

A mother's story towards acceptance of her son's alternative lifestyle: A narrative journey from an Educational Psychology perspective.

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*For Alley and Liam, my children, may you always know the true meaning
of acceptance,*

To Susanne for always accepting,

And to Chantelle for teaching me...



*"You are who you are for a reason.
You're part of an intricate plan.
You're a precious and perfect unique design,
Called God's special woman or man.*

*You look like you look for a reason.
Our God made no mistake.
He knit you together within the womb,
You're just what he wanted to make.*

*The parents he had were the ones he chose,
And no matter how you may feel,
They were custom-designed with God's plan in mind,
And they bear the Master's seal.*

*No, that trauma you faced was not easy.
And God wept that it hurt you so;
But it was allowed to shape your heart
So that into His likeness you'd grow.*



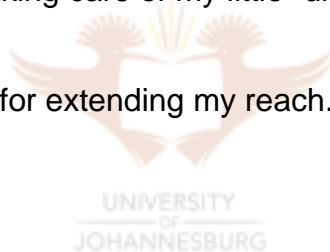
*You are who you are for a reason,
You've been formed by the Master's rod.
You are who you are, beloved,
Because there is a God!"*

(Russel Kelfer in Warren, 2002, pp.25-6)

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- To Joy, for shedding some much needed light.
- To my mother, for taking care of my little “distractions”.
- To Dianne Coetzer, for extending my reach.



ABSTRACT

As an Educational Psychologist, one is frequently touched by people struggling to come to terms with life's complexities, which may in some instances be termed a life in crisis. This crisis may often involve change, which may cause the person to embark on a journey of discovery where the destination may not be what he/she had planned. A mother may embark on just such a journey when she is confronted by the loss brought about by her child's "coming out" as either gay or lesbian.

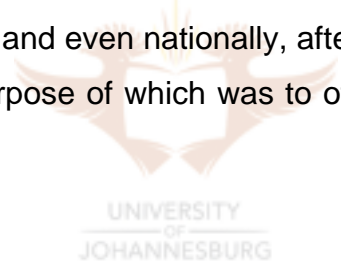
A mother approached the Institute for Child and Adult Guidance in need of guidance where the acceptance of her son's alternative lifestyle was concerned. Her story piqued my interest as I am a mother and because I have recently experienced "coming out" with many of my friends. I immediately recognized that this was a mother on the threshold of a journey of discovery that may well enable me to assist and support others in similar situations. I wondered what I, as an Educational Psychologist, might learn from a mother's journey towards acceptance of her son's alternative lifestyle. In addition to this question, I realized that I would need to explore her dominant discourses, which may have influenced her view of the alternative lifestyle and that I, as her therapist, would have a role to play in deconstructing them. I would also have to deconstruct the traditional power relationship that exists between a client and a therapist and in this case between a participant and a researcher.

The research was conducted within a qualitative research paradigm. In order to answer the research question and to specify the aims of the research, in terms of the Narrative Therapy paradigm, a Participatory Action Research strategy was followed. This manner of conducting research aims at constructing knowledge and meaning together with the participants of the study, thus creating a collaborative process.

In this study, multiple methods of data collection were employed in order to construct and co-create rich data with the participant. This data included recordings of therapeutic conversations, as well as journal texts and letters written by my client and me. The experiences of the mother were recorded by way of thick descriptions and reflections. These thick descriptions reflected her journey towards, and our understanding of, acceptance.

From the results research, it became evident that acceptance is an ongoing process. It also became apparent that my client had the ability to deal with her problems and to move towards a place where acceptance appeared to be possible.

The collaborative process made it possible for a mother's voice to be heard regarding her knowledges and skills where her own journey towards acceptance was concerned. It also broadened a community of care within her family and circle of friends and even nationally, after we were interviewed by a national magazine, the purpose of which was to offer advice to other parents in a similar situation.



OPSOMMING

Ovoedkundige Sielkundiges word dikwels gekonfronteer met kliënte wat komplikasies in hul lewens ervaar. Een so kliënt, 'n ma wie se seun sy alternatiewe lewenstyl met haar gedeel het, het die Instituut vir Kinder en Volwasseleiding gekontak om haar te ondersteun om die verandering te aanvaar. Die doel van hierdie navorsing was om te bepaal wat ek as terapeut van 'n ma se reis na aanvaarding van haar seun se alternatiewe lewenswyse kan leer.

Ten einde meer te leer oor hierdie ma se aanvaarding, is 'n kwalitatiewe studie geloods. Die studie het gebruik gemaak van deelnemende aksie navorsing en Narratiewe Terapie. 'n Sosiaal konstruksionistiese paradigma is gebruik as teoretiese raamwerk van die studie. Hierdie raamwerk was gepas aangesien dit beskik oor dieselfde filosofiese grondslag as beide deelnemende aksie navorsing en Narratiewe Terapie.

Veelsoortige metodes van data insameling is gebruik ten einde ryk data in samewerking met die deelnemer te konstrueer. Die data sluit, onder andere terapeutiese gesprekvoering, joernaal inskrywings en briewe in. Die data ingesamel bestaan uit die ma se reis/ervaringe en word weergegee deur ryk beskrywings wat haar aanvaarding reflekteer.

Hierdie proses het verder ook die geleentheid geskep om hulp aan ander ouers in dieselfde situasie te bied. Hierdie hulp is verweselik toe 'n nasionale tydskrif 'n onderhoud oor die navorsingsproses en bevindinge gepubliseer het.

Tydens die navorsing is daar ontdek dat die ma oor die nodige vaardighede beskik om haar kind se alternatiewe lewenswyse te aanvaar. Vanuit hierdie studie is daar besef dat hierdie ma nou ook vir ander ouers advies kan gee oor die aanvaardingsproses.

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CHAPTER ONE

CONTEXTUALISATION AND ORIENTATION OF RESEARCH

1.1. INTRODUCTION

Prior to this study, I had given much thought to the idea of acceptance. My ponderings led me to conclude that people are called upon to accept in a variety of circumstances. In South Africa, with the crime rate being what it is, many families are surely called upon to accept either that they have been victimised by crime or that they have spawned the perpetrator of the crime. What happens to us and our families when acceptance is not forthcoming? Would a parent's journey towards acceptance under these circumstances be comparable to a parent's coming to terms with acceptance in other areas of their children's lives? This started me thinking about acceptance in general and it seemed most fitting that I should be allocated a client at the Institute for Child and Adult Guidance on the threshold of a journey towards acceptance of her child's alternative lifestyle. Perhaps by accompanying her on this journey, I would find the answers to the above questions.

JOHANNESBURG

When thinking about acceptance in general, I have come to realise that it has the ability to bring with it a sense of peace and fulfilment. This realisation dawned on me whilst snorkelling in the sea. The rule was simple: swim against the current and one is left exhausted, drained and all enjoyment seems to vanish. In fact, your purpose for being there becomes all cloudy with visibility, zero. Yet, once you give into the ebb and flow of the currents, the body relaxes, the mind focuses and a peaceful glow permeates the being. Clarity of vision is achieved and the enjoyment of the experience returns. This metaphor, I believe, may be applicable to life. When we fight against that which is beyond our control we create a milieu of unpleasantness and we may even drive away from us, those to whom we are closest. Yet, as with the sea, the converse may be true when we endeavour to move to a place of acceptance.

This study deals with just such an occurrence - a mother arrived at the Institute for Child and Adult Guidance at the Rand Afrikaans University, seeking ways to move towards acceptance of her son's alternative lifestyle. As an Educational Psychologist and as a therapist I viewed this as an opportunity to learn. I became aware that this mother had come to therapy in search of answers and that, by allowing me to accompany her in her search, I could be in a position to provide answers to other parents in search of acceptance who would inevitably cross my path. Based on this shared experience, I would be able to guide others to know the peace of acceptance.

It is in light of this that two aspects become central to this study. The first is a Narrative discussion of a mother's experience of acceptance of her son's alternative lifestyle and the second, the methodology used to research this experience. I would like to remind the reader that one cannot overlook the therapeutic implications as this research would not be possible had the mother not come to therapy in search of creating new understandings of her experience. I therefore chose Narrative Therapy as the therapeutic approach in this case study. The methodology used is as important, as it creates a valid structure in which the research takes place. In this study, a Participatory Action Research design was used and will also come under the proverbial microscope as I progress with this Chapter.

I will firstly briefly explain the social constructionist paradigm from which Narrative Therapy and Participatory Action Research are spawned to provide the reader with the lenses with which to view the study in its entirety. Secondly, the decision to do the study will be conceptualised by giving the background to the problem statement. Thirdly, I will outline the paradigm and research design used with regard to the methodology of this particular study, whilst defining the various concepts that accompany Narrative Therapy and Participatory Action Research. Finally, the aims and objectives of the study are stated and the ethical issues are addressed in order to ensure the quality of the research.

To prevent any confusion that may arise, the terms “client” and “participant” were used interchangeably throughout the study. However, the gender of both the client and the researcher in this inquiry is female and therefore I made reference to “her” and “she” throughout this dissertation. With issues of confidentiality foremost in mind, a pseudonym was used for the client and throughout the study she was referred to as “Chantelle”.

1.2. THEORETICAL FRAMEWORK

1.2.1. Social Constructionist Paradigm

The decision to make use of the Narrative Approach to therapy was based on various beliefs I include in my repertoire as a therapist and as a researcher. The first of these is that knowledge is not objectively created, but rather it is subjectively based on perceptions held. This is interwoven with another belief that our understanding of the world is historically and culturally specific. Both of these beliefs fall into what may be referred to as a social constructionist paradigm, which I suggest to be the major influence where my approach to this study was concerned. Burr (1995, p.3) makes reference to the above two beliefs when she states that social constructionism challenges the view that knowledge is “based upon objective yet unbiased observation of the world”. I too question this because knowledge is linked to the history and culture in which it was created or, rather, constructed. Again Burr (1995, p.3-4) has a more eloquent take on it when she says: “Whether one understands the world in terms of men and women, pop music and classical music, urban life and rural life, past and future, depends on where and when in the world one lives”.

This dependence on time and place in the world suggests that there are multiple influences on the thoughts that exist and that the most predominant of these influences, lie with people and their language. It is people who interact to construct knowledge, which may be regarded as truth although it is bound by the current shared understanding of the world (Burr, 1995). This understanding, in turn, is shared with others through language, which is also culturally and historically loaded and relevant. It is important that the reader

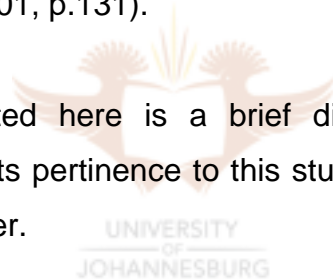
understands this idea, as it will become apparent that during the study the participant was understood in terms of her culture, her history and the discourses with which she chose to represent herself within her context. Josselson and Lieblich (1993, p.63) suggest, "Individual experiences are always embedded in a coherent meaningful context". The Afrikaans Christian culture is the context within which this participant finds herself. This can be deepened to include a subculture, which she would use to define herself as well, namely that of the N.G. Kerk which is a denomination of the Christian religion.

What became significant to this study from this social constructionist perspective was the notion that "the way people think, the very categories and concepts that provide a framework of meaning for them, are provided by the language they use" (Burr, 1995, p.7). It is on this idea that the importance of discourses hinges. Generally speaking, a discourse could be said to be the meaning given to words by individuals within a specific context, time and place. These discourses are used to describe events in a particular way depending on the individual's frame of reference at that time (Burr, 1995). By way of example, previous generations have understood various practices in a very different light to the way in which the current generation may experience the very same practices. Relevant to this study would be the idea of homosexuality. Where it was once perceived as unconventional (Savin-Williams, 2002) it is currently perceived by society as being within the bounds of what is regarded as normal behaviour (Savin-Williams, 2002). Society it seems, whether fortunately or unfortunately, dictates the acceptance or rejection of most behaviours.

Burr (1995, p.54) suggests that: "Discourses are intimately connected to the way that society is organised and run". In other words, the way society is structured will influence what is considered to be a "truth" and it is with these truths in mind that one ultimately perceives the world one occupies. Using the relevant example of homosexuality again, one can surmise that for previous generations homosexuality was surrounded by discourses that viewed it negatively, yet constructionism argues that discourses "are always implicitly being contested by other discourses... [a]nd this is the key for social and

personal change” (Burr, 1995, p.69). Narrative Therapy proposes that it is through deconstructing discourses that change ultimately may occur (Morgan, 2001). It was this congruence between constructionism and Narrative Therapy that dictated my use of the latter as my approach to therapy in working with the client/participant, keeping in mind that the aims of the study (which will be discussed in detail) were to deconstruct the power not only of the dominant discourses but also of the therapist-client-researcher relationship in order to bring about change on a personal level and quite possibly within the broader social context. Foucault (in Niehaus, 2001) perceived power to be synonymous with knowledge and it is the knowledge of the therapist that may create the imbalance in the therapeutic relationship (Dave* and Michael**, 2001). Loyalty to the Narrative Approach dictates, therefore, that “the therapist has the responsibility to deconstruct his/her power position in order to enable the person seeking counselling to become the primary author of his/her story” (Niehaus, 2001, p.131).

Perhaps what is warranted here is a brief discussion of the Narrative Approach to therapy and its pertinence to this study may help further explain this deconstruction of power.



1.2.2. The Narrative Approach

I believe that when one accepts whole-heartedly the ideas of social constructionism then one accepts that people are the experts of and in their own lives (Morgan, 2001). Once one assimilates this thought then one naturally views people as being separate from their problems and as having the abilities or competencies to minimise the influence of these problems on their lives (Morgan, 2001). This is according to Morgan (2001), the premise on which the Narrative Approach to therapy is based.

Narrative Therapy is also language based and has claimed a discourse of its own. In order for the reader to truly come to terms with this study, a discussion

* These authors prefer to be known by their first names.

of Narrative terminology or vocabulary is deemed necessary. As the Narrative belief is that the person is not the problem, externalisation of the problem (White and Epston, 1990) is referred to rather copiously. With externalisation of the problem, a person is able to gain a sense of distance from the problem and is able to view it objectively (White and Epston, 1990). These authors (White and Epston, 1990, p.30) further claim that: "Through the process of externalisation, persons gain a reflexive perspective on their lives and new options become available to them in challenging the 'truths' they experience as defining and specifying of them and their relationships". Therefore, as the person is no longer the problem, the person is able to assess the relationship that he or she has with the problem to bring about the change that is necessary to improve the relationship with the problem. Through this process of objectification, change on a personal level and then on a societal level, as referred to in the discussion on social constructionism, becomes possible. The client is able to shift from a problem-saturated story to creating a new and non-problem saturated account of their lives (White and Epston, 1990).

Part of this process of externalisation is the personification of the problem. The problem then becomes not only external to the client, but it also takes on a separate persona (White and Epston, 1990). This persona is given to the problem by the client and it is usually also given a name. In this way it is referred to, talked about and its influence on the client's life can be mapped (White and Epston, 1990). This factor becomes important later in the study where the problem is referred to by name and usually will appear in inverted commas to alert the reader to its presence and relevance.

Other terminology that may at first appear to confuse the reader, includes the concepts of "dominant discourse" and "deconstruction". Discourses were defined in the above discussion on social constructionism which applies to the Narrative Approach where the client regards them as "taken-for-granted truths" (Morgan, 2001, p.46). They therefore dominate the client's frame of reference influencing her thoughts, feelings and behaviours. They are the dominant discourse of her life. The focus of therapy, is in my view, to initiate change, which is also thematic to social constructionism and the Narrative

Approach. Therefore, to bring about change one should attempt to deconstruct these dominant discourses so that they may lose the power that they have over the client. This is done with the aid of a therapist whose role it is to remain curious, to ask questions and to listen for alternative discourses (known within the Narrative paradigm as “unique outcomes”) that may emerge during the course of therapy (Morgan, 2001). These conversations “help people to ‘unpack’ the dominant stories and view them from a different perspective” (Morgan, 2001, p.50).

This idea of therapy being a conversation is central to the Narrative Approach. Within this approach, the conversation remains interactive with the therapist continuously consulting the person seeking the counselling (Morgan, 2001). Here the words of Lowe (1991 in de Beer, Tumi* and Kotzé, 2001, p. 41) ring most true:

“Where the therapist is the co-participant in a conversation, rather than an expert who uses conversation become true in our lives. When the mode of consciousness we enter is participatory, when concerns of the self have been let go of, total attentiveness can occur...We become part of one another’s stories and we are changed.”

And so, not only do we deconstruct the power relationship of client/therapist, we are able to learn from the client and in so doing we, the therapists, are changed as well. As Anderson (in Skidmore and Theo*, 2001, p.100) states: “In a mutually influential therapy process, in which change is a natural consequence of dialogue, a therapist, like a client, will be subject to change. It seems illogical to presume otherwise, to think that we could be involved in a transformative process and not be transformed ourselves.” Amidst this transformation process is the use of aforementioned language and more especially of the vocabulary that is specific to the Narrative Approach to therapy – diction of sorts.

The diction specifically attached to Narrative therapy is incredibly varied and quite extensive. The above was a brief description by way of introducing some of the concepts to the reader. Later in the same Chapter, definitions of most of the concepts are provided.

1.3. PROBLEM STATEMENT

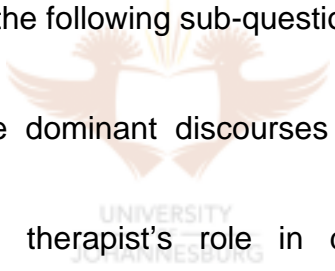
The year is 2004. Society has become far more tolerant and even accepting of phenomena once frowned upon. Homosexuality is no exception to this newfound acceptance. One just need turn on the television, watch a film or attend a theatrical production to witness how much a part of everyday life homosexuality has become. According to the Kinsey Report (Anonymous, 1948) which remains the yardstick as far as statistics for homosexuality are concerned, as many as 10% of males of a population are homosexual. A survey conducted as late as 1998 by Bagley and Trembley, indicates that the figures are now sitting closer to 15.3 % of all males. Yet, as common as it is and as accepting as society may seem to be, there are still those that struggle to come to terms with it.

Here I refer to the families of homosexual men and women who are devastated when first confronted by the news. To this end, many books have been written to ease the pain of “coming out” (Bozett and Sussman, 1990; Savin-Williams, 2001). I use the term “coming out” here as it is the most popular way of referring to an individual’s decision to reveal his/her alternative lifestyle within current society (Bozett and Sussman, 1990; Savin-Williams, 2001). Yet, it occurred to me that the pain of “coming out” cannot simply be limited to the individual doing the “coming out”, but it must have implications for family members as well. Notably, mothers seem to experience the brunt of this pain because of the myth that they are the best people to tell (Savin-Williams, 2001).

Each mother’s knowledge and understanding of alternative lifestyles differs according to their culture. According to social constructionist beliefs, people

construct knowledge and understanding through their language which is embedded in their culture. The client who approached the Institute for Child and Adult Guidance, brought her own subjective perceptions of how she viewed her son's alternative lifestyle. These perceptions were based on the cultural influences she experienced which included the fact that she was Afrikaans, middle-aged and a devout member of the N.G.Kerk (a denomination of the Christian religion). Yet, because I concur with Stockard and Johnson (1992, p.5) in their claim that because "culture is a human product, created and recreated in human interaction, it can be changed and controlled by human will" and as I view the clients as experts in their own lives, I was prompted to ask:

What can I, as a therapist, learn about moving towards acceptance from a mother encountering her son's "alternative lifestyle"? From this, the purpose statement of my research, the following sub-questions emerged:

- 
- What are the dominant discourses that influence a mother's acceptance?
 - What is the therapist's role in deconstructing the power relationship of the therapist/researcher/client in order to support the mother's acceptance of her child's alternative lifestyle?

1.4. AIMS AND OBJECTIVES

The aims and objectives of this study focus on the research questions asked. The main aim of this study is to learn from a mother about her acceptance of her child's alternative lifestyle. Here it must be reiterated that Narrative therapists acknowledge that they can learn from their clients because they believe that their clients have skills and abilities (knowledges) which aid them in coping with problems that may influence their lives (Epston and White, 1990; Freedman and Combs, 1996; Epston 1999; Morgan, 2001). This is also in keeping with the Participatory Action Research strategy proposed, which aims at constructing knowledge and meaning together with the participants of

the study, thus creating a collaborative process (McTaggart, 1989). Participatory Action Research is emphatic that research is not done *on* other people but *with* them to help all involved to improve their circumstances and, as in this case, to improve the therapist's ability to help others (McTaggart, 1997). With this in mind, the aims of the study are as follows:

- To explore and describe a mother's journey towards acceptance.
- To identify and deconstruct dominant discourses surrounding her acceptance of her son's alternative lifestyle.
- To describe and reflect on my learnings of acceptance as a therapist.
- To conduct therapy in an experiential Narrative Manner, that would deconstruct the power of the therapist/ client/ researcher relationship in order to support the mother's acceptance of the alternative lifestyle.

1.5. RESEARCH PARADIGM AND DESIGN

1.5.1. Qualitative Paradigm

The research was conducted within a qualitative research paradigm. This paradigm was best suited to this research as it studies real world situations as naturally as possible whilst remaining open to whatever information emerged (Terre Blanche and Durrheim, 1999). The collection of this information in this particular study also dictates that it occur within a qualitative paradigm as it was collected in the form of both written and spoken language as well as through observation (Terre Blanche and Durrheim, 1999). This remains true to the qualitative paradigm as pointed out by Brewer and Humler (in Denzin and Lincoln, 1994, p.2) where they state "Qualitative research is inherently multimethod in focus...". In other words, because the collection of information took on various forms, this research assumed a qualitative guise. In keeping with this multimethod approach, a Narrative Therapeutic stance was opted for because it makes use of therapeutic conversations and letter writing which centre on an in-depth discussion of one particular topic. As this research included one participant's rich description of a phenomenon as it affected her life, a case study design was therefore chosen using a Participatory Action

Research strategy. A description of the latter ensues before the merits of a case study are outlined.

1.5.2. Research Strategy

In order to answer the research question and in order to address the aims of the research, whilst still fitting into the Narrative Therapy paradigm, a Participatory Action Research design was followed. According to McTaggart (1997, p.6) “participatory action research is a collective activity”. Bhana (1999, p.228) concurs with this when describing the aim of Participatory Action Research as being the production of knowledge in “active partnership with those affected by that knowledge”. Bhana (1999) expands on this notion by indicating that researchers using the Participatory Action Research paradigm do not approach research as a means of *learning about* others but rather as a means of *knowing with* them. This correlated well with the Narrative Therapy Approach opted for. The latter is a “respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives” (Morgan, 2001, p.2).

The purpose of the collaboration that exists between the researcher and the participant is ultimately to bring about structural transformation (Bhana, 1999, p.235), which will serve to improve the lives of all involved. A very thin line exists between the individual and the community in Participatory Action Research. In fact, Participatory Action Research “attempts to mediate between the individual and collective needs” (Bhana, 1999, p.230). Therefore, going back to the purpose of Participatory Action Research, it cannot be limited to understanding the problem alone, but it has as its focus, raising awareness amongst individuals of their own abilities in order to create a more collective outcome in the form of social action (Bhana, 1999, p.235). This factor, together with the principle of collaboration, both tipped the scales in favour of using Participatory Action Research as the research strategy for the research, as the participant, with the help of the researcher, indicated that she would like to use the information gathered to aid others in similar

circumstances. She has subsequently hinted that the implications of this research are so far-reaching that other, more prominent members of society, like priests, should also be privy to the findings. Clearly her desire was in line with Participatory Action Research.

McTaggart (1997) places great emphasis on the fact that Participatory Action Research is not merely concerned with individual change, but that this change infiltrates the culture of groups and the societies to which they belong. Reason, as quoted by Stake (1994, p.328) concurs with this when he claims: “The primary task of Participatory Action Research is the enlightenment and awakening of common peoples.” Although this may well be the case, McTaggart (1997) is also quick to point out that this communal infiltration begins with the premise that the individual is to learn from his/her own experience. Participatory Action Research is contingent on authentic participation, which “involves a continuing spiral of planning, acting (implementing plans) observing...reflecting and then re-planning” (McTaggart, 1989). The focus of this study is therefore on how, I, as researcher/participant/therapist in this study can aid a mother in deconstructing the prevailing discourses surrounding her understanding of an alternative lifestyle, thus co-creating an opportunity for the acceptance of this alternative lifestyle. The participant therefore learned from her own experience in an attempt to improve her own practices through a collaborative process (McTaggart, 1997). This collaborative relationship allows for what McTaggart (1997, p.28) refers to as “authentic participation”, which she further defines as “ownership, that is, responsible agency in the production of knowledge”. This ties in with the social constructionist perspective, which suggests that knowledge can “therefore not be seen as something a person has, but as something that people do together” (Burr, 1995, p.8).

Within this collaborative process, Participatory Action Research aims at empowering people (Reason, 1994). This occurs where people are encouraged to construct and use “their own knowledge ...a process of self-

awareness through collective self-inquiry and reflection” (Reason, 1994, p. 328).

This research also fits in well with a Participatory Action Research strategy, in that it also has as a goal the improvement of my practice as a therapist. Participatory Action Research states: “every participant, academic and worker must undertake to improve his/her own work and the way it is understood (theorised)” (McTaggart, 1997, p.31). In my purpose statement, I made specific reference to this in asking what I as a therapist can learn from my relationship with the participant. Therefore, it was an opportunity for me to learn from the process about acceptance in order to assist and support future therapies dealing with parents in similar situations.

Participatory Action Research is also concerned with the context in which the participant functions. Josselson and Lieblich (1993, pp.62-63) make the assertion that “individual experiences are always embedded in a coherent meaningful context...They are part of the overall pattern of thematic and temporal relationships that made up the experience of a lifetime”. Morgan (2001, p.45), in explaining Narrative Therapy, makes a similar claim when she suggests that the understanding of our lives is influenced by the broader culture through which we view our lives.

The way these cultural influences are conveyed is through language, behaviour and the relationships that exist between the people of various cultural groups (McTaggart, 1997). Here discourses become apparent and it is these discourses that determine the nature of relationships and individual identity (McTaggart, 1997), especially those that are dominant. These dominant discourses could be referred to in Narrative terms as the “taken-for-granted truths” (Morgan, 2001, p.46). Where Narrative Therapy seeks to externalise and deconstruct these dominant discourses, Participatory Action Research similarly advocates the seeking out of contradictions in order to find different ways of describing situations (Morgan, 2001; McTaggart, 1997). Here

I refer you back to the Narrative aims of the study, namely to deconstruct the dominant discourses surrounding a mother's acceptance of her child's alternative lifestyle, allowing for an alternative story (see Narrative Therapy under concept clarification) to emerge. The emphasis is on the ability of the participant to develop her own understandings of the alternative lifestyle and of acceptance (McTaggart, 1997).

Another principle of Participatory Action Research that is relevant to this research is the idea that the participation can be expanded. As I mentioned before, Participatory Action Research recognises that people live in a broader social context and that, as they improve their own practices, this must in some way spill over into the larger society (McTaggart, 1997). The way in which this is achieved in this research is through my learnings as a therapist that I may use in future therapies with other parents embarking on journeys towards acceptance. The crux of this is that the change, as it occurs within the participant, is later used to "support others in their efforts to change and together work to change institutions and society" (McTaggart, 1997, p.34). Having said this and having acknowledged that " Participatory Action Research insists on communal participation in the process of knowledge creation, so that knowledge can never become the property of individuals or small interest groups" (Bhana, 1999, p.230). It must also be noted here that this study is what McTaggart (1997, p.34) refers to as the "starting small" phase. It centres mainly around "planning, acting, observing and reflecting" but it will "develop through a self-reflective spiral" (McTaggart, 1997, p.34).

I agree with Kotzé and Kotzé (2001, p.9) where they claim that: "Research too often becomes an intellectual activity with researchers obtaining degrees on or receiving acknowledgement based on the suffering of others - with the latter most likely not to benefit from the research." I therefore join them in their resoluteness in saying: "We are committed to Participatory Action Research that will primarily be to the advantage of the participants" (Kotzé and Kotzé, 2001, p.9). With this commitment, Participatory Action Research

acknowledges that: “Research is a relational activity, a relation that acts in the world, blurring the boundaries between self and other” (Kotzé and Kotzé, 2001, p.9).

1.5.3. Case Study Design

What becomes obvious from the above discussion of Participatory Action Research is that the sample of this study is limited to only one participant. She is the single primary unit of analysis (Yin, 2003) and therefore a single case study research design was deemed necessary. According to Stake (in Henning, 2004, p.32) what is definitive about a case study is that it occurs within a “bounded system”. In other words, it incorporates an entity, which occurs within specific parameters with dynamics specific to it, revealing information relevant to it alone (Henning, 2004, p.32). Based on this definition, it is apparent why the research of this dissertation falls within the domain of a case study. The bounded system is the participant, and her relationship with her son is the parameter and the information revealed is specific to her experience of the phenomenon of her son’s alternative lifestyle. In addition, Yin (2003, p.10) suggests that case studies encourage the retention of “the holistic and meaningful characteristics of real life events”. Coming to terms with a child’s alternative lifestyle is, without a doubt a meaningful life event deserving of the in- depth attention encouraged by case study designs.

It must, however, be stated here that although this research centres on a particular case study, the findings may be used in the broader community where others may be experiencing something similar. As Bromely (in Best and Kahn, 2003, p.249) states: “A case is not only about a person but also about that kind of person.” This is where my learnings as an Educational Psychologist and a therapist come into play. It is what I learn that I will draw upon when working with other clients in a similar situation. Stake (1994, p.237) states: “A case study is both the process of learning about the case and the product of our learning.”

1.6. PURPOSEFUL SAMPLE

Sampling becomes purposive when the researcher bases her choice on a sample that she considers to be a typical unit (Bless and Higson-Smith, 1997). Only those who meet the criteria of the study are chosen for the sample (Bless and Higson-Smith, 1997). In this case, the purposive sample has been chosen as the most suitable person to “wander with” as we embark on the research journey together (Henning, 2004, p.70). The participant wandered into the Institute for Child and Adult Guidance and presented me with her experience of a mother moving towards the acceptance of her child’s alternative lifestyle.

Morse (1994, p.229) quotes Patton (1990) with regard to purposive sampling by stating that the “sample should be information rich.” In other words, this sample was selected to meet the needs of the study because the mother who approached the Institute was rich in information regarding her own journey towards acceptance of her son’s alternative lifestyle.



1.7. DATA COLLECTION

Multiple methods of data collection enriched the Participatory Action Research strategy of this research. This included therapeutic conversations, artworks, letters and whatever else the participant may have brought to the therapeutic conversations. As these therapeutic conversations formed an essential part of the data that were collected, they were presented as verbatim transcriptions (see Addendum 2). The researcher’s reflections of most of these sessions were included as additional data that were collected (see Addendum 3).

More specifically, the way in which the data were collected fulfils the requirements of what allowed the design to be Participatory Action Research. Participatory Action Research insists that there be evidence, but is fairly flexible where this evidence is concerned (McTaggart, 1997). This evidence is

in the form of records that “describe what is happening as accurately as possible, but also collecting and analysing each researcher’s own judgements, reactions and impressions of what is going on” (McTaggart, 1997, p.37), hence the verbatim transcriptions and the reflections of the researcher. Herewith a brief discussion of each of the methods employed by the researcher in the collection of the data.

1.7.1. Therapeutic Conversations

First and foremost, a Narrative Therapeutic Approach was used in the collection of data in the course of this research. Narrative Therapy makes extensive use of therapeutic conversations, which may be construed as being evidence within the Participatory Action Research strategy which is flexible and which encourages the use of multiple methods. Anderson and Goolishian (1992, p.29) define therapeutic conversations as: “an endeavour in which there is mutual search for understanding and exploration through dialogue...It is a mechanism through which the therapist and the client participate in the co-development of new meanings, new realities and new narratives.” Yet again the reference to co-development ties in well with Participatory Action Research and the constructionist framework held by the researcher. As one of the aims of this research was to deconstruct the power of the therapist-client-researcher relationship, it left little room for data to be collected in any other fashion than collaboratively – hence the collection of data via therapeutic conversations.

In this study, nine therapeutic conversation sessions were held in total. All the therapeutic conversations were video recorded and transcribed as sessions 1 through 9 (an extract is provided in Addendum 2).

1.7.2. Letters

White and Epston (1990) claim that letters can be employed for many purposes. The initial purpose of the use of letters in this study became defined as a means of collecting data. Morgan (2001, p.110) refers to letters as being “a parallel process to actual conversation, contributing to the thickening of alternative stories and providing reflections that can be referred to at any time.” In this study, letters were written by the researcher to the client and then by the client to her son. In addition, letters from the son to his mother (the client) and a letter from the client to all mothers have been included in the collection of data (an example of a letter has been provided in Addendum 4).

The letters also became a means of summarising the conversations that were held in therapy and they allowed for the generation of new questions, which led to the creation of new understandings and knowledges on both the part of the therapist and of the client (Niehaus, 2001). The writing of these letters therefore produced another way of “deconstructing the power/knowledge position of the therapist” (Niehaus, 2001, p.74).

These letters also provided a way for the conversations to become immortalised on paper. Freeman, Epston and Lobovits (1997, p.112) confirm this point when they point out the ephemeral nature of conversation: “After a particularly meaningful session, a client walks out aglow with some provocative new thought, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall...But words in a letter don’t fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalising it.” I was determined to have some tangible evidence of what had occurred during the sessions, allowing both myself and the client the opportunity to ponder the meaning whilst having access to something that may otherwise have been too fleeting. The letters provided us with the opportunity of checking our understandings of the conversations and of

detecting that “which may have gone undetected during the therapy” (Dave* and Michael*, 2001, p.124).

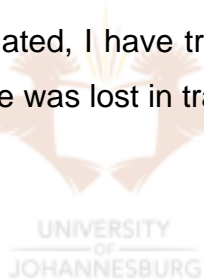
1.7.2.1. Lost in Translation

The client in this study was Afrikaans, yet this report is written in English. The decision to make use of English was twofold – first and foremost I am English-speaking, and secondly, it is my belief that to have written this report in any other language may have had a limiting effect on its readership.

The letters I wrote to the client were initially in English and then translated into Afrikaans. The letter provided in Addendum 4 has been translated for the benefit of the reader.

Although much has been translated, I have tried as far as possible to ensure that as little meaning as possible was lost in translation.

1.7.3. Reflexive Journal



Becker, as discussed in Steier (1991) claims that reflection is about thinking and it makes dialogue with others possible. This dialogue, it would seem, is not limited to conversations, but is part of the broad spectrum of communication. In order to communicate with others, verbally or in writing, some form of introspection is required (Maranhão, 1991). This introspection allows one to make sense of what has been heard or what has been read or, as Lax (1992) suggests, it is about viewing ideas and thoughts from a different perspective. He specifically refers to the viewing of discourse from a different perspective when they talk of reflexivity (Lax, 1992), which is of central importance to the co-construction of alternative stories as encapsulated by the Narrative Approach to therapy (Morgan, 2001).

In this research, I made use of a self-reflection journal as a method of data collection throughout the process. I believe that journal writing offers people the opportunity to truly reflect on what they are thinking, hearing or reading. Reflecting on the process in this way made it possible for me to provide the reader with what is known as an audit trail, that is, a detailed description of everything that was done (Terre Blanche and Durrheim, 1999). I prefer to name this my reflexive journal as it accounted for “what [was] done and why it [was] done at all phases of the research process” (Kelly, 1999, p.427). More importantly, keeping this reflexive journal enabled me to stay true to the purpose of this study, namely to discover what I, as a therapist and an Educational Psychologist, could learn from a mother’s journey towards acceptance. Van Duuren (2002, p.20) quotes Reinhartz (1992) to expound this thought: “It helped me to reflect on the conversations and to honestly assess what [I had] learned about [myself].” Put another way, Epston (in van Duuren, 2002, p.39) suggests that, within the Narrative metaphor, there is an invitation for this reflexive posture, which demands “therapists be accountable for their therapeutic stance.”

I used the reflexive journal to comment on what had taken place in each session. In this way, I attempted to account for the therapeutic stance that I had adopted. I did this after each session and, in each of the entries, I reflected upon what I understood to be my learnings where the Narrative Approach to therapy and the client’s journey towards acceptance were concerned. I also used these entries to reflect on what the client herself had indicated as her learning from the process (see Addendum 3).

1.8. THICK DESCRIPTIONS AS DATA ANALYSIS

According to Durrheim (1999), the purpose of the data analysis section of any research is to use the data gathered to answer the original research question. Holliday (2002, p.112) boldly states that it is “significant that the data is not simply shown and then left to speak for itself.” He adds that it is the

responsibility of the researcher to point out the significance of the data to the reader (Holliday, 2002). However, as Durrheim (1999) points out, it is important that the analysis strategies chosen should ensure the coherence of the study, thus the type of data analysis suggested by Holliday may be considered inappropriate for this study. To maintain the coherence of this study which made use of the Participatory Action Research Design, data was “analysed” according to McTaggart’s (1997, p.37) suggestion that Participatory Action Research is:

“... open-minded about what counts as evidence (or data): it involves not only keeping records that describe what is happening as accurately as possible (given the particular questions being investigated and the real-life circumstances of collecting the data), but also collecting and analysing each researcher’s own judgements, reactions and impressions about what is going on.”

Because Participatory Action Research is not “done on other people” (McTaggart, 1997, pp.39-40), and because it is a collaborative process concerned with treating “people as autonomous, responsible agents who participate actively in making their own histories and conditions of life” (McTaggart, 1997, pp.29-40) there was no analysis of data in the traditional sense. As already discussed, the data were merely recorded verbatim and the dominant discourses as they emerged were identified and commented upon by the researcher. Participatory Action Research is based on the premise that participants become actively engaged in the collection and analysis of data (Terre Blanche and Durrheim, 1999). In this way the interpretation and analysis of data were not the domain of the researcher herself (McTaggart, 1997). My client was encouraged to comment and reflect on her process of acceptance as the process unfolded.

In order to fit the social constructionist principles on which this study is based, it is also worth noting that this phase of the study was not seen as separate and it did not only start after the data was collected. I reflected in my journal

after each session in connection with my own learnings and those of the client that she had commented upon during the sessions. These learnings pertained to what we had both discovered where alternative lifestyles and acceptance are concerned through providing the client with the space to tell her story. This was done in the form of a thick description, that is, telling the story, reflecting on the story and retelling the story and re-reflecting (Burr, 1995). Burr (1995, p.161) explains: "Subjects' own accounts of their experiences can no longer be given an alternative interpretation by researchers who offer their reading as the truth..." She goes on to state that these readings must constantly be "discussed with the original participants and their responses are to be incorporated into the report" (Burr, 1995, p.180). In this study, the client was asked to reflect on what she had learned in the previous session and on what she felt had changed. I too reflected on what I had learned and together we explored and described her journey towards acceptance. This process of telling, reflecting, retelling and reflecting again formed the thick descriptions of our journey and our learnings regarding acceptance.

In this study, much of the data that emerged were in the form of various discourses (which are discussed in great detail in Chapter Two). These discourses emerged in the using the Narrative Therapeutic principles (also discussed in detail in Chapter Two). For the purposes of this discussion, Terre Blanche and Durrheim (1999, p. 56) define discourse as "broad patterns of talk-systems of statements - that are taken up in particular speeches or conversations themselves". It was therefore appropriate and in keeping with not only the social constructionist beliefs on which this study was based, but also with the Narrative Approach adopted, that the discourses were identified and commented upon by both the client and myself. I would in either the form of a letter or of a conversation, comment on a discourse that I had noticed that seemed to be thematic. In this way, the client was given the opportunity, through her own reflections, to state whether the comment was fair or not, thereby introducing what McTaggart (1997, p.37) refers to as "the self-reflective spiral: a spiral of cycles of planning, acting (implementing plans), observing ...reflecting and then replanning...". In this way, I was able to adopt

the position of not knowing (Morgan, 2001) in order to make way for the co-construction of knowledge as proposed by the paradigm and framework of this study. The data were thus analyzed using this self-reflective spiral and then ultimately written up as a thick description of a journey towards acceptance.

1.9. FINDINGS

Bhana (1999, p.235) states that the ultimate goal of Participatory Action Research is “structural transformation and the improvement over a broad front of the lives of all those involved”. He (Bhana, 1999, p.235) continues by claiming that: “The outcome of a successful Participatory Action Research project is not merely a better understanding of a problem, nor even successful action to eliminate the problem, but raised awareness in people of their own abilities and resources to mobilise for social action”. This ties in well with Narrative Therapy which has as an aim the creation of awareness in the participants of their “skills, competencies, beliefs, values commitments and abilities that will assist them to reduce the influence of the problems in their lives” (Morgan, 2001, p.2). The findings of this study included my reflections, not only of the general process, but also of what I, as therapist and Educational Psychologist had learned from this mother’s journey towards acceptance. The findings are extended to include the reflections and learnings of the client about her process and journey towards acceptance of her son’s alternative lifestyle, as well as the dominant discourses that were observed.

The findings included my client’s story of her journey towards the acceptance of her son’s alternative lifestyle and the steps she took towards creating a new relationship with him and with her beliefs, which had emerged as dominant discourses. Ultimately, the findings of this study, which form the basis of my learnings, will assist me to support future therapies with parents who find themselves on a journey towards acceptance. In support of Bhana’s (1999) views, the findings of this research were published in a national magazine thereby creating a raised awareness (see Addendum 5).

1.10. TRUSTWORTHINESS

The quality of the research contributes ethically to the trustworthiness of the study. This research was trustworthy because there were “appropriate communicative structures in place throughout the research” (McTaggart, 1997, p.13), thereby giving voice to the participant, which is an aim of the study. “Validation in participatory action research is accompanied by a variety of methods...by establishing credibility among participants and informants, by participant confirmation, by the deliberate establishment of an “audit trail” of data and interpretations, and by testing the coherence of arguments and evidence advanced in account of the study (McTaggart, 1997, p.13).

Validity within the qualitative paradigm is often viewed synonymously with the concept of “trustworthiness” as used in the constructionist framework (Anonymous, n.d. b). Denzin and Lincoln (1994, p.480) state that the constructivists “argue for quality criteria that translate internal and external validity, reliability and objectivity into trustworthiness and authenticity.” This study was credible in that it made use of multiple methods of obtaining the same information through prolonged engagement and persistent observation. Therefore, for the purposes of this study, “trustworthiness” will be used in favour of “validity” in an attempt to remain true to the Participatory Action Research strategy used and to give credibility to the constructionist lenses that I as researcher have donned.

Another pertinent point worth noting is that Kincheloe and McClaren (1994, p.142) make reference to “critical researchers” who “reject the notion of internal validity that is based on the assumption that a tangible, knowable cause and effect reality exists and that research descriptions are able to portray that reality accurately. Critical researchers award credibility only when the constructions are plausible to those who constructed them...” I concur with this statement, as I see myself as a critical researcher who, together with the participant awarded plausibility to this study through the constructions developed by collaboration and reflection.

1.11. ETHICAL MEASURES

According to the Medical Research Council of South Africa (n.d)¹, ethical measures encompassed in research are concerned with four basic principles. These are the principle of autonomy, which stresses the importance of respect for human dignity; the principle of beneficence, which insists that the research must be of some benefit to the participant; the principle of non-maleficence, which states that no harm must come to the participant; and finally, the principle of justice, which relates to the equal distribution of risks and benefits between communities. As these principles are part of the requirements for research to be ethical, this research undertakes to adhere to all of them.

As my role in this research is not only that of researcher but of therapist as well, I am bound by the code of ethics as prescribed by the Professional Board for Psychology – the aim of which is to protect the public and also to provide ethical standards for all psychologists (Foxcroft, Roodt and Abrahams, 2001, p.116). These ethics include not only the above principles but also stipulate that consent should be informed and that confidentiality be maintained throughout the research process.

1.11.1. Informed Consent

The Medical Research Council describes informed consent as “informing the participants about the overall purpose of the research and its main features as well as of the risks and the benefits of participation” (Medical Research Council, n.d., p.26). In other words, ethically speaking the research process had to be as transparent as possible for the participant who was therefore aware of that to which she was consenting. This consent also gave the participant the right to withdraw at any stage from the research.

¹ The Medical Research Council (MRC) Guidelines on Ethics for Medical Research: General principles, including research on children, vulnerable groups, international collaboration and Epidemiology.

All of this was explained to the participant at the outset so that there could be no confusion. This informed consent was obtained in written format, although it would also have been accepted in verbal or taped format (Medical Research Council, n.d.). (See Addendum 1 for a copy of this consent form.)

In this way the researcher was reassured that, before consent was given, the participant had an adequate understanding of the role she was to play in the research and the risks that may have arisen (Bless and Higson-Smith, 1997).

1.11.2. Confidentiality

This involved assuring the participant that she would remain anonymous at all times. Her identity was kept in the strictest possible confidence and the data obtained from the research was only used for the stated purpose of the research (Bless and Higson-Smith, 1997, p.101). This relates back to one of the principles promoted by the Medical Research Council, that no harm may befall a participant during the research. The implication here is that it is also up to the researcher to protect the participant by guaranteeing her anonymity. A pseudonym was therefore introduced to protect my client's identity.

1.11.3. Benefit of the study

Ethically, a study is to be of benefit to the researcher and the participant in some way. The benefit of this study to the researcher rested with the purpose of discovering what she could learn from the participant about moving towards acceptance where her son's alternative lifestyle was concerned. The benefit to the participant rested with the therapeutic conversations and the Narrative Process in which she was engaged with the researcher as therapist. The aim here was to aid her in the re-authoring of her experience of her son's alternative lifestyle, thereby improving her relationship with her son as she moved towards acceptance.

1.12. CONCLUSION

The above Chapter has provided an overview of all the Chapters to come. It has addressed the background to the study and has shed some light on the reason for doing it in the first place. The Narrative Approach to therapy and the terminology specific to this approach has been explained. An attempt has been made to show how well suited Participatory Action Research is to using the Narrative Approach to therapy in research. The above Chapter has also addressed the key issues of research such as aims, objectives, concept clarification, quality of research and the ethical issues that are so fundamental to research. Chapter Two provides the reader with an overview of the literature consulted in the writing of this study.



CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

In Chapter One, a broad overview of the entire research study was described to the reader. Chapter Two deals with a review of all the literature consulted to ground this research study and to ensure that the reader becomes aware that it has not been done in isolation (Kaniki, 1999) and that it has in fact built on what has been previously done by other researchers. With this review, I am hoping to set the stage, as it were, for my research, by providing my reader with evidence of what my peers in the field have done (Henning, 2004). As Green (2001, p.6) states: "Theory is human knowledge extracted from the experience of different individuals and communities and expressed in fairly abstract language and subjected to a repeated process of verification by empirical evidence and logical and analogical reasoning". Theory as consulted in journals, books and on the Internet becomes the evidence I will present to the reader in such a way, as to make the information more accessible to a broader readership.

The literature review is important as it forms the knowledge base from which I have framed my inquiry (Henning, 2004). This knowledge base will be illustrated by describing the relevance of Narrative Therapy in great detail. I can only do this once I have explored the social constructionist paradigm, which is the lens with which I view the world.

This study dealt with a mother's journey of acceptance of her child's alternative lifestyle and it therefore appropriate to discuss homosexuality within the context of "coming out" which forms the second part of this literary review. Finally, within this Chapter, advice to parents as found in popular literature regarding this issue is reviewed.

2.2. RESEARCHER'S PARADIGM

A researcher's paradigm is the lens with which she views her world (Denzin and Lincoln, 1994). Paradigms determine for the researcher not only the questions to be asked but also the way in which the researcher will "go about answering them" (Terre Blanche and Durrheim, 1999, p.7). The lens with which I view my world and which has ultimately influenced the questions I chose to ask and the way I sought to answer them is based on the belief that reality is a social construction. Epston, White and Murray (1992, p.96) suggest "that it is not possible for persons to have direct knowledge of the world; that an objective description of the world is not available to us and that no one has privileged access to the naming of reality; whatever that reality is". Within this thought is yet another which places the client as the expert in her life (Morgan, 2001) and therefore at the helm of her reality.

As a fledgling Narrative Therapist and researcher, my decision to take this constructionist stance required that I question many of the fundamental assumptions or dominant discourses that appear to have taken root regarding alternative lifestyles and the acceptance thereof.

2.2.1. Social Constructionist Beliefs

The social constructionist orientation indicates that reality is an individual construction based on knowledge gleaned from looking at the world from different perspectives (Burr, 1995). This suggests that the concept of truth becomes entirely questionable and, to a large extent, subjective. I do not wish to belabour this point; however, this idea of truth is important in that it had an influence on my decision to make use of the Narrative Approach to therapy because of my client's historical and cultural context, both of which served to influence her story as it unfolded. I will therefore confine my comments to the following quote and hope that it will suffice:

“There exists no ‘truth’ but only numerous constructions of the world and which ones receive the stamp of ‘truth’ depends on culturally and historically specific factors...” (Burr, 1995, p.81).

Another aspect of the social constructionism orientation that lends itself to the Narrative Approach is the emphasis it places on language. Sampson (in Els, 2000, p.37) states that knowledge is constructed through dialogue and it is from this dialogue with others that “we learn to speak in accepted ways and we adopt the values and ideologies of our cultures”. In other words, our understanding of the world is based on “negotiated understandings” (Burr, 1995, p.5) and we are therefore able to talk of social constructions (Burr, 1995). What is of particular relevance to this study is that “human-beings together create and then sustain all social phenomena through social practices” (Burr, 1995, p.10). Therefore as a therapist, I noted that language plays a significant role in how we view ourselves and in how we deal with others and the meaning they attribute to the worlds in which they live (Besley, 2002). White and Epston (1990, p.27) point out: “When engaging in language we are not engaging in a neutral activity. There exists a stock of culturally available discourses that are considered appropriate and relevant to the expression or representation of experience.”

Thus it becomes apparent that language is not inherently positive or negative; the value it acquires is placed on it by individuals in the process of constructing meaning (Lax, 1992). This idea of value is suggestive of imbalance with some constructs being viewed as more valuable than others, thus implicating, within that imbalance, a position of power.

This whole idea of power leads back to the role of language in the formation of identities. It was Foucault (in Madigan, 1997, p.341) who maintained that “the conversational domain through which we come to know our many selves is dictated by fields of power and discourse that command what is allowed to be said, who gets to say it and with what authority.” Just as meaning is negotiated, so are identities, and both are subject to the dominant culture of the day (Madigan,1997).

Yet for Foucault (in Burr, 1995) power became synonymous with the “knowledge” people have about their worlds. He suggested that for people to have “the power to act in certain ways, to claim resources, to control or be controlled depended upon the knowledges currently prevailing in society”. For him the power came with the ability to draw “upon discourses which allow our actions to be represented in an acceptable light” (Burr, 1995, p.64). In other words, power was seen as the effect of the discourse. The relevance of this within this dissertation rests on the idea that when one realises the source of the power and therefore of the knowledge, and of the discourse, the legitimacy of it can be questioned. Thus creating resistance to it and inevitably bringing about change, albeit initially on a personal level (Burr, 1995). The idea of discourses was discussed in Chapter One and will feature again later in this Chapter as it relates specifically to alternative lifestyles.

2.3. THE NARRATIVE APPROACH TO THERAPY

2.3.1. Theoretical Underpinnings of Narrative Therapy

Narrative Therapy is a respectful therapeutic approach, which accepts the clients as the experts in their own lives. In fact, Epston and White (1989-1991, p.23), the founders of this approach, refer to the individuals seeking therapy as “the senior partners” in the process. Smith (in Smith and Nylund, 1997, p.4) saliently states that: “Rather than taking an authoritative stance with clients, narrative therapists adopt a curious ‘puzzling together’ posture. They help elicit the client’s own meanings and experiences to assist them in generating more useful and empowering life stories.” This brings to the discussion the notion of the positioning of the therapist within the Narrative Approach which addresses the constructs of knowledge and power (Carr, 1998). These two constructs, as addressed earlier on in this Chapter, in Foucault’s view, should be challenged in order to bring about change (Burr, 1995). Generally speaking, the position of the therapist is collaborative, where the therapist is not viewed as the expert, but rather the co-author of the process. This fits in well with my social constructionist beliefs.

Carr (1998, p.49) further proposes that: “The collaborative co-authoring position central to narrative practice is neither a one-up expert position, nor a one-down strategic position...Within White’s narrative therapy there is an openness about the therapist’s working context, intentions, values and biases. There is a privileging of the client’s language rather than the therapist’s language”. What Carr states here is directly in keeping with what White and Epston were claiming by stating that we often overlook these notions of power when we adopt a benign attitude to our work as therapists (Besley, 2002, p.133). Morgan (2001) reinforces this idea by suggesting that the therapist consult the client where the problem is concerned, as it is the client who is the keeper of the “expert” knowledge.

It would seem that the very nature of the therapeutic relationship is responsible for deconstructing the power that may once have been held by the therapist (Els, 2000). If they adopt what Besley (2002, p.134) suggests in “challenging the techniques that subjugate persons to a dominant ideology” and if they work to “demystify and unmask the hidden power relations implicated in their techniques and practices”, therapists take on more of a participatory and co-constructing role which is in keeping with the Narrative assumption that the client, and not the therapist, is the expert in her life (Els, 2000). This too correlates with my belief in constructionism where it is suggested that the legitimacy of power be questioned, even when this power may be perceived to be with the therapist. White (1997, p.137) states that to be true to the “Narrative approach, the therapist has the responsibility to deconstruct his/her power position in order to enable the person seeking counselling to become the primary author of his/her story”.

Therapy, therefore, becomes known as a therapeutic conversation as there is “a mutual search for understanding and exploration through dialogue of problems” (Anderson and Goolishian, 1992, p.29). The role of the therapist which can no longer be viewed as expert, is to create a conversational space by adopting the position of not-knowing (Anderson and Goolishian, 1992). In so doing, the therapist assumes a curious position expressing a need to know

more rather than entering the process with preconceived ideas and expectations about the client (Anderson and Goolishian, 1992). This again reinforces the idea that therapy becomes a collaborative process where the excitement for the therapist rests on the potential shift from not-knowing to the co-construction of the client's narrative "truth" (Anderson and Goolishian, 1992).

2.3.2. The use of Language in Narrative Therapy

The mere mention of a "narrative" holds within it the use of language – White and Epston, (1990, p.27) claim that "this storying of experience is dependent upon language" and that "in accepting this premise, we are also proposing that we ascribe meaning to our experience and constitute our lives and relationships through language." They continue by pointing out that language cannot be viewed as a neutral activity as it is culturally and contextually specific. In other words, not just any meaning may or can be assigned to language, as it is a social and a culturally specific construction. It is for this reason that Narrative therapists make the assumption that knowledge too is a social construction and that "there are many valid, diverse ways of understanding ourselves and others. These ideas are seen as culturally informed and situated in the ever-changing local contexts and relationships" (Smith, 1997, p.3).

Josselson and Lieblich (1993, p.9) concur with the idea that through language, experiences may become coherent, when they say, "stories are based on life, and life is expressed articulated, manifested and modified in stories". Stories, for them, are about clarifying life and about making it intelligible. According to Freedman and Combs (in de Beer et al, 2001, p.36), people seek therapy because they "actively participate in the performance of stories that they find unhelpful, unsatisfying and dead-ended". Within the Narrative Approach, it is realised that "no single story can encapsulate or handle all the contingencies of life" (Morgan, 2001, p.8) and alternative stories are explored that contradict the dominant problem story (Morgan, 2001).

2.3.3. Externalisation as a Principle of Narrative Therapy

Narrative Therapy works on separating the person from the problem (Morgan, 2001). White and Epston (1990, p.30) state that “externalisation of the problem helps persons identify and separate from unitary knowledges and ‘truth’ discourses that are subjugating them”. This principle process focuses on the person’s ability to engage in reflexive thinking about their lives with the hopes of creating an awareness of alternative options available to them (White and Epston, 1990). It requires a particular shift in language, attitude and orientation on both the part of the client and the therapist (Morgan, 2001). What is significant here is that during this process of externalisation the problem is often personified, thereby assuming a separate identity (White and Epston, 1990).

Externalising the problem creates the opportunity for the client to thoroughly explore her relationship with the problem. The problem becomes less essential and restrictive and the client’s skills, abilities and competencies become more apparent (Morgan, 2001). When the problem is no longer viewed by the client as a character trait, she is better able to realise that she can change her relationship with it and recreate an alternative story with which to give meaning to her life. But in order to get that far, she has to map the influence of the problem she has externalised.

2.3.4. Mapping the Influence as a Principle of Narrative Therapy

Carr (1998) views mapping the influence as questioning the client about how the problem has been affecting her life and her relationships. Remember that the assumption is that the client and the problem are quite separate which reinforces the whole idea of externalising the problem and ‘internalising personal agency’ (Carr, 1998, p. 492). It is worth noting here that the therapist can never truly know how the problem is affecting the client and it is for this reason that it becomes essential for the therapist to consult the client in an attempt to gain better insight (Morgan, 2001).

“In mapping the influence of the problem in a person’s life and relationships, these unitary knowledges can be exposed by encouraging persons to identify beliefs about themselves, others and their relationships that are reinforced and confirmed by the continued presence of the problem” (White and Epston, 1990, p.31). In other words, by externalising the problem and mapping its influence the therapist and the client become co-authors of possible if not preferable new stories (Weingarten, 1997). Again here I emphasise that stories are not representative of our experience but rather constitutive (White, 1995) and for this reason can be changed (Weingarten, 1997).

Mapping the influence has also been referred to as “tracing the history” (Morgan, 2001) of the problem. When time enters this equation and is accompanied by appropriate questioning, the client has the opportunity to discover when she was influential over the problem. She also has the opportunity to discover when the problem had a greater or lesser influence over her life (Morgan, 2001).

Freeman et al (1997, p.94) describe mapping the influence as plotting, which becomes the “glue that establishes a story’s coherence.” They refer to plotting the influence that a story has as a means of organising information in such a way as to make it available for critique and revision – thereby allowing for a new narrative to emerge.

2.3.5. Re-membering Conversations and Life Clubs

Morgan (2001, p.77) defines re-membering conversations as conversations that are intended “to powerfully incorporate and elevate significant people’s contribution in the lives of those consulting the therapist”. The person seeking therapy decides who qualifies as a significant influence in her life, creating a club of significant others. It is these others who become members of her club and whose membership she may revoke. These members may have passed on already or they may still be living. The client chose her family as members

of her club and that included her late husband. On her journey, the client commented on the gap that seemed to have widened between herself and her son. The re-remembering conversations helped to reconnect them and to narrow the gap, as de Beer et al (2001, p.44) remark: “Through remembering conversations people become joined in these similarities and shared beliefs...which could lead to alternate ways of behaving towards each other as their shared history becomes more visible and cherished by them.”

2.4. UNCOVERING THE DOMINANT DISCOURSES IN NARRATIVE THERAPY

In the opening paragraphs of this Chapter I discussed the principles upon which my decision to make use of Narrative Therapy was based. These principles seem to ensue from my acceptance of the social constructionist framework. Within this framework, language takes on a significant role. We use language to convey meaning and to express our own understanding of our world. Within the Narrative Approach language is used in the process of therapeutic conversations in the form of “storying” (White and Epston, 1990, p.14). It becomes apparent that these stories cannot occur in isolation and are firmly embedded within a specific culture and context (Morgan, 2001; Josselson and Lieblich, 1993). Morgan (2001, p.9) suggests:

“The meanings that we give to these events occurring in a sequence across time do not occur in a vacuum. There is always a context in which the stories of our lives are formed. The context contributes to the interpretations and meanings that we give to events. The context of gender, class, race, culture and sexual preference are powerful contributors to the plot of the stories by which we live.”

The idea that language and the meaning thereof cannot be divorced from its particular context allows for certain discourses to germinate.

2.4.1. Discourse defined

Parker (in Burr, 1995, p.48) defines discourse as “a system of statements, which constructs an object”. Burr (1995, p.48) offers the following definition: “A discourse refers to a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events.” In other words, we understand our lives in relation to the influence that the broader culture may exert on us (Morgan, 2001). Again this should be viewed with the aid of constructionist lenses, which emphasize ‘the social construction of emotions, persons, interpersonal relationships etc, in the language used by individuals, that is, in their discourse’ (Krippendorf, 1991, p.115). It is also worth noting that there may be more than one discourse surrounding incidents and objects. In view of this, Freedman and Combs (in Niehaus and Jane*, 2001, p.63) claim that “ these dominant narratives will specify the preferred and customary ways of believing and behaving within the particular culture” and this in turn gives the discourse its constitutive power as they are often perceived as being “the truth” (Burr, 1995, p.49).

2.4.2. The power of Discourses

Cultural and contextual meanings are used in the construction of people’s identities. These identities, as they relate to age, class, gender, and sexual orientation, are all dependent on the discourses that exist within the cultural context in which one finds oneself (Burr, 1995). With direct reference to this particular study, it is worth noting: “Given the representations of sexuality that are culturally available to us, we have no choice but to fashion our identity on them” (Burr, 1995, p.53). It would therefore seem that whether in relation to sexuality, gender, or race, the discourse opted for has a direct link to the way that society is run and organised (Burr, 1995, p.54). Further compounding this notion of discourse, is the notion that certain groups dictate that certain discourses receive dominant status and this is where the Narrative Approach validly suggests that the legitimacy of these needs questioning, precisely because discourses can obscure power relations within societies (Burr, 1995).

In agreement with this sentiment is Rorty (in Lax, 1992, p.75) where the claim is made that discourse does not “mirror reality, but is a functioning element in the social process itself“. It would seem that the power of discourses rests on the fact that they [discourses] are seen as “systems of meaning, ways of representing ourselves and our social world, which constitute not only what we think and say but what we feel and desire and what we do” (Burr, 1995, p.87).

2.4.3. Deconstructing dominant discourses

Epston and White (1989-19991, p.122) quote Bour dieu in this regard:

“... through the objectification of a familiar world, we might become aware of the extent to which ‘certain modes of life and thought’ shape our existence and that we might then be in a position to choose to live by other ‘modes of life and thought.’”

Because Narrative therapists base their therapy on the idea that knowledge is socially constructed, it may therefore be concluded that knowledge, in the form of discourse, may be deconstructed when new and alternative knowledge is created or constructed. The “truth” of the discourse is challenged and deconstruction becomes defined by White (in Skidmore, 2001, p.141) as having to do “with procedures that subvert taken-for granted realities and practices. These so called ‘truths’, those disembodied ways of speaking that hide their biases and prejudices and those familiar practices of self and of relationship that are subjugating people’s lives”.

This deconstruction is not limited to the dominant discourse prevailing in the life of the client. White (in Niehaus and Jane*, 2001, p.72) suggests that: “Therapists can contribute to the deconstruction of expert knowledge by considering themselves to be ‘co-authors’ of alternative and preferred knowledges and practices, and through concerted effort to establish a context in which the persons who seek therapy are privileged as the primary authors of these knowledges and practices.”

Narrative Therapy may therefore be viewed as being a collaborative process in which the therapist and the client engage in deconstruction conversations, which challenge the power and the truth of the dominant discourse. This they do by examining the discourse, by defining it, by pulling it apart and by tracing its history or rather by mapping its influence (Grobelaar, 2001). Ultimately, Grobbelaar (2001, p.91) claims that deconstruction may lead to the creation of alternative stories ‘that assist people to challenge and break from the problem’s views and to be more connected with their own preferred ideas, thoughts and ways of living’.

2.4.4. Sparkling moments and Unique Outcomes

Morgan (2001, p.54) suggests that “speaking about a problem with another person usually represents a stand against the problem’s influence.” It is this stand against the problem that allows for the emergence of alternative stories and unique outcomes. Unique outcomes may be viewed as the exception to the norm and create the opportunity for the client to recognise times in her life when the problem was not influential (Morgan, 2001). These unique outcomes are often realised through the curious, not knowing stance adopted by the therapist. Through questioning in this fashion new possibilities are opened to the client. Narrative therapists come to view these unique outcomes as “sparkling events” which allow for what Morgan (2001, p.55) refers to as “openings to escape the thin conclusions and to move towards richer descriptions”. These thin conclusions allow little space for “the complexities and contradictions of life” (Morgan, 2001, p.12). Thick descriptions, on the other hand, encourage the fine detail of a person’s life, which includes the motives for actions, character descriptions, histories and the plot, which ultimately unfolds (Morgan, 2001). What is also relevant here is that they consider the influence that the context and setting have in the creation of the problem. Here I refer to the earlier discussion of discourse.

It is important to note that these unique outcomes may only be afforded that status by the client. Morgan (2001, p.56) claims that “such events are not unique outcomes until the therapist consults the person as to their significance...An event that stands outside the dominant story is only a unique outcome if the person consulting the therapist, judges it to be so”. This again fits in well with my belief in social constructionism.

2.5. HOMOSEXUALITY

I do not believe that more than a short definition and a brief explanation of homosexuality is warranted in this study as the focus is not on what homosexuality is, but rather on a mother’s journey of acceptance where her child’s alternative lifestyle is concerned.

Bozett and Sussman (1990, p.337) offer the following definition:

“Persons whose affectional and sexual feelings and behaviours are predominantly or exclusively with members of their own sex.”

In other words, homosexuality is a term used to define same sex (gender) intimate relationships. Perhaps by looking at the suffix “homo” it will become clearer. “Homo” comes from the Greek meaning “the same, similar, alike” (Reber and Reber, 2001, p.324). The Penguin Dictionary of Psychology (Reber and Reber, 2001, p.324) further defines homosexuality as “a term used rather generally to refer to sexual contact between persons of the same gender.”

Therefore by definition, heterosexuality must be the opposite of homosexuality. Yet again, by looking at the suffix of this word the meaning begins to become apparent. “Hetero” (Reber and Reber, 2001, p.320) comes from the Greek translated as “different, other, unlike”. In the same dictionary the definition of heterosexual is therefore “an individual whose sexual

preferences are for persons of the opposite sex” (Reber and Reber, 2001, p.320).

This will hopefully ensure that any confusion resulting from the use of either of the terms will now be cleared up. Yet, as with most things, our communities and societies all adopt their own special colloquialisms as synonyms for these terms – “gay” and “straight” are the more commonly used descriptions in relation to being either homosexual (in the former) and heterosexual (in the latter).

A phrase that has recently become popularised with regard to homosexuality is that of a person who has adopted an “alternative lifestyle

2.6. ALTERNATIVE LIFESTYLES

2.6.1. Alternative Lifestyles as a discourse

This phrase “alternative lifestyle” has become adopted by society world-wide as a euphemism for living life openly as a homosexual person. And here again I stress that this is no mean feat despite it being 2004. Foucault (in Madigan, 1997, p.341) maintains that identities and concepts of self are dictated by fields of power and discourse that command what is allowed to be said, who gets to say it and with what authority. We create our identities based on what is generally accepted by the society within which we function. Burr (1995, p.51) claims that “people’s identities are achieved by a subtle interweaving of many threads - thread of age, class, ethnicity, gender sexual orientation and so on”. He suggests that each of these is constructed via the discourses that are present within our culture (Burr, 1995).

To this end I also include a comment made by Weingarten (1997, p.309) where she states:

“It has been important to me to try to understand how certain kinds of negotiated meanings operate either to subjugate, marginalize or trivialise

people's experience, or to allow it to be truly represented. The idea of discourse helps me understand the mechanisms by which some people's experience becomes dominant and other people's experiences – often those of women, children, people of colour, homosexuals and people who are differently abled – are pushed to the edge.”

Homosexuality is regarded as the alternative to the norm - hence the use of the phrase “alternative lifestyle”. Implicit in this, is the idea that it must be different and this brings with it the fear of marginalisation (being pushed to the edge) and rejection. One mother speaks of this when she writes of her experiences as a mother of daughter who chose to walk this alternative path:

“After a lifetime of learning that homosexuality was ‘perverted’, ‘weird’, ‘unnatural’, ‘sick’, against all that God or anyone else prescribed, was I too set in my beliefs, too brainwashed to ever - honestly, sincerely, to the core of my being - accept the concept” (Anonymous, n.d. a).

It is because homosexuality is regarded by society as something out of the norm that the discourse surrounding it has become so negative and in all likelihood destructive to those experiencing it. I would be remiss if I failed to contextualise this issue for the reader hence the following discussion on society's view of alternative lifestyles.

2.6.2. Society's view of alternative lifestyles

The way society has viewed alternative lifestyles is perhaps indicative of the discourse that has surrounded homosexuality for many years. When one traces the history of this discourse it becomes apparent that within certain cultures it was not even spoken of because of its taboo status (*Anonymous, n.d. a*). Burr (1995, p.53) reminds us that “given the representations of sexuality that are culturally available to us, we have no choice but to fashion our identity on them”. Putting this into perspective, my client had fashioned her views of sexuality based on the discourse that was “culturally available” to

her. Being pushed to the edge makes being a homosexual incredibly difficult not only for the homosexual but for family members as well.

Strommen (1990, p.10) suggests that “being homosexual, or having a homosexual family member is disruptive only because society and its institutions view homosexuality in a powerful and pervasive negative light”.

2.6.3. Alternative Lifestyles in the South African Context

The context of this study bears mentioning here as it is through a South African Christian Afrikaans lens that one must view homosexuality to understand the implications for this mother. As Savin-Williams (2002, p.145) points out: “Most mothers accept perceptions about homosexuality that were prevalent during their growing up years.” This is true of my client who is a mother of three adult children, and who grew up in a time when homosexuality was referred to as an abomination. This stemmed directly from her religious upbringing in the N.G. Kerk (an Afrikaans denomination of the Christian church). Pieter Cilliers (1997, p.136), in his poignant story of his own “alternative lifestyle” gives us an indication of the beliefs held by his church, the Nederduitsch Hervormde Kerk van Afrika (Church of Africa), which held a similar attitude to that of the N.G. Kerk with regards to homosexuality: “No I am not welcome in my church. The Preacher said I must turn or burn”. In fact, on his journey, he visited many preachers who made reference to the Bible stating that, as this was a behavioural issue, it could very probably be unlearned (Cilliers, 1997, p.136). There are apparently only six texts in the Bible that the church uses to condemn homosexuality (Germond, 1997). Yet, Germond (1997) is quick to warn that we should be careful when we use the Bible as a weapon. He points out, and rightly so that: “The history of the Bible in South Africa is an example of how its use can be fraught with tragedy...it was used to justify and legitimise the conquest and dispossession of people of their land” (Germond, 1997, p.190). He continues with other examples of the Bible being used in a destructive manner especially where slavery was concerned and, in later years, where it was used to condone and justify

apartheid in South Africa. Yet again it would seem that the Bible is being used to promote destructive thoughts when churches and their congregations use the six texts to exclude gay and lesbian people from their full acceptance.

And it is this type of rejection that confronts not only homosexual people, but their families as well. Cilliers (1997, p.180) through his own experience, shares the following pertinent revelation with us: “That which we believe is learned. The values, our religion, economy, cultural and political world all have an influence on who we believe we are. Our language, our symbols and our stories are all part of our past and our present.”

Here I emphasise that this study is not about debating the rights and wrongs of homosexuality, Biblically or otherwise. This aspect is, however, important because it became identified as a dominant discourse in the life of my client. Her struggle or journey towards acceptance of her son’s alternative lifestyle was also a journey towards making peace with her belief system as based on the teachings of her church. Her journey towards acceptance began with her son’s disclosure of his status. This too has become colloquialised by society as the “coming out” process of the gay individual.

2.7. COMING OUT

Bozett and Sussman (1990, p.336) offer the following definition of “coming out”: “A developmental process by which an individual develops a gay identity and acknowledges that identity to the self and discloses it (comes out) to others.” The way in which individuals choose to disclose their sexual status varies. Some choose to leave hints; others are “outed” by third parties; whereas some choose to fully disclose themselves (Savin-Williams, 2002). No matter how they choose to disclose their homosexuality, the act of disclosure may precipitate a time of turmoil within the homosexual’s family structure (Savin-Williams, 2002). It is this factor that appears to be largely ignored in that much of the popular literature focuses on the effects of this process on the individual and the individual’s subsequent emotional crisis. What is often overlooked is that, the family of the individual appears to go through a similar

process of coming out, also experiencing a similar emotional crisis (Savin-Williams, 2002).

What is interesting to note here is that “[m]ost gay and bisexual sons disclose to their mother before disclosing to the father. It is as if it is most important to come out to her first, because she is their emotional centre, the one who nurtured them through their childhood and adolescence, the one who taught them their values and self respect and the one they most want and need to know supports and accepts them” (Savin-Williams, 2001, p.167).

Yet, for mothers this process may take a different course. As much of the popular literature on the subject suggests, mothers begin to piece the puzzle together and may even admit to their suspicions over the years that their sons were somehow different (Savin-Williams, 2002).

The literature suggests that the disclosure is followed by a series of common reactions from parents. The first of these is guilt and a feeling of personal responsibility - resulting in a general sense of failure as parents, permeates the atmosphere (du Plessis, 1999). To put it another way, they may experience feelings of extreme guilt, accompanied by self-doubt possibly leading to questioning their own success as parents (du Plessis, 1999). Secondly, parents tend to buy into the current negative dominant discourses, which lead them to isolate themselves, from their community and, thirdly, the relationship may become so disrupted that the homosexual person becomes estranged from the family (Savin-Williams, 2002). Of course, none of these reactions is definitive, but the literature provides much evidence in support of their prevalence.

du Plessis (1999) makes a valid comment when he states that parental reactions, generally speaking, are unpredictable. When one considers the discourse surrounding homosexuality and “coming out” it is not surprising to encounter, as a possible reaction, the concern of the parent for her own ego (du Plessis, 1999). Yet again du Plessis (1999) offers us the insight that

parents view their children as being an extension of themselves and, as such, become concerned about the impact of such news on their own images. Parents generally revert to their own knowledge and experience of homosexuality which culturally and contextually may be very limited as suggested by the following mother's account of her own experience when dealing with her daughter's disclosure: "And there were certainly no talk shows, no movies, no magazine articles and no news stories about homosexuals. The subject was taboo, most people pretended that 'those kind of people' didn't exist" (Anonymous, n.d. a).

Many of the sources consulted suggest parallels between parents experiencing "coming out" and parents dealing with a loss (Anonymous, n.d. c; Savin-Williams, 2002; Du Plessis, 1999, Niolin, n.d.). This loss may be attributed to their perceived notions of having lost the opportunity to be grandparents and, especially having lost of all the dreams and aspirations they may once have had for their child. In view of this, the above supporting literature suggests that that parents may go through the same stages of grief as for any loss – denial, shame, blame, bargaining (maybe it can be changed if we get help), depression and, finally acceptance (Anonymous, n.d. c).

The reaction of parents to the news of a child "coming out" has been noted. Popular literature also makes use of guidelines for parents to use when confronted by just such a situation.

2.8 PARENTAL GUIDANCE

Parents appear to have various reactions to their children's disclosure and they may even react in ways that may have a damaging effect on their relationships with their children (du Plessis, 1999; Savin-Williams, 2002; Bozett and Sussman, 1990). As such, popular literature has assumed some responsibility in giving parents advice on how to deal with disclosure as their role in the process has increasingly become noted as significant (Savin-Williams, 2002). However, parent advice and guidance is quite similar in its approach and in its content. The following steps are suggested by various

authors and by various documents found on the Internet (Savin-Williams, 2002; Niolin, n.d.; Anonymous, n.d. d) to help parents accept their child's alternative lifestyle:

- Create an atmosphere of acceptance, letting your child know that you love him. This can also be done by apologising for any past insensitivities, such as homophobic jokes;
- As parent, rid yourself of any heterocentric assumptions you may have regarding your child's future;
- Speak favourably about the contributions sexual minorities have made to society;
- Open the channels of communication on the subject of homosexuality, by initiating conversations about sexuality; and finally,
- Give unconditional love and support to your child.

I prefer the advice offered by du Plessis (1999) where he suggests that it will take time to become accustomed to the idea and, as part of this process, the parent should engage with as much literature as possible regarding the subject. This idea is supported by the information I gleaned from the Internet, where it is acknowledged that just as it took time for the child to "come out" to himself, it will take the parent[s] time to adjust to the idea (Anonymous, n.d. d). By suggesting that parents read about the subject, as proposed by du Plessis (1999), a desensitisation process may be initiated to break down many of the negative stereotypes harboured by the parents about homosexual people. du Plessis (1999, p.105) is fairly idealistic when he reminds parents of their duties: "For a parent to act in the best interests of the child, he/she should put his/her interests in the background. A parent's loyalty is first and foremost to the child he/she brought into this world."

In my opinion, this expectation of parents to feel flattered by the willingness of the child to disclose to them cannot be taken so lightly. Acceptance is not a simple matter of minimising or even reviewing and revising beliefs that they have held for generations and a conversion may not be that simple. This is a

revelation that may evolve with time as they begin to process the disclosure and negotiate a new relationship with the child. Freedman and Combs (in Morgan, 2001, p.15) suggest: “As people begin to inhabit and live out the alternative the results are beyond solving problems. Within the new stories, people live out new self images, new possibilities for relationships and new futures”.

The guidelines presented in the article by Anonymous (n.d. d), possess a far more practical bent than those suggested by Savin-Williams (2002) and continue along the following vein:

- Talk openly.
- Set house rules as you would with any child.
- Listen, even when shocked.
- Share feelings – even worries.
- Do not try to prevent your child from being who he is, and finally
- Discuss sexual health issues.

These guidelines appear to have mutual benefit to both parties involved – a factor that is seemingly absent from much of the advice otherwise given to parents. My experience with my client has taught me that acceptance is a two-way process. The child should agree to meet the parent half way and vice versa if there is to be any acceptance at all.

Perhaps the best advice comes from the mother of a lesbian daughter when she says: “I only hope that you can step back, listen to your child, learn as much as you can about homosexuality and remember that this is the same person you have loved since birth, the same person you raised...With time and understanding your relationship with your child may well become stronger and more loving than ever before” (Anonymous, n.d. a, pp 6-7).

2.9. CONCLUSION

In Chapter Two, I set out to offer the reader a review of all the literature that I had consulted. This literature serves as evidence of what others in the field have done, thereby creating the knowledge base that informed this research. The researcher's paradigm was again included to make the reader conversant with the beliefs I hold and which determined the course and direction of this study. The bulk of the Chapter focussed on the Narrative Approach to therapy and its theoretical underpinnings in order to familiarise the reader with the process he/she may encounter as Chapter Three and Four unfold. Within this approach, aspects such as discourse and deconstruction were described. The concepts of acceptance and alternative lifestyle were also accounted for. Finally, I provided the reader with an abridged version of the advice given to parents where disclosure, acceptance and alternative lifestyles are concerned. Chapter Three provides the reader with a description of a mother's journey towards the acceptance of her son's alternative lifestyle. It includes her learnings from this process in relation to the literature reviewed in the above Chapter.

CHAPTER THREE

THICK DESCRIPTIONS

3.1. INTRODUCTION

In the Chapter that follows, an account is given of one mother's journey towards acceptance of her son's alternative lifestyle. Being a case study, it has, at its core, the idea that the reader should develop an understanding of why and how certain decisions were taken, how they were implemented, and how the outcome was achieved (Yin, 2003). Because it is a case study, real life events are offered as evidence of this journey. What becomes important in this Chapter is that you realise acceptance does not occur in a vacuum, neither does it occur as a natural, effortless phenomenon.

This Chapter forms the thick description of this research, which was compiled in order to answer the original research question (Durrheim, 1999), which was determining what I, as a therapist, could learn about moving towards acceptance from a mother encountering her son's alternative lifestyle. This chapter, therefore, tells her story so that the reader may become aware of what she learned. In order to remain in line with the Participatory Action Research strategy, this chapter is not written from an interpretive stance, but rather it is an attempt to make sense of our worlds. Denzin (1994, p 512) writes in this regard:

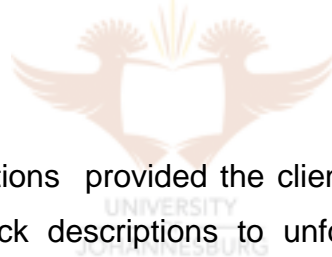
“The immediate local, personal, emotional biases of many lead them to tell stories that work outward from the self to society. These writers are writing to make sense of their own lives. Others write to make sense of ‘another’s’ life. In the end it is a matter of storytelling and the stories we tell each other.”

Gergen and Gergen (1991, p.78) talk of “shared systems of intelligibility - usually a spoken or written language” as ways in which accounts of the worlds

are given. This is Chantelle's account of her world from the spoken medium to the written which she shared with me and which I am now sharing with you, the reader.

In keeping with the Participatory Action Research strategy, the process took on a collaborative stance in that there were "no status or power differentials amongst participants (McTaggart, 1997, p.32). This, in turn, led to the active generation of knowledge in order to bring about the improvement of practice, which, too, was an original aim of this research (McTaggart, 1997). This approach was in keeping with the Narrative stance I had adopted as co-participant and therapist. As Morgan (2001, p. 45) points out:

"Importantly, the person consulting the therapist plays a significant part in mapping the direction of the journey. Narrative conversations are interactive and always in collaboration with the people consulting the therapist."



These Narrative conversations provided the client with the space to tell her story and allowed for thick descriptions to unfold. The thick descriptions emerged as the thin conclusions, which kept the client from seeing new possibilities, evaporated and were replaced by alternative stories (Morgan, 2001). Morgan (2001, p.15) describes these thick descriptions as "the articulation in fine detail of the story-lines of a person's life....- the motives of the characters, their histories and own understanding are finely articulated". It is these fine articulations that became the data of this research.

In this Chapter, the thick descriptions are written up as a story composed out of nine therapeutic sessions. My client's words shall be indicated in pink. Here I again remind the reader that, for ethical reasons, my client will be referred to by the pseudonym "Chantelle" and her son "Jason".

3.2. THE DARKNESS

“We have considered the proposal that persons give meaning to their lives and relationships by storying their experience and that by interacting with others in the performance of their stories, they are active in the shaping of their lives and relationships” (White and Epston, 1990, p. 13)

“Everything at the moment seems like night. It looks dark for him and for me”.

This story like most stories has a beginning, middle and an end. Yet the story a person chooses to tell is far more complex than its structure. As Epston et al (1992, p.97) suggest : “...a story can be defined as a unit of meaning that provides a frame for lived experience. It is through these stories that lived experience is interpreted. We enter into stories, we are entered into stories by others and we live our lives through these stories.” Reinhartz (in Kotzé and Kotzé, 2001, p.12) makes the connection between stories and research, thus supporting the idea behind Participatory Action Research, when she claims : “The process of research as a story can best be described as a journey, ...that researcher, participants and supervisors embark on searching for new ways of being”. Like many stories, it, too, starts from a place of darkness and moves towards the light. It is, as you will see, a journey of discovery, of adversity and, finally, of elation. This is, however, where her story begins. It begins with a mother’s struggle to come to terms with her son’s alternative lifestyle.

The darkness she describes here was thick and onerous, filled with the unknown and much uncertainty: *“...it felt as if my heart were breaking and I could not or would not share this with anyone...what had I done wrong...it is as if the devil has entered my home...”*. Chantelle was facing what she regarded to be her biggest challenge in life. Her son had recently disclosed his homosexual status to her and her world, as she had known it, had crumbled. Her journey begins with a phone call she placed to the Institute for

Child and Adult Guidance where she asked to speak to someone with knowledge of homosexuality.

Therapeutic conversation refers to an endeavour in which there is mutual search for understanding and exploration of problems through dialogue where "people talk with one another and not to one another. It is the mechanism through which the therapist and the client participate in the co-development of new meanings, new realities and new narratives" (Anderson and Goolishian, 1992, p.29).

The story that unravelled in the first session meandered from one problem to the next. Chantelle started by first and foremost telling me that she was a mother: "I have three children, a daughter and two sons". It seemed important to her that I know she has three children and that the problem appeared to rest with her youngest child: "...and this now is my younger son...he was, from little, a soft hearted child...". She provided me with a brief description, listing many of his talents and how she had encouraged him to pursue his interests in the piano and in singing.

She then went on to relate that her husband had recently passed away: "...it was not too long ago that my husband died and he [Jason] started going his own way". The problem's entrance appeared to coincide with this sad event. Her son's behaviour changed and he began to spend more time away from home and he began to fraternise with "a boy" whom Chantelle would describe as "having problems" as "he [the friend] would cut himself and write suicide letters". She did her utmost to sever the friendship, but to no avail. With the natural demise of such a relationship, where the two parties were so different from each other, came Jason's own "emotional problems". He signed on with one psychologist and then promptly moved to the next. He stopped eating and sleeping, he wrote suicide letters, and Chantelle's concern and confusion grew.

At this point Chantelle's only recourse was to hold her son in her arms and tell him how much she loved him. She reassured him by stating that they "must not allow this thing to come between them" and that she would always stand by him, no matter what ensued. My ears, being in tune to the possibilities of externalisation immediately pricked up. She was already talking about the existence of a thing that appeared to be external from both her and her son. I will return to this when we have progressed further along on her journey.

Chantelle presented as being dazed and confused and her story reflected this when one minute we seemed to be dealing with his 21st and the next we had jumped back to Christmas. It was at Christmas that Jason had first broached the subject with her. With apparent great difficulty, he described his struggle with what he knew to be true about himself and stated: "Look mom, I am going to be honest with you...and I have not told anyone that I am wrestling with this but I am attracted to the same sex". She cried bitterly not comprehending what he had divulged, "I told him, I cannot accept this what [he was] doing because this is my child whom I thought would come out on top of life". Almost as if to convince me that he was meant for great things, she proceeded to describe how his teachers had held him in high esteem. To her the implication of his disclosure was "that he was throwing his whole life away". This fits with the findings of du Plessis (1999, p.101) where he indicates that many parents have dreams and ideals for their children which, in their perceptions, are dashed when the child discloses his homosexual status.

Chantelle's reaction, as with most parents, involved an immediate attempt to solve the problem, to find a quick and comfortable fix. Du Plessis (1999) again suggests that this is common practice. He points out that many try to change or to be changed and that they are willing to try anything from radical forms of therapy to praying profusely to God. However, the outcome of this appears to be far more devastating for all those involved. Chantelle suggested that perhaps "hormonal injections...could help him to not be like this". Her extreme reaction was based on the enormous shock she had felt at his revelation. Yet, within the shock, she appears to have recognised that there had always been something unique about her child and she suggested that, at

times, she may have even suspected that he was gay: "...although I had asked him in the past if he was like this " and later she says again "I suspected for a long time". "Mothers have in many instances had their suspicions for years and they have suppressed their fears concerning their child's sexual orientation" (du Plessis, 1999, p.103). Savin-Williams (2002) agrees with this suggestion by pointing out in reference to a mother's experience that: "Her experience is a common one among mothers of sexual minority children, in that she had her early suspicions that her son was not 'typical' of other children..." However, this suspicion seems to have been more acceptable to her than the actual confirmation of his status. His disclosure added to her fear. She feared she would lose him to suicide because he himself had alluded to the possibility in his disclosure: "He said to me that if he had to keep it to himself any longer then he would commit suicide."

3.3. TRYING TO FIND THE LIGHT

This is where her story becomes remarkable, for she responds by saying to her son "Ok I will try to understand and I will get help for myself...and I understand that you did not make this choice easily". What is notable about this is that, through her tears and her fears, she seems to realise that this is not the end of the road for them but it is the beginning of a journey towards a place that may be easier for both of them.

"Unique outcomes are those that the teacher/supervisor believes clearly facilitate for those persons seeking therapy, the re-authoring of lives according to the preferred stories and are developments that might not have been exactly or generally predicted by the teacher/supervisor" (Epston and White, 1989-1991, p. 89).

I hesitate to use the word "acceptance" because thus far in the story Chantelle had not voiced it - acceptance had not as yet become a viable

option. She was aware that she needed help to save her relationship with her son, but she was not as yet aware of what this entailed.

However, this session as the first step on Chantelle's road to acceptance was fraught with confusion. She seemed to jump from moments wracked by guilt and despair to moments of lucidity: "I have even said to Jason... just as you want us to be sensitive to you, you need to be sensitive to us...". Her learning regarding the situation was in its budding stage and as such she seemed to be tentatively feeling the water where her role in this new situation was concerned. She had mentioned her fear of losing her son, so it seemed that she was afraid to make any demands on him in case he felt rejected.

During these times, Chantelle seemed to show remarkable insight where her son was concerned. She indicated that she understood that acceptance was not limited to her journey, but also to what her son must have been experiencing. She seemed to realise that his search paralleled with hers when she commented: "He reads books...at this stage he may feel guilty which is why he is asking questions..." Chantelle's meander brought her to this realisation and to the finality of the following words: "I have come to the conclusion that it is so and I must accept it". Her story initially may have appeared aimless with her jumping from one problem to another, yet, all the while, it seemed that she had a goal in mind and was using the opportunity to find her own way through the haze to "acceptance".

3.4. READING TO UNDERSTAND

Acceptance may have been Chantelle's aim, but it remained unclear to both of us, to me as her therapist and to her as my client, just how we would pursue this.

"Achieving this kind of therapeutic conversation requires that the therapist adopt a not-knowing position. The general not-knowing position entails a general attitude or stance in which the therapist's actions communicate an abundant, genuine curiosity" (Anderson and Goolishian, 1992, p.29).

“Participatory Action Researchers try to know with others, rather than about them, and to reconceptualise and foster knowledge as something that exists among people, rather than some sort of barrier between them” (Bhana, 1999, p.230).

Chantelle then initiated a possibility by asking me to provide her with the names of books she could possibly read: *“But I would like to find out more, perhaps you can get me a book or something...”* “Participatory Action research aims to produce knowledge in an active partnership with those affected by that knowledge, and for the express purpose of improving their social, educational and material conditions” (Bhana, 1999, p.228). Morgan (2001, p.5) suggests that Narrative therapists support this collaborative stance: “The person consulting the therapist plays a significant part in determining the directions that are taken.” Chantelle would return to this request regularly on her journey, this desire to equip herself with book knowledge and not just knowledge based on hearsay: *“I need to understand it, I want to know how they think and this is why I need to read more. I must understand it and then maybe I can overcome the problem.”* Here she journeyed to yet another revelation. It seemed that her thirst for book knowledge led her to reflect on what the actual therapy meant to her. It seemed that it could be regarded as a worthy travel companion: *“I think it helps me a lot. I am forced to think when you ask me questions and I understand that I can learn through coming here and through reading; I know I need this.”* Without realising it perhaps, she stumbled onto one of the basic constructions that guided this research:

“[T]he focus here is not on the meaning making activity of the individual mind but on the collective generation of meaning as shaped by conversations of language and other social processes” (Schwandt, 1994, p.127).

This is confirmed by the Narrative Approach to therapy:

“...[N]arrative therapists assume that knowledge is socially constructed and that there are many, valid diverse ways of understanding ourselves and others” (Smith, 1997, p. 3).

3.5. EXPLORING “THE STRANGENESS”

Chantelle learned more than about alternative lifestyles in her process. She learned about Narrative Therapy as well. The process was briefly outlined in order for her to grasp the need to externalise the problem.

“Authentic participation in research means sharing the way research is conceptualised, practised and brought to bear on the life world” (McTaggart, 1997, p.27).

“[B]eing true to the Narrative Approach, the therapist has the responsibility to deconstruct his/her power position in order to enable the person seeking counselling to become the primary author of his/her story” (White, 1997, p.131).

Chantelle had already, without any prompting, started referring to “it” and had been using the phrase “the Gayness”, so instinctively I suggested that she name the problem. Initially, she was slightly confused, but in her confusion she realised, as is suggested by those who subscribe to the Narrative paradigm in therapy, that there is a difference between the person and the problem:

“[E]xternalising’ is an approach to therapy that encourages persons to objectify and at times to personify the problems that they experience as oppressive. In this process, the problem becomes a separate entity and thus external to the person or relationship that was ascribed as the problem” (White and Epston, 1990, p.38).

My client also indicated that it was not that easy to name the problem, thereby acknowledging that externalisation was part of the process. She seemed to feel the need to explore this idea by talking about both her son and the fact that he had decided to pursue an alternative lifestyle: “I would say that my son has not given me any other problems...I also think that ‘the Gayness’ has worried him”. She continued exploring all possibilities by looking at what it meant to be gay from her own perspective. She alighted at the point of stating: “when I think of ‘the Gayness’ I think of sex”. Yet, this did not satisfy her as a name because she noted that the problem involved not the sexual act, but also the worries that were attached to it. She commented on the diseases that might be transmitted during the sexual act but still she seems to be pursuing that illusive quality which may be causing the “gap” between her and her son to widen. Whilst relentlessly searching, she indicated that, by having more knowledge, she in all likelihood might be able to overcome the problem. In an attempt to aid her process, I made the suggestion that we use the term “the Challenge” for her problem, as it seemed to be confronting many of her beliefs and principles. Yet, still she was not quite convinced. Finally, she concluded “I think it is ‘the Gayness, the Strangeness’ of it”. This process was compatible with the Narrative Approach to therapy where Morgan (2001, p.20) suggests that “the therapist would be extremely tentative to be sure that name is one that appeals to the person consulting them”.

“The Strangeness” is the name eventually given to the problem. When one thinks about this, it is rather apt – Chantelle had never been confronted by anything like this and she had no experience of it at all, therefore the whole concept and all that was attached to it was very strange to her. When something is not familiar it must be strange. Within the externalisation of the problem rests the idea that one is able to explore it, assess the influence it may have and the company it keeps and, finally, one is able to become familiar with it. This is what Chantelle had been saying repeatedly that if she could know it, she could conquer it and she could accept it. Much later down the road she stated: “when you live with it you become more used to it and you try...” White et al (1990, p.39) make reference to this when they describe the practice of externalisation as “undermining the sense of failure...paving

the way for persons to co-operate with one another, to unite in struggle against the problem and to escape its influence in their lives and relationships". It seemed, for Chantelle that to name the problem had opened up new possibilities for her in relation to the problem itself.

Once the problem had been personified, it became easier for Chantelle to see the context in which it operated, the way it was perpetuated by the society within which she herself functioned and what she could do to lessen the influence it seemed to hold over her life (Els, Compassionate Training Workshop, 2003). At one point, she admitted: "...they are not bad people, gay people. I work with gay people and I am friends with them. I am like a mother to them. At work they feel far from me as they are not my real children". Later, with regard to lessening the influence, she acknowledged how much she had learned and that she still had much to learn "Yes I have learned so much....It is still early and I know I am going to still have a lot to accept".



3.6. THE JOURNEY THROUGH LOSS AND GRIEF

Part of the process of externalisation is to understand that the problem often has far reaching effects on the person's life. This White and Epston (1990, p.31) refer to as "mapping the influence" of the problem. They claim that "...in mapping the influence of the problem in the person's life and relationships, these unitary knowledges can be exposed by encouraging persons to identify beliefs about themselves, others and their relationships that are reinforced and confirmed by the continued presence of the problem." In reference to this, Chantelle made the following poignant statement: "I thought black was black and white was white...I never thought about grey areas. I never thought that I would ever have to approve of it". This is in keeping with the premise of Participatory Action Research that "problems are defined in terms of interpersonal and social oppression" (Bhana, 1999, p.229). Chantelle's history provided us with a necessary clue where this interpersonal and social oppression are concerned: "...it was far away from us and it was disgusting. You heard of it...but it was never discussed in our home". Already Chantelle

had indicated that she had at times been scared – scared that she would lose her son and scared that he might contract some awful disease: “I think that when they [gay people] have sex they may get cancer or worse... I hope and pray that they protect themselves” and later again she illustrated yet another fear “...I am afraid he may commit suicide or that he may in some way feel rejected... my greatest fear is that he will hurt himself”. Here I refer you to the opening scenes of her story. Expanding on this at a later stage, Chantelle included, in her description of her loss, the dreams she had had of becoming a grandmother to his children: “he will never marry and have children ...I want to be a grandmother...I wanted so badly to see his children”. Again later she made reference to her loss when she said: “It is difficult for me. Everything a parent looks forward to is gone.” The literature pertaining to disclosure suggests that parents “often feel grief or a sense of real loss, loss of dreams, perhaps loss of the possibility of being grandparents” (Anonymous, n.d. d). The same article suggests that parents may well go through stages that are similar to the grieving process, which Chantelle seemed to realise because she could relate her experience to that of the loss of her husband.

The fear that accompanied “the Strangeness” extended to include the fear of rejection. Chantelle was afraid that her son would be rejected. Here the literature pertaining to disclosure suggests that this may have had something to do with the parent’s concern for their image in the community. In regard to this, du Plessis (1999, p.103) suggests that research has shown that: “For many parents children are seen as an extension of themselves. They therefore see homosexuality in their children as a threat to their egos. They are more concerned about their own feelings and the opinion of others than with what their children are going through”. However, this was certainly not the case with Chantelle. She seemed to be more concerned about the effect this would have on her son: “I think I must talk to him, he must know we will not reject him...no one is going to chase him away...I do not want to lose my child”. This sentiment appeared to be consistent throughout Chantelle’s story; no mention was made of her standing in the community or amongst family.

However, having said this, Chantelle seemed to think that she was in some way to blame for her son's choices in life. This, too, is in keeping with what she had read in her search for knowledge. Du Plessis (1999, p.103) indicates that this response is a fairly common one: "Parents may experience feelings of guilt and self doubt". Here "the Strangeness" had brought with it "Self Doubt" and "Blame". In reference to the blame, Chantelle initially believed herself to be responsible for her son's alternative lifestyle: "...he was more into song, piano and singing lessons and I encouraged him...somewhere I made a mistake". The self-doubt became apparent when she made statements to the effect of: "I am stupid... I think up stupid things".

The thin description, however, continued as Chantelle returned to the bleakness of the future. She stated again "I had imagined such a wonderful life ahead for him and now it feels like he is throwing it all away." Her statement here confirmed what the literature regarding Narrative Therapy indicates, namely that these thin descriptions make no allowances for the complexities of life (Morgan, 2001) and, in fact seem to tend towards thin conclusions.



"These thin conclusions, drawn from problem-saturated stories, disempower people as they are regularly based in terms of weakness, disabilities, dysfunctions and inadequacies" (Morgan, 2001, p.13).

This led Chantelle into thinking about the possible mistakes she may have made that may have contributed to her son's sexual preference: "I had expectations for my son...I said to my daughter that somewhere with his upbringing we must have made a mistake...I feel we did do something wrong...none of my children are married...". Du Plessis (1999) suggests that this reaction, too, is perfectly normal amongst parents, as they need help in realising that they have, in fact, not done anything wrong. Here Chantelle appeared to be questioning her mothering and doubting her own ability in this regard. She reiterated this sentiment at a later stage when she categorically

suggested: “somewhere I made a mistake”. Chantelle summed up her feelings in the following words in a letter she wrote to other mothers:

“I chastised myself that I had allowed him to dress so beautifully from when he was a child. Perhaps I had taught him too nice manners or perhaps I encouraged him too much to achieve in the cultural field, music lessons and singing lessons...It was my fault, I had made my son a sissy”.

du Plessis (1999, p.101) quotes George Weinberg in this regard:

“...[M]illions of parents, on discovering that their children are homosexual, sink under the weight of awful reactions. Believing that they have wrecked the life of their child and loved one, they feel demoralized and ashamed.”

3.7. OPENING MY EYES: A NEW VIEW ON DISCOURSES

It became important to Chantelle that her son find “the right path”. Here she hinted at how “the Strangeness” challenged her beliefs. To truly have some understanding of Chantelle, one must look to where she went for help: “...eventually I got the N.G. Kerk’s social worker who invited me to chat with her”. She turned to her church’s social workers. It is vital not to forget that Chantelle is an Afrikaans Christian, because to do so would prevent one from comprehending the enormity of her journey: “I believe in God and He stands by me...I raised him Christian... I pray that God will work with him...”

Morgan (2001, p.9) suggests:

“The meanings that we give to these events occurring in a sequence across time do not occur in a vacuum. There is always a context in which the stories of our lives are formed. The context contributes to the interpretations and meanings that we give to events. The context of

gender, class, race, culture and sexual preference are powerful contributors to the plot of the stories by which we live.”

In support of this ideology, Burr (1995, p.48), in reference to social constructionism (a belief underpinning this research), claims that what we write, say and do all “serve to construct the phenomena of our world for us”. Burr (1995, p.48) continues this thought by suggesting that: “People’s identities are achieved by a subtle interviewing of many different threads - threads of age, class, ethnicity, gender, sexual orientation and so on”.

This ties in well with the principle of Participatory Action Research which suggests that :

“The culture of any group can be defined in terms of the characteristic substance and forms of the language and discourses, activities and practices and social relationships and organisations that constitute the interactions of the group” (McTaggart, 1997, p.31).

Chantelle and her family belong to the N.G. Kerk (a denomination within the Christian Church) and therefore subscribe to its doctrine, which seemed to vehemently reject all things homosexual: “...the church is struggling with it...they are scared of it... I am afraid my son will realise that other homosexual people have been rejected by the church”. Yet, this is where she turns in her time of need. Pieter Cilliers (1997, p.136) makes reference to the reaction of this denomination to his disclosure as a member of its congregation: “I visited many preachers with this and was referred to various passages in the Bible, which left them no alternative, but to state that it is a behavioural issue which can be unlearned”.

Chantelle claimed that the social worker was responsible for “opening my eyes”. The social worker seemed to have given her the answer she had been desperately searching for in regard to homosexuality when she said the following:

“Mrs, there is no one in the world who can help him...if he says he is gay then he is gay and I must not try to change him...some go through a stage but some are born like that and the best thing you can do is not to lose your child but to say to him you are trying to understand, that you don’t understand but that you will try and that you will stand by him and that you love him but that what he is doing does not have your approval.”

Armed with this sound bit of advice, Chantelle presented herself at my office resolute in her desire to make sense of a world that had recently become so confusing. It appeared to be filled with all things foreign. At one stage, she even suggested that, for her, it felt like her home *“was with the devil”*. And yet another fear of hers seemed to be surfacing. She phoned her priest, but was afraid: *“I was scared to tell him, I was afraid he wouldn’t accept...he would reject my son and I don’t want my son to be kept out of the Church. If I can keep him in the church, I feel he will find the right path”*. Here, it seemed that the priest was responsible for planting the seed of acceptance – he suggested that the quicker she accepted, the easier it would be for all of them. Her priest also pragmatically warned her that *“praying is not going to solve this problem. He said it is a reality. If your child wrestled with this thing for three years it is not a decision he has taken lightly ...and it cannot be prayed away...but don’t say that you are going to pray him better because he was born like this”*.

3.8. AN ANSWER TO A PRAYER: RE-AUTHORING THE JOURNEY

In keeping with the Chantelle I had come to know, she started reading and asked me to read with her, so that we could perhaps cover more ground and share our learnings: *“you see... this is what I must find out... this is why I must read... perhaps you could read a few books for me as well, so that we can make sure they have a positive message for Jason”*. Later she suggested: *“I want to help others and share my insights with them...I just want them to know where they can go...”* This was in keeping with the Participatory Action Research paradigm used in this research because it *“treats people as responsible agents who participate actively in making their own histories and*

conditions of life, it encourages people to work together as knowing subjects and agents of change and improvement” (McTaggart, 1997, p.39). This suggested that Chantelle understood her role in the therapeutic process, which is also in keeping with the Narrative Approach to therapy: “...we embarked on this journey together and you are learning with me”. White (1995, p.131) says that in order for the therapist to be true to the Narrative Approach, he/she has “the responsibility to deconstruct his/her power position in order to enable the person seeking counselling to become the primary author of his/her story”. After all, Foucault, in the same book by White (1995, p.131), points out that “power is knowledge and knowledge is power”. For Chantelle, the knowledge she thirsted for in order to give her power over “the Strangeness” could be found in books.

She arrived at the Institute having, in her hands, what she termed “an answer to a prayer”. She had, in the midst of a crisis, found the poem written by Russell Kelfer (in Warren, 2002), which at her request has been placed at the beginning of this dissertation. This poem brought her great solace and she dedicated it to her son in a letter she wrote to him. The following words particularly seemed to ring true to her:

*“You are who you are for a reason
You’ve been formed by the Master’s rod
You are who you are, beloved,
Because there is a God!” (Kelfer in Warren, 2002, p. 26).*

Chantelle’s search had led her to this poem from which she found great comfort, although she was not completely convinced that her God would accept her son and therefore her relationship with him. She said, “Yes, because you don’t know if it is acceptable to the Bible...I felt as if something dirty was clinging to us and I felt as if God had rejected us”. Cilliers (1997, p.136) confirmed her worst fears when he states that his church had suggested he “turn or burn”.

With this remarkable insight into how her process could be of benefit to others, Chantelle's journey shifted from meandering aimlessly to being directed towards what she could do: "I have realised that it is time to move on...I would like to help others who may still be wandering around in the darkness. I would like to show them how to begin and where to begin". du Plessis (1999, p.109) makes reference to this ability with the following quote from Bryan:

*"Destiny is not a matter of chance,
It is a matter of choice;
It is not a thing to be waited for;
It is a thing to be achieved."*

One of the obstacles on Chantelle's course, which she had indicated, was how to reconcile her possible acceptance with her belief in God: "My church has been supportive; my priest and his wife have helped me tremendously. My "dominee" (minister of religion) said to me that no one sin is worse than the other". Her reconciliation became possible when she realised that God had made Jason just as he was: "He was born this way... it was not a choice he made". Here, her learning came from her reading (as indicated above) and from mine. Chantelle had given me a book to read on her behalf, from which I read the following to her from a chapter written by Germond (1997, p.203):

"Redemption is not granted by the agency of people's interpretation of the Bible. A lesbian or gay person is not redeemed nor condemned for that matter, by the way you or I interpret the Bible. On the contrary we are redeemed by Christ not by interpretations of the Bible not even by the Bible itself...."

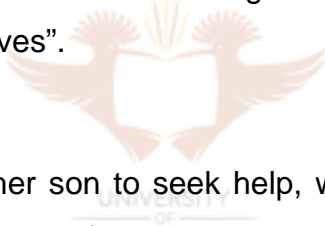
Chantelle again took comfort in this, especially because an Anglican priest had written it. In the same chapter, I read that "inclusive theology claims that the central force of the Christian message means that there should be no dividing wall between heterosexual and homosexual for we are all one in

Christ” (Germond, 1997, p.210). It seemed that excerpts of this nature consoled Chantelle and allowed her to think of the possibility of acceptance.

Chantelle’s reading led her to a book written by Pieter Cilliers (1997), who had been a preacher in the Nederduitsch Hervormde Kerk van Afrika (Church of Africa). She told me that reading about his struggle to make peace with his status and his beliefs had helped her and that she realised that her course of action had prevented her son from attempting the same drastic measures as Mr Cilliers himself had considered: “he even went for some type of shock therapy...and it didn’t help”. She also seemed to realise that there were options far worse than acceptance when she stated: “when I think he could have committed suicide, he could have done other things”. She seemed to realise that “the Strangeness” was there to stay, it had moved in with them and that she had within her the power to redefine her relationship with it. She said: “I think the acceptance is there, not completely but it is bigger and I accept that his life has gone on and that I can do nothing to change him...I cannot make him someone else...I think acceptance is happening with time, it is a process and it won’t always be complete because the life brings new things...”. Here was a sparkling realisation, that Chantelle would forever be on this journey towards acceptance, because it was more about the process rather than the destination. Besley (2002, p.133) sees this as being part of the clients’ ability to externalise the problem, thereby allowing for “a sense of personal agency and a capacity to intervene in their own lives and relationships to construct alternatives that re-author, re-construct or re-narrative their lives”. McTaggart (1997, p.32) appears to concur with this idea when he suggests that in using the Participatory Action Research paradigm one has, as a goal, the possibility of converting or subverting “conditions or ways of describing situations that confound the reconstruction of effective praxis”. This he suggests in relation to seeking out contradictions to the norm.

3.9. BELIEVING ONCE AGAIN: REGAINING POWER

In altering her relationship with “the Strangeness” by reading and talking about it, thereby making it a familiar entity, Chantelle had decided it no longer looked or felt as strange anymore. Epston and White (1989-1991, p.122) quote Bourdieu when he suggests that “through the objectification of a familiar world, we might become more aware of the extent to which certain ‘modes of life and thought’ shape our existence and that we might then be in position to choose to live by other ‘modes of life and thought’”. Chantelle had even arrived at a point where, because it did not look anything like it had at the beginning of the journey, the name no longer had any bearing. She renamed “the Strangeness” “the Acceptance”. Ironically, this learning did not take place in session with me. Morgan (2001, p.24) describes how externalising conversations can “facilitate in the renaming of the problem-saturated story that once dominated their lives”.



Chantelle had persuaded her son to seek help, which he duly did. She was summoned to this psychologist after one session with Jason, where she was informed that Jason could and should be changed. When confronted with this ideology, Chantelle rejected it outright, stating: “I have made up my mind. I believe what I have read and I believe they are born that way...I think it is quite convincing and maybe it is good that I heard something different because it made me think again...” It seems Chantelle was forced to look back on her journey and the ground she had covered thus far in order to decide for herself what she had come to understand as being true. Lax (1992, p.75) refers to this process as a reflexive conversation “in which a person makes her prior conversation an object of her own observation, one shifts discourse and thus perspective.” Chantelle’s learning became most apparent to her when she was confronted by information that was contrary to the knowledge she had constructed over the months on her journey towards acceptance. She appreciated having been given the opportunity to examine

what she had come to accept as her truth. Here, I refer to Maranhão (1991, p.236), where he succinctly states:

“Reflection is not an idle function of thought, but it is indispensable for the subject as self to participate in dialogue with another subject as other. If it were not for this capacity to reflect, the speaker would be unable to evaluate what he thought/said in the presence of his interlocutor’s response.”

Chantelle had arrived at a point in her journey where she could claim **“it does not matter that he is gay...I see my child is still there...”**. With this revelation, she acknowledged that her prayers too had changed. She was no longer praying for him to be healed but rather for God to lead him on the right path: **“from the time I accepted, I pray that God will lead my child...”**

This was her journey towards acceptance, and, at times she had felt bleak and with **“the Strangeness”** and its friends. There were times when Chantelle indicated that she **“could no more go on”**. Her destination seemed too far too distant to ever reach. Yet, within this process, she had realised that this journey was not hers alone to take. She realised that the **“Strangeness”** had come into her life for a reason when she said :**“ I have learned so much...I will like to help other people because there are so many in the darkness and it takes longer, I didn’t know where to go. “** There is a synergy here with Participatory Action Research which purports that it **“insists on communal participation in the process of knowledge creation, so that knowledge can never become the property of individuals or small interest groups”** (Bhana, 1999, p.230). Chantelle had yet another revelation: **“I am a tool for God to use. He is using me to help other people”**.

3.10. LETTERS AS DIRECTIONS FOR SELF AND OTHERS

No journey would be complete without a map or directions to guide one towards the destination. In Chantelle's case, the map and directions took the form of the letters in which she could reflect on her progress and therefore become aware of what she had learned that would aid her in fulfilling her destiny.

Chantelle was aware of the progress she had made on her journey towards acceptance. This awareness she shared in the letters she wrote to her son, to mothers and to me. In one of her first letters to other mothers she speaks frankly about her struggle:

"Dear Mothers

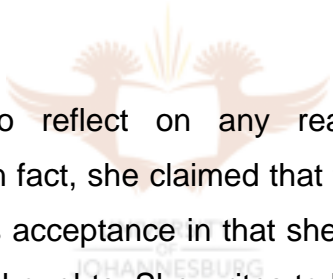


...A week before Christmas, my youngest son, who holds a very special place in my heart, told me that he is experiencing an identity crisis and that he has had feelings for members of the same sex. This confirmed what I had suspected yet had managed to suppress all these years. I had prayed often and hoped that I would be wrong about this. I had experienced 'homosexuality' from a distance, as people who had very different values to mine and in fact they did not need my approval. It had not really affected me, I had always thought of 'them' as being friendly, sensitive and lively people, but I had always kept them at a distance....

If I think about it, 'unacceptable sex' went through my mind whenever I came into contact with someone like this, which naturally is against my Christian principles...

I prayed to our heavenly Father that he would take this 'horrible thing' out of my life and out of my child's life. I cried floods for days on end. It felt as though I were busy losing my child. We two were always so close to each other and after his father's death he began to change, he was now a mature teenager who could make his own decisions. It was even more difficult for me as a single parent to have to deal with this as well. He began to isolate himself from the family and he shut me out hanging around with his friends...

At this moment I am still very critical and I accept that I have to consciously work on it or it may overwhelm me and I feel as if I have to flee...Courage and strength from Above is what keeps me going. Yet I keep wondering if this is not a sin in God's eyes - but who am I to judge. I remain ripped in two!"



Chantelle used letters to reflect on any realisations she may have encountered on her way. In fact, she claimed that these letters seemed to aid her on her journey towards acceptance in that she felt she was better able to express her emotions and thoughts. She writes to her son: *"I write you a letter because I can express myself better on paper"*. When considering the reflexive component of letter writing, it becomes apparent that, as Maranhão (1992, p. 237) states: "it is deeply associated with the thinking individual, or represented as an internal dialogue in which self and other become encompassed by the activity of a self's mind". Huberman and Miles (1994, p. 439) confirm this when they note "a reflexive stance to the conduct of the study that assumes regular ongoing self-conscious documentation." Within the Narrative Therapy approach, letters are regarded as a means for the client to check (reflect) on her understanding of the therapeutic process. Madigan (1997, p.344) suggests that letters "assist people to remember lost aspects of themselves...", he continues by saying: "they have assisted persons struggling with an assortment of difficulties" and finally he concludes that they "create a context where it becomes possible for people struggling with

problems to bring themselves back from the depths of total isolation and of self-harm..." It would seem that, when one considers the letters Chantelle wrote, they indeed gave her a different perspective of herself and of the problem. She illustrated this in the first of her letters to her son:

"Dear Jason

I am writing to you because I feel I can best express myself on paper. I would very much like to talk to you as well, but that which I have in my heart and my feelings, I would like to try and explain to you in this way. Remember, above everything else I love you very much...

From the day you were born I have always been very proud of you and I always will be. You have given me much pleasure and love and I think that everyone you come into contact with loves you and your wonderful personality very much. I have often wondered about what the future holds for you and I have always been somewhat afraid because things just seem to come so easy for you - you have always stood out as a shining example to others...I have often given thanks to the Lord for my wonderful 3 children, and I have never been ashamed of them, on the contrary, I have always been proud that he chose to entrust us with your care...

I think you and I are very similar in nature especially when it comes to our emotions because we have such a close bond (I hope we will continue to be as close). I realise that you have grown up and naturally it has created a gap between the parent and the child, but I think with much bumping we have overcome the worst of it and I have really tried to encourage you to develop your own personality...

.

I would like to reassure you that us as a family will really try to stand by you in an attempt to adapt...Remember 'Blood is thicker than water'. If any

of your friends reject you we will always be there for you. I know it is a difficult path for you and I know that it was not one that you chose especially after Sunday's sermon that another cannot be the same as you but that it is important to allow the other to develop - I am really going to try harder...

I hope and pray that in the future we can sort things out as adults through discussion and be open with each other when things bother us so that the air can be cleared in a nice way. Let us start again from the beginning.

All my love

Mommy"

In her letter to her son she wrote to remind herself of all of his accomplishments and, in so doing, she realised that there was a time when the problem did not exist. Morgan (2001, p.41) writes: "Exploring in detail the effects of the problem may also lead to the discovery of unique outcomes - times in the life of the person when the problem has not been influential." Chantelle wrote: "You have given me much pleasure and love and everyone you come into contact with loves you and your beautiful personality." She also reflected on how her son had maintained his relationship with the church and therefore God, which had had a consoling effect on her because, through writing about it, she acknowledged that he was still very much part of that whole community. This had been an area of great concern for her.

In her letter to mothers, Chantelle reflected on the reason that this "Strangeness" had come into her life. Her realisation was that perhaps it happened so that her process could be of assistance to others: "The goal of my writing is to be of help and consolation to other parents especially mothers who may be experiencing the same soul searching that I have had to wrestle with the past time". It is here that she suggested that perhaps I should

dedicate my research to all mothers. The fact that she appeared so comfortable with the idea of her complete involvement and participation in the research provided evidence of a Participatory Action Research nature. Whyte, Greenwood and Lazes (in Bhana, 1999, p.230) claim "...that PAR encourages egalitarian research relationships and the full involvement of those being researched in every aspect of the research project - from initial conceptualisation to final implementation." Carr (1998) concurs, suggesting that Narrative Therapy privileges the client's voice. Chantelle added to this by saying: "This is not the end of your relationship with your child... I thought it was...but it is not..."

Chantelle then wrote to me and thanked me for been so willing to learn with her. Through this reflexive process, she indicated that her initial request for someone with expert knowledge might not have been the best. She wrote:

"Teresa



I don't know how to say thank you for everything you have meant to me, words cannot describe it. We learned together and hopefully we now understand better...

I thank the heavenly Father that I did not lose my son and that we can continue along the road in love. You, as mother, will understand what a privilege it is to be given a child to raise and that it is your task to stand by that child no matter the circumstances..."

She reiterated this sentiment later in one of our sessions: "...I don't think someone who knew everything, I don't think he would have been as interested to learn with me and would have just told me what to do but you became interested with me and learned with me..." Participatory Action Research is contingent upon this mutual learning. McTaggart (1997, p.32) claims that it

“ensures reciprocity and symmetry of relations...” and that there are therefore “...no status and power relations amongst participants”. Chantelle clearly felt that this was the case. Social constructionism is based on a similar premise that knowledge is about negotiated understandings (Burr, 1995) and Narrative therapists are aware that therapy is intended to change both the client and the therapist (Carr, 1998).

In a final letter to her son, Chantelle stated: “When I think back to the beginning of everything I cannot believe that I ever said I do not accept. Yet, to be honest with you and after everything I have read and by listening to the opinions of others, I can say that I understand”.

3.11. CONCLUSION: ON THE ROAD AGAIN

Chantelle, it seems, had embarked on a remarkable journey; one, which was documented as accurately as possible in the above Chapter. At the beginning, it may have seemed bleak and beyond all hope, but as she persevered, she realised that this was not the end. By allowing the problem to assume an identity of its own, Chantelle was able to get to know it, thereby decreasing its unfamiliarity. She was also, in a sense, able to reconcile her new relationship with her beliefs, making it easier to bond. She seems to have understood the consuming influence her upbringing may have had on her perceptions and that she had the power to change them. On her journey, she acknowledged the power of knowledge through her desire to read, listen and talk. She seemed to have claimed back the loss that “the Strangeness” initially seemed so intent on taking. Chantelle had become a seasoned traveller and hoped that the detours, road bumps and dead ends that loomed on her horizon, could, through her learning, be avoided by other parents embarking on just such a journey. Again, here I, quote from a letter she wrote to me:

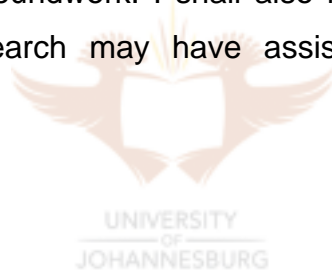
“Thank you for the manner in which you helped and consoled me especially when I had given up all hope. I consider myself to be quite fortunate that

our paths crossed because I do not believe it was a coincidence. You have allowed me to view life with new eyes...

Thank you for patiently listening to me and for standing by me, I will never forget it! One does not know why things are placed on one's path ...I pray for you and your studies and may He use you to make others' problems seem lighter...

A grateful Mother"

In the Chapter, which follows, I will attempt to document my role as therapist, researcher and travel companion on Chantelle's journey towards acceptance. In this final Chapter, I shall show my learnings as a therapist with regard to Narrative therapy and all its theoretical underpinnings for which Chapters One and Two have laid the groundwork. I shall also reflect the manner in which Participatory Action Research may have assisted my development and growth.



CHAPTER FOUR

MY LEARNINGS

4.1. INTRODUCTION

Chapter Three was aimed at answering the research question and described a mother's journey towards the acceptance of her son's alternative lifestyle. This Chapter addresses the aims of the research and describes my learnings of Narrative Therapy, deconstructing power relationships, dominant discourses and my learnings of the journey towards acceptance.

This story, my story, is written from a reflexive perspective. I agree with Maranhão (1992, p.237) where he suggests that reflection is synonymous with "introspection". During much of this study, I spent my time in deep introspection in order to create "regular ongoing self-conscious documentation" (Huberman and Miles, 1994, p.439) of my learnings. Through this process of reflection, I was able to create a self-awareness of what I had been thinking, of what I had heard, and of the information I had read. In this way I believe I was able to stay true to the purpose of this study as suggested in Chapter One. As Maranhão (1992, p.236) points out:

"Reflection is not an idle function of thought, but it is indispensable for the subject as self to participate in dialogue with another subject as other. If it were not for this capacity to reflect, the speaker would be unable to evaluate what he thought/said in the presence of his interlocutor's response."

The reader is reminded that I, as researcher, adopted a Participatory Action Research strategy and that, as therapist, I made use of the Narrative Approach. This decision was influenced by my beliefs, which fall into the

social constructionist paradigm (see Chapter One regarding these aspects of this study). Within the Participatory Action Research strategy, one notes that the findings of research are intended to raise awareness “in people of their own abilities and resources” (Bhana, 1999, p.235). Narrative Therapists concur with this ideology in that they aim to co-create a sense of competence in the lives of their clients in order to “reduce the influence of the problems in their lives” (Morgan, 2001, p.2). I will, firstly, describe my learnings of Narrative Therapy; then I will describe my learnings of power relations, discourses and of acceptance. I have highlighted my learnings in green to accentuate my findings.

4.2. MY LEARNINGS OF NARRATIVE THERAPY AND RESEARCH

“I am not sure how to answer you. I don't know much about homosexuality...for some it may be a phase... I think... a choice.... Perhaps it would be best if we met and discussed this at length?”

This is where my story begins. It starts at a place of not knowing. When one considers the Narrative Therapist's stance, this is congruent as Anderson and Goolishian (1992, p.29) suggest:

“...[T]he therapist's actions and attitudes express a need to know more about what is being said, rather than convey preconceived opinions and expectations about the client, the problem or what must be changed”.

This ties in well with the research strategy I adopted for this study, namely Participatory Action Research, which as McTaggart (1997,p.39-40) points out “is not done on other people...[it] treats people as autonomous responsible agents who participate actively in making their own histories and constitutions of life...” This again provides confirmation where the social constructionist beliefs that serve to underpin this study are concerned. Smith (1997, p.3) indicate:

“Social constructionism, with its emphasis on partial perspectival knowing, shifts conventional therapy’s emphasis on objectivity and therapeutic certainty to an emphasis on intersubjectivity and therapeutic curiosity.”

I became aware of **my ignorance from my very first contact with Chantelle**. She had called the Institute with the express desire of talking to someone who had knowledge of homosexuality. **I knew no more, nor any less, than the average person** and what I knew had been influenced by the media and my context. White and Denborough (1998, p.225) confirm this by claiming:

“It is not possible for us to interpret our experience in a vacuum. A frame of intelligibility is necessary for any interpretation of lived experience. Such frames provide a context for our experience, and make the attribution of meaning possible.”

Perhaps the baggage that accompanied me on this journey was a little lighter than Chantelle’s as I may have been somewhat more familiar with homosexuality because it existed within my family and circle of friends. Perhaps I was what du Plessis (1999) refers to as “desensitized”.

Yet, I remember thinking: “could it be possible that someone in 2004 could still entertain thoughts of possible cures and various therapies to “fix” her child”? Upon reflection, I realised just how ignorant this assumption on my part was. It dawned on me that here was a mother who was prepared to try anything to help her son and, in so doing, to help herself, even if it meant coming to terms with her son’s alternative lifestyle.

I decided, after our first meeting, to write Chantelle a letter. In hindsight, the purpose of this letter was twofold. Firstly, I could use it to reflect on what I felt had come out of the first session and, secondly, it would provide her with something tangible that she could read over and over again to reinforce the idea **that I saw her as someone capable**.

“I see you are a strong woman and I wonder where you get your strength? I see your strength in the fact that you are there for your children even though you are working through your own grief....”

Morgan (2001) writes that letters can contain some of the main ideas and thoughts that may have emerged during the conversations as well as some of the therapist’s reflections where these conversations are concerned. Writing this and other letters confirmed the reflexive stance I, as therapist, had adopted for the purpose of this research, and it tied in with the social constructionist beliefs I maintain. Van Duuren (2002, p.98) suggests in line with this that: “Reflexivity invites the voice of researcher/writer to be ever present in social constructionist research”. I had thus learned that as a therapist and as a researcher I needed to be constantly reflexive.

My letter referred to what I as therapist could “see” which aided my process of lifting the haze in order to move towards a place of greater clarity. Steier (1991, p.5-6) maintains the following in this regard:

“Certainly, taking reflexivity seriously in doing research is marked by a concern for recognising that constructing is a social process rooted in language, not located in one’s head...It is precisely through such an orientation to language that the self to whom our reflexivity refers is most clearly a social self, who becomes ‘that’ self precisely through participation with others and allows research to become understood as a conversation (or, rather several).”

The focus of this research was to show the reader what I as therapist learned from this mother’s journey.

Thus began our therapeutic conversation which was to teach us both a great deal. Anderson and Goolishian (1992, p.29) suggest that “[t]he therapist’s role, expertise and emphasis is to develop a free conversational space to facilitate an emerging dialogical process in which this ‘newness’ can occur”. The newness, in our case what we would both learn from the therapy. It

registered that this conversation would provide us with the opportunity of telling a story, a story that would cover the events that would perhaps lead to Chantelle's acceptance of her son's alternative lifestyle and a story of what I would learn as her travel companion. Epston et al, (1992, p.97) postulate:

"It is through stories that we obtain a sense of our lives changing. It is through stories that we are able to gain a sense of the unfolding of the events of our lives through recent history, and it appears that this sense is vital to the perception of a 'future' that is in any way different from a 'present'."

I learned that working from a position of not knowing made it possible for Chantelle to explore what she was prepared to attempt on her journey towards acceptance. My learnings where not knowing was concerned included the realisation that, from this position, collaboration and shared experiences could be made possible. Here it became apparent to me that clients and therapists could learn together. I learned that not knowing makes dialogue possible. The dialogue that evolved took on the form of a conversation in which her learning was to unfold, thus opening up possibilities of which she may not have been aware. I learned that not knowing not only made the conversation of possibilities possible but it also aided in the uncovering of discourses.

4.2.1. My Learnings regarding the Strangeness

White and Epston, as quoted by Basson and Kaiser (2001, p.23) describe externalising conversations as a means for paving "the way for persons to co-operate with each other, to unite in a struggle against a problem and to escape its influence in their lives and relationships".

I had read the theory regarding externalisation extensively, but when it came to making provision for it in the session itself I remember feeling confused. This was the knowledge that I brought to the therapy and I wanted to introduce it without appearing to be the expert in order to maintain a level of

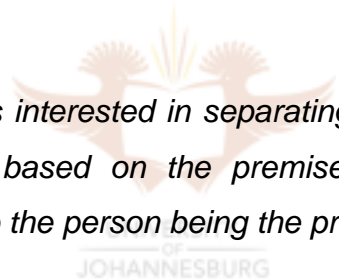
congruency with my constructionist beliefs and the Participatory Action Research strategy that I had chosen for this research. It therefore occurred to me just how difficult externalisation can be.

I wrote Chantelle a letter after our first session and in the closing paragraph I said:

“Lastly I was wondering if you would like to give this struggle of yours a name? Perhaps we can work on that today...”

It was then that it dawned on me that this was a foreign concept, because Chantelle appeared to struggle to grasp the idea. When one thinks about it, individuals in therapy have the perception that they are the problem. Here Narrative Therapists suggest that this is not the case. As Morgan (2001, p.17) points out:

“A narrative therapist is interested in separating the person’s identity from the problem...This is based on the premise that the problem is the problem, as opposed to the person being the problem.”



I had knowledge of this, but Chantelle it seemed, would need more in order to participate in this part of the process. Here I learned that clients may need some assistance with the process of externalisation. It should also be noted here that it is a requirement that the client name the problem. Morgan (2001, p.20) again suggests that “the therapist would be extremely tentative to be sure that the name is one that appeals to the person consulting them”. I therefore elected, in keeping with my belief that I was not the expert, to explain this part of the Narrative Approach to therapy to her:

“I would like to explain to you how this process works. I like to work in the Narrative way..., which sees the problem as the problem, and not as the person...the “gayness” is not your son, it may however be the problem, it may be the Strangeness... I am not sure... but I would like you to give it a name...”

Once she had decided on a name, it seemed to propel us forward on this journey towards acceptance. Chantelle began exploring why it appeared so strange to her and, in so doing, we began mapping the influence of the problem. Yet another theoretical underpinning of the Narrative Approach became possible. One goes about mapping the influence of the problem by asking relative-influence questions, which “assist persons to identify the problem’s sphere of influence on the behavioural, emotional, physical, interactional and attitudinal domains” (White and Epston, 1990, p. 42).

I now learned of the influence “the Strangeness” had on Chantelle’s relationships and it shed some light on the effect it was having in her life. Externalisation, it seems, allows the story to unfold with some coherence and logic, making it easier for both client and therapist to follow – it became the “glue” that Freeman et al (1997, p.94) referred to (see Chapter Two).

Through this process of externalization, I gained much insight into Chantelle’s beliefs about herself, others and her relationships that became confirmed by the continued presence of “the Strangeness” (White and Epston, 1990). Through externalising the problem, I became aware of the language that Chantelle made use of in order to give meaning to her life so that she could share her story with me. White and Epston, (1990, p.79) explain that “we believe that persons generally ascribe meaning to their lives by plotting their experience into stories, and that these stories shape their lives and relationships”. White and Epston, as quoted in Besley (2002, p.132), expand on this by claiming that we make meaning through “language and its context and the way that language is used to convey thoughts, emotions and histories”. It became apparent that Chantelle had sought therapy because the story she was currently living was less than satisfying and because it had the potential to end on a sad note. This is supported by the literature on the subject, where, for example, Morgan (2001) talks about the story becoming so big and powerful that it has the potential to affect the future. I shared this thought with her: “There is a problem and the problem is creating a gap

between you and your son. I see that you want to narrow the gap and reclaim your relationship with your son...”

Through externalisation, I realised it had become possible for Chantelle to identify the dominant discourses in her life and language, thus creating the possibility of deconstructing them in order to re-write, or rather re-author her, story. As White and Epston (1990, p.127) point out:

“Re-authoring involves relocating a person’s/family’s experience in new narratives, such that the previously dominant story becomes obsolete. In the course of these activities, people’s own lives, relationships and relationships to their problems are redescribed.”

I learned that by identifying the dominant discourses in her life through this process of externalisation, Chantelle appeared to become aware that there might be another way of understanding herself (See 2.3.2).

Morgan (2001, p.41) describes how, in this process, it becomes possible to hear events that fit the problem and of events that appear “to contradict or stand outside of that dominant problem story”. It would seem that I have learned that externalisation assists clients in clarifying their stories. It also appears to have the ability to enable clients to move forward on their journeys. The process of externalisation seems to reveal the dominant discourses that are present in the life of a client. Finally, it appears that externalisation opens up possibilities for mapping the influence of the problem in clients’ lives.

4.3. MY LEARNINGS WHERE DECONSTRUCTION OF THE POWER RELATIONSHIP WAS CONCERNED

“I would like to explain how this process works. I like to work in the Narrative way. This involves creating a story. We construct the story around this problem together...”

The Narrative Approach to therapy challenges the idea that the therapeutic relationship is a relationship based on power. Here I refer to Carr (1998, p.490), where he talks of the position of the therapist as being “a collaborative co-authoring position”. He further explains that it is not “a one-up expert position, nor a one-down strategic position...” This, in turn, ties in with the principles of Participatory Action Research. McTaggart (1997, p.32) sees it as a means of “confronting the subtlety of power... ensuring reciprocity and symmetry of relations... no status and power differentials amongst participants”. The Narrative therapist is recognised as a co-author of the client’s story **and, as such, the relationship is based on equality**. Gergen and Gergen (1991, p.78) refer to this within the Participatory Action Research paradigm as “the sharing of power between researchers and subjects in order to construct meaning”. The therapist approaches therapy from the position of not knowing and from the position of **trusting that her client has the ability and competence to re-author her own story. I thus learned that to deconstruct power relations, one has to trust one’s client as being a capable individual..** Sax (1997, p.112) suggest that within the Narrative Approach, “[t]he focus is on helping people discover new stories about themselves - stories that are based on strengths, hopes, dreams, preferences and new possibilities”. Lax (1992, p.73) concurs with this sentiment in linking it to the co-construction of knowledge:

“Clients unveil the story of their lives, in conjunction with a specific researcher/therapist, therefore the therapist is always the co-author of the story that is unfolding, with the client(s) as the other co-author(s). The resulting text is neither the client’s nor the therapist’s story, but a co-construction of the two.”

It was with this knowledge that I approached my client and offered her the above explanation. I had reflected on this idea and had wondered how it would be **possible to share with the client the idea that I was not the expert, that she had so much to teach me. It was with this in mind that I felt that by letting her know about the process perhaps I could convey to her the trust I had in her and the respect that I had for her competence and that she was the**

knowing partner in this story. Sax (1997, p.112) describe therapy “as a rite of passage” which “becomes a place where people can experience themselves as authorities on their own lives ...” Burr (1995, p.5) qualifies this in describing knowledge as not belonging to any one person but as being “something that people do together”. This links in with what Foucault (in Burr, 1995, p.64) contested, namely that knowledge is power. If knowledge is indeed power then, because it does not belong to anyone, it confirms the idea that the power relationship that may have existed between therapist and client has been deconstructed.

I therefore learned that by telling my client that I did not know, the power relation of therapist and client was shattered thereby resulting in equal sharing. I learned that clients are indeed capable of teaching therapists, as clients are quite capable of knowing things of which we may have little knowledge. In this learning, it became apparent to me that power is actually deconstructed when explanations are offered in a collaborative way.

Within this process of deconstructing the power relationship that ordinarily may exist between the therapist and the client, I thus came to realise that this was a shared learning experience. Implicit in this learning is understanding and Burr (1995, pp 3-5) suggests that:

“...our current accepted ways of understanding the world, is a product not of objective observation of the world, but of the social processes and interactions in which people are constantly engaged with each other...”

According to Gergen and Gergen (1991, p.86) in relation to Participatory Action Research, they suggest that its “foremost feature...is the sharing of power between researcher and subjects in order to construct meaning”. This confirms to me as the researcher, the undeniable suitability of this strategy to this study.

Chantelle had indicated that she was looking for someone with knowledge on the subject of homosexuality. I consciously decided to inform her that on this

subject my knowledge was rather limited, which placed me in a situation of vulnerability. I felt that I had placed myself at her mercy and she was left to decide whether to continue with me as her therapist or to pursue therapy with someone with more knowledge. At one point, my trust and belief in her capability became most apparent when I said: "I won't argue with that opinion because I am learning with you..." It was here that I realised my role as therapist in the process of deconstructing the power relationship. I was not the expert in her life and by demonstrating this to her, her strength and competence came to the fore and she made decisions for herself. I had in fact become a co-participant in this journey. De Beer et al (2001, p.41) talk about the therapist as "a co-participant in a conversation, rather than an expert who uses conversation...When the mode of consciousness we enter is participatory, when the concerns of self have been let go of, total attentiveness can occur ..."

Here I learned that by trusting and believing in the capability of the client, power could be deconstructed. I also learned that, in so doing, it would become possible for the client to take back her power. The client's faith in her own power was thus restored and her initial reliance on the therapist to do this for her was severed.

It was thus that this therapeutic process shifted into what became a therapeutic conversation rather than an exercise in providing all the answers and giving advice from what may have been regarded as a position of expertise and power. Anderson and Goolishian (1992, p.37) describe therapeutic conversations as:

"...therapeutic questions that stem from the position of not knowing become a collaborative effort of generating new meaning based on the linguistic and explanatory history of the client, as his or her story is continually retold and elaborated through therapeutic dialogue."

This brought me to yet another realisation and that is that it is the client's language, which plays a significant role in the therapeutic process. By asking

Chantelle for her opinions and not in any way trying to influence them, by merely asking questions and offering snatches of information that I had read by other authors, I left her to make up her own mind in the hope that it would aid her on her journey towards acceptance. In this way I hoped that she would experience me as a therapist being open and without bias (Carr, 1998). It was here that I understood what Burr (1995, p.43) was stating when he said:

“If language is indeed the place where identities are built, maintained and challenged, then this also means that language is the crucible of change. Both personal and social. Poststructuralist theory would see language as the major site where identities could be challenged or changed.”

In this way, I learned that we could share our understandings of this journey, thereby constructing new knowledge and new identities, which ultimately would lead to a change in Chantelle’s perceptions of alternative lifestyles. We appeared to be slowly changing our way of thinking by changing the way we used our language. I learned that through conversation and through challenging current ways of thinking we could broaden and increase our frameworks to incorporate new knowledge, therefore allowing new practices to develop. The new practice here was to create a framework and a language that allowed for the acceptance of alternative lifestyles.

4.4. DOMINANT DISCOURSES

“Perhaps you can get a book or two regarding this issue and I will continue to read ... and whatever I find I will feed it through to you...I am reading a book which I will give to you. It has some information for your son which may help you as well...”

A large part of our journey towards acceptance was spent reading what authors on the subject of homosexuality and the Church had expounded. I realised that this had been at Chantelle’s insistence. She had indicated, from the start, her desire to read and then had roped me in to doing some of the

reading on her behalf. Although this had always been my intention as I knew that I had much to learn regarding alternative lifestyles and acceptance, the fact that we were **doing it together was most reassuring**. Reading was to become an invaluable tool not only where the deconstruction of power was concerned, but also in the identification and deconstruction of the dominant discourses that surrounded Chantelle's journey towards the acceptance of her son's alternative lifestyle. **Here, I learned that the written word has the ability to challenge dominant discourses, thereby leading to the creation of alternative stories.**

4.5. MY LEARNINGS REGARDING THE DECONSTRUCTION OF DOMINANT DISCOURSES

“Social constructionism...emphasises the social construction of emotions, persons, interpersonal relationships, etc; in the language used by individuals, that is, their discourse. It insists that all knowledge is self-reflexive in the sense that the knower always is a constitutive part of his or her process of knowing and moreover that much of it is negotiated with others, the result of social accounting practices...by the speakers of a language and an intrinsic part of their discourse” (Krippendorf, 1991, p. 115).

Upon my first meeting with Chantelle, it became apparent that there were various discourses of which she made use to define herself. She described herself **as a mother** of three-grown up children. She also made frequent **reference to her faith** thus hinting at the possibility of the existence of religious discourses that may have had a profound effect on her relationship with the problem. I have realised that to place her journey in perspective **one may not ignore that her discourses** were contextually based and therefore subject to cultural influences as well (Burr, 1995). Based on this, Chantelle, it seemed represented herself as **an Afrikaans-speaking mother of three children, subscribing to a particular denomination of the Church (N.G. Kerk)**. It is worth noting here again that the power of a discourse rests on the fact that discourses are seen as “systems of meaning, ways of representing ourselves

and our social world, which constitute not only what we think and say but what we feel and desire and what we do” (Burr, 1995, p.87), as pointed out in Chapter Two.

In my reading concerning alternative lifestyles, it became apparent that many parents indeed feel that they are in some way responsible for their children’s lives, especially when their perception is that the child has made the wrong choices (Savin Williams, 2002; du Plessis, 1999; Cilliers, 1997; Bozette and Sussman, 1990). This I identified as one of Chantelle’s dominant discourses that we would come to deconstruct as the journey progressed.

Yet another discourse that became apparent was the loss that a mother appears to experience when faced with her child’s alternative lifestyle. Chantelle would speak at length about the grandchildren her son would never produce. The literature confirms that this is a fairly common reaction amongst parents (du Plessis, 1999; Savin-Williams, 2002). Tied up in this experience of loss is the idea that Chantelle had lost the child she thought she knew and part of her journey towards acceptance would involve familiarising herself with this “stranger”, her son. Strommen (1990, p.20) refers to this as:

“...the negation of the homosexual family member’s previous role as brother, wife, son, etc. This disruption in role definition is experienced by the rest of the family as a sudden alienation from the homosexual member, a feeling that the homosexual member’s previous identity is lost and that the ‘new’ homosexual member is a stranger in their midst.”

Chantelle also viewed homosexuality as a choice one makes. This appeared to be a barrier on her journey towards acceptance. It generated the possibility that if her son had chosen this lifestyle, he could with, the right intervention, “unchoose” it. This she tied in with her religious beliefs, as she was sure her God could not possibly have anything to do with the creation of such a lifestyle. In other words, Chantelle struggled with the idea that her son had no control over this decision, that, in fact, he had been born this way.. Du Plessis

(1999, p.7) writes: “Those people who regard homosexuality as a sin, still believe that it is merely a question of choice and willpower”.

Earlier in this Chapter, I explained the process of mapping the influence of the problem on the person’s life. More discourses would become apparent in this process and would provide some insight into Chantelle’s experience of “the Strangeness”. It became apparent that Chantelle had grown up in a conservative home where homosexuality was considered a taboo and, as such, unacceptable. Along with this conservative view, came some stereotypical ideas of homosexuality, which would prove to be part of her discourse. Her repertoire here included the notion that a homosexual can never be successful; her son was throwing away his life and future. She added to this that they are usually drug addicts and promiscuous, adding to her fear for his safety. Again in reference to the relevant literature, it is interesting to note that this appears to be a common reaction amongst parents. Discourses are dictated by the culture in which we find ourselves (Morgan, 2001) and they are a social construction (Krippendorf, 1991). It is therefore understandable that Chantelle would assume this stance in view of her upbringing and the constructions acceptable to her family and friends.

Here I learned that discourses have the potential to disempower individuals and that they may even limit options. It became apparent to me that discourses dictate the language we use and therefore the behaviour we demonstrate.

According to authors, Ryan and Deci (2000) beliefs are largely responsible for behaviour. The implication of this becomes apparent when one is placed in a position, as Chantelle was, of confronting his or her beliefs in order to change his or her behaviour. I have mentioned on more than one occasion, that Chantelle is a Christian and a member of the N.G. Kerk. This church’s doctrine appears to condemn homosexuality and describes it as a sin. du Plessis (1999,) suggests that the N.G. Kerk’s policy is to view homosexuality as something unholy and incomprehensible. Chantelle’s struggle therefore existed not only with acceptance, but also with making sense of it, in terms of

her beliefs. Her religious discourse, as identified, extended to include vocabulary such as “devil worshippers” and being “tested by God” where her commitment and love for Him are concerned. Should she reject her son’s lifestyle to prove this or would she fail the test by accepting it? Her main concern here was to keep her son in the Church and to create some congruency between her acceptance and her faith. From this, I learned the power that discourses potentially yield. This served to illustrate what Weingarten (2001, p.309) refers to when he speaks of the ability of a discourse to “subjugate, marginalize or trivialise people’s experience... Some people’s experience becomes dominant and other people’s experiences – often those of women, children, people of colour, homosexuals and people who are differently abled - are pushed to the edge”.

Smith (1997, p.35) suggests that many clients find that:

“...talking about their problems as separate from their personhood gives them greater hope for change and decreases self-blame. It also allows clients to examine and deconstruct the particularly socially constructed messages and ways of thinking that feed the problem.”

OF
JOHANNESBURG

In this Chapter and in the previous Chapter I have made constant reference to the constructionist beliefs that I hold near. It is these beliefs that led me to make use of the Narrative Approach to therapy. As previously indicated, I believe that knowledge is a social construction, which is culturally based and informed. Because this is a belief I choose to expound, I also believe that knowledge can be deconstructed in order to construct and create new meaning. Through the latter, it becomes possible to see new possibilities, thereby disempowering taken-for-granted realities, which tend to subjugate people’s lives (White, in Skidmore, 1991). This, in itself, empowers individuals to redefine their relationship with the problem.

I became aware of my role as the therapist in this deconstruction of the prevailing discourses, which appeared to dominate Chantelle’s life. I learned that this process is a subtle one and requires that the therapist, through

assuming a not knowing position creates the space for the client to reflect on the statements and assumptions she makes. This reflection allows the client to examine her own discourse, thus creating an awareness of its history and the potential that exists to change it. Morgan (2001, p.50) describes deconstruction conversations as:

“[helping] people to ‘unpack’ the dominant stories and view them from a different perspective...The dominant story becomes situated culturally and historically. These conversations often enable people to break further from a sense of guilt or blame as they come to see that the problem no longer speaks of their identity.”

In order to deconstruct the dominant discourses, Chantelle and I elected to read as much as possible with regard to homosexuality and its origins. Cilliers (1997), du Plessis (1999) and Savin-Williams (2002) were amongst some of the authors we read. It was through reading that Chantelle was able to determine and accept that people are born homosexual and that it is not a choice, that it is beyond their control. Du Plessis (1999), in particular, makes reference to several studies where this is concerned. He also appeared to provide us both with food for thought when he postulated that, had homosexuality been a choice, he was sure the majority would choose a heterosexual lifestyle as this would mean a life of automatic acceptance as opposed to the possible rejection many homosexuals experience. This seemed to reassure her. We had deconstructed the idea that her son could choose to be otherwise and, in so doing, she had realised that the only way forward was to accept his alternative lifestyle. This reinforced my previous learnings that the written word has the ability to challenge dominant discourses, as people tend to believe what is written as opposed to believing what is spoken. It would seem that the written word has more credibility than mere oral opinion.

Coming to terms with the loss Chantelle experienced was not without difficulty. She realised that she would have grandchildren from her other children, which proved to be of some comfort. She spoke openly of her

sadness in this regard with respect to her son. She had, to some extent, made peace with the idea as she had realised her relationship with him would always be different because he would not have children. Upon reflection I realised that this will be an ongoing part of the process as together they will continually redefine their relationship as each of them moves through their individual life stages. This has proven to be an acceptable way of handling Chantelle's feelings and in some ways she feels it has brought her closer to Jason.

As regards her faith, I learned that deconstructing this discourse rested with others more so than with me. My role as therapist, I felt, did not extend to include lessons on theology. In keeping with the deconstruction of the power relationship between therapist and client, I was open and honest and said that all I could voice was what I believed and what I had read. I suggested that Chantelle approach someone proficient in the Bible and all things religious. However, I experienced great excitement when, in my reading, I stumbled across a book written by two priests who had researched the issue extensively. Germond (1997, p. 205) spoke of the role that Jesus had played:

"The gospels highlight the intimate association of Jesus with the marginalized, the outcasts, the ritually impure. They are filled with episodes in which the inclusion of the excluded is the most dramatic feature."

Both Chantelle and I reflected upon the fact that we had seen how, in the South African context, the Bible could be misinterpreted and misused to further particular ideologies. We discussed this in order for her to see that some of the passages may also have been misused to prevent the acceptance of homosexuality within the Christian faith. Germond (1997, p.189) shed some much-needed light on this subject, which appeared to be remarkably similar to social constructionism:

"We read the Bible with certain eyes, from a particular perspective. This may be our gender, our age, our nationality, our class, our sexual

orientation, our denominational allegiance – all those things that make us the unique individuals we are. We cannot avoid reading the text from the assumptions about life that our context provides us with. So we read the Biblical texts in the light of our life experience.”

In this way, we learned that this interpretation had only begotten unhappiness and Chantelle was sure this was something that God would want to avoid.

Prior to reading this, I had also always believed that God (in the Christian faith) was an inclusive God, a God of love, yet I realised that, based on one person's limited knowledge, it would be difficult for Chantelle to accept this. Again, I read to her from Germond, which seemed to provide her with some inner peace. Here I learned that expert knowledge has value in that it can make a person's views seem more credible. I also learned, as a therapist, where my boundaries lay and I felt it would be inappropriate to enter the spiritual realm and perhaps it may even have proven detrimental to the process. I learned that this was beyond my scope of practice as an Educational Psychologist. I therefore entered it only with the literature I had read, but gave the responsibility to my client of finding someone with more knowledge on the subject who would possibly prove more helpful to us both. The aim was for Chantelle to journey towards acceptance and therefore I learned that it was acceptable for her to invite more than one source to accompany her.

Here I must inform the reader that Chantelle is still in the process of deconstructing this discourse. I pointed out that she is a mature woman who has, for many years, believed one thing and who has now been challenged to change those beliefs. It will not happen overnight, but I do believe, with her tenacity and commitment to her son and the process, she will find a way.

4.6. ACCEPTANCE

In keeping with Participatory Action Research and with the social constructionist beliefs that underpin this dissertation, I would like to bring to

the attention of the reader, the ongoing nature of this journey. I have also come to realise the cyclical nature of acceptance. Through Chantelle, I have realised that this is not a destination that one arrives at, but that, in fact, it is a journey which one may never quite complete. However, the finality comes with the decision to work towards acceptance that, in itself, brings about much change. Chantelle has taught me that, upon this road, one has to accept many aspects of the alternative lifestyle which seems to result in a spiral of smaller acceptances. Once one has decided that acceptance is the route, then one may be confronted with other issues and the process starts again. With every new “Strangeness” comes the process of acceptance.

“Participatory Action Research starts small and develops through a self-reflective spiral: a spiral of cycles of planning, acting (implementing plans), observing (systematically), reflecting and then replanning further implementation, observing and reflecting again” (McTaggart, 1997, p.34).

Chantelle has taught me to be patient and to know that we are in the beginning phase of a journey, which has the potential to reach far and wide. She has always had, as one of her aims, to aid other parents should they embark on just such a journey and my intention was always to take what I could learn from her and use it in future therapies with parents who are embarking on this process. I am pleased to report that this has recently been made possible by a local magazine (see Addendum 5). We were both interviewed regarding the acceptance of a child’s sexuality from a parent’s perspective. This magazine has a national readership and will be read by many South Africans, thus taking the cycle of Participatory Action Research to the societal level:

“Changing a whole society and culture is on the face of it beyond the reach of the individual; in Participatory Action Research groups work together to change their language, modes of action and social relationships, thus in their own ways, prefigure, foreshadow and provoke changes in the broader fabric of interactions that characterise our society and culture” (McTaggart, 1997, p.34).

Where acceptance is concerned I have learned that it is very much dependent on the attitude of the person journeying towards acceptance. I learned that acceptance is a choice and that the person must want to accept. The literature suggests that parents give unconditional love; that they refrain from pathologising the child; that they rid themselves of heterocentric assumptions regarding the youth's future; and that they speak favourably about the contributions made by sexual minorities..."(Savin-Williams, 2002). Chantelle has shown me that this is superficial and demands rather a lot from parents. Acceptance places parents in no-man's-land where everything they thought they knew is challenged. Chantelle demonstrated to me just how frightening this is and that for an interval of time the parent is no longer in control. I therefore suggest that parents acknowledge their biases and feelings towards their children. By being open and honest with themselves, perhaps it is all the more possible to be open and honest with others. Chantelle reiterated that her fears and concerns could only be allayed with direct honest communication with her child. I learned that acceptance comes only with a tremendous amount of soul searching and that it is extremely hard work. I learned, however that it is possible and that it requires great patience. I also learned that acceptance is a cyclical process which reflects smaller acceptances. Finally, here I learned that acceptance can only come with self awareness and self-acceptance.

Acceptance is defined by Savin-Williams (2002, p. 46) as having occurred when "parents" having minimized their mourning, [become] willing to acknowledge and accede to their circumstances: as parents of a gay child". I think we can safely assume that this is exactly what Chantelle has done on her journey towards the acceptance of her child's alternative lifestyle.

I learned too, that this journey towards acceptance could not be traveled alone. I learned that my client was quite selective in whom she chose as suitable travel companions. It became apparent to me that Chantelle would not have made this journey without the support and encouragement of her family members. Her daughter in particular, seemed to provide her with great

comfort and wisdom. It was here that I learned the value of re-membering conversations. De Beer et al (2001, p.44) suggests that by re-membering conversations, the individual can choose “a specific way of being”. Chantelle and her family, it seemed to me, were choosing a new way of viewing alternative lifestyles in order to arrive at a place of acceptance. My learnings here extended to understanding the value of creating a “community of concern” (de Beer et al, 2001, p.38) which led me to yet another realisation, namely, that having “audiences to witness these steps that people take towards living their alternative story and taking back their lives from the effects of the dominant story can be a step in support of these dreams” (de Beer et al, 2001, p. 38).

4.7. CONCLUSION

“The ultimate goal of a collaborative relationship between researchers and participants is structural transformation and the improvement over a broad front of the lives of all those involved” (Bhana, 1999, p.235).

It was with this in mind that I began this study and it is therefore appropriate that I should end as I started. Based on the findings of the above study, I can only conclude that it has improved the lives of those who participated. I believe that by letting go of the expert status of the therapist and entering a participatory mode of conversation and consciousness, I was able to attend to my client and co-create knowledge by “way of love and care” (de Beer et al, 2001, p.41). It is therefore also appropriate to end with Chantelle’s words, as quoted by Coetzer (2004, p.98):

“There are times when I have accepted his lifestyle and others where I struggle still. But I have learnt to respect and communicate with my son in a way that I never did before. We are in many ways, closer than ever and I’ve realised what a loving good son he is.

In this way the journey from tolerance to acceptance teaches parents about themselves- in terms of honesty, personal integrity and respect for

individual differences. I think I am a better person for having undergone this journey...”



BIBLIOGRAPHY

- Anderson, H. & Goolishian, H. (1992). The Client is the Expert: A Not-Knowing Approach to Therapy. In S. McNamee & K.J. Gergen (Ed.) *Therapy as a Social Construction* (pp25-39). London: Sage Publications.
- Anonymous. (1948). The Kinsey Institute for Research. Retrieved March 23, 2004, from <http://www.indiana.edu/~kinsey/resources/bibhomoprev.html>.
- Anonymous. (n.d. a). *The coming out of a Lesbian's mother*. Retrieved April 27, 2004, from <http://www.angelfire.com/co/lesmom/>
- Anonymous. (n.d. b). *Towards the re-construction of a clinical psychologist and a reflexive body of practice. Criteria for Rigour*. Retrieved March 23, 2004, from www.bath.ac.uk/carpp/dquinlan/ch5.htm
- Anonymous. (n.d. c). *Coming Out*. Retrieved April 27, 2004, from <http://www.cyh.com/cyh/youthtopics>
- Anonymous. (n.d. d). *Outproud*. Retrieved April 27, 2004, from http://www.outproud.org/brochure_forparents.html
- Bagley, C and Trembley, P. (1998). *Prevalence of Homosexuality*. Retrieved March 23, 2004, from <http://www.indiana.edu/~kinsey/resources/bib-homoprev.html>
- Basson, N. & Kaiser. (2001). A rainbow of balloons. In E. Kotzé & D. Kotzé (Eds.). *Telling Narratives*. (Spellbound Edition) (pp15-31). Pretoria: Ethics Alive.

- Besley, A.C. (2002). Foucault and the turn to Narrative Therapy. *The British Journal of Guidance and Counselling*. 30(2), pp125-43.
- Best, J.W. & Kahn, J.V. (2003). *Research in Education*. (9th ed.). Boston: Pearson Education Company.
- Bhana, A. (1999). Participatory action research: a practical guide for realistic radicals. In M. Terre Blanche & K. Durrheim. (Eds.). *Research in Practice* (pp227-50). Cape Town: UCT Press.
- Bless, C. & Higson-Smith, C. (1997). *Social Research Methods. An African Perspective*. Cape Town: Zebra Publications.
- Bozett, F.W. & Sussman, M.B. (1990). *Homosexuality and Family Relations*. New York: Harrington Park Press.
- Burr, V. (1995). *An Introduction to Social Constructionism*. New York: Routledge.
- Carr, A. (1998). Michael White's Narrative Therapy. *Contemporary Family Therapy*, 20(4), pp485-503.
- Cilliers, P. (1997). *'n Kas is vir Klere [A closet is for Clothes]*. Cape Town: Human & Rousseau.
- Coetzer, D. (2004, October). *Family Outings*. Fairlady Magazine, pp96-100.
- Dave & Michael. (2001). 365 Alcohol Free Days. In E. Kotzé & D. Kotzé (Eds.). *Telling Narratives*. (Spellbound Edition) (pp119-137). Pretoria: Ethics Alive.
- De Beer, W., Tumi and Kotzé, E. (2001). Inner-city talk. In E. Kotzé & D. Kotzé (Eds.). *Telling Narratives*. (Spellbound Edition) (pp33-46). Pretoria: Ethics Alive.

- Denzin, K. (1994). The Art and Politics of Interpretation. In N.K. Denzin & Y.S. Lincoln. (Eds.). *Handbook of qualitative research* (pp500-29). London: Sage.
- du Plessis, J. (1999). *Oor GAY wees* [About being Gay].Cape Town: Tafelberg.
- Durrheim, K. (1999). Research design. In M. Terre Blanche & K. Durrheim. (Eds.). *Research in Practice* (pp29-53). Cape Town: UCT Press.
- Els, L. (2000). *The co-construction of a preferred therapist self of the educational psychology student*. Unpublished doctoral thesis, Rand Afrikaans University.
- Els, L . (n.d.). *Compassionate Training. Exploring a Narrative Approach to our Work III*. Workshop Proceedings held at the Rand Afrikaans University. Johannesburg. 22-24 July 2003.
- Epston, D. & White, M. (1989-1991). *Experience and Contradiction, Narrative and Imagination. Selected Papers*. Adelaide: Dulwich Centre Publications.
- Epston, D. (1999, May). Workshop on narrative ideas. The Institute for Therapeutic Development: Pretoria. In L. Els (2000). *The co-construction of a preferred therapist self of the educational psychology student*. Unpublished doctoral thesis, Rand Afrikaans University.
- Epston, D., White, M. & Murray, K. (1992). A Proposal for re-authoring therapy: Rose's Revisioning of Life and a commentary. In S. McNamee & K. Gergen (Eds.). *Therapy as Social Construction* (pp96-115) London: Sage.

- Foxcroft, C., Roodt, G. & Abrahams, F. (2001). The practice of psychological assessment: Controlling the use of measures, competing values and ethical practice standards. In C. Foxcroft & G. Roodt. (Eds.). *An introduction to psychological assessment in the South African context* (pp105-49). Cape Town: Oxford University Press.
- Freedman, J. & Combs, G. (1996). *Narrative Therapy. The social construction of preferred realities*. New York: Guilford.
- Freeman, J.C., Epston, D. & Lobovits, D. (1997). *Playful approaches to serious problems: Narrative Therapy with children and their families*. New York: W.W. Norton.
- Gergen K.J. & Gergen, M.M. (1991). Towards Reflexive Methodologies. In F. Steier (Ed.). *Research and Reflexivity* (pp76-95). London: Sage Publications.
- Germond, P. (1997). Heterosexism, homosexuality and the Bible. In P. Germond & S. de Gruchy (Eds.). *Aliens in the Household of God* (pp189-229). Cape Town: Creda Press.
- Green, L. (2001). Theoretical and Contextual Background. In Engelbrecht, P. and Green, L. (Ed.) *Promoting Learner Development. Preventing and working with barriers to learning* (pp3-16). Pretoria: Van Schaik.
- Grobbelaar, R. & Ann. (2001). Care not Cure. In E. Kotzé & D. Kotzé (Eds.). *Telling Narratives. (Spellbound Edition)* (pp81-97). Pretoria: Ethics Alive.
- Henning, E. (2004). *Finding your Way in Qualitative Research*. Pretoria: Van Schaik Publishers.
- Holliday, A. (2002). *Doing and Writing Qualitative Research*. London: Sage.

- Huberman, A.M. & Miles, M.B. (1994). Data Management and Analysis Methods. In N.K. Denzin & Y.S. Lincoln.(Eds.). *Handbook of qualitative research* (pp428-44). London: Sage.
- Josselson, R. & Lieblich, A. (1993). *The Narrative Study of Lives*. California: Sage Publications.
- Kaniki, A. (1999). Doing an Information Search. In M. Terre Blanche & K. Durrheim. (Eds.).*Research in Practice* (pp17-28). Cape Town: UCT Press.
- Kelly, K. (1999). Calling it a day: reaching conclusions in interpretive research. In M. Terre Blanche & K. Durrheim. (Eds.). *Research in Practice*. (pp421-37). Cape Town: UCT Press.
- Kinechloe, J.L. & McLaren, P.L. (1994). Rethinking critical theory and qualitative research. In N.K. Denzin & Y.S. Lincoln. (Eds.). *Handbook of qualitative research* (pp138-57). London: Sage.
- Kotzé, E. & Kotzé, D. (2001). Telling Narratives, doing spirituality. In E. Kotzé & D. Kotzé. (Eds.). *Telling Narratives*. (Spellbound Edition) (pp1-14). Pretoria: Ethics Alive.
- Krippendorf, K. (1991). Reconstructing (some) Communication Research Methods. In F. Steier. (Ed.). *Research and Reflexivity* (pp115-42) London: Sage.
- Lax, W.D. (1992). Postmodern Thinking in a Clinical Practice. In S. McNamee & K.J. Gergen. (Eds.). *Therapy as a Social Construction* (pp 49-55). London: Sage Publications.

- Madigan, S. (1997). Re-considering Memory. Re-Remembering Lost Identities Back Towards Re-Membered Selves. In C. Smith & D. Nylund (Eds.). *Narrative Therapies with Children and Adolescents* (pp338-99). New York: Guilford Publications.
- Maranhão, T. (1991). Reflection, Dialogue and the Subject. In F. Steier. (Ed.). *Research and Reflexivity* (pp235-49). London: Sage Publications.
- McTaggart, R. (1989). *The 16 Tenets of Participatory Action Research*. Retrieved June 20, 2004, from <http://www.caledonia.or.uk/par.htm>
- McTaggart, R. (1997). *Participatory Action Research. International Contexts and Consequences*. Albany: State University of New York Press.
- Morgan, A. (2001). *Understanding Narrative Therapy. What is Narrative Therapy? An Easy to Read Intro*. Adelaide: Dulwich Centre Publications.
- Morse, J.M. (1994). Designing Funded Qualitative Research. In N.K. Denzin & Y.S. Lincoln.(Eds.). *Handbook of qualitative research* (pp220-35). London: Sage.
- Niehaus, E. and Jane. (2001). Therapy as “judgement”. In E. Kotzé & D. Kotzé (Eds.). *Telling Narratives*. (Spellbound Edition) (pp61-77). Pretoria: Ethics Alive.
- Niolin, R. (n.d.). *Gay and Lesbian Resources. Coming Out to Family and Friends*. Retrieved April 27, 2004, from http://www.outproud.org/brochure_forparents.html

- Reason, P. (1994). Three Approaches to Participative Inquiry. In N.K. Denzin & Y.S. Lincoln.(Eds.) *Handbook of qualitative research* (pp324-39). London: Sage.
- Reber, A.S. and Reber, E. (1997). *The Penguin Dictionary of Psychology*. (3rd Ed.) London: Penguin Books.
- Ryan, R.M. & Deci, Edward, E.L. (2000). When Rewards Compete with Nature: The undermining of Intrinsic Motivation and Self-Regulation. In C. Sansone & J.M. Harackiewicz (Eds.). *Intrinsic and Extrinsic Motivation. The search for Optimal Motivation and Performance* (pp14-48). New Jersey: Academic Press.
- Savin-Williams, R.C. (2002). *Mum, Dad. I'm Gay. How families negotiate Coming Out*. Washington D.C.: American Psychological Association.
- Sax, P. (1997). Narrative Therapy and Family Support: Strengthening the Mother's voice in working with Families with Infants and Toddlers. In C. Smith & D. Nylund (Eds.). *Narrative Therapies with Children and Adolescents* (pp111-46). New York: Guilford Publications.
- Schwandt, T.A. (1994). Constructivist, Interpretivist Approaches to Human Inquiry. In N.K. Denzin & Y.S. Lincoln.(Eds.). *Handbook of qualitative research* (pp118-137). London: Sage.
- Skidmore, S. and Theo. (2001). A puppet no longer. In E. Kotzé & D. Kotzé, (Eds.). *Telling Narratives*. (Spellbound Edition) (pp139-61). Pretoria: Ethics Alive.
- Smith, C. (1997). Introduction. Comparing Traditional Therapies with Narrative Approaches. In C. Smith & D. Nylund (Eds.). *Narrative Therapies with Children and Adolescents* (pp1-52). New York: Guilford Publications.

- Stake, R. E. (1994). Case Studies. In N.K. Denzin & Y.S. Lincoln. (Eds.). *Handbook of qualitative research* (pp236-247). London: Sage.
- Steier, F. (1991). Research as Self-Reflexivity, Self-Reflexivity as Social Process. In F. Steier (Ed.). *Research and Reflexivity* (pp1-11). London: Sage.
- Stockard, J. & Johnson, M.M. (1992). *Sex and Gender in Society*. (2nd Ed). New Jersey: Prentice Hall.
- Strommen, E.F. (1990). Hidden Branches and Growing Pains: Homosexuality and the Family Tree. In F.W. Bozett and M.B. Sussman. (Eds.). *Homosexuality and Family Relations* (pp9-34). New York: Harrington Park Press.
- Terre Blanche, M. & Durrheim, K. (1999). Histories of the present: social science research in context. In M. Terre Blanche & K. Durrheim. (Eds.). *Research in Practice. Applied Methods for the Social Sciences*. (pp1-16) Cape Town: UCT Press.
- Terre Blanche, M. & Durrheim, K. (1999). *Research in Practice. Applied Methods for the Social Sciences*. Cape Town: UCT Press.
- The Medical Research Council (MRC) (n.d.) *Guidelines on Ethics for Medical Research: General Principles, including Research on Children, Vulnerable groups, international collaboration and Epidemiology*. [Brochure].
- Van Duuren, L.A. (2002). *Children's voices on Bereavement and Loss*. Unpublished master's thesis, University of South Africa, Pretoria, South Africa.
- Warren, R. (2002). *The Purpose Driven Life*. Michigan: Purpose Driven Publishing.

- Weingarten, K. (1997). From "Cold Care" to "Warm Care". Challenging the Discourses of Mothers and Adolescents. In C. Smith & D. Nylund (Eds.). *Narrative Therapies with Children and Adolescents* (pp307-37). New York: Guilford Publications.
- White, C. and Denborough, D. (1998). *Introducing Narrative Therapy. A collection of practice-based writings*. Adelaide: Dulwich Centre Publications.
- White, M. & Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: N.W. Norton & Co. Inc.
- White, M. (1995). *Re-authoring Lives. Interviews and Essays*. Adelaide. Dulwich Centre Publications.
- White, M. (1997). *Narratives of therapist's lives*. Adelaide: Dulwich Centre.
- Yin, R.K. (2003). *Case Study Research. Design and Methods*. (3rd ed.). London: Sage Publications.

ADDENDA



ADDENDUM ONE:

TEMPLATE OF CONSENT LETTER



Dear Participant

I, the undersigned, am currently employed at the Institute for Child and Adult Guidance at the Rand Afrikaans University. As part of the requirements of my degree, I am expected to engage in research in an area, which may be of interest to and which falls in my scope of practice as an Educational Psychologist. I have decided to research a mother's story of her journey towards acceptance of her child's alternative lifestyle. I will be making use of the Narrative approach to therapy to guide a mother on her journey of discovery to re-author her relationship with her child.

I would like to invite you to form part of this study by consenting to engage in therapeutic conversations with me, which will be captured on video. These tapes will be stored in a locked facility and I will be the only person to view these tapes. Please note that even if you do agree to be part of this study you are at liberty to withdraw from the study at any time, without penalty or pressure from myself to provide reasons.

I will also undertake to take all possible means to ensure that as a participant you will not be caused any detriment by taking part in this study and I will accordingly allocate a pseudonym to you in order to protect your identity. Furthermore, I guarantee that any information revealed, of either a personal or a professional nature, will be regarded as absolutely confidential.

In addition, I believe you too may benefit from this study, as it will provide you with the opportunity of discovering unique outcomes as you engage in the therapeutic conversations with me. I also believe that your story will prove

most helpful to other mothers who find themselves in a similar situation. I will also endeavour to share all my information regarding the relevant literature and contacts, which may prove to be of some assistance to you as you embark on this journey. As this is a collaborative effort, you will be involved in the research process from the beginning to the end and will be consulted on all its aspects including the findings.

Should you agree to participate in this study, it would be appreciated if you would sign the attached consent form, which indicates that you are au fait with the conditions stated above, and that you consequently grant permission to participate in the research.

The aforementioned letter will need to be signed, dated and returned to me as it forms part of the requirements for ethical research measures as mandated by the Ethics Committee of the faculty of education and Nursing.

Thank you.

Teresa Yell
(February 2004)



ADDENDUM TWO:

**EXTRACT FROM A TRANSCRIPTION OF ONE OF THE THERAPY
SESSIONS**



568 **Teresa:** Can we give your struggle a name?
569 I would like to explain to you how this process works. I like to work in
570 the Narrative way and that when we two create a story, we construct
571 a story around this problem together and the Narrative approach sees
572 the problem as the problem and not as the person and because “The
573 Gayness” is not your son but it is the problem. Perhaps the Problem is
574 “the Strangeness”, perhaps it is “The Gayness”, I am not sure, but I
575 know that there is a problem. But I would like you to give it a name,
576 then we can discuss it and work towards acceptance of it.
577 **Chantelle:** A name for, just say that again...
578 **Teresa:** For the Problem
579 **Chantelle:** The Gayness...or my child
580 **Teresa:** There is a problem. Your child is not the problem. The way I
581 see it something has come between you and your son.
582 **Chantelle:** It feels to me that the values I have taught him... the
583 younger generation doesn't seem to get it. And, look, I raised him
584 Christian but, um, I see that I can't force it down his throat because I
585 know I would turn him against it. But I pray that God will work with him
586 and that He will keep him Christian but I know that it is not that easy.
587 Like in the book I read yesterday, Homosexuality, it said it is like a drive
588 and I think that with every thing you read you get that the person is a
589 person with a different drive which you cannot keep him away from
590 because he is just human. I don't know (sigh)... It is difficult to think of
591 a name.
592 **Teresa:** I hear you and I know it may be difficult... yet I hear you talking
593 about the strangeness of someone else's values as you say you raised
594 him differently, maybe your faith is maybe different. But you spoke a lot
595 of the rudeness of others.
596 **Chantelle:** Yes and my child is not like that...I asked him who was who
597 in the picture because I was trying to figure out who he was with. Turns
598 out the guy we thought was with him was actually with someone else
599 although he really likes my son and there seems to be a lot of
600 jealousy...And this guy Eddie bought him lots of gifts. My child told my
601 daughter that he is not as yet ready for a relationship.

602 **Teresa:** I wonder what you think about that?

603 **Chantelle:** It is actually wonderful for me that my child is mature
604 enough to say he is not ready yet, it gives me a bit of hope, a bit to
605 think that he is not 100% ready. Life is like two paths and you can go
606 down the one or the other. It doesn't solve the problem but it does give
607 me hope and that my child has not just fallen to one side and said he is
608 just gay. Maybe he can see things more in perspective. I don't know
609 what it entails but it comforts me. I think he has also given this story
610 more thought.

611 **Teresa:** So you, Chantelle, would you say that "the Gayness" is
612 actually the problem?

613 **Chantelle:** I would say so. My child has not given me any other
614 problems except his future but I think that will come right, he can sort it
615 out in a year or so as he gets older and matures. I also think that "the
616 Gayness" has worried him that he could not concentrate on a career
617 like the priest says. 50% of his brain was focused on this thing. So at
618 this stage I think if he can I believe that if he can get some direction,
619 get away and become more independent that he will come back with
620 future plans.

621 **Teresa:** So at this stage should we call it "the Gayness"?

622 **Chantelle:** Yes because it is creating a huge gap between my son and
623 myself.

624 **Teresa:** We can change the name at any stage, but I am hearing that it
625 is the Gayness that worries you, it seems to have moved in with you
626 bringing with it friends, the one being the rudeness...

627 **Chantelle:** Although I must say to you... and this Eddie came along
628 and he seems to be quite an attractive guy (laughs) He is neat not like
629 a gay with a shirt and a tie and then I saw he is an attractive guy...I am
630 scared that these people can buy him because he is very into money at
631 the moment but my daughter told me not to worry. But anyway this
632 guy's behaviour was actually ok. Apparently Eddie's parents didn't
633 accept his gayness and they were convinced we wouldn't as well.

634 **Teresa:** It sounds to me that the Gayness has another friend and that's
635 how it looks – how does Gayness look to you?

636 **Chantelle:** That's what I want to ask you, what is the definition of Gay. I
637 read in a book, I do not get what it is .The book I read talks is a study
638 about homosexuality but it is a clinic that studied some guys, so I want
639 a definition –



ADDENDUM THREE:

EXTRACT FROM MY REFLECTIONS ON ONE OF THE SESSIONS



11 May 2004

We spent a large part of the session reflecting on what is happening on the home front. It seems Chantelle is getting her house in order which seems to be mirrored in this journey towards acceptance. It would appear that things have normalised for Jason as well – he has a job etc.

I read her the letter which I had written to her. She appeared to be visibly moved. She said something which struck a chord with me: “I thought when I was faced with this that I wanted someone with ‘kennis’ (knowledge). Yet because we were both open to learning, this has been more successful than it would have been, had I found someone ‘met kennis’ (with knowledge).” Social construction at its most powerful.

She repeated several times that she has ‘aanvaard’ (accepted) Jason for who he is. I am wondering what this acceptance means to her and if it means she will accept everything that goes along with an alternative lifestyle. She has , however, recognised and accepted the boundaries that Jason has indicated. She seems to understand her role as a mother better. I think she has accepted that he is growing up.

Chantelle renamed “Die Vreemdheid” (the Strangeness). She now refers to it as “the Acceptance”. I think this speaks volumes in itself. She is arriving at her destination it would seem. I wonder if she realises that there is still a bumpy road ahead or at least that there could be? I am cautiously optimistic, at least she has shifted from “ek kan nie meer nie” (I can’t anymore) to this.

She also indicated that she is slowly making peace with her faith and the alternative lifestyle. She says: “I am a tool for God to use. He is using me to help others”. This fits with the PAR aspect of my study and the constructionism. Through her journey I realise that I am able to help other parents as well and I believe I have a better handle on this Narrative

Therapeutic approach. As an aside: I seem to adopt it automatically in all my other therapies. It seems to be becoming a natural process to externalise.



ADDENDUM FOUR:

AN EXAMPLE OF A LETTER WRITTEN DURING THE THERAPY PROCESS



Dear Jason

I am so pleased we have made such progress, or at least I have!

When I think back on everything I can't believe that I ever said, "I won't accept". Anyhow I think I can honestly say, that after everything that I have read and through listening to the opinions of others, I understand.

Like I said to you in the beginning, no matter what happens, remember that I love you unconditionally and that I will stand by you in all circumstances. Thank you that you understand and for giving me a chance to process everything, even though it was so difficult for you and me.

Neither one of us knows what the future holds, but if we place ourselves in Jesus' care and trust in him, things can only go well. Just please never doubt your faith, that is all that I ask.

Like always I would like to again say to you that I always was and that I still am very proud of you and I can only thank our Father that he lent you to me, because you make my life meaningful and I am proud to be your mother.

Thank you for being so honest with me, no matter how difficult it was to "come out". I appreciate it and hope we can continue to be so open and honest with each other in our communication.

It is with much love in my heart that I wish you a wonderful future and I hope that you will find happiness and love.

Mommy

ADDENDUM FIVE:

MAGAZINE ARTICLE



Having a gay or lesbian child is often put down to parenting failure and treated as a 'condition that can be cured' with behavioural guidance. Take a closer look at the mindsets, myths and morals surrounding alternative lifestyles

Words Diane Coetzer

A Mother's Journey Towards Acceptance of her Child's Alternative Lifestyle. 'What I realised when I began working with my client was that whereas there are many support groups and lots of material written on the coming out process from the gay individual's point

Why do parents dread disclosure so much?

Take Annalisa Venter, for example. When her 20-year-old son finally sat her down and told her he was gay, this widowed mother of three was devastated.

'It was just before Christmas last year, and I felt terrible – just terrible. I cried for days for my last born, for the children he would never have, and for the grandchildren that would never be. I kept asking myself over and over again what my husband and I had done wrong – and why this was happening and what everyone would think. I wanted to die.'

Coming from a very conservative, Afrikaans background (which included growing up on a farm), Venter knew very little about homosexuality – and what she did know came from her Dutch Reformed Church beliefs. 'I felt it was a sin, what he was doing because this is what I had been taught my whole life. Venter also thought that perhaps her son could be 'cured' of his homosexuality. 'I thought maybe there were some pills he could take that would make everything right again.'

Struggling to find ways to cope with the news, Venter spoke to her church minister, who was unable to provide sufficient guidance. It was when a social worker at the church (who has been through a similar experience) told her in no uncertain terms that she would have to change, and accept her son's life path 'because there was no chance that he could be "cured"', that she knew she needed to get some real help.

It was then that she made contact with Teresa Yell, an intern psychologist at the Institute for Child and Adult Guidance at Rand Afrikaans University in Johannesburg.

'Finding Teresa was the best thing for me because she understood how torn I was. I love my son and he and I are very close but at the same time, I was really battling to come to terms with what he had told me. I don't come from a background where we see therapists, but I knew that this was too important not to get some professional help. It has not been easy at all and I have had to work hard, but seeing a therapist has enabled me to move towards accepting my son's lifestyle.'

Out of this relationship has also come Yell's dissertation towards qualifying as an educational psychologist, titled

of view, there is very little available for parents of gay children, at least here in South Africa,' says Yell.

In countries like America, organisations such as Parents and Friends of Lesbians and Gays (PFLAG) have branches in most major cities, but South Africa is lagging behind. (In a comprehensive listing of gay and lesbian organisations on the Internet – www.dv-8.com/resources/southafrica/local.html – no support organisations could be found.)

'It's a problem when you realise just how many South African parents are in crisis over this and how little information they have,' says Yell. 'My client genuinely believed her son could be "cured". If you look at the States and the UK, you see a lot of work has been done in this field, but in South Africa we still have a long way to go in terms of support and information for parents.'

'I think it's also got a great deal to do with our context, where across all cultural groups there is still a strong con-

It's a problem when you realise just how many South African parents are in crisis over this and how little information they have. My client genuinely believed her son could be "cured"'

servative leaning and, of course, religion and the church still play a significant role in people's lives here, informing their beliefs on and ability to deal with homosexuality and gay children. Most of the information in the South African context is negative and stereotyped – that gays are promiscuous, that they will get HIV/Aids, that they become substance abusers, that they can't function in society. We are a long way from normalisation here.'

Antony Tarboton, a clinical psychologist in private practice, says that talking to all children – whether straight or gay – about homosexuality as they grow up is essential. ▶

PHOTOGRAPH: CALLUMAGE/SHUTTERSTOCK.COM

'Most families have a gay member, either an aunt or cousin or someone in the family, and so talking to your children about men loving men, or women loving women, at an age that is appropriate will nurture acceptance within them,' he says.

'Parents must remember that like talking about drugs or sex, giving your child the right information at the right age about homosexuality will not make them rush off and become gay.'

So how do you approach the subject if you think your child may be gay? Says Tarboton: 'If as parents you are very resolved about the concept of homosexuality, then it is appropriate to bring up the subject with your kids'. Tarboton does stress, however, that it's only in the later teen years that children can say with any real certainty, 'I am gay' since most children go through some form of sexual ambivalence in their development. 'But,' adds Tarboton, 'virtually all parents should talk it through with a psychologist or someone who is aware of sexuality issues, addressing their fears and questions first. If they are unresolved, they will project that onto their child, who will already be going through his or her own fears and guilt and other issues – and this could be harmful.'

'Parents must be confident enough to also send their child to a therapist who can help explore their sexuality. The only problem is that they may be fearful that if they do that, they are encouraging their child to be gay. It is important to remember, however, that normalising sexuality will assist their child in not buying into gay stereotypes. By not helping your child deal with their sexuality, they might tend to [negatively] stereotype themselves.'

The worst part about non-acceptance is missing out on a full parent-child relationship. 'My mother only really accepted my life when I was 35 and we were on holiday with my partner and had to share the same accommodation. I took the decision that it was time for her to deal with it, come what may, and it was the watershed in a way. But if I look back on the 15 or more years in which I was deceptive in my relationship with my parents, hiding my life from them and

DO PARENTS REALLY 'MAKE' GAY CHILDREN?

The idea that parents, or their parenting style, 'make' gay children has long been debunked by academic studies. Many religions are still attached to the idea that 'same sex attraction' can be turned around (the Catholic Church has an organisation called Courage that 'helps homosexuals live by the precepts of the Church'). But, in July 1994, the American Psychological Association released a document that states that homosexuality is 'neither mental illness or moral depravity. It is simply the way a minority of our population expresses love and sexuality.'

READ MORE

● The book *Biological Exuberance: Animal Homosexuality and Natural Diversity* by Bruce Bagemihl and John Megahan (R372, St Martin's Press, ISBN 0-312-19239-8) examines the abundance of homosexual, bisexual and even trans-sexual wildlife on the planet – revealing its normalcy in nature.

● 'Homosexuality is a lot like left-handedness: a minority but wholly natural and neutral trait which speaks not at all to character or morality,' says Robert Bernstein in his book *Straight Parents, Gay Children* (R154, Thunder's Mouth Press, ISBN 1-56025-4521).

● Another book that examines 'nature versus nurture' is *Brain Sex: The Real Difference Between Men and Women* (R163, Delta, ISBN 0-353-118-34) by Anne Moir and David Jessel. In it, biological influences beginning before birth are found to predispose individuals towards heterosexuality, bisexuality or homosexuality.

losing out on a real relationship with them, I do feel sad,' says Martin Hunt*.

For Clara Scheepers*, losing both her parents in a car accident in her early 20s means living without ever having had acceptance and a full, true relationship with them. 'It still eats at me because I know that 20 years later, they would have accepted a lifestyle they had totally rejected at the time of their death.'

Yell says that acceptance for someone like Venter 'is a journey'. 'She has chosen the path of acceptance and, working together, we are getting there. But it's not easy and acceptance comes in cycles. Just when a

'I have learnt to respect and communicate with my son in a way that I never did before. We are, in many ways, closer than ever'

parent has accepted the fact that their child is gay, the next step may be accepting their child's partner, and so it goes on from there.'

Venter agrees. 'Even when I am feeling sad or upset about something, like when he brought a boyfriend home, I tell him this and don't hide anything from him, and he does the same. There are times when I have accepted his lifestyle and others where I struggle still. But I have learnt to respect and communicate with my son in a way that I never did before. We are, in many ways, closer than ever and I've realised what a loving, good son he is.'

In this way, the journey from tolerance to acceptance teaches parents about themselves – in terms of honesty, personal integrity and respect for individual differences. 'I think I am a better person for having undergone this journey,' says Venter. ►

* Names have been changed at the request of the interviewees

