talking about real feelings.' (AI)

A final point that arose as a potential challenge in relation to forming groups, was the importance of establishing the needs of the community or members before starting an

intervention. According to the interviewees, the importance of gauging and appraising what is required from a group, if that is chosen as the best fitting modality, was necessary for the correct utilisation of resources. An apposite analogy from one respondent read,

'You need to do an assessment, to see what people really need at the time, so they might not need bread, but they need butter rather. So don't bring bread then, because it will be a waste. We have to.... go and spend time with them... and assess and see who needs what according to their customs and values. Then we can say this group needs that.' (AI)

The importance of establishing the needs of a group also arose in relation to masculinity.

4.4 Masculinity

A number of themes regarding masculinity and its influence on support group dynamics and HIV/AIDS were put forward. The male role, how men cope with HIV/AIDS, a qualitatively distinct African masculinity and prioritised needs were all brought forward as notable themes.

A primary theme that arose, elucidated by all the interviewees, examined the way in which the construct of masculinity influences the way men behave, and consequently, how they cope with difficult circumstances. All respondents commented that men deal with problems in specific and socially mediated ways. Thus, it was agreed that men have been taught not to share or express themselves emotionally, particularly compared to women. This unwillingness to expose their vulnerability did not infer that men did not have emotions, but rather that they did not reveal them. In this regard all respondents felt that this construct promoted denial and severely restricted the ability of men to interact with difficult topics like HIV/AIDS. Thus it was explained that,

'Men don't take disappointment in a positive way.... (they) often feel powerless when sometimes things don't go right.' (AI)

The reaction to such helplessness, it was suggested, might be best represented on a spectrum. A more aware man would be able to express his feelings and understand how this socially constructed role prohibits him and affects his behaviours. At the other end of the continuum, indicated by a number of the interviewees, men deal with problems in a number of practical and at times anti-social ways. Denial, alcohol use and abuse, violence and increased stigma were all seen as ways for unenlightened men to deal with uncomfortable or distressing issues and emotions.

'Men are taking more risks, and unnecessary risks, going from one shebeen to another, ok, and drink all night. They can also become violent' (AI)

Though not stated explicitly, the implication was that the majority of men fell into this category. Thus, although it was commented that a change occurs when men become conscientised to their emotions and defensive practices, it was added that this seemed confined to a relatively small group.

'If you look at our culture it is evolving actually. We are becoming more westernised, so you find some men are showing their emotions' (XC)

This theme then, of masculine coping strategies and behaviours was seen as particularly significant in relation to support groups, and why so few men attended and seemed hesitant to interact when they did. It was perhaps most succinctly encapsulated in the following line,

'HIV/AIDS is a difficult subject to discuss amongst men.' (AI)

African masculinity in particular was raised by the interviewees as being pertinent to discussions around male behaviour and men's interactions in support groups. It appeared that an African masculinity increased or fortified the cultural stereotype of masculinity in general. Thus it was explained that,

'In... the African culture, males do not easily talk, especially with females, they do not share. We keep things within us.' (XC)

The concept that African masculinity was, in some ways, quantitatively different from other masculinities was enforced by two of the interviewees. Further, they suggested that it was also qualitatively distinct from more Western constructions. Evidence for this was given in the reported example that younger men, in being respectful of older men, would often not talk to them as a sign of regard. This was seen as especially influential in the setting of HIV/AIDS support groups. Such an example, it was intimated, provided a useful motif of one of the multiple ways in which the broad concept of African masculinity was made manifest in the group. Culture and the manifold and malleable forms of masculinity were seen to be particularly pertinent to discussions of HIV/AIDS groups and the attendance and behaviour of men within them.

Also connected to the construct of masculinity, was a theme surrounding prioritised needs. Thus, it was postulated by the interviewees, that men often had multiple difficulties to overcome. Further, given the more immediate concerns facing some of them, e.g. unemployment, poverty, financial concerns and a lack of food, HIV/AIDS was not a priority. It was further submitted that this theme could be evidenced by the fact that the few men who did attend support groups, appeared attracted by the prospect of a 'hidden agenda', i.e. job seeking,

'Even if they need to go for basic training for HIV/AIDS, to understand in their social lives the danger of HIV... so they would come (to support groups) looking for jobs.' (AI)

It was also anecdotally explained that a high proportion of men attending groups did so to get the food that was handed out on a weekly basis, rather than to discuss HIV/AIDS or gain support around their experience of or with it. The emphasis on the consequences of poverty and unemployment on the lives of men, particularly those in township settings was seen an inevitable and not to be underestimated as explaining or justifying the motivation and behaviours of men in relation to support groups.

Inevitably, related to both the arguments about prioritised needs and discussion around the role of masculinity in society, there was a conclusion that there are currently few resources specifically designed to target or assist men in dealing with HIV/AIDS. The reason for this was, however, unclear. It was suggested that perhaps

services are available but the masculine role prevents such services from being utilised sufficiently, thus they are not sustained. As an example and as mentioned previously, it was believed that many exclusively male HIV/AIDS support groups had been started, but that few survived. Another possibility put forward, was that men do not often speak about their difficulties and this inability to actively advocate for or seek help, meant that help-seeking resources did not sufficiently regard men's difficulties regarding HIV/AIDS and thus cater for them.

'We all feel, we have emotions just like women do, its just that our emotions, we do hide them. Ok, so, because they (women) are expressing them, they tend to get help much quicker, because women complain and then the government is going to have to make sure that they get what they want. Where men, then, have to pretend everything is alright' (AI)

Finally, to understand the lack of male focused attention, it was suggested that the changing nature of society has created a focus on women. Perhaps appropriately, the interviewees said, given the oppression of women in the past, the pendulum has now swung toward a focus and emphasis on women at many levels. The consequence of such compensation, it was suggested, is the current ostracisation of masculinity.

'In fact I'm saying nowadays women are so empowered and they know their issues. And I think some of us males feel threatened by that.' (BN)

4.5 HIV/AIDS

While HIV/AIDS has been discussed to some degree already in this chapter, one particular theme that arose deserves further expansion. The interaction between masculinity and HIV/AIDS was addressed by all of the interviewees. The role of stigma and the concurrent ostracisation by communities and families was seen as prominent in the lives of many men living with HIV/AIDS. Such contempt from numerous parties, the respondents continued, might be felt in multiple areas of a man's life. The associated fears, thus, would have significant influence on his

willingness to attend a group designed specifically around HIV/AIDS. It was explained that such a man might, not unjustifiably, believe,

'If I'm going to be seen going to the HIV support group, then I will be taken as HIV positive and then I won't be able to get females.' (XC)

Such a comment links closely to questions surrounding the disclosure of status. Such an issue was seen as an important but difficult decision in this respect. Significantly, it was thought that HIV/AIDS in some way made them feel like less of a man, preventing them from fulfilling the role of provider and protector that had been taught to them by society. Indeed, as the previous quote alluded too, unable to fulfil a sexual role, an important area of masculinity. A further comment on the providing role expressed some of the fears men might have in having their positions usurped.

'They want to be able to provide for their families, because it is a threat to some males... when they go home and the women is providing.' (AI)

The role and duties of men, which ultimately makes up the construction of masculinity and the associated position in society, was a feature of the interviews, particularly in relation to HIV/AIDS. It seemed that living with the virus presented perceived obstacles to being a man, that there were real fears amongst men that contracting the virus would end their ability to be men. Within support groups, then, it was felt that there was a place to legitimately reclaim that masculinity. Such an atmosphere, it was hoped, could show them that,

'They are still males, that they are not less males because they are HIV positive.'
(XC)

The perceived concerns around stigma, however, were seen as a real obstacle to men attending support groups. An important, if subtle theme, emerged in relation to the general attitudes towards HIV/AIDS in South Africa. Thus, while there was disappointment and frustration as to the apparent obstinate and indeed ignorance of men regarding what the virus does, and how it is understood and dealt with, there was a sense that opinions were changing. And with the shift the possibility for a change in behaviours, not just with regard to prevention but in relation to stigma and

ostracisation. Such a movement that might allow those currently to fearful of coming forward for support, to attend groups without concern for the unwarranted consequences. Thus, it was perhaps hopefully explained,

'With the publicity that there is at the moment, people are starting to get the feel of HIV/AIDS, and not shun people that much away..... Its changing.' (XC)

4.6 Culture

A number of themes were discussed regarding culture and its influence on the process of forming and sustaining HIV/AIDS male support groups. A particular emphasis was put on the dynamic and evolving nature of cultures, and particularly how such a development affects the way communities seek help. Thus, it was suggested that African culture is becoming more 'westernised'. This shift, it was argued, endorses a movement away from an extended family-orientated support, where uncles, aunts and grandparents might be approached for help, support or advice. The movement towards a nuclear style family was deemed significant, as households no longer had supportive structures to rely on. Instead, they might make use of psychologists, or support groups. Other structures were necessary, it was concluded, to take the place of more traditional assistance.

'So there is a shift. Now it is changing and we have nuclear families where it is only my wife and I that are here. Now I need a support system somewhere and if I am having money then I will go see a psychologist' (XC)

Township life was also highlighted in relation to culture. Aside from the explicit consensus that such communities are difficult places in which to live, involving hardships, most significantly linked to poverty, there was also some discussion around their transitional nature. Linked closely to the evolution of cultures described previously, townships were seen as fragmented communities, that were unable to provide the support that more established rural locales could. Evidently then, the cultural transition from less developed areas, plays a significant part in how and what kind of support is accessed. Thus, it was described.

'In bigger towns it's different... (people) are on their own, they are scattered... People have to be depending on themselves. So its very difficult for men to develop from rural towns to bigger areas.' (AI)

4.7 Learning from experiences: the process

In the absence of more quantifiable data, the process itself, including my involvement and the development of the group, holds increased qualitative significance (Terre Blanche & Durrheim, 1999). Consequently, some effort will be devoted to outlining the difficulties and challenges surrounding the evolution of the group and detailing the themes that can be drawn from those experiences. Such themes, though in some respects divergent from the broader themes produced by the three interviewees, allow for a closer inspection of the intricacies and challenges involved in the Participant Action Research intervention that took place. Specifically, issues surrounding planning, dialogue with the community, language and recruitment will be expanded on.

The importance and utility of preparation within the project was not underestimated and some considerable effort went into planning the intervention. Given the focus of the thesis, emphasis has been put on the difficulties of planning a project of this nature. Most evidently, the uncertainty of planning a project based on multiple personal assumptions and without a sufficient needs analysis, created numerous complications.

Evidently, a project based so strongly on conjecture and opinion, and with so little discussion with the community itself regarding its own needs, was less than ideal. Although there may have been some reasoned motivation to begin the intervention without sufficient awareness of what the community required, it nonetheless had significant impact on the ability of the project to meet the needs of the community. Aside from Mr A himself, the community was conspicuously absent in many of our early discussions and planning sessions. Consequently, while preparation was considered important, it neglected to adequately involve the main stakeholders in the community, an omission that contributed too many of the later tensions.

Further, numerous additional challenges meant that, although we had three 'groups' in all, we were not able to meaningfully sustain the meetings in a way that we felt to be useful or supportive. In particular, problems and tensions concerning recruitment and language will be elucidated. It is notable that the majority of the difficulties to be explored were, and are, complex and multifaceted, leaving solutions equally unclear.

A significant challenge concerned identifying appropriate participants and the difficulty of recruiting them. Thus, while we expected to come up against problems of finding members, it was hoped that following an initial period, word of mouth and referrals from clinics and churches would allow the group to grow. The continued poor turnout, however, was poor. As a result various proposals, including joining with a local youth group and contacting the Treatment Action Campaign (TAC), a proactive organisation that was visible in fighting for the rollout of Anti Retrovirals, were mooted. It is significant that although there were a number of suggestions to overcome limited numbers, many of which were followed up, it was difficult to overcome the fundamental problem that we had too few participants. A factor that was necessary for the group to be sustained in any useful form.

A further challenge that requires some elaboration surrounds the obstacle of language, which was, predictably, a major barrier. I had only a rudimentary understanding of Xhosa and none of the three participants were able to speak more than broken English. Consequently, Mr A became the designated translator and seemed confident in ensuring that communication was at least functional. There is a plethora of literature referring to the difficulties associated with translation (Terre Blanche & Durrheim, 1999). Perhaps the most significant of these, for this project and particularly for the first session, was its hindrance in building rapport. The three way exchange between myself, Mr A and the members was tedious and made any meaningful discussion difficult. Notwithstanding the many obstacles, Mr A did, from what I could ascertain, a commendable job and seemed able to hold the process together in both trying and inopportune circumstances.

There were numerous challenges involved in the running of the groups, the majority of which were complex and difficult to isolate, and consequently hard to understand, much less solve. Language and the recruitment of appropriate participants proved to

be two of the more challenging aspects, and likely prevented the group sustaining itself without continued input from myself and Mr A.

4.8 Chapter summary

It is clear, from the section above, that the practicalities of creating, planning and sustaining a support group of the nature described, produce significant challenges. The environment and context, invested relationships, motivations and frustrations of the researcher all produce obstacles that are increasingly complex when investigated. It is also significant that the two sections of this chapter were not largely divergent or contradictory in the themes they produced. The three interviewees and the authors own experience appear similar in many respects, particularly regarding the difficulty of accessing and recruiting participants. Further, the importance of planning and preparation, particularly to assess the needs and wants of specific communities, was seen as vital in both sections of the chapter.

It is hoped that a critical discussion of the areas detailed, and including the themes outlined by the expert interviewees, will further examine the ways in which power contributes to such an intervention at multiple levels.

Chapter 5

Discussion

5.1 Introduction

It is beyond the scope of this thesis to account for and extrapolate all the factors involved in the group's demise, or reasons for its limited success. Nevertheless, it is clear that the group confronted numerous difficulties on a number of levels, many of which warrant discussion. Consequently, this section will attempt to consider carefully what the author, in conjunction with relevant literature and based on themes drawn from interviews, considers the more pertinent of these reasons.

The discussion has been divided into several levels, including individual, interpersonal, environmental and socio-political. Clearly such boundaries are, in many respects, arbitrary or at best, academic, as critical theory postulates that power is central to and indistinguishable from all interactions and relations (Tuffin, 2005). Such distinctions, then, may reify the various levels and in so doing prevent dialogue around the interaction between them. Where possible, such interaction will be accounted for.

Swartz (1998) notes that critical approaches to cultural mental health are not separate from other approaches, though equally he explains that they are unified in their examination of power. It seems, then, both precedented and prudent in this layered assessment, to include a range of eclectic approaches and understandings that engage with questions of power, culture, gender and environment.

5.2 Individual

The individual level might be explored or interpreted in a number of ways, and yet this thesis will attempt to concentrate its efforts primarily on examining and discussing the author's role within the process, and the role of Mr A.. My motivations,

assumptions and understandings, as well as difficulties around thinking and planning will all be discussed, specifically in relation to community psychology and power.

While critical reflection is required in outlining the author's own role in the process detailed earlier, the desired goal is not, indeed cannot be, objectivity. Power cannot be separated from information, knowledge or relations, and consequently it would be, according to critical theory, impossible to achieve an unbiased or objective account (Tuffin, 2005). Consequently, the critical question, as raised by Swartz (1998), becomes, 'Who is writing about whom and why?' (p. 22). A vital factor he explains, and one common to critical approaches, is that they all, 'ask why knowledge is produced and in whose interest' (Swartz, 1998, p. 21). Reflection, then, on the process itself and the multiple influencing variables, becomes the sought after 'holy grail'.

To begin, then, it is clear that my own assumptions were strongly influential in creating, planning and forming the project's objectives and later its process. Indeed, perhaps most clearly, the supposition that a male HIV support group would be useful. Such a fundamental premise, upon which the project was formed, requires more careful examination. It appears, *prima facie*, that a support group, where men might be able to explore their experiences, perhaps specifically of HIV, in an encouraging and supportive environment could be of great assistance. Indeed, all three of those interviewed in relation to this topic, concurred with such a belief.

This is not to say that men's groups are not, after consideration, useful, rather that it was an assumption on my part. The concern, then, is that such an assumption goes some way toward reifying or accentuating the gender divide. By giving preference to a particular group certain elements are given increased importance, often to the detriment of others. In this case, for example, it might be claimed that stereotypically male traits, like their perceived unwillingness to seek help or a predilection toward not discussing emotional subjects, were overly valued. As a consequence, other facets of their experience as people were left unexplored. Thus, as will be discussed in more detail later, for many men in the group, factors of poverty, joblessness were more important than HIV. A focus on those issues, for example, may have been of more benefit and interest to the groups prospective members, and encouraged them to continue attending.

In the same way that my assumption about men was initially unexamined, it might also be suggested that a similar position could be taken in relation to both HIV and support groups. Thus, as mentioned, the topic of HIV was not necessarily regarded by participants as being the topic they most wanted to discuss. Equally, support groups, though endorsed by academic literature, were not perhaps the most culturally appropriate or accepted method of receiving support within this setting (Jackson, 1992). My own western bound ideological grounding, however, as a neophyte psychologist and augmented by a university education, heavily privileged the 'talking cure'. With such a predisposition it is perhaps unsurprising that I encouraged a language-based group, though, rather ineffectually, was flexible within that, viz-a-viz support group, mutual assistance group, self-help group as described by Kurtz (1997). Yet it was clear from the participants and also in the subsequent interviews that a more practically based approach would likely constitute and facilitate better interaction and support. My own, in many senses insufficiently considered assumptions, then, had a profound effect on the group's constitution, and consequently its ability to be flexible according to the groups needs and requirements.

Such a critical look at my own assumptions and their effects leads to discussion around the construction of the group. It could well be argued that a better planned and conceptualized project may have yielded better results and prevented, or at least predicted, the multiple problems encountered in the group. Certainly such a conclusion is not without merit. Although Mr A and myself made every attempt to plan the group before it began and listen as closely as possible to the requests, thoughts and suggestions made by the participants it seems, on reflection that it was, in a cliché, too little too late. A more encompassing and less restrictive assessment process may have been more helpful.

Certainly my naive or overly-ambitious action-research approach to the thesis was influential in the planning of the group. Thus, I was essentially bound to complete a thesis and the amount of management and time required to create a group from 'nothing' was, on reflection, unrealistic. Gradually, it became clear that I was not able to spend the necessary time on the development of the group, and the 'action' component was neglected.

My own motivation for the group, then, deserves some elaboration. I had hoped, rather idealistically, to create a situation in which both ‘community’ and ‘researcher’ would benefit (Terre Blanche & Durrheim, 1999). Particularly with Mr A’s concerns about the community not benefiting from previous research, I was determined to find the balance between the two parties. Swartz’s (1998) comments that critical psychology should not only *explore* cultural factors, but actively engage in building, changing and liberating, seemed pertinent. The practical elements, however, became overwhelming, and my focus shifted toward finishing a thesis. Without wishing to over-dramatize, it does feel that a certain repetition has occurred, in which researchers or activists have come with particular aspirant goals and quixotic assumptions (many of which are, if not patently wrong, then at least not critically evaluated) and left feeling overwhelmed and discouraged. Perhaps through reflection, better, more considered attempts can be made. Or, indeed, not made.

As much of the above has revealed, my own thinking in many areas was found wanting. My sense of disillusion and overwhelming devastation at the needs, both practical and emotional, presented to me and the burden of my perceived responsibility therein, were not, it should be emphasized, merely idiosyncratic. Thus, in the face of similar settings, others too might experience comparable reactions. Nevertheless, such feelings and sensitivities prevented me from critically assessing the process, environment and planning as well as my role within that. Swartz (1998), makes a valuable comment in this regard, commenting that ‘In the field of trauma, the urgency (both perceived and actual) to do things makes thinking more difficult. It often makes thinking seem like a luxury that cannot be afforded.’ (p.171). Though I was not directly working in a field of trauma, it certainly seems analogous to the situation, where thinking became regarded as a luxury and not, as Swartz later suggests, an ‘affordable’ or even ‘essential’ entity (Swartz, 1998, p.171).

5.3 Interpersonal

The interpersonal level, characterized by its focus on relationships, provides a useful foundation from which to discuss the significant relations that were a part of this project. Further, it is important in its ability to negate the reductionist approach often taken by mainstream psychology, and so often noted by critical theorists (Terre Blanche & Durrheim, 1999; Tuffin, 2005). This section, then, will elaborate on the difficulties within the various relationships and their implications for forming a sustainable support group.

My relationship with Mr A formed a significant part of this project's development. Our interactions, often interlaced with disagreement and persistently involving an element of power had a profound and complicating influence on the group's ability to be successful. While we were able to agree on the broader aspects of the group (e.g. its importance, and the usefulness of a men-only group), we often had different understandings of how it should be run. The goals and overall objectives of the group were also, on some inspection, divergent. While he, for example, felt that an educative, more didactic approach would be best, I hoped to provide a space for the participants to express their feelings or opinions without necessarily providing a best route to their solution. Again, it could be suggested that such indecision on our part about what the group might offer, or how it should be constituted, was counterproductive, and prevented the group from establishing its parameters.

His longer term hopes for the group were also in contrast to mine and these too affected our relationship and in turn the group. While, from discussions, it appeared he wanted to obtain employment from the group, I was less optimistic about the group's future. Such discord around this area may have stood as a motif for an important element of our relationship, namely the dynamics of power, which inevitably affected our ability to interact on an equal level. A number of complex issues arose in our relationship and complicated the group's progress and its subsequent development.

Mr A's role as gatekeeper to the community, produced an interesting and somewhat ironic shift in our power relations. Thus, I found myself powerless in many ways, as it was he who was able to connect with members of the community and generate the members necessary for the running of the group (Interestingly, *Hope World-Wide* use a similar principle of connecting with people in the community, though they generally recruit people who are already part of an existing group.). Although, as will be discussed later, other organizations could and should have been used to market the group, his role in connecting with prospective members was paramount to the group's success. He was able to screen and decide which members were appropriate without consultation and consequently, had unambiguous authority in who would or could attend the group. Thus, while I may have possessed the economic power, it was he who directly controlled the groups running and participants.

Also included in the interpersonal level should be some discussion around the group members themselves. From the interviews and relevant literature, a strong emphasis is put on the homogeneity of group members (Kurtz, 1997; Uys & Cameron, 2003). Thus, while it might initially appear that being a man and having HIV/AIDS is sufficient in term of similar characteristics to form a homogenous group, a closer inspection reveals that these are not necessarily adequate. Uys and Cameron (2003), for example, conclude that, 'Although people living with HIV/AIDS do share a common status, which may at times result in common or specific needs, remember that People Living with HIV/AIDS remain unique individuals from diverse populations' (p.87).

Such a theme would suggest that age, level of occupational and social functioning, familial environment and support (or ostrasization), sexual orientation, culture, degree of disclosure, stage of HIV infection, knowledge of the virus and acceptance all play pivotal roles in what a support group might hope to achieve and consequently who should attend (Uys & Cameron, 2003).

Given the small amount of men who came forward it is clear that we, as instigators, had little choice in deciding which members would benefit from our group. Essentially we were willing to accept any male with HIV who wished to attend. Yet the resulting diversity of members within our group almost certainly prevented the

interaction and commonality that might be hoped for in a support group. As an anecdotal example, Mr A, commented after one of our less interactive sessions that, because of particular cultural conventions, there was, and would continue to be, little communication or input from the younger members. Thus, as mentioned in the previous chapter, out of respect, younger males would resist commenting and listen attentively to older members. Such a facet, while not necessarily restrictive to the group process, may have been better accommodated in a more homogenous group, allowing members to more freely express themselves and their thoughts, opinions or emotions.

5.4 Environment level

The environmental level, which supplements discussion on the personal and interpersonal levels to include broader factors and dynamics, is crucial to assessing the obstacles faced by this project. Although a number of areas could have been investigated in this section, two specific themes will be explored, namely, needs based theory and stigma, both of which were critical in understanding the process.

5.4.1 Needs

From discussions in the group, and also from the subsequent interviews, a notable, and somewhat surprising theme raised surrounded the importance of HIV in the lives of these men and the consequent relevance of an HIV support group. Thus, the explicit and subtle environmental pressures placed upon many men in a township such as Masiphumelele were often seen as overwhelming. Poverty and deprivation, including economic hardship, poor housing conditions, joblessness and food shortages all played significant roles in the community and were appropriately perceived as influencing day-to-day living and choices. A discussion between Mr A and myself, as well as conversations with group members, suggested that although HIV was seen as important, its potential for short-term damage was less of a problem than other difficulties faced in the community, and was thus not a primary consideration. An HIV support group that served food was thus relevant because it served food, and not necessarily because of its support around HIV.

Psychological literature around needs, including the seminal work of Maslow, Murraray and others, would certainly support such observations (Towle, 1965; Fitzgerald, 1977; Louw & Edwards, 1997). Thus, the hierarchical nature of needs, as proposed by Maslow (1971), suggests that certain, more basic needs should be fulfilled prior to an interest in, or the satisfaction of those that are more complex and amorphous. As an example, he contends that physiological needs, like shelter or food are lower on the hierarchy (and thus more important) than love and belonging, which might include being in a group and being understood (Fitzgerald, 1977). Although subsequent critiques of his model have highlighted difficulties, it seems a relevant theoretical stance in this environment. The difficulty expressed by group members in finding an appropriate time for the group to be run, illustrates this point. Thus, while Saturday morning initially appeared to suit participants, it became increasingly evident that few people were able to attend as they were either working or seeking employment. Such a position might, rather than implicating men as disinterested or unwilling to engage with HIV/AIDS, be best understood as a result of the difficult living conditions experienced by many residents in Masiphumelele. Importantly, such a model would not say that HIV is unimportant, or seen as such by those infected, but rather that as a long-term problem, in which the health consequences are only to be felt in several years, it is of less critical or acute concern. For the support group, then, that focused so strongly on HIV as the target of its support, it could be suggested that other aims, like job creation or food distribution, would have yielded better interest or results.

5.4.2 Stigma

Another theme that likely had a significant impact on the groups ability to succeed, and relevant on a community or environmental level, is stigma. Much literature has addressed the subject and its influence on behaviour and attitudes (Helman, 2000; Herek, 1999). As the subject of stigma and discrimination arose in all three of the interviews and further arose in the groups themselves, it seems plausible to suggest that it was a significant factor in preventing individuals from attending the group. Fife and Wright (2000) conclude that stigma is a 'central force' in the lives of HIV

positive individuals (p.63). In additions, numerous authors have suggested that as a consequence of stigma and discrimination, individuals can attempt to pass themselves as 'normal' rather than HIV positive (Alubo, Zwandor, Jolayemi & Omudo, 2002; Rohleder, 2004). Further, literature suggests that many HIV positive individuals choose not to disclose their status to others, which often results in the patients inability to find or receive social and family support, often aggravating their sense of helplessness and loneliness (Hackl, Somali, Kell & Kalichman, 1997). Finding sufficient individuals willing to participate in our group was a constant difficulty and stigma seems to have been primary within that narrative. Stigma, then, as noted by relevant literature, appears to have played a significant role in the success of multiple groups and supportive structures.

5.4.3 Gender

Current research suggests that actual differences between men and women are relatively small, but, through stereotyping can be, 'exaggerated out of all proportion' (Louw & Edwards, 1997, p.772). Such results indicate that caution must necessarily be taken in evaluating gender roles and their effect on behaviour. Clearly then, while this project is only hoping to extrapolate on reasons for the limited success of a community interventions, it is beyond its boundaries to evaluate in depth the multiple layers in which this occurred. That said, it is notable, that the male role and men's responses to HIV/AIDS, help-seeking and emotions were all seen as significant by interviewees in determining the usefulness of a support group.

Such a belief amongst the interviewees, then, implies that there was a significant difference between male and female responses to HIV/AIDS. It was generally believed that men were bound to fulfill certain social roles, which included supporting the family. In so doing, showing emotion, talking about feelings, displaying weakness or seeking help were all seen as 'unmanly'. It was, consequently, thought that many men were in denial about HIV/AIDS. All of these factors were held to be not only in large part responsible for the failure of male support groups but also for the ongoing criticism of men in living, coping and preventing HIV/AIDS.

Interestingly, and notwithstanding the previous thoughts on masculinity, all respondents advocated the idea of male support groups, believing that not only were they useful but necessary for men to talk about their feelings and thoughts regarding the virus. It was notable, however, that the suggestion that more practical ways of eliciting male participation might be the most realistic way of changing the male role as circumscribed by society, was not unanimously agreed upon. This divergence, rather than unconstructive, could intimate that there are a number of ways to accommodate and satiate the emotional needs of men. Indeed, the multiple constructs of masculinity might validate such an argument explaining that, since no homogenous masculinity exists, so numerous approaches might realistically engage with the idiosyncratic needs and coping styles of different men.

5.5 Socio-political level

The socio-political level, drawn on regularly critical literature, seeks to expound on the dynamism of power manifest in the groups development and broader social structures. Although the focus of the thesis concentrates on the difficulties associated with the group, it is evident from the discussion that the group may stand as a motif for other social processes. Thus, patriarchy, oppression and community approaches to health and illness are all explored in more detail. Finally, the role of community psychology is investigated in an effort to understand the effectiveness of interventions such as this.

Also regarding gender, but on a socio-political level, was a relevant discussion around patriarchy, and the changing power relations within society. Although it was acknowledged that men have previously had particular supremacy or authority over women in multiple areas, it was felt that in relation to HIV/AIDS, men were seen as having less or decreasing power. The intriguing shift between men being the oppressors and becoming the oppressed, was felt to be crucial to the discussion of how men could be most appropriately supported. In particular, the prevalent theme that men rarely attend support groups was felt to be not only a feature of their unwillingness to engage in the HIV/AIDS discourse, but also their diminished power in this sphere (Fair Lady, 2005). Thus, the majority of HIV/AIDS prevention and

support programmes were seen to be biased toward women's issues or rights. Consequently, men were seen to have little voice or agency in how support was arranged or conceptualized.

Their role, the argument suggested, was often, or invariably, perceived as being confined to that of villains - those who spread the disease. As an interviewee inferred, why would a man attend a support group where there are fourteen women, only to bear the subsequent angry projections of betrayed and frustrated individuals? The matter is complex, and an apposite question might ask if men have a voice or if they are just not using it. Clearly such questions cannot be answered without increased research in this sphere, though the comparatively limited literature in this area and the fact that there are so few exclusively male support groups and organizations, goes some way to suggest that men are, at least partially, segregated or oppressed in the domain of HIV/AIDS. The extent to which this influences their participation in support groups, however, cannot, realistically or reasonably be evaluated. The influence of power and its repercussions on this socio-political level must be more carefully assessed and understood. The changing structure of society and the need for men to retain or evaluate their role in creating and sustaining supportive structures must be critiqued. Importantly, however, and as (Rappaport, 1992), explains, 'True empowerment, then, must be taken rather than given (p.16, in Long 1999)'. Consequently men must engage with such narratives and, to the extent they believe themselves to have become oppressed, take responsibility for emancipating themselves.

Another point of discussion surrounds the changing nature of society. The fragmented nature of many urban townships, which often see rural individuals forming diverse and eclectic societies, is often in some contrast to the nature of their original environments. The difficult transition between western and African ideologies and traditions can lead to particular complications, encapsulated in Swartz's (1998) description of a creolizing world. Structures and methods of dealing with health, illness and lifestyles have to be re-evaluated and the altered construction often has difficulty in finding a balance between the two. This, in addition to the often grindingly difficult economic environment, can result in poorly managed, under-resourced and over-burdened health care facilities.

Swartz (1998) comments on these two areas as being fundamental to 'the failure of mental health services to address the needs of the majority of citizens in this country' (p.169). He stipulates that the 'relevance' debate, whereby mental health professionals are seen as rooted in a 'western' culture' essentially foreign to an African view, has been predominantly quieted by current research (Swartz, 1998). Such recent investigation has, Swartz claims, cited socio-political factors as being primary to the failure of psychology and other disciplines to address mental health needs. Thus, trauma and the influence of social upheaval on mental health have become focuses of debate. Specifically, interest and concern with the psychology of oppression have become central (Nicholas, 1993). Patently, debates surrounding such fragmented, under-resourced and traumatized societies are pertinent to the development of less oppressive health care systems. While power is central to the debate and its influence often visible to even rudimentary investigations, its movement and the difficulty of altering structures to provide more egalitarian care, is less simple.

A further, complex, theme that spans a number of levels, surrounds community approaches to HIV/AIDS and healing. Specifically, it was felt by a number of the interviewees, as well as Mr A and myself, that connecting with already existing organizations and groups could have been invaluable. One interviewee discussed the possibility of joining up with groups that already ran, or met, on a regular basis. As indicated earlier, such a policy is used widely and successfully by *Hope World-Wide* (2004). At least three advantages might be gained from this practice: the multiple logistical difficulties that we had may have been averted, as the group would already have a regular time, meeting place and members. Secondly, the group may already have some level of credibility within the community, having gained awareness or even approval from significant others. Finally, a group, having been started from, and by, those in the community, would have better accepted its development and success as their responsibility.

Two specific discussion points may be raised by the comments above. Most obviously that groups are, in the words of one interviewee, 'very difficult to start'. Indeed, a further axiom, at least from the experience of this project, is that they are difficult to sustain. Clearly then, it would make sense to affiliate with other groups or

organisations thus effectively by-passing the multiple logistical hurdles that are inherent in forming a group. There may, however, be other difficulties that arise, in particular finding appropriate groups with which to partner. Again, the principle of connecting with appropriate organisations appears, *prima facie*, useful and yet a more critical, even cynical understanding might infer it would merely create additional complications.

A second important discussion point, surrounds the issue of power in this project, and the response of the community itself to HIV/AIDS. Thus, as discussed in earlier sections, the aim of this project was to facilitate empowerment. As Serrano-Garcia (1990, in Long, 1999) suggests, this implies 'a process in which people gain control over their own lives in the context of participating with others to change their social and political realities' (p.16). Importantly, however, (1992) explains that any empowerment programme which aims to give power to a particular group is inherently disempowering because it does not allow people to take up power themselves. Clearly then, any project that hopes to be successful, must take cognisance of community responses to the relevant issues. Indeed, Rappaport (1981, in Long, 1999), suggests that an approach to empowerment should take care to value the existing resources and skills of a particular group, contending that the existence or at least potential of these, is present and can be valuably harnessed.

A brief discussion should logically follow, on the role of psychology in this field. If power is to be taken and not given, then how can psychology assist or intervene? Louw and Edwards (1997) indicate that community psychology, as an extensive though not well defined area, hopes to address the following, viz: the identification of the needs and problems of deprived communities; adaptation of existing techniques, methods and principles to different cultural groups; development of new and appropriate strategies of intervention.

The discussion has, it is hoped, gone some way to indicating that the above goals are seamed with complex variables that make the practice of implementing such objectives particularly difficult. In particular, developing *appropriate* strategies of intervention, appears to be a major challenge.

The difficulty of creating, and indeed implementing, strategies that are useful, applicable and credible within local and social structures, is an intricate and weighty task. While psychology as a profession can be useful in the areas discussed above, it is suggested that increased emphasis should be put on integration of and collaboration between professions. Thus, community psychology must, if it is to be successful in its lofty aspirations, draw on the knowledge and expertise of other vocations and domains.

Anthropology, as an example, could assist in this regard. Helman (2000), explains, 'anthropology will involve a global perspective – a holistic view of the complex interactions between cultures, economic systems, political organisations and ecology of the planet itself.' As an exemplar, the same author goes on to detail how an anthropological ethnographic study could provide material regarding multiple areas, of which those pertinent to this study might include understanding the effect of AIDS on social, economic and cultural life of a community. Assessing how beliefs and behaviours within that community change (or do not change) to meet that threat. Exploring whether sufferers from it can mobilise social support or find themselves stigmatised and rejected. Further investigating whether changes occur in the way that different genders and generations relate to each other and finally understanding the strategies of prevention and self care used by the community (Helman, 2000).

All five points of concern, had they been investigated in the Masiphumelele locale may have aided the project under discussion. Such information, particularly when outlined against the difficulties experienced, may be regarded not only as helpful but essential in allowing community programmes to best understand the environments in which they are working. Even with such scant expansion on the subject, it becomes clear that reciprocity between professions is crucial. Indeed, more specifically for this project, affiliation with other interested and knowledgeable groupings would have been particularly valuable. While Helman (2000) used anthropological or ethnographic studies as an example, a number of other professions, including sociology and psychiatry may also have contributed to the success of our project.

The objectives of community psychology are grand and, based on the difficulties facing many South Africans, necessarily far-reaching (Louw & Edwards, 1997). The

multiple problems encountered by this relatively modest project perhaps go some way to characterising the many levels at which power, oppression and disadvantage can manifest themselves. If community psychology is to provide any kind of amelioration to the multitude of difficulties facing this country, it must work in conjunction with other professions. While this holistic and integrated process in itself would be laden with historical and political issues this is not to say that it should not be a goal worth striving for. Particularly given the magnitude of the goal, it seems appropriate to have an equally expansive contingent working towards its success.

University of Cape Town

Chapter 6

Conclusions and Recommendations

'The triumph of Hope over experience'

Samuel Johnson (Dainith, Stubbs, Wright, & Pickering, 1991; p.203)

6.1 Introduction

This project, based broadly on the principles of PAR, and incorporating the general ethos of critical psychology, which examines power and politics, sought to investigate some of the difficulties and challenges involved in forming an HIV/AIDS support group for men. In that endeavour, the design of the study incorporated an attempt to start an HIV/AIDS support group for men. In addition, three men, who had significant practical experience in the field of HIV/AIDS support groups, were interviewed on the difficulties involved in the area, providing a triangulated understanding of the subject matter. While the actual intervention or group was not sustained, it generated useful material that was subsequently analysed and discussed in conjunction with the interviewees thoughts and opinions. Discussion, centred on the dynamics of power and politics involved in the many layers of HIV/AIDS support groups for men. This final chapter, thus, will provide some conclusions to the thesis and its discussion. In particular it will outline three recommendations for community interventions that may wish to attempt a similar endeavour. Finally, it will give some concluding reflections, focusing specifically on the importance and difficulties of engaging in the area of masculinity and HIV/AIDS.

Hindsight, as the previous chapters suggest, provides a chance to reflect and as such allow for a wonderful learning opportunity. The experience and project, then, in the spirit of qualitative and action research would not be complete without emphasising the possibility of change and, as alluded to in earlier chapters, working towards the creation of a preferred reality (Guba & Lincoln, 1994 in Prilleltensky & Nelson, 2002). This chapter, based on the author's discussion and analysis of the project's

limited success, will make recommendations for similar, future community projects. The recommendations are categorised under reflection, preparation and awareness of power.

6.2 Reflection

Reflection is critical if a project is to be effective in meeting its goals. Reflection, it should be stressed, on both successes and failures. In addition, while reflection on the project's process is important, reflection on personal motivations and assumptions are also crucial. Understanding ones own expectations and hopes for a project and their necessary influence on the intervention itself, can only be beneficial in providing insight and consequently, more realistic goals.

The same could be said of assumptions (for example with reference to culture, the influence of poverty and HIV/AIDS), which are significant in influencing the nature of the intervention.

6.3 Preparation

Any project that does not carefully assess the needs of the individuals and communities it hopes to serve cannot realistically hope to succeed in any sustainable form. Discussion with relevant partners in the community is essential to competently gauge requirements or needs of the project. Indeed, true empowerment is taken rather than given (Rappaport, 1992). Consequently, though perhaps idealistically, communities would approach psychologists. Perhaps a more realistic model allows for the constant involvement, discussion and engagement with multiple partners at a community level. It is imperative that individuals feel ownership of the intervention. Further, and with the benefit of hindsight, choosing appropriate gatekeepers or other influential members of the project is critical. Without their support and interest it is unlikely that any project will succeed. Associating with the wrong person, or one without the support of the community, or with whom a poor relationship is fostered, creates significant obstacles. Clearly these are optimistic, perhaps lofty ideals as it is clearly difficult, particularly initially, to determine which groups, organisations or

persons are most influential, trustworthy and interested. Nonetheless, they must be identified, contacted and engaged with before intervention can usefully begin.

The Hope World-Wide model, that proposes engaging with and training members of existing groups, is a particularly apposite and efficient approach, when put into practice thoughtfully. Its principles cover the majority of the above recommendations and make specific effort to adapt the intervention according to the needs of the community and existing efforts. Awareness of what is already being done in the community is critical and can prevent superfluous or wasted endeavours, while also preventing the repetition of similar failures in earlier projects.

Finally, having completed a needs assessment of the community or organisation, it seems prudent to determine the goals of the project. Though there may initially be an overwhelming need or seemingly enormous expectation, realistic goals are the only attainable ones. Such goals must take into account personal and organisational motivations. In particular the need to produce research is an indisputable issue, and one that must be accounted for when discussing objectives with community members.

6.4 Awareness of power

That power plays a role in multiple areas is incontestable. With such power comes, of necessity, oppression. It is critical that an awareness of the influence of such dynamics are acknowledged and acted upon. The characteristics of the architects of the project, in this regard, are especially important. Less obvious factors, in this case gender, culture, stigma and poverty, are, for their subtle elusiveness and often complex influence, no less dominant. Though it may be beyond the scope of smaller projects to change such pervasive attitudes (e.g. stigma around HIV/AIDS), it nonetheless is incumbent upon those involved to take into account its effect on the intervention.

Finally, for those interested in the specific recommendations regarding the combination of masculinity and HIV/AIDS in this project, it should be noted that such an association is complex. While this author in no way wishes to underestimate their

interaction, it is clear from the pages that have gone before that there are no easy answers or suggestions that would helpfully or succinctly encapsulate their uneasy alliance. Perhaps two suggestions might be given. First, an awareness of their interaction, both at a theoretical and practical level, must be achieved. While this is a convoluted, complex matter, it is currently being attempted by numerous authors (e.g. Long, 1999; van Vlaenderen & Neves, 2004) some of whom have been mentioned and referenced). Their efforts allow for a better understanding of the significant influence this combination is having, most pertinently on South Africa and its efforts to explain and contain the HIV/AIDS pandemic.

Secondly, perseverance and hope are required. Liberation, and with it healing, is possible and change for the better is plausible even when faced with multiple, subversive and complex obstacles. I do not want to be unrealistically hopeful. If anything this experience has shown that things do go wrong, that optimism and audacious enthusiasm do not always win over. But I do believe that, with understanding, awareness, reflection, perseverance and time things can change. Human potential suggests that we can overcome great obstacles and oppressive attitudes.

6.5 Suggested recommendations

- Be reflective
- Look at personal motivations and assumptions
- Assess needs (of project, of individuals, of community) carefully. Must be done in consultation with community
- Work closely with multiple partners in the community.
- Choose gatekeepers and partners carefully
- Preparation period should be comprehensive (following the assessment of needs)
- Be aware of and use whatever community-based interventions are in place
- Use the Hope World Wide model where possible – join already existing groups (choose models that fit with the community)
- Choose carefully what the goals are for the project – make them realistic (e.g. can't change stigma against HIV/AIDS)
- Awareness of the Role of power (and, of necessity, oppression)
- Look closely at researchers role and influence on the group and project (ties in closely with reflection)
- Gender, stigma, poverty, culture and ideology are all very influential – be aware of how in specific contexts.
- Men & HIV are a very difficult combination
- Persevere

6.6 Concluding reflections

There are many difficulties associated with forming HIV/AIDS support groups for men. Within a South African context, issues of stigma, resources, gender, politics, needs and poverty all play significant roles. As has been demonstrated, the dynamic of power is particularly useful in examining and understanding how these many elements influence and interact with each other, often to the detriment of a group's sustainability. Larger socio-political issues are also of some consequence in determining the construct of masculinity and the ability or willingness of men to engage with the discourse of HIV/AIDS.

It seems evident that there are few easy solutions to the numerous challenges posed by this thesis. While the author may have provided some suggestions or recommendations to prevent or reduce potential difficulties, it is unlikely that future interventions will succeed without careful and considered understandings of the many dynamics involved. Perhaps, principally, the importance of including communities in interventions and assessing their capacity to engage with issues is crucial. Masculinity and HIV/AIDS combined, produce complex and layered obstacles, and it requires intervention at many levels for the long-term success of a support group. The importance of addressing these challenges and tensions, however, is critical, and the magnitude of the goal should not deter researchers and practitioners from engaging with the issues presented.

Clearly, there were a number of limitations in this study. Methodologically, the combination of practically intervening in a community while also gaining research 'data' proved challenging. Future attempts might well be cautioned against broadening their research aims unnecessarily, which complicates considerably the written project. Further and more specifically, it would have been useful to interview the men involved in the groups themselves, who could have provided useful insights into their experiences. Finally, engaging in a thorough and considered assessment of the community and its needs might well have provided the most useful data for a project of this nature.

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ADDENDUM A

Semi-structured Interview Schedule

Interviewees were chosen based on their experience and involvement with HIV/AIDS male support groups. The themes and questions listed below reflect the broad areas that the author hoped to address during the interviews. The questions were not necessarily asked in this order and the emphasis was to gain insight into the interviewee's own experiences, thoughts and opinions. Consequently, the schedule and interviews were flexible and adjusted according to what the interviewer felt was appropriate to each interviewee and associated situation.

1. Your experience of male support groups.
2. The aims and goals of the group you were involved in.
3. Factors involved in starting a male HIV/AIDS group.
4. Why are there so few HIV/AIDS male support groups?
5. The problems involved in starting male support groups.
6. Are male support groups helpful, or necessary?
7. The role of poverty and stigma in forming groups.
8. The difficulty of sustaining groups.
9. The problem of finding numbers.
10. Specific issues facing South African support groups.
11. Why don't men attend?
12. Practical solutions to these difficulties.