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Exploring the Possibilities and Limitations of Service-Learning: A Critical Analysis of College Student Narratives About HIV/AIDS

This article reports the results of a study that explored the possibilities and limitations of service-learning by deconstructing the narratives about HIV/AIDS that emerged from five college students who participated in an alternative spring break program. Employing a critical (Rhoads, 1997) and anti-foundational (Butin, 2010) approach to inquiry, results suggest that perspective transformation and analysis of root causes will not occur automatically for most students.

The service-learning literature is replete with references to the transformative potential of service-learning in promoting outcomes such as civic and social responsibility (Astin, Vogelgesang, Ikeda, & Yee, 2000; Eyler & Giles, 1999; Eyler, Giles, Stenson, & Gray, 2001; Pascarella & Terenzini, 2005). However, scholars have expressed growing concerns about "counterintuitive outcomes" (Erickson, 2009, p. 107) such as increased prejudices, reinforced stereotypes, and unexamined beliefs (Camacho, 2004; Jones, 2002). In fact, Vogelgesang and Rhoads (2003) argued that much of what constitutes current service-learning practice limits its transformative potential. Driven by an interest in institution-

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alization, service-learning educators rely on definitions of service-learning that privilege "(a) volunteer activities done by (b) individual students with high cultural capital for the sake of (c) individuals with low cultural capital (d) within the context of an academic class (e) with ameliorative consequences" (Butin, 2010, p. 6). This approach leaves unscrutinized the complex social issues encountered by students in service-learning contexts and any critical examination of what students actually take away from such encounters, often resulting in what Hollander (2010) referred to as a "'drive by' community experience that does not address issues of power and privilege" (p. xi). One such complex social issue is HIV/AIDS.

Several issues converge to make educating college students about HIV/AIDS a vexing task. First is the enormity of the issue. In 2008, an estimated 1,178,350 people in the United States were living with HIV infection (U.S. Department of Health and Human Services, Centers for Disease Control [CDC], 2011). In a 2009 HIV incidence analysis, CDC researchers estimated that 39% of those infected had contracted the virus between ages 13 and 29, with disproportionately high incidence rates among African American women and men, Latina women and Latino men, and men who have sex with men (MSM) (Prejean et al., 2011). A 2009 report funded by the CDC found that 3% of the overall population of the District of Columbia, the regional context for this study, was infected with HIV, a percentage that well exceeds the 1% threshold indicator of a severe epidemic (Vargas & Fears, 2009). These staggering figures offer a glimpse into the future of the pandemic and a sobering measure of the effectiveness of HIV/AIDS prevention education, another issue contributing to this challenge. Furthermore, despite a persistent rate of HIV infection, HIV/AIDS "has become boring" (Pollack, 2009). In an article calling for increased attention to and funding for AIDS, Pollack (2009) wrote: "With young gay men who don't remember the height of the epidemic reverting to dangerous sexual behavior, some 56,000 Americans will become infected this year—about as many as those who died in combat during all of Vietnam" (p. 16).

For college and university educators, the high incidence of new infections among U.S. youth is especially disquieting given the early onset of sexual activity and the inadequacy of HIV/AIDS prevention education. Among U.S. college students in fall 2010, 22.9% reported ever having been tested for HIV (American College Health Association [ACHA], 2011). Additionally, in 2007, only 20.7% of college students reported having ever received information about HIV infection from their university (ACHA, 2008), thus relying on what they learned from high school health classes (Jones & Abes, 2003). Further, risky sexual behaviors are

very prevalent among college students (ACHA, 2008, 2011; Adefuye, Abiona, Balogun, & Lukobo-Durrell, 2009; Opt, Loffredo, Knowles, & Fletcher, 2007), even among students who report that they understand HIV transmission (Opt et al., 2007).

Beyond a student health perspective, this worrisome gap between college students' knowledge and behavior about HIV/AIDS is also apparent in the context of service-learning (Jones & Abes, 2003, 2004). The limited research that does exist specific to HIV/AIDS in a service-learning context has suggested that students rely on stereotypes until service-learning experiences prompt a crack in their thinking—while also resulting in troubling new conclusions, such as people with AIDS are "normal" and "just like me" (Jones, Robbins, & LePeau, 2011; Jones & Abes, 2003). Such conclusions may be symptoms of a service-learning paradigm that accentuates "individual acts of charity" over social structural change "even in courses and projects intended to confront larger social issues" (Vogelgesang & Rhoads, 2003, p. 4). Indeed, despite the emphasis in the service-learning literature on reciprocity as a core component of this pedagogical approach (e.g., Eyler & Giles, 1999; Jacoby, 1996), reciprocity is difficult to achieve, as the service-learning context is more often than not fraught with power inequities that result in essentialization and generalizations about the other (Camacho, 2004). Educators may be eager to highlight the possibilities rather than the limitations of service-learning. However, when students' generalizations are overlooked and go unchallenged, then service-learning experiences may fall short of reciprocity and result in harmful stereotypes, thus reifying the very inequities service-learning educators seek to disrupt. To work toward reciprocity and reclaim the transformative potential of service-learning, a need exists for research that interrogates students' narratives about the other through the lens of HIV/AIDS and other social issues, or "contact zones" (Camacho, 2004, p. 31), in which service-learning occurs.

The purpose of this study was to explore the possibilities and limitations of service-learning by deconstructing the narratives about HIV/AIDS that emerged among college students who participated in an alternative spring break (AB) program. To unmask the conditions that cultivated these narratives, we investigated the following questions: (1) What structures of power and privilege surround and shape students' experiences around HIV/AIDS and the meaning they make of those experiences? (2) What narratives, including silent or implicit narratives, emerge about HIV/AIDS? and (3) What do these narratives suggest about the possibilities and limitations of service-learning?

Theoretical Framework

Traditional approaches to service-learning research have emphasized student outcomes such as civic and social responsibility (Astin, Vogelgesang, Ikeda, & Yee, 2000; Eyler & Giles, 1999; Eyler, Giles, Stenson, & Gray, 2001; Pascarella & Terenzini, 2005). Such approaches often overlook the "messiness" (Camacho, 2004, p. 32) of service-learning, leaving unscrutinized the social structural inequalities that create the need for service-learning in the first place. In this study, we were guided by Tierney and Rhoads' (2004) premises for higher education research when using a critical theoretical framework including:

1. Research efforts need to be tied to analyses that investigate the structures in which the study exists.
2. Knowledge is not neutral. It is contested and political.
3. Difference and conflict, rather than similarity and consensus, are used as organizing concepts.
4. Research is praxis-oriented.
5. All researchers/authors are intimately tied to their theoretical perspectives. We are all positioned subjects. (p. 327)

Drawing upon these tenets and applying them to service-learning, this study is framed by a critical (Rhoads, 1997) and anti-foundational (Butin, 2010) approach to service-learning, which "is about disrupting unacknowledged binaries that guide much of our day-to-day thinking and acting to open up the possibility that how we originally viewed the world and ourselves may be too simplistic and stereotypical" (Butin, 2010, p. 13). A form of critical pedagogy, critical and anti-foundational service-learning purportedly engages students in deeper thinking about the meaning of service and action toward social change through examination of the structural inequalities that produce the need for service (Boyle-Baise, 2007; Mitchell, 2008; Rhoads, 1997; Rosenberger, 2000). Mitchell (2008) further illuminated three elements that distinguish critical and anti-foundational approaches to service-learning from more traditional forms: "working to redistribute power amongst all participants in the service-learning relationship, developing authentic relationships in the classroom and in the community, and working from a social change perspective" (p. 50).

Foregrounding the structures of power and privilege surrounding the context of HIV/AIDS-focused service-learning allowed us to interrogate participants' conceptualizations of HIV/AIDS and examine the social justice implications. By employing a critical approach, we embraced a dynamic and multidimensional perspective, reflecting the realities of

HIV/AIDS, rather than a more static and solely outcome-oriented approach to research on HIV/AIDS-focused service-learning. Contrasting anti-foundational service-learning with a more typical technical perspective that emphasizes principles of good practice and individual acts of charity, Butin (2010) suggested that an anti-foundational perspective on service-learning disrupts the presumption of service-learning as transformational, interrogates the taken-for-granted assumptions underlying much service-learning practice, and promotes what he refers to as "justice learning" (p. xviii).

Many service-learning educators are called to this pedagogical approach because of the potential to advance social justice and social change. Often located on a continuum of charity to social change (Bringle, Hatcher, & McIntosh, 2006; Moely, Furco, & Reed, 2008), service-learning may be understood by an emphasis on individual displays of helpfulness or examination of root causes and underlying inequities. However, as Camacho (2004) pointed out, "little research has examined which conditions elicit particular responses among students" (p. 32). Furthermore, the process of engaging students in examination of their own privileges and social inequalities is far more difficult than the rhetoric of reflection suggests, both because of the ways in which service-learning experiences are set up in the first place and because of a reluctance to scrutinize what one has taken for granted for quite some time. Rosenberger (2000) captured this tension:

> For me, the fundamental question became: To what extent does service learning, although intended to meet community needs and promote citizenship, sustain the hegemony of the elite and perpetuate the status quo of privilege and oppression created by the economic and educational opportunities of class, race, and gender? (p. 24)

The critical and anti-foundational framework used in this study enabled us to critique the normative practices of service-learning, to locate individual narratives in larger discourses of HIV/AIDS and structural conditions that produce such discourses, and to examine what prompts the shifts in thinking needed to advance anti-foundational service-learning practice.

Much of the service-learning research aligns with a technical perspective (Butin, 2010) and measures outcomes associated with service-learning, highlights the narrative voices of student participants, and showcases exemplary practices. Through a critical and anti-foundational framework, we ask a different set of questions of the data to probe more deeply the narratives that emerged for students around HIV/AIDS, reci-

procity, and privilege. A critical lens (Rhoads, 1997; Tierney & Rhoads, 2004) enabled us to focus on issues such as stereotypes, discrimination, privilege, and assumptions that were not always recognized by participants and were left unexamined in the shared narratives produced through a constructivist approach in an earlier analysis we conducted (Jones et al., 2011). Engaging a critical and anti-foundational theoretical framework, which exposes the normative discourse and structure of both HIV/AIDS and service-learning, allowed for the limitations and possibilities of service-learning to emerge.

Research Context[1]

The Alternative Break (AB) Program at a large public university in the mid-Atlantic region has grown significantly over the past five years, with now nearly 20 different trips offered over spring break and a diverse group of students applying for participation. At the time of application, students chose trips based upon their interests in the locations and social issues addressed (e.g., HIV/AIDS, homelessness, literacy). The program website promotes the AB trips as opportunities to "engage in active service and gain new perspectives on social issues while meeting community needs, and learning about and building on community assets" (program website). Consistent with the principles of good practice for service-learning (e.g., Eyler & Giles, 1999) and a stated commitment to develop students' leadership capacities, the AB trips are almost entirely student-designed and facilitated. Those students interested in serving as trip leaders complete an application and interview process which includes identifying those AB trips they would like to lead. Students selected as trip leaders are assigned a trip and required to attend a number of pre-trip meetings to learn more about their responsibilities and the best practices associated with service-learning. Trip leaders are then responsible for working out many of the logistics of the trip, including the service site location, pre-trip orientations, and reflection activities during the trip.

The context for this study was an AB trip to New York City focused on HIV/AIDS. During this week-long experience, students spent time working primarily with recreational therapists in a wing of a health center run by the Catholic diocese called the "discrete unit" because this is where those individuals living with AIDS resided and on the "elopement" floor with residents determined at risk for flight. Here students engaged with the residents in conversation, organized games such as hearts or volleyball, and assisted staff with activities such as a St. Patrick's Day celebration and Holy Thursday service. In this setting,

students came to understand that AIDS was not just "some poor child dying in Africa," to realize that "everyone has a story," and to "put a face to the disease." Notably, in this context, students also witnessed firsthand, and often for the first time, discrimination against the residents with AIDS by both staff and other residents. They interacted with residents who had been abandoned by their families and were very grateful for the presence of young, energetic college students, if only for a short time (Jones et al., 2011).

This setting evoked strong emotions among the students. As the primary investigator and faculty advisor on the trip (Jones), I too was moved by what I saw and the conversations I had with the residents of the health center. To this day, I can still vividly recall James' mantra of "I'm too blessed to be stressed," Fred's lament at the Holy Thursday service that "this is pathetic," and Bobby the hairdresser, who was blind, calling out for me every 30 seconds, "Susan, are you still there?" Although my responsibility as one of the faculty advisors on the trip was primarily to handle money and deal with emergencies, I engaged fully in the trip and enjoyed applying my expertise in student development theory to what I observed. I also appreciated the opportunity to return to hands-on work focused on HIV/AIDS, a commitment that had been ignited in the height of the AIDS epidemic of the 1980s when individuals died within six months of diagnosis. Yet the students on the trip had no recollection of that history, nor were they particularly knowledgeable about the contemporary context of HIV/AIDS. Further, because the AB program is completely student-led, the pre-trip orientation to both the setting of the trip and the social issue of HIV/AIDS was left unaddressed by the trip leaders, who were well-intentioned but busy students who were short on time to orient their group. Instead, the pre-trip "orientation," held in the food court of the student union, was more social in nature and focused on essential details like what time to meet the bus when we departed for New York City. It was this context that provided the data for this critical analysis of college student narratives about HIV/AIDS.

Methodological Approach

Data for this study come from a narrative inquiry investigating the meaning-making of students participating in an HIV/AIDS-focused AB trip (Jones et al., 2011). As a narrative inquiry, we focused on the richness of the stories told and retrospective meaning-making from participants regarding their experiences (Chase, 2005; Clandinin & Connelly, 2000). Data were first analyzed utilizing a constructivist narra-

tive approach (Josselson & Lieblich, 2003), with results presented in the form of three narratives: contextual, individual, and shared (Jones et al., 2011). However, as Abes (2009) suggested, applying different frameworks to data analysis yields new results and different stories. In this paper, we use a critical theoretical perspective (Rhoads, 1997) to analyze the data in order to expose the structures of power and privilege that run through both service-learning pedagogy and the issue of HIV/AIDS.

From the critical theoretical lens anchoring this study, knowledge and the meaning individuals make are influenced by dominant systems of power legitimizing particular interests based on social identities (e.g., race, sexual orientation, class, gender) and excluding others (McLaren, 2003; Prosser, 2009). One purpose of conducting service-learning research from a critical lens is to examine how participants construct knowledge within systems of power and how this knowledge can be transformed to incite social justice initiatives. One such transformation can occur through anti-oppressive service-learning pedagogy (Berlak, 2004; McLaren, 2003; Rhoads & Black, 1995).

Narrative inquiry remained an appropriate methodological approach for this study, with new possibilities for data analysis emerging through a critical lens (Abes, 2009; Clandinin & Rosiek, 2007; Jones, Torres, & Arminio, 2006). However, to introduce this critical lens, we both listened to the stories told and also, as Clandinin and Rosiek (2007) encouraged, listened "through the person's story to hear the operation of broader social discourses shaping that person's story of their experience" (p. 55). In this critical narrative inquiry, we incorporated a critical lens into our discussion of the stories of the participants with an examination of service-learning as an anti-oppressive pedagogy (cf. Berlak, 2004).

Sampling and Data Collection

All nine New York City AB trip participants were invited by the primary investigator to participate in the study with five volunteering. This group of five included two Black women, two White women, and one White man who identified as queer. A range of undergraduate majors was represented; four participants were juniors and one a sophomore. A summary is provided (see Table 1), and more detail about each participant can be found in the results section as well as in our earlier constructivist narrative study (Jones et al., 2011).

Data were collected for this study in two phases. Phase I involved participant observation, document analysis of student journals in which participants were asked to record observations, experiences, and/or thoughts that stood out to them, field notes from the primary investi-

TABLE I

Participant Profiles

Pseudonym	Demographic Information Shared with Researchers
Sasha	African American; female; junior; public health major; trip co-leader
Lee	White; male; queer/gay; junior, English and family science majors with certificate in LGBT studies
Aeriel	White; female; junior; English major
Laila	Black; Kenyan; female; international student; sophomore; economics major; trip co-leader
Victoria	White; female; junior; public health and romance languages major

gator, and one post-trip semi-structured interview with each participant designed to elicit personal narratives from participants about their experiences on the trip. Phase II included semi-structured interviews with all five participants one year after the first phase to determine the longer-term influences of their AB experiences. All interviews were audio recorded and transcribed verbatim.

Data Analysis

Consistent with narrative inquiry and a critical perspective, all data were analyzed to illuminate the meaning participants made of their experiences while also critiquing the structures of power and privilege surrounding those experiences. Applying these principles meant that each researcher read and independently coded every interview and document and generated themes that illustrated "the story they had to tell" and "turning points or epiphanies" (Creswell, 2007, p. 155). We then engaged in a second read of the data to conduct the critical analysis and more directly focused on implicit narratives and structures of power and privilege. We met regularly to compare our codes, themes, memos about the developing themes, and analyses, which enabled us to refine the themes based on the emerging storylines.

To illuminate structures of power and privilege, we used focalization, or "the point of view from which the events unfold or the location from which the actors and characters are viewed" (Holley & Colyar, 2009, p. 681), as an analytic tool. Focalization allowed us to shift vantage points between "internal and external points of view" (Holley & Colyar, p. 682) and illuminate the perspectives of students, residents, and students' friends and family, all of whom influenced the construction of

narratives about HIV/AIDS. The participants shared narratives that, when analyzed from a critical perspective, unearthed stereotypes about HIV/AIDS and the influences of their own privileges on their narratives about HIV/AIDS. The residents at the health center also contributed to participants' narratives about HIV/AIDS through their interactions with students during the AB trip. Finally, the influence of the participants' family and friends, who absorbed and responded to the narratives participants shared with them, revealed to us some of the silent or hidden perspectives participants had about HIV/AIDS.

Focalization was particularly useful in combination with a critical perspective because contradicting understandings of participants' AB trip experiences were unleashed when examining narratives from multiple perspectives (cf. Holley & Colyar, 2009; Prosser, 2009). Although participants held private narratives known only to them (cf. Prosser, 2009), the intentional use of focalization strategies to examine the systems of power that participants constructed in their narratives got at some of the implicit narratives lurking beneath the surface. Thus, the presentation of findings for this study mirrors the focalization process we used when analyzing the data.

Trustworthiness

Several strategies were utilized to assure trustworthiness of the findings. We created a narrative summary of our findings and sent that to all participants as a way to member-check our results. Triangulation of data sources and the use of multiple researchers enhanced the credibility of findings, and prolonged engagement enabled the generation of thick description, which advanced transferability of the results (Jones, Torres, & Arminio, 2006).

Findings

Applying a focalization strategy (Holley & Colyar, 2009) to both the analysis of data and presentation of findings, we turn to sharing the participants' narratives from different points of view. Thus, the first theme focuses on a critical read of participants' narratives. The subsequent two themes keep participants' narratives central, while examining participants' reactions to the narratives of health center residents as well as family and friends' reactions to participants' AB experiences. These two themes emphasize how it is not just "others" telling the story but also how the perspectives of those "others" reframe the participants' narratives.

Students: "Modifying My Schema" About Living with HIV and Dying of AIDS

Participants' experiences both during and after the trip surfaced complex narratives about HIV/AIDS. The trip was a "catalyst" (Victoria) for much reflection and learning, prompting a shift in students' thinking. Lee aptly described the nature of this shift when asked what it was like to interact with the mostly Black and Latino residents in the health center: "For me, historically, through my lens, it has always been White gay men having AIDS, and . . . that isn't the face that it is right now. . . . Kind of modifying my schema of what is someone living with AIDS." Indeed, every participant modified her or his "schema," but this modification looked different for each participant.

For Sasha, HIV/AIDS activism and advocacy work was a deeply held commitment, with the trip representing just one stop on a longer journey. Originally she sought out the AB program to explore interests in "poverty and homelessness and women's issues and sexual issues," which she saw as intertwined with the HIV/AIDS epidemic. The trip was a "supplement" to her learning because she was already involved in "advocacy behind HIV and AIDS, lobbying and globally trying to be engaged." Shortly after the trip, Sasha remarked that her experience "just pushe[d] [her] drive to want to work more, volunteer more with people who have HIV and AIDS, lobby more for federal laws, make medication more affordable and everyday just stand up for people" living with HIV and AIDS. One year later, she was still deeply engaged in this work, leading an ambitious HIV testing campaign on campus while completing a full-time internship in STD and HIV prevention at a medical center. Reflecting on these commitments, Sasha mused, "I guess it's all linked to my experience in New York."

Although not new to "community service," before the AB trip Aeriel "had never really taken the time to consider AIDS in the United States." Upon reflection, she realized that before the trip, her "understanding of AIDS was that all of the treatment and medications and everything were so advanced that while it . . . wasn't pleasant having AIDS you could still pretty much live a normal life. . . . Obviously that's not the case." On the trip, she was surprised to find that, far from depressing, spending time with the residents was "uplifting": "I thought I would come home every day and be very sad and be, oh, like these people are barely living and stuff like that. But . . . [t]hey're really living life as much as they possibly can."

For Laila, who is from Kenya, the AB trip provided a lens into the ways in which U.S. health care infrastructure provides, however ineq-

uitably, for the well-being of people living with AIDS. As Laila commented in her first interview:

> Where I come from I know that AIDS is an epidemic and . . . you have to fend for yourself and . . . try to get food, barely no money for medicine. It's outrageously expensive. So I think that I really appreciated what [the health center] does as a whole.

In year two, Laila had even more sophisticated knowledge about the life and death implications of socioeconomic differences between the United States and Kenya: "Many of the AIDS victims here, they live longer, because they have more access to medicine. Then the ones back home are already in a poor situation, and affording basic life is already so hard, so it hits them harder and faster." Well-informed about global socioeconomic disparities at the root of HIV/AIDS, Laila hoped after graduation to go back to Kenya and work on "the whole poverty angle of the AIDS thing back home." In practically the same breath, however, Laila referred to individuals who had contracted HIV/AIDS *in utero* as "100% innocent." This comment, paired with her language about "AIDS victims," evoked a more narrow view that seemed at odds with her complex socioeconomic understanding of the epidemic, making it difficult to characterize the "paradigm shift" that had occurred for her.

   Lee's "schema" about HIV/AIDS also shifted in a complex way. When asked to identify the most challenging part of the trip, Lee replied, "I guess it was facing the people with AIDS. . . . I guess I always think of people as healthy with AIDS and having to get over that fact and just work with them as human beings probably was the most challenging thing for me." Expanding on his pre-trip understanding of "healthy" people living with HIV, Lee explained that in the queer community "unsafe sex is now really popular because of AIDS fatigue," yet those who were HIV positive could "live a long and healthy life on the medication." Lee learned on the trip that not all people living with HIV/AIDS have this privilege, and that was "a real paradigm shift" for him.

   Paradoxically, the AB trip seemed to destabilize Lee's happily-ever-after narrative about living with HIV while reifying his assumptions about dying of AIDS. On one hand, Lee realized on the trip that the residents he met had landed "in a hospital because they don't have that support system." As he stated, "Being White middle class American I always have that support system with my family and everything else and having that financial backing whereas some didn't." The flipside of his newfound awareness of the racial and economic privilege separating him from the health center residents, however, was that Lee now

risked forming a one-dimensional view of what "dying of AIDS" looked like. Comments like "[t]hey have such little control over their lives" and "they just don't have a loved one to provide for them," while poignant, reflected dichotomous thinking and the reification of stereotypes. "Living with HIV" became a symbolic representation of Whiteness and economic privilege, control over one's life, and access to a support system and health care, while "dying of AIDS" came to represent people of color living in poverty, addiction gone out of control, and a lack of access to health care or social support.

Victoria, too, had a complex narrative about living with HIV/AIDS. Back on campus after the trip, Sasha led an HIV testing campaign geared toward students. When Victoria told her dad about this campaign, he asked, "Why would you need testing on your campus?" Victoria recalled, "I was like, are you serious? It's not something that happened in the 80s and went away. This is an epidemic not even just in Africa or India or whatever you might think it is." Reflecting on the root causes of the epidemic in the United States, Victoria commented that there is "a big divide between the rich and poor and then you get some people struggling and then there are drugs." Victoria further explained that while in New York on evening excursions, she was aware of the epidemic and thus more attentive to those around her: "When I saw someone like maybe limping similarly to one of the patients or just acting, not really acting but I guess it was more the limping and how they carried themselves on the street. I would be like 'oh maybe they have HIV or AIDS.'"

Overall, although students seemed to modify their "schemas" about HIV/AIDS as a result of the AB trip, the modifications did not occur in a simple or unidirectional way. Participants were not always aware of the implications of their ideas or the stereotypes driving them, and their experiences on the trip sometimes reified these stereotypes rather than dismantling them.

Health Center Residents: "You're Lucky to Get to Do Service"

The comments of health center residents, and students' interpretations of those comments, formed a complex narrative around service-learning, privilege, and reciprocity. One resident memorably remarked, "You are lucky that you get to do service; make sure you always make good decisions and take advantage of what you have." Some interpretations of this message were positive and upbeat. For example, Sasha opined, "I shouldn't take it for granted that I can give my time . . . the patients encouraged my volunteering and they encouraged me." Similarly, for Laila, the trip helped her "appreciate the finer things" in her life and

inspired her to "dedicate more time to volunteering" for HIV/AIDS-related organizations.

At other times, however, coming to terms with being "lucky to get to do service" was a painful reminder of reality, leading to guilt, despondency, and uncertainty about one's sense of purpose. Several students wrestled with the temporal nature of their presence at the health center, expressing concerns like "you're definitely like a visitor the entire week" (Aeriel), "I just walked into those people's lives for a week [and then] took myself back" (Sasha), and "I almost feel like it's cheating them, like on for three days and then leaving" (Victoria). Confronting the finality of AIDS and his own privilege, Lee experienced a real sense of loss regarding his efficacy as a "difference maker," lamenting, "I was just helpless . . . Before the experience, I was all about saving people and things like that, and I realized there was nothing I could do to save them." Thus, students' AB experiences led them to realize that there was a limited amount they could do in just one week, the short window available for "making a difference" before returning to business as usual (even if they dreaded doing so) in their privileged college student lives.

Recognizing the "luck" of getting to do service helped some students, in some moments, to acknowledge HIV/AIDS as a complex social issue deeply rooted in structures of power, privilege, and oppression. For Sasha, who started an HIV testing campaign on campus, the trip fueled her "drive to want to work more, volunteer more with people who have HIV and AIDS, lobby more for federal laws, make medication more affordable and everyday just stand up for people." Meanwhile, shortly after the trip, Victoria offered "we're all human" and emphasized individual encounters, yet one year later she demonstrated more knowledge about social inequality, power, and privilege. She argued that "just the fact that I even got a high school degree . . . has put me at an advantage." Reflecting on the role of the AB trip in her newfound knowledge, Victoria identified it as a "catalyst" and noted that "[t]hese alternative break trips . . . make you realize that work with policy is very important."

For most of the students, the most powerful part of their AB trip experience was the opportunity for meaningful personal interactions with health center residents. Sometimes, these interactions invited a more realistic understanding of HIV/AIDS in everyday life, which was powerful for students. During the trip, after saying goodbye to the residents, Aeriel sadly remarked in her journal, "I'm not sure if they will ever grasp how much each and every one of them touched my heart." Laila, in turn, marveled after the trip at "the experience of meeting and talking to those people and seeing how real this is." From Lee's perspective one

year later, the trip was an exercise in "having concrete examples, as op-
posed to book knowledge" about health disparities, "and actually seeing
people and meeting people, putting faces to theory."

Meaningful interpersonal interactions were part of what students
craved when they applied to the AB program in the first place, and the
value of such interactions was reinforced on the trip. Part of what made
the interactions so poignant was what they revealed for students about
the privilege of volunteering one's time or the "luck" of getting to do
service. However, at times students were so drawn to the idea of mean-
ingful individual connections with the residents that they seemed to lose
sight of systemic issues surrounding HIV/AIDS. For example, despite
her active commitment to HIV/AIDS advocacy and systemic change,
Sasha shared that the most rewarding thing about the trip was the resi-
dents' vocal appreciation of the students: "I guess I always liked to vol-
unteer, but [the residents] just encouraged that more because you saw
how much it matters to them. . . . When you volunteer at other places
you feel they don't really need you that much."

Perhaps related to this value placed on "mattering," students set high
expectations for the personal interactions they hoped to experience
while on the trip, seeking a level of reciprocity and emotional inten-
sity in their own and each other's experiences. One year after the trip,
Lee, in training as an AB trip leader, noted "a competition of who had
the better experience" among prior trip participants, wryly referring to
"crying as the hallmark of a good trip." Echoing this sentiment, in her
trip journal, Victoria worried that her experiences weren't "profound"
enough: "Why don't I feel as exhausted as everyone else? Was it just
that my experiences weren't as profound as theirs?" Later, in her initial
interview, Victoria reasoned, "A lot of people had one particular person
that they bonded with. But I kind of went around and spoke with sev-
eral different people," so being at the health center "impacted me but
not as much as it impacted other people because I didn't have that one
particular connection." With this focus on individual interactions and
how much those interactions "impacted" them, students sometimes ig-
nored the structures of power, privilege, and oppression that made them
"lucky" enough to get to do service and the residents "unlucky" enough
to have contracted HIV or landed in the health center.

Overall, in their comments to students, health center residents empha-
sized to students their appreciation but also shared important life les-
sons. Not only did residents gently point out the privilege of getting "to
do service," but they also implored students to make healthy decisions
in order to stay HIV-negative. Reflecting on these life lessons, students
sometimes demonstrated an understanding of the social structural foun-

dations underlying HIV/AIDS as well as the layers of racial, economic, and educational privilege in which these individual encounters were embedded. However, this understanding was fleeting and tentative, speaking volumes about the ways in which students distanced themselves from the residents, the AB trip, and the global HIV/AIDS epidemic.

Friends and Family: "She Would Cry If I Went to Africa"

Upon their return from the AB trip, participants were full of stories and eager to share their experiences with family and friends, whose responses ranged from admiration and support to disinterest and disapproval. Most, however, simply could not grasp the depth of the experience in New York, so AB participants often felt misunderstood and lonely when trying to describe the trip. As a result, participants sometimes found themselves growing apart from friends or family members. Others, however, grew closer to their friends, whether those from before the trip, fellow trip participants, or new friends made after the trip. Some participants also grew closer to family members after the trip. Overall, participants' narratives about HIV/AIDS, service-learning, and social justice-related work were very much shaped by interactions with family and friends.

Sasha had a multifaceted experience with family and friends. Shortly after the trip, the significant other of a fellow participant approached Sasha (who was a trip leader) for advice, bewildered by his girlfriend's depression and despondency. Sasha explained, "It's really hard for your peers to completely understand, especially if [those peers] care about people who are involved or who care about the issues." Sasha received a similar reaction from her parents, who "think I just went on a whim trip to New York and I just lost my mind." Despite not quite understanding what had happened to their daughter, Sasha's parents were "sort of appreciative." With her peers, however, Sasha became more motivated than ever to raise awareness about HIV/AIDS and thus refused to allow distance to develop because "when you have a person like your age relating to you, what they saw or what they did, then it definitely changes people's perceptions."

Victoria commented that "Sasha is very outspoken" in her approach to raising awareness about HIV/AIDS, whereas Victoria shared a more tentative narrative. Victoria noted silence from her father when describing Sasha's experience teaching students how to use condoms and about the free HIV and STD testing on campus that Sasha started. Victoria also included, "My mom assumes . . . she's not against condoms but I know she doesn't like the idea of the pill. She just assumed that I was of the same opinion." The conflicting perspective between Victoria

and her parents was off-putting for her. She shared, "My parents obviously talk at night and I guess I never realized that they have such a deep relationship and discuss so many things . . . I know they're Democratic and that's about it . . . I only realized this after the trip." She then admonished herself for not being articulate about politics or listening to NPR.

Aeriel had a "rough" experience with her friends after the trip. "I lost contact with half of my friends over spring break," she said. Describing these friends as "very rich" students who "don't pay for their school," Aeriel explained, "There was something when I came back that I just didn't want to be around it. I just didn't want to see it." These friends no longer meshed with her reaffirmed commitment to service and post-college aspirations of joining the Peace Corps; Aeriel's new friend Sasha was a better fit. One year later, Aeriel was still spending lots of time with Sasha and her friends, musing, "The people I was hanging out with did kind of just shift in general to Black and Hispanic. I think I'm more comfortable around those people." Aeriel's old friend group was still important to her, but she was "a little more on guard around them" because "you don't want to go against what they're saying so you just kind of . . . [Interviewer: *Tiptoe?*] Yes."

Spending time with Sasha meant helping with HIV/AIDS testing events, which was "not really something [Aeriel wanted] to do." After the trip, Aeriel explained, in an ironic use of words, "I think I felt more immune to HIV/AIDS. . . . I didn't meet anybody there that I directly related to, like this was me, like some of the other people did. I never saw myself in their shoes." Inevitably, Aeriel agreed to help when she "remember[ed] how important it really is," but she also saw HIV/AIDS as "in the U.S. but it's not in my life."

With two different friend groups and ambivalence about staying involved in HIV/AIDS-related activism, Aeriel also had a mother who lovingly but vocally discouraged some of her service commitments and post-college plans. "My mom thinks that I spend too much of my time focused on other people and I don't have fun anymore," she explained. Aware of the unpredictability of post-college life, Aeriel's mother advised, "You really need to enjoy yourself now." When Aeriel argued that she did enjoy all of her commitments, her mother replied, "I know, but do something for yourself." This argument extended to Aeriel's spring break plans one year after the New York trip. Although torn about whether to go on another AB trip, she ultimately decided to go to Jamaica with a friend instead. With graduation looming, Aeriel's mother's opinion was "completely under the magnifying glass," especially regarding her hope of joining the Peace Corps. She was accepted and

"very set on going," but her mother "was crying a lot" with concerns about Aeriel's safety. Ultimately Aeriel "decided not to go" because of her mother's concerns, explaining with regret in her voice, "She would cry if I went to Africa."

Aeriel's mom's concerns troubled Aeriel, sometimes making it difficult for her to sustain her service commitments, whereas Lee took an activist identity towards his family. He shared,

> Previously I had been more passive in my relationships with my family members. This is more extended family. Now I've just started to assert myself as an individual, as a gay man, and as an activist, so I think that is a whole new, asserting myself as opposed to having that dictated, what I should do to me, saying what I am and who I am.

The voices of family and friends coalesce into an uneasy narrative in which the participants are pulled back into "old" ways of thinking prior to AB or into a narrative of trying to figure out how to abandon the "old" narrative and integrate new learning into their everyday lives. Immediately after the trip, participants were excited about the experience and said a lot about what they wanted to do in the future in terms of service commitments or goals of "helping" people. However, particularly for those who hadn't settled on HIV/AIDS activism as part of their future paths, the voices of family and friends re-emerged as influential and they began to distance themselves from their AB experiences. The privilege in distancing from HIV/AIDS also left several of the participants conflicted about what they wanted to do with their lives, especially when their plans were countered by what their family/friends suggested.

Discussion and Implications

With a small, but growing, number of exceptions, little empirical service-learning research is framed through a critical lens (Vogelgesang & Rhoads, 2003) and more typically represents positive outcomes and transformative learning, characteristic of traditional (Mitchell, 2008) approaches. This study is among the first to interrogate taken-for-granted outcomes through the use of a critical narrative approach. This lens enabled us both to support the transformative potential of service-learning and to raise questions about what participants did or did not learn about HIV/AIDS, how they learned (or did not learn) to approach an understanding of AIDS from a sociohistorical and social justice perspective, and the commitments to HIV/AIDS activism they were able (or not) to sustain after their service-learning experiences. Thus,

we offer an empirical exploration of the possibilities and limitations of service-learning.

Narratives emerging from our analysis indicate that students' learning about and commitments to HIV/AIDS activism mirrored larger socio-cultural narratives of the stigma, discrimination, and silence surrounding HIV/AIDS. Participants' narratives were anchored in despairing views about individuals dying of HIV/AIDS who lacked agency in their lives and were not as often about individuals living with HIV/AIDS. Although participants encountered some very sick individuals, they also spent time with those who were very much alive, physically, psychologically, and spiritually. Participants' over-emphasis on death and dying prompted an essentializing of all people living with AIDS. This dominant narrative reemerged one year after the trip, to the point of one participant describing herself as more "immune" to HIV/AIDS because she no longer thought she had a personal connection with anyone living with AIDS. Because participants only interacted with people living with AIDS in this particular setting, opportunities to consider the lived experience of persons living with AIDS were unspoken about in personal reflections or interviews. Rather, how life was "taken away because of AIDS" emerged as a dominant narrative.

Interactions with the residents, however, did prompt participants to think differently about HIV/AIDS. Encountering residents' relatively optimistic outlooks on life and their poignant urging that students take their lives seriously, make good decisions, and be grateful for the time to serve, confused students initially because this was not what they had expected. However, in the longer term, participants were able to distance themselves from the emotions they experienced and from the sense of urgency about HIV/AIDS they experienced immediately after the trip. In the case of HIV/AIDS, even students who reported powerful and positive experiences emerged on the other side of service-learning with damaging assumptions and stereotypes firmly in place.

The influence of family and friends presented another unsettling dynamic for students. Upon return, participants found it difficult to express the power and intensity of their experiences and the depth of their learning with family and peers. They initially distanced themselves from these individuals instead seeking to associate with those who shared their, in some cases, new-found commitments to activism around HIV/AIDS. However, one year later, most of the participants found that distancing themselves from HIV/AIDS was easier than distancing from family and friends—so they retreated back to their old ways, finding that speaking out against oppression and discrimination related to HIV/AIDS was more challenging than they had initially con-

sidered. For those like Lee and Sasha who had articulated prior commitments to HIV prevention, the trip fueled their continuing engagement, albeit in different ways. Those without this commitment before the trip floundered. All, however, were deeply influenced by their family and peers upon return. Thus, we find the path from the trip forward is not a straightforward one marked by transformation or a clear commitment to social change. The five participants self-selected into the study, and therefore the findings might be different if all nine students on the trip participated.

These findings raise the question of how successful service-learning programs, particularly short-immersion ones, actually are in realizing commonly stated goals, such as reciprocity, engaging students who might be resistant to examination of root causes, and commitments to social change. In fact, the combination of short-term and immersion (e.g., participants engage intensely with a setting and the individuals in it for a short amount of time) may even exacerbate the conditions for "counterintuitive outcomes" (Erickson, 2009). Camacho (2004) has corroborated this concern:

> For me, a central challenge in making community service learning a valuable pedagogical tool is figuring out how to encourage students to think about and critically reflect upon their own social locations; that is, be cognizant of how their "gazes" might be imbued with power. (p. 31)

For Camacho a key step in figuring this out is the necessity of a sustained experience, "with conscientious reflection" (p. 41), rather than the more common tour-gazing, "service loitering" (Hill-Jackson & Lewis, 2011), or field trip approach that runs the risk of "reification of the Other" (Camacho, 2004, p. 32). The results of our study suggest that it may be simply impossible to realize the objectives of critical and anti-foundational service-learning given the time constraints of the AB context. Further, our findings point to the risks involved that have been illuminated by other researchers interested in critical and anti-foundational approaches to service-learning. For example, Rhoads (1997) reported that although stereotypes held by students engaged in service-learning were likely disrupted through their interactions with those in the community, students found it depressing to encounter poverty and homelessness and tended to overestimate the "help" they were going to provide these individuals. Similarly, our participants expected a reciprocal relationship with the health center residents but found a more complicated dynamic that they did not always know how to resolve.

However, despite the limitations of both traditional and critical ap-

proaches to service-learning, this research points to the possibilities of critical approaches. As Webster and Coffey (2011) proposed,

> If structured in a critical manner, the service-learning experience can help students connect learning to their lives. Essentially, students who have broader and deeper connections with agencies, organizations, and people outside their classes develop an ability to become change agents of their own lives. (p. 246)

The results of this study make clear that this service-learning experience was far from ideal when considered in relation to both traditional and critical perspectives. However, it was also quite typical. Critical approaches to service-learning raise the possibilities of different outcomes which may in fact be more consistent with the espoused goals of service-learning.

This research responds directly to the call for "a new generation of scholarship that carefully and critically examines the gaps, limits, and problematics of an incredibly complex practice [service-learning] with no singular core meta-narrative" (Butin, 2010, p. xiii). The number of students participating in AB programs is quickly growing and "a lot of institutional hype accompanies these students" (Stoecker & Tryon, 2009, p. 1). It behooves service-learning educators and institutional leaders, who in the rush to institutionalize service-learning may overlook crucial considerations, to examine carefully the educational objectives of such programs and the steps needed to ensure positive outcomes. The findings from this study offer several implications for AB trips and service-learning practice more broadly as well as for future research.

In designing AB trip programs, service-learning educators often seek to get to the root causes of social issues, in keeping with what Butin (2010) referred to as an anti-foundational approach. However, findings from this study illuminate limitations of the AB trip structure to facilitate all students' learning about the root causes. For example, unlike students with marginalized identities who may have more experience with crossing borders and understanding root causes of particular social issues, students with dominant identities may not have firsthand experiences with discrimination (Jones et al., 2011). Thus, findings from the study should also lead educators to consider that what we end up knowing *about* service-learning is influenced by the students who participate in service-learning programs. Further, without students engaging ongoing support in the longer term to continue examining root causes, educators may perceive students to make transformative gains in service-

learning outcomes, when students have actually retreated into deep-seeded stereotypes about social issues. Through the use of focalization (Holley & Colyar, 2009), findings from this study reveal that some students developed more complex narratives than others about HIV/AIDS, which offers possibilities for service-learning practice.

Findings from this study point to the need for college educators to continue chipping away at the unscrutinized foundations of service-learning (Butin, 2010). It is clear that critical and anti-foundational service-learning is challenging to design and implement (Mitchell, 2008). However, as Mitchell eloquently captured, "the promise of this approach and the ethical obligations of the pedagogy require this be the next direction of service-learning programs" (p. 62). To realize the transformative potential of service-learning using an anti-foundational approach (Butin, 2010), practitioners and researchers should consider infusing the technique of focalization (Holley & Colyar, 2009). Practitioners might work toward more reciprocal relationships with community members (Jones & Abes, 2003; Stoecker & Tryon, 2009). In addition, partnerships with health educators on campus, HIV/AIDS service providers, and advocacy organizations might help students develop a more complex set of perspectives prior to, during, and after AB trips and facilitate engagement of students who are initially resistant to participation in service-learning. Finally, as service-learning educators plan service-learning experiences such as AB trips, the importance of planning "conscientious reflection" before, during, and after students' experiences cannot be underestimated. Providing such opportunities might augment the powerful conversations that occur during AB trips, bridging the distance between students' trip experiences and their day-to-day experiences on campus and in relationships with friends and family. Such environments may also provide students with spaces to question each other critically about stereotypes and stigmas surrounding complex social issues such as HIV/AIDS. The aforementioned practices may help educators and students realize the possibilities of service-learning for social change (Butin, 2010; Rosenberger, 2000).

Researchers should also consider strategies consistent with a focalization approach (Holley & Colyar, 2009). When investigating students' experiences on AB trips focusing on complex social issues such as HIV/AIDS, researchers might include interviews with community members, contributing to a more inclusive perspective on the service-learning context. Researchers could also employ participatory action research methodology (Glesne, 2006); this approach would intentionally engage community partners, students, and researchers in critical perspective-taking and efforts toward social transformation.

The results of this study must be considered in light of several limitations. First, the students who volunteered to participate in the study may have been more self-aware than their non-participating peers. It is quite possible that our results may have been different if all nine participants volunteered for this study. The use of focalization to generate data from others' points of view, while useful in the beginning to get at silent or implicit narratives, was still grounded in the narratives of participants. Additionally, these narratives emerged from a single site, five participants, and a single social issue, potentially limiting transferability of the results. This may also be viewed as a strength of the study, as it allowed for in-depth exploration through prolonged engagement, longitudinal interviews, and participant observation. However, we could speculate that the results might be different with a larger number of participants and with a focus on a different social issue. Finally, although the critical analysis in this study was intentional and consistent with an anti-foundational approach to service-learning research, this approach may obscure the developmental implications of students' experiences with AB trips, which were clearly present in this study (Jones et al., 2011).

It seems clear from the results of this critical narrative inquiry that the critical thinking, analysis of root causes and structural inequalities, and perspective transformation characteristic of anti-foundational service-learning (Butin, 2010) will not occur automatically for most students. Educators who are serious about promoting a critical analysis of root causes of complex social issues and social change through service-learning know this is a daunting task. However, as Camacho (2004) aptly noted, "Though we cannot predict whether community service learning will perpetuate power differences, we can take steps to make students aware of this danger" (p. 40). This study responds both to the daunting nature of the HIV/AIDS pandemic and to the call by educators and researchers to interrogate the limitations and possibilities of service-learning, with the goal of emancipating service-learning theory and practice for the benefit of those invested in realizing its transformative potential.

Notes

¹All names of health center residents and student participants are pseudonyms.

References

Abes, E. S. (2009). Theoretical borderlands: Using multiple theoretical perspectives to challenge inequitable power structures in student development theory. *Journal of College Student Development, 50,* 141–156.

Adefuye, A. S., Abiona, T. C., Balogun, J. A., & Lukobo-Durrell, M. (2009). HIV sexual risk behaviors and perception of risk among college students: Implications for planning interventions. *BMC Public Health, 9*(281), 1–13. doi:10.1186/1471–2458-9-281

American College Health Association (2008). *American College Health Association-National College Health Assessment: Reference group data report fall 2007.* Baltimore, MD: Author.

American College Health Association (2011). *American College Health Association-National College Health Assessment: Fall 2010 reference group executive summary.* Linthicum, MD: Author.

Astin, A. W., Vogelgesang, L., Ikeda, E., & Yee, J. (2000). *How service learning affects students.* Los Angeles, CA: University of California, Higher Education Research Institute.

Berlak, A. C. (2004). Confrontations and pedagogy: Cultural secrets, trauma, and emotion in anti-oppressive pedagogies. In M. Boler's (Ed.), *Democratic dialogue in education: Troubling speech, disturbing silence* (pp. 123–144). New York, NY: Peter Lang.

Boyle-Baise, M. (2007). Learning service: Reading service as text. *Reflections, 6*(1), 67–85.

Bringle, R. G., Hatcher, J. A., & McIntosh, R. E. (2006). Analyzing Morton's typology of service paradigms and integrity. *Michigan Journal of Community Service Learning, 13,* 5–15.

Butin, D. W. (2010). *Service-learning in theory and practice.* New York, NY: Palgrave MacMillan.

Camacho, M. M. (2004). Power and privilege: Community service learning in Tijuana. *Michigan Journal of Community Service Learning, 10,* 31–42.

Chase, S. E. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (3rd ed., pp. 651–680). Thousand Oaks, CA: Sage.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research.* San Francisco, CA: Jossey-Bass.

Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 35–75). Thousand Oaks, CA: Sage.

Creswell, J. W. (2007). *Qualitative inquiry & research design* (2nd ed.). Thousand Oaks, CA: Sage.

Erickson, J. A. (2009). Service-learning's impact on attitudes and behavior. In J. R. Strait & M. Lima (Eds.), *The future of service-learning* (pp. 106–118). Sterling, VA: Stylus.

Eyler, J., & Giles, D. E., Jr. (1999). *Where's the learning in service-learning?* San Francisco, CA: Jossey-Bass.

Eyler, J., Giles, D. E., Jr., Stenson, C., & Gray, C. (2001). *At a glance: What we know about the effects of service-learning on college students, faculty, institutions, and communities, 1993–2000* (3rd ed.). Washington, DC: Learn and Serve America National Clearinghouse.

Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (3rd ed.). Boston, MA: Pearson.

Hill-Jackson, V., & Lewis, C. W. (2011). Service loitering: White pre-service teachers preparing for diversity in an underserved community. In T. Stewart & N. Webster (Eds.), *Problematizing service-learning: Critical reflections for development and action* (pp. 295–321). Charlotte, NC: Information Age Publishing.

Hollander, E. (2010). Foreword. In D. W. Butin (Ed.). *Service-learning in theory and practice* (pp. vii-xii). New York, NY: Palgrave MacMillan.

Holley, K. A., & Colyar, J. (2009). Rethinking texts: Narrative and the construction of qualitative research. *Educational Researcher, 38,* 680–686. doi: 10.3102/0013189 X09351979

Jacoby, B., & Associates. (1996). *Service-learning in higher education.* San Francisco, CA: Jossey-Bass.

Jones, S. R. (2002, September/October). The underside of service-learning. *About Campus, 7*(4), 10–15.

Jones, S. R., & Abes, E. S. (2003). Developing student understanding of HIV/AIDS through community service-learning: A case study analysis. *Journal of College Student Development, 44,* 470–488.

Jones, S. R., & Abes, E. S. (2004). Enduring influences of service-learning on college students' identity development. *Journal of College Student Development, 45,* 149–166.

Jones, S. R., Robbins, C. K., & LePeau, L. A. (2011). Negotiating border crossing: Influences of social identity on service-learning outcomes. *Michigan Journal of Community Service Learning, 17*(2), 27–42.

Jones, S. R., Torres, V., & Arminio, J. (2006). *Negotiating the complexities of qualitative research in higher education.* New York: Routledge.

Josselson, R., & Lieblich, A. (2003). A framework for narrative research proposals in psychology. In R. Josselson, A. Lieblich, & D. P. McAdams (Eds.), *Up close and personal: The teaching and learning of narrative research* (pp. 259–274). Washington, DC: American Psychological Association.

McLaren, P. (2003). Revolutionary pedagogy in post-revolutionary times. In A. Darder, M. Baltodano, & R. D. Torres (Eds.), *The critical pedagogy reader* (pp. 69–96). New York: Routledge Falmer.

Mitchell, T. D. (2008). Traditional vs. critical service-learning: Engaging the literature to differentiate the two models. *Michigan Journal of Community Service Learning, 14,* 50–65.

Moely, B. E., Furco, A., & Reed, J. (2008). Charity and social change: The impact of individual preferences on service-learning outcomes. *Michigan Journal of Community Service Learning, 15,* 37–48.

Opt, S., Loffredo, D., Knowles, L., & Fletcher, C. (2007). College students and HIV/AIDS: A comparison of nontraditional and traditional student perspectives. *Journal of American College Health, 56,* 165–174.

Pascarella, E. T., & Terenzini, P. T. (2005). *How college affects students: A third decade of research* (vol. 2). San Francisco, CA: Jossey-Bass.

Pollack, H. (2009, December 18). Forgetting the carnage of AIDS. *The Week,* p. 16.

Prejean, J., Song, R., Hernandez, A., Ziebell, R., Green, T., Walker, F., . . . Hall, H. I. (2011). Estimated HIV incidence in the United States, 2006–2009. *PLoS ONE, 6*(8): e17502. doi:10.1371/journal.pone.0017502

Prosser, B. J. (2009). Seeing red: Poetry and metaphor as responses to representational challenges in critical narrative research. *International Journal of Qualitative Studies in Education, 22,* 607–622. doi:10.1080/09518390902915421

Rhoads, R. A. (1997). *Community service and higher learning: Explorations of the caring self.* Albany, NY: SUNY Press.

Rhoads, R. A., & Black, M. A. (1995). Student affairs practitioners as transformative educators: Advancing a critical cultural perspective. *Journal of College Student Development, 36,* 413–421.

Rosenberger, C. (2000). Beyond empathy: Developing critical consciousness through service learning. In C. R. O'Grady (Ed.), *Integrating service learning and multicultural education in colleges and universities* (pp. 23–43). Mahwah, NJ: Lawrence Erlbaum Associates.

Stoecker, R., & Tryon, E. A. (2009). *The unheard voices: Community organizations and service-learning.* Philadelphia, PA: Temple University Press.

Tierney, W. G., & Rhoads, R. A. (2004). Postmodernism and critical theory in higher education: Implications for research and practice. In J. C. Smart (Ed.), *Higher education: Handbook of theory and research: Volume XIX,* (pp. 308–343). New York, NY: Agathon Press.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2011). *HIV incidence in the United States 2006–2009.* Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6021a2.htm

Vargas, J. A., & Fears, D. (2009, March 15). At least 3 percent of D.C. residents have HIV or AIDS, city study finds. *The Washington Post.* Retrieved from http://www.washingtonpost.com

Vogelgesang, L., & Rhoads, R. (2003). Advancing a broad notion of public engagement: The limitations of contemporary service learning. *Journal of College and Character, 4*(2). Retrieved from http://journals.naspa.org/jcc/vol4/iss2/

Webster, N., & Coffey, H. (2011). A critical connection between service-learning and urban communities: Using critical pedagogy to frame the context. In T. Stewart & N. Webster (Eds.), *Problematizing service-learning: Critical reflections for development and action* (pp. 245–261). Charlotte, NC: Information Age Publishing.