LIVING WITH HOPE:
A PHENOMENOLOGICAL INQUIRY OF THE EXPERIENCES OF TEENAGERS
HEADING AN AIDS-ORPHANED HOME

by

CHERYL ANN WRIGHT

MINOR-DISSERTATION
submitted in partial fulfilment of the
requirements for the degree

MAGISTER EDUCATIONIS
in
EDUCATIONAL PSYCHOLOGY
in the
FACULTY OF EDUCATION
at the
UNIVERSITY OF JOHANNESBURG

SUPERVISOR: Dr H Dunbar-Krige
CO-SUPERVISOR: Prof GJ van der Westhuizen

June 2008
DECLARATION

I declare that the phenomenological inquiry, “Living with hope”, exploring the experiences of teenagers heading an AIDS-orphaned home is my own work. All the sources used and quoted have been indicated and acknowledged by means of a complete reference list.

[Signature]

C.A Wright
June 2008
ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to the following people for supporting me along the way to realising my dream:

My husband, Graham, for keeping me centred lest “things fall apart.”

My children, Carryn, Mark, Hayley and Tammy, for keeping me grounded in the privileged position of motherhood.

My supervisor, Helen Dunbar-Krige, for gently dropping me in well-defined spaces thus motivating me to grow.

My co-supervisor, Gert van der Westhuizen, for inspiring me with his passion for writing and telling stories.

Raine Pettipher for highlighting the golden thread of this inquiry.

Andrew Graham for his skill as a language editor.

Mama C for providing me with access to the participants of this inquiry.

Angel, Bella and Princess for sharing their stories of hope.
ABSTRACT

The HIV and AIDS pandemic is changing the nature of the traditional family structure, particularly in South Africa, where the number of child-headed families is escalating and more teenagers are forced to head the home. These teenagers, are traumatised: many have suffered multiple losses (a father, mother, siblings), not to mention the possible additional losses of schooling, their hope for the future and their remaining childhoods. Hope is unlikely to emerge in teenagers left to fend for themselves and their siblings. Therefore, an approach that is both Afrocentric and ecosystemic needs to be adopted in building support structures to instil the possibility of hope in their lives. Hope, as a protective phenomenon, builds resiliency empowering teenagers heading a home to rise above their harsh circumstances.

The purpose of this inquiry was to explore and describe the essence of hope in the lived experiences of teenagers heading an AIDS-orphaned home in order to make recommendations for support within the emerging inclusive educational system in South Africa. A qualitative study with a phenomenological research design was used with three teenagers from a Non-Governmental Organisation which assists child-headed households in Soweto, Gauteng. The participants were purposefully selected as hopeful – teenagers who had managed to stay in school, despite their circumstances, as a way of securing a brighter future. Data was collected through two in-depth interviews with the teenagers and included writing and drawing exercises. A story thickening the counterplot of hope in their lives, which are filled with the challenges of orphanhood, was written for each of the teenagers. The co-constructed stories were then used as data for analysis to write their descriptions of hope. Textual, structural and textual-structural descriptions of hope were written based on the four processes of epoche, phenomenological reduction, imaginative variation and synthesis.

The findings generated from their stories of hope indicate that the "hopeful self" is socially constructed evolving in the spaces between people and in the interaction
of the person with his/her environment. Some of the findings suggest that hope emerges in the context of opportunities, support and education, and needs the African spirit of “ubuntu” to sustain it. School in particular, was seen as a way to future success. On the basis of these findings, a social constructionist model for nurturing the hopeful self was recommended to help professionals in their thinking and planning of psychological support programmes for all children and teenagers identified as vulnerable. The model embraces ecosystemic thinking and envisages the hopeful self as being nurtured in three nested domains of support: the emerging inclusive education system; a network of care under the facilitation of educational psychologists based in the District Based Support Teams; and a psychological support system that has not as yet been implemented in the care of children orphaned by AIDS. Psychological support is seen as crucial to ensure the emotional well-being of teenagers at risk who are faced with the reality of heading a home at such an early age as a result of the AIDS pandemic.
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FOREWARD

Nothing can be more heart-rending and in need of urgent attention than the case of AIDS orphans, who so often find themselves rejected and ostracized by communities. Personally, nothing can shake me more than the sight of these innocent young children suffering physically, socially, and emotionally. There are nearly 14 million children who have lost one or both parents to AIDS. It is predicted that there will be more than 25 million of them by 2010. This is a tragedy of enormous consequence. I'm sure you have been told that AIDS is killing more people than were killed by all the worst wars of history and natural disasters. AIDS is a war against humanity. When we talk about it, and the actions we take, we must be influenced by the fact that this is a war which requires mobilization of the entire population. These children will grow up without the love and care of their parents, and most of them will be deprived of their basic rights – shelter, food, health, and education. Many will be subjected to abuse, exploitation, discrimination, trafficking, and loss of inheritance. We have an obligation to provide the proper care and support for these children. No adult can stand by and watch while these children suffer.

Nelson Mandela (Former President of South Africa)
Closing session of the XIV International AIDS Conference
Barcelona, Spain, July 12, 2002
CHAPTER ONE
RATIONALE AND OVERVIEW OF STUDY

1.1 BACKGROUND AND MOTIVATION FOR THE INQUIRY
Families have historically played an important part in the life and development of children providing them with some of the most important emotional experiences in life, such as love, devotion, belonging, fun and joy (Framo in Gladding, 2002). In addition, the family can also be seen as providing a therapeutic context in which children can grow with members listening to and reassuring each other (Sayger, Homrich & Home in Gladding, 2002). However, the HIV and AIDS pandemic is changing the nature of the traditional family structure, particularly in South Africa, where child-headed families are increasingly numerous and more teenagers are forced to head the home. This has raised concerns about how these families can best be supported in the context of a new democracy and emerging inclusive educational system.

The large number of children and teenagers orphaned by AIDS has flooded the existing pool of community care (Maqoko, 2006). As a result, surviving children are left to care for themselves; many have little money, little food and live in a community that shuns them because of the stigma surrounding AIDS-related deaths (Leatham, 2005). Without a family and its nurturing environment, these orphans face many realities that could strip them of hope for a life of love and happiness. Living with hope children from child-headed families could experience the “power of positive possibilities in helping [them] cope with and grow from the challenges of everyday life” (Snyder, McDermott, Cook & Rapoff, 1997, p.xi). The emotional well-being of the teenagers heading these families is therefore critical to the healthy functioning of the child-headed family.

A study commissioned by the Nelson Mandela Fund and conducted by the Human Science Research Council (HSRC) in 2002, reported that over and above their basic needs of food, clothing and shelter, children from child-headed families lacked guidance, support and love (Garson in Leatham, 2005). According to the
Child Act 2005 (Government Gazette, 2006, p.96), a child is regarded as in need of care and protection if the child has been abandoned or orphaned and is without any visible means of support. One of the objectives of the Children’s Act is “to make provisions for structures, services and means of promoting and monitoring the sound physical, psychological, intellectual, emotional and social development of children” (Government Gazette, 2006, p.28). The fact that a child-headed family is a recent phenomenon in South Africa means that support structures are not yet in place to cope with this growing demand on social services. Educational psychologists working with children from AIDS-orphaned homes have the opportunity to play a vital role in building these support structures, particularly those concerned with the psycho-social and emotional development of children.

However, the reality of the South African context, with the scarcity of human and financial resources, challenges educational psychologists to work more ecosystemically to meet these new demands. In addition, support structures need to be sensitive to the African culture in which these child-headed homes exist – in particular the rich oral tradition. Africans have revered good stories and most today have still primarily oral traditions (Agatucci, 2005). African stories, therefore, give meaning to life helping people reflect on their world and learn about community hopes, values and history (Ruffin, 2006). According to Silko (in Agatucci, 2005), stories have healing powers: "I will tell you something about stories....They aren't just entertainment...They are all we have...to fight off illness and death. You don't have anything if you don't have the stories."

As with the African tradition, the value of stories in therapy has been recognised in many of the social constructionists' therapeutic approaches, including Narrative Therapy, as a way of creating meaning in people’s lives (Corey, 2002, p.428). Snyder et al. (1997, p.xiii) also highlight the role of "self-stories" as a means of building hope in children. These self-stories, or self-narratives, are at the heart of a social constructionist view of the self: “...the self continually creates itself through narratives that include other people who are reciprocally woven into these narratives” (Weingarten in Els, 2000, p.39). However, children and teenagers
orphaned by AIDS do not have the support of a family to nurture hopeful stories. Therefore, an approach that is both Afrocentric and ecosystemic needs to be adopted in building support structures to meet the needs of children in AIDS-orphaned homes to instil the possibility of hope in their lives. This is consistent with the South African inclusive educational policy which advocates health promotion and the building of intervention programmes to support orphans in distress (Department of Education, 2001, p.15). Hope, as a protective phenomenon in human life (Kylma, Vehvilainen & Lahdevirta, 2003), builds resiliency (Short, Erickson & Erickson-Klein, 2005, p.30) thereby strengthening one’s coping skills. The focus of this inquiry, therefore, is an understanding of the internal and external factors influencing the emergence and survival of hope in teenagers heading a home in order to provide recommendations for support to enable them to cope with their added responsibilities, and thus live a life that includes hope.

My fascination with the power of hope originates in Victor Frankl’s book “Man’s Search for Meaning.” Frankl founded Logotherapy, or “therapy through meaning” (Frankl, 1978, p.19), as a result of his experience in a Nazi concentration camp. He believed man’s search for meaning is the cornerstone of psychological well-being and an antidote to suicide (Prochaska & Norcross, 2003, p.126). He recalls a vision while in prison that gave him hope to rise above his harsh circumstances. He saw himself standing on a platform and giving a lecture on the psychology of the concentration camp: “One could make a victory of those experiences, turning life into an inner triumph, or one could ignore the challenge and simply vegetate, as did the majority of the prisoners” (Frankl, 1984, p.81). His belief in man’s inner strength to rise above his outward fate made me wonder whether teenagers, who head an AIDS-orphaned home, have a dream or the inner resources to keep them going.

Frankl’s story prompted my curiosity to understand the hope of teenagers heading an AIDS-orphaned home. Some teenagers still have stories of hope, despite their struggles to look after and educate themselves and their siblings. It is consistent
with my interest in positive psychology with its move away from the traditional focus on psychological deficits and disability in an attempt to understand human strengths and happiness (Carr, 2004, p.xvii). In addition, Short et al. (2005, p.xi) maintain that without sufficient hope “vast amounts of external resources can be poured into what is essentially a vacuum of despair and surrender.” The importance of hope, therefore, in the future well-being of these children cannot be underestimated if any therapeutic intervention is to make a significant difference in their lives. Once again, as hope builds resiliency (Short et al., 2005, p.30), any intervention or support that helps encourage hope in the lives of these children empowers them to rise above their harsh circumstances.

Resilience is described as the “capacity to withstand exceptional stresses and demands without developing stress-related problems” (Carr, 2004, p.300). Luthar (2003, p.xxix) explains resilience as an adjustment phenomenon in the face of risk: it represents the “manifestation of positive adaptation despite significant life adversity.” Hope, on the other hand, is at the heart of a person’s sense of well-being (Snyder et al., 1997, p.xi). I, therefore, see hope as one of the building-blocks of resiliency — as building capacity to adapt to one’s difficulties. Hope is conceptualised by Human-Vogel (2006, p. 618) as “an enduring belief that you will reach your goals. It helps you to sustain belief in difficult circumstances and it requires a certain amount of optimism that you are likely to reach your goals.” Snyder (in Carr, 2004, p.88) describes hope as involving firstly, the ability to plan pathways to desired goals despite obstacles; and secondly, the motivation to use these pathways. He describes hope as strong when obstacles are challenging but not insurmountable, such that the possibility of attaining one’s goal is realistic. Goals therefore create meaning in one’s life - which in turn creates capacity to endure current hardships.

The objective of understanding hope has implications for the conceptualisation of interventions, mission statements and models guiding supportive programmes for children at risk, in particular teenagers heading an AIDS-orphaned home. A supportive framework is also consistent with the new Child Act to promote the
healthy development of the child (Government Gazette, 2006) and the inclusive education system that is currently being implemented in South African schools. The Department of Education is in the sixth year of a twenty-year plan to build support structures to help children with barriers to learning (Department of Education, 2001, p.45). An inquiry, therefore, focusing on the personal experiences of teenagers managing child-headed homes can do much to understand how children living with hope are coping with their overwhelming responsibilities. To understand teenagers who tell hopeful stories provides possible guidelines to policy-makers, government departments, educational psychologists, communities and Non Governmental Organisations (NGOs) to create necessary psychological support structures beyond the children’s basic needs. Current research on children orphaned by AIDS recommend the importance of helping them overcome the psychological impacts of AIDS (Leatham, 2005; Louw, 2006; Mulutsi, 2004), as failure to do so will undoubtedly have a long-term impact on their mental health and the well-being of the society in which they live.

Emma Guest (2003, p.159) raises an important question with regard to the ramifications of neglected children in Africa: “Africa after AIDS will be an unpredictable place. What will happen to the minds of a generation that grows up alone, poor and ashamed by the stigma of the disease that killed their parents?” Forster and Germann (in Essex, Mboup, Kanki, Marlink & Tlou, 2002) also warn that a second generation of problems, such as alcohol and drug abuse, severe depression, violent behaviour, suicide and HIV infection may occur. Schonteich (2002) maintains that crime levels in South Africa are likely to increase over the next two decades as a result of the increase in orphans. The psychosocial impact of the orphan crisis therefore cannot be overlooked – their stories need to be heard in an attempt to understand their phenomenological world. Without hope, these children are more likely to turn to crime or suffer from depression and have little chance of becoming well-developed adults. I am curious, therefore, to explore the hopeful experiences of teenagers who have been forced to take care of
themselves and, in some cases, raise their siblings after the death of their parent(s) as a result of AIDS.

1.2 PURPOSE OF THE INQUIRY AND RESEARCH QUESTION
The purpose of this inquiry is, therefore, to understand hope in the lives of teenagers who have been forced to look after themselves and their siblings on the loss of their parent(s) due to AIDS. These teenagers are traumatised: many have suffered multiple losses (a father, mother, siblings), not to mention the possible additional losses of schooling, their hope for the future and their remaining childhoods (Essex et al., 2002) with the additional stresses of finances, stigmatisation (Leatham, 2005), social isolation, school pressures and the increased workload in the home. The research question that will inform this inquiry will therefore be: how do teenagers heading an AIDS-orphaned home perceive and describe their experiences of hope?²

An understanding of teenagers who have hope in spite of their bleak circumstances could inform support personnel in working with other teenagers in a similar situation. I am curious to explore their descriptions of hope in the face of such adversities in order to provide recommendations for the support of teenagers heading an AIDS-orphaned home. In an attempt to explore the teenagers' experiences of hope, an appropriate methodology needs to be considered to do justice to this exploration.

1.3 RESEARCH DESIGN AND METHODOLOGY
1.3.1 A qualitative approach
In an attempt to explore the hopeful experiences of teenagers heading an AIDS-orphaned home, a qualitative inquiry was considered an appropriate approach to elicit their "voices" and to hear their stories of hope (Henning, van Rensburg &

² According to Moustakas (1994, p. 107) the use of the word HOW facilitates clear, concise wording of the question and denotes an openness to anything that may emerge about hope in the course of my interview with the participants. The word PERCEIVE implies something about the relativity of hope - hope is perceived differently by different people and by the same person in different situations. The word DESCRIBE refers to what hope is and means for the participants. The word EXPERIENCE is a way of pointing to the fact that I will be seeking comprehensive stories from the research participants of how they perceive and describe their everyday lived experience.
Smit, 2005, p.8). This is corroborated by Banister, Burman, Parker, Taylor and Tindall (1994, p.3) who describe qualitative research as a way of capturing “the sense that lies within” in an attempt to explore the importance of an identified phenomenon or illuminate the meaning of a problem. In addition, they highlight the central position played by the researcher in making sense of a particular question or problem. Moving beyond the quantitative-qualitative dichotomy, I chose a suitable paradigm as this would establish how I engage and come to understand the teenagers' experiences (Crabtree & Miller, 1999, p.8).

Lather (in Merriam, 2002, p.4) outlines the three overarching paradigms in qualitative research in terms of understanding (interpretive), emancipation (critical and feminist) and deconstruction (postmodern). Therefore, as the aim of my inquiry is to understand the experiences of hope in the lives of teenagers heading an AIDS-orphaned home, I chose an interpretivist paradigm. However, there are a variety of research designs in this theoretical perspective, each with a different focus which determines the nature of the research question, the selection of participants, the data collection and analysis and the report of the findings. As phenomenology focuses on the essence of an experience, I decided to choose a phenomenological research design to address my research question and describe the teenagers' experiences of hope.

1.3.2 Phenomenological Design

According to Merriam (2002, p.93), the defining characteristic of a phenomenological research design is “its focus on describing the 'essence' of a phenomenon from the perspectives of those who have experienced it.” As the purpose of this inquiry is to describe the essence of hope in the experiences of teenagers heading an AIDS-orphaned home, a phenomenological research design was chosen to understand the lived experiences, deeply held beliefs and feelings, or worldviews in the words of the participants (Henning, van Rensburg & Smit, 2004).
While a story was formulated using the data from the interview, a narrative inquiry was not considered appropriate for the purposes of this inquiry. Although a phenomenological and a narrative inquiry both provide a way of understanding experience (Clandinin & Connelly, 2000, p.20), they aspire to different epistemological ends. A narrative analysis involves different methodologies that would not yield the required “thick description” of hope that I aim to achieve through a phenomenological analysis. Narratives of experience are situated on storied landscapes in terms of people in relation contextually and temporally (Clandinin & Connelly, 2000, p.189). The focus of this inquiry is not on the story as such, with its considerations of plot, audience and voices, but on the nature of the essence of hope as experienced by teenagers heading child-headed homes.

According to Van Manen (1990, p.36), the “aim of phenomenology is to transform lived experience into a textual expression of its essence – in such a way that the effect of the text is at once reflexive re-living and a reflective appropriation of something meaningful.” A phenomenological design, therefore, gives direction with regard to the methods that could be used in collecting and understanding the data – it is a more focused lens that guides the whole research process to understand the constituents of hope in these teenagers’ lives. The role of the researcher in gathering and analysing experiential material is crucial to the trustworthiness of the inquiry.

1.3.3 Trustworthiness
Van Manen (1990, p.33) believes that the phenomenological researcher needs to remain strong in his/her orientation to the research question in an attempt to produce trustworthy knowledge: “To be strong in our orientation means we will not settle for superficialities or falsities.” Mouton (1996, p.28) argues that the goal of social inquiry is to “produce knowledge that is as close as possible to the truth.” This enables other professionals to trust the results and use the knowledge constructively in their field of practice. However, the measures of validity and reliability are from the quantitative domain and hence become confusing when used in the qualitative arena (Janesick, 2003, p.69). As this is a phenomenological
inquiry, other qualitative referents were selected to ensure that the knowledge produced is trustworthy and as close as possible to the truth.

According to Janesick (1994, p.216), validity in qualitative research raises issues of *credibility*. Suggestions of Lincoln and Guba (in Janesick, 2003, p.69) to ensure credibility of findings and thus the trustworthiness of the inquiry, include cross-checking one's work through member checks and audit trails. In this inquiry, member checks were conducted by taking the story of hope back to the participants to confirm the accuracy of the data. An accurate description of the research process, an explanation of methods used and a detailed description of the research situation and context established an audit trail to enable other researchers to follow the process (Merriam, 1998, p.207). In addition, another component of trustworthiness, *confirmability*, which refers to the findings and not the objective or subjective stance of the researcher (Sandelowski in Mutikani, 2002, p.48), was ensured by triangulation and reflexivity (Guba in Mutikani, 2002, p.48). The use of multiple methods of data collection was also used to achieve a degree of triangulation and reflexivity was achieved by journaling to explore the phenomenon and related reading material. Apart from ensuring the trustworthiness of the inquiry, ethical concerns were also of paramount importance.

### 1.3.4 Ethical Considerations

While all the traditional ethical considerations, such as informed consent, right to privacy, and protection from harm, were adhered to in this inquiry, an additional sensitivity to one's practice as a researcher is required when working with children orphaned by AIDS. The trauma of their losses may be evoked in the telling of their stories and, as a result, extreme care must be taken to provide the necessary support as they relive the painful parts of their lives. Participants were also informed during the interviews that a referral to therapy would be organised should they require additional support.

Van Manen (1990, p.5) actually describes phenomenological research as a "caring act" based on the premise that one "can only understand something or someone
for whom we care." He highlights the need to "act responsibly and responsively in all our relations with children" so that one's research becomes a "ministering of thoughtfulness" (Van Manen, 1990, p.12). I believe that this caring ethical stance is an essential way of "being" as a researcher when working with children at risk. I endeavoured at all times to uphold this basic practice of phenomenological research in my inquiry to explore the experience of hope in the lives of teenagers heading an AIDS-orphaned home. In addition, Merriam (2002, p.94) recommends that phenomenological researchers explore their own experiences prior to interviewing others – partly to examine the dimensions of the experience, and partly to become aware of their own prejudices, assumptions and viewpoints.

1.4 RESEARCHER'S ASSUMPTIONS

As qualitative research acknowledges that “the reality of an object is only perceived within the meaning of the experience of an individual” (Creswell in Merriam, 2002, p. 93), I decided to explore the meaning of hope to gain a clearer understanding of the structure of hope as it exists in my own life (see Appendix A1). Firstly, this enabled me to examine the dimensions of hope as suggested by Merriam (2002) which facilitated the formulation of more specific questions I would need to ask during the interview. For example, I realised that hope involved the dimensions of distance and time. This means that a light at the end of the tunnel\(^3\) that is close indicates a more hopeful situation than a light that is far away.

Secondly, I assumed that the research participants were hopeful as they were purposefully selected for this inquiry. All participants were teenagers currently in Grade 12 and heading a home in Soweto under the care of a NGO\(^4\). The project co-ordinator of the NGO identified them as teenagers with hope – teenagers who had managed to stay in school despite their circumstances as a way of securing a brighter future (see 3.5.1). I also assumed that some of their experiences and making meaning of hope in their lives may be different from other teenagers heading an AIDS-orphaned home – that their experiences are unique experiences.

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\(^3\) Metaphor that informed my introductory activity in my study: See Appendix C1

\(^4\) See Appendix B1: Demographics of participants
Thirdly, I assumed that my understanding of their experiences will be influenced by my world-view — I prefer to see a glass half-full than half-empty and hence my attraction to positive psychology. It is my belief that if one has hope, one will be more resilient to cope with the stressors of life. In an attempt to “hear” the research participants’ stories, these assumptions need to be bracketed (Merriam, 2002; Moustakas, 1994) to “arrive at the closest we can get to an objective account of the phenomenon in question” (Banister, Burman, Parker, Taylor & Tindall, 1994, p.13). While bracketing (also known as the process of *epoche*) enables the researcher to remain open and receptive to the client’s experience (Moustakas, 1994), the researcher’s worldview also provides another interpretation of reality adding to that of the research participant as they co-construct meaning from the phenomenon being studied (Merriam, 1998, p.23). Therefore, being reflective\(^5\) recognises the different perspectives brought to the inquiry by the researcher and the participant which is seen as a valuable resource rather than factors that must be screened out (Banister et al., 1994). The methods in this inquiry will attempt to comply with the demands of good qualitative research, however, the underlying assumption remains that the “activity of studying something will always change it, will affect it” (Banister et al., 1994, p.14).

This affect on participants leads to my last assumption: that the teenagers in this inquiry will benefit therapeutically - by exploring hope in their lives, they will become more hopeful. According to Snyder et al. (1997, p.7), their story will become their “hopeful personal narrative”, which will form a template of handling adversity successfully and provide a means of navigating the future: “We are on a pilgrimage from the past to the future, and our hope laden personal tales help us to chart this journey” (Snyder et al., 1997, p.18).

### 1.5 OUTLINE OF THE INQUIRY

In Chapter One, I have provided the background and motivation for my inquiry of the experiences of hope in teenagers heading an AIDS-orphaned home. In Chapter Two, I will review the literature in an attempt to contextualise my inquiry

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\(^5\) See Appendices A for examples of my reflections
with regard to the current research on the child-headed family, an understanding of hope and the theory of social constructionism. A more thorough description of the research design and methodology underpinning the phenomenological inquiry will be discussed in Chapter Three. Chapter Four will attempt to make sense of the data according to what was experienced by the participants at the time of the inquiry. And lastly, I will bring the inquiry to a close in Chapter Five with a short discussion of the limitations of the inquiry, as well as some recommendations for future research and practice when working with teenagers from an AIDS-orphaned home.
CHAPTER TWO
PERSPECTIVES ON THE CHILD-HEADED FAMILY, HOPE AND SOCIAL CONSTRUCTIONIST THEORIES

Any research inquiry involves the researcher and the researched. As this is a qualitative inquiry where subjectivity and interpretation play a vital role in the whole research process, I, as the researcher, need to "get closer" to that which is being researched. The researcher working qualitatively is co-constructing with the participants meaning from the phenomenon being studied (Peshkin in Merriam, 2002, p.5). Therefore, I need to deepen my understanding of both the participant as the subject of my research, the teenager orphaned by AIDS, as well as the phenomenon I am researching, that is hope. In addition, the research process to gain my understandings needs to be addressed. According to Dahl and Boss (2005, p.73), the researcher is seen as the primary instrument in phenomenological research. Therefore, a social constructionist framework is perceived as a useful lens through which to view the process of this inquiry. Social constructionism acknowledges that the meaning of the phenomenon being studied will be influenced by the researcher's worldview, values and perspective. This chapter provides the necessary literary framework to get closer to the meaning of hope in the lives of teenagers heading a home.

The topics of the child-headed family, hope and social constructionist theories will, therefore, be reviewed to enable me to act as a reliable research instrument in an attempt to understand hope as I hear the stories of teenagers heading an AIDS-orphaned home. I will look at the child-headed family to shed light on some of the challenges facing children and teenagers orphaned by AIDS as this must influence the stories they tell about themselves. Current intervention programmes and support networks to help children and teenagers at risk will also be discussed. This will be followed by an in-depth review of hope to gain greater insight into the various ways of understanding and describing hope in people's lives. And lastly, social constructionist theories will be explicated to appreciate the value of stories,
the notion of the storied self and the importance of the social context in which we live.

2.1 CHILD-HEADED FAMILIES

As a result of the impact of AIDS on communities, changes are taking place in the care-giving arrangements of children who have lost their parents. An increasing number of orphans are now in the care of either the elderly or teenage boys or girls. The loss of both parents has led to the establishment of households headed by children, mostly in their teens, but with some headed by children as young as ten-to-twelve years old (Foster, 2004, p.71). Therefore the term child-headed family refers to families that have a child or teenager as the primary caregiver.

Although information on child-headed households is limited (Maqoko, 2006, p.38), the plight of children orphaned by AIDS has been made clear by Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou and Chitiyo (2004, p.1) on two accounts. Firstly, by the projections of the number of orphans expected; and secondly, by the lack of caring mechanisms and service structures to support them. The United Nations Children's Fund's report (UNICEF/UNAIDS, 2006, p.11) shows South Africa as currently dealing with 1,2 million orphans due to AIDS – the most in the world. The picture becomes even more alarming when one looks at future projections: Prinsloo (2005, p.31) states that South Africa faces the problem of having to care for two-to-four million children orphaned by AIDS within the next ten years. This means that by 2015, an estimated 18% of all South African children will be “AIDS orphans” (van Dyk, 2005, p.269). The escalating projection of children orphaned by AIDS indicates that the epidemic generates orphans so quickly that extended family networks have been stretched beyond capacity (Mulutsi, 2004, p.103). As parents die of AIDS, children find themselves in a variety of extremely vulnerable situations. The extended family, which proved so effective in the past, can no longer take care of them (Foster, 2004, p.69; van Dyk, 2005, p.269) as additional children place a heavy burden on an already poor household (Winkler & Bodenstein, 2003, p.47).
2.1.1 Orphaned and vulnerable children

The term 'orphan' is commonly understood as a child who has lost both parents. An orphan is defined by UNAIDS as a child under 15 years of age who has lost his/her mother ('maternal orphan') or both parents ('double orphan'), although some research does increase the age to 18 years (Skinner et al., 2004, p.2). This is consistent with the new Child Act, in which a child is defined as a person under the age of 18 years (Government Gazette, 2006, p.20). Children who are orphaned grow up without parental care, love and support and as a result are deprived of the basic human rights of shelter, food, health and education. They are, therefore, prone to psychological problems as they do not have the love and care of adults devoted to their well-being (Moletsane, 2004a, p.3). This emotional deprivation is related to a lack of empathy which in turn may lead to anti-social behaviour. In addition, children orphaned by AIDS do not only face the emotional and psychological trauma of the loss of their parents, but also suffer from the social implications of being an "AIDS orphan", with the additional burdens of stigma, discrimination (Van Dyk, 2005, p.273; Visser, Makin, & Lehobye, 2006) and exploitation (Winkler et al., 2003, p.45). Mulutsi (2004, p.15) concludes that orphanhood is, therefore, a state of extreme emotional deprivation, associated with repercussions long into adulthood.

World Vision (in Skinner et al., 2004, p.2) identified children who live in a household in which one or more persons are ill, dying or deceased as vulnerable. Although this means that orphans are perceived as vulnerable, being an orphan does not always mean that the child is vulnerable as it would depend on the quality of care-giving available (Skinner et al., 2004, p.17). African culture traditionally takes care of children in need. While siblings are often divided among several households within the extended family to lessen the financial burden of caring for the orphans (Moletsane, 2004, p.5), in other instances the extended family has been known to add to the child's vulnerability by taking their inheritance and land, or abusing their social support grants (Skinner at al., 2004, p.10; Winkler et al., 2003, p.46). Even in the care of their relatives, the children do not always experience the love and affection they need and are often blamed for the tragedies
in their families (Winkler et al., 2003, p.46). As a result, Winkler et al. (2003, p.46) describe the orphans as growing up with low self-esteem, feeling unloved and becoming angry children who challenge authority and seek revenge.

Therefore, in attempting to find an overall definition of orphaned and vulnerable children, three core areas of dependence need to be considered (Skinner et al., 2004, p.16):

- Material problems, including access to money, food, clothing, shelter, health care and education;
- Emotional problems, including experience of caring, love, support, space to grieve and containment of emotions;
- Social problems, including lack of a supportive peer group, of role models to follow, or of guidance in difficult situations, and risks in the immediate environment.

Despite the traditional role of the extended family, it has become more strained as a result of a dramatic increase in the number of orphans and a reduction in the number of prime-age caregivers, such as uncles and aunts (Foster, 2004, p.103). As a result, children are left living and working on the streets, working for other people in low-paid domestic or agricultural settings, or living by themselves with their brothers and sisters in child-headed households (Foster, 2004, p.70). Therefore as a result of HIV and AIDS, the concept of family is changing in many societies, especially in Africa where the child-headed family is becoming more common (Moletsane, 2004b, p.169).

However, the meaning of a 'child head' seems to be unclear (Moletsane, 2004a, p.11). Firstly, the level of responsibility that is expected of the child head is uncertain: is it based on moral authority, earnings, decision-making, responsibility for care or merely presence in the home? Secondly, little information is available with regard to the level of support available to the household. Nevertheless, the loss of caregivers and breadwinners places an enormous amount of stress on
orphans as they try to cope with everyday life without the support and protection of parents.

2.1.2 Stressors in child-headed families

Children and teenagers orphaned by AIDS face many problems and suffer more frequently from malnutrition, illness, abuse and sexual exploitation than children orphaned by other causes (van Dyk, 2005, p.270). A model-of-effects of HIV and AIDS on children has been developed by Foster and Williamson (in Richter, 2004, p.14) and underlines the vulnerability of these children (see Figure 2.1 on the next page). I would like to highlight psychological distress as I contend that it is the most overlooked impact of HIV and AIDS on children and teenagers as the focus has been on meeting their daily living needs, such as food and shelter (Germann, 2004a; Leatham, 2005; Louw, 2006; Mulutsi, 2004). Moreover, what is unique about the plight of children orphaned by AIDS is that these problems are extreme and unrelenting and must be faced without adult assistance (Foster, 2004, p.72). An understanding of these stressors is, therefore, vital to this inquiry as children who grow up without the love and care of adults devoted to their well-being are prone to psychological problems (Wild in Richter, 2004, p.12). I have identified the following stressors as having a significant impact on the lives of children and teenagers orphaned by AIDS: the loss of basic human rights, grief, premature adult responsibilities, physical poverty and deprivation, as well as isolation from family and friends.

2.1.2.1 The loss of basic human rights

Foster (2006) describes two categories of children indirectly affected by HIV and AIDS. First are children whose parents are infected with HIV. He maintains that the mental-health impact of chronic parental illness is one of the most poorly understood and neglected difficulties that face these children. As a result, Article 6 of the UN Convention on the Rights of the Child (CRC), protecting children's rights to develop to their full potential, is not possible under these circumstances. The CRC obligations, which set minimal acceptable standards for the well-being of all children, include attention to the survival, protection and development of children.
HIV Infection

Increasing serious illness

Economic problems

Children become care providers

Psychological distress

Death of parents and young children

Problems with inheritance

Children without adult care

Children withdraw from school

Inadequate food

Problems with shelter and material needs

Reduced access to health services

Increased vulnerability to HIV Infection and other diseases

Discrimination

Exploitive child labour

Sexual exploitation

Figure 2.1: Problems faced by children and families affected by HIV/AIDS

as well as their participation in the social environment and issues that concern them (van Dyk, 2005, p.270).

The second category described by Foster (2006) includes the estimated 15 million children orphaned by AIDS whose right to parental care is compromised, as well
as other CRC Articles that perceive parents as primarily ensuring children’s rights. The loss of parents, therefore, compromises children’s access to an adequate standard of living, health and education and increases their vulnerability to illiteracy, poverty, child labour, sexual exploitation, HIV infection and unemployment in adulthood (Foster, 2006). The rights of children who are orphaned are, therefore, being compromised as governments fail to meet the obligations contained in the CRC and children continue to suffer the social, economic and psychological effects of HIV and AIDS. In addition to the deprivation of human rights as a child orphaned by AIDS, the impact of bereavement itself on the mental health of these children needs to be highlighted.

2.1.2.2 Disenfranchised grief
Van Dyk (2005, p.273) asserts that children affected by AIDS start grieving long before the actual death of their parent(s) as they are faced with the trauma of nursing and watching their parent(s) die of AIDS. Besides, they are not emotionally equipped to deal with this care-giving role. Thereafter, they have little opportunity to grieve the death of their parent which can lead to a complicated form of grief that shadows them throughout their childhood years and into adulthood. Doka (in Mulutsi, 2004, p.33) describes the type of grief experienced by children orphaned by AIDS as “disenfranchised”, which hinders their progress through the normal stages of grief. It is a grief that is not or cannot be openly acknowledged, publicly mourned, or socially supported. It all starts with the secrecy that surrounds people living with HIV, because they fear discrimination and prejudice from the people they love and do not want to disappoint their families and bring shame to their communities (Winkler et al., 2003, p.17).

Mulutsi (2004, p.34) highlights the factors which significantly compound a child’s grief on the loss of a parent to AIDS: the denial of HIV and AIDS because of fear of rejection by the community; the social stigma and secrecy associated with the disease leaving orphans feeling helpless, distressed, shameful, insecure and depressed; bereavement overloads as a result of multiple deaths of family members; socially unacceptable nature of the death of their parents pressurises
children to keep their sadness, disappointment, blame, guilt, shame and anger to themselves; and economic hardships of caring for an ill family member and funeral costs; and ultimately, the loss of the breadwinner of the family threatens the child’s basic survival needs. Despite the severe psychological trauma faced by children orphaned by AIDS on the compounded loss of their parents, my concern is heightened by Mulutsi’s (2004, p.36) finding that not much has been done to develop therapeutic programmes to support them through the normal grief process. In addition to the stress of grief, Kluckow (in van Dyk, 2005, p.272) identified other challenges facing children affected by HIV and AIDS: role changes, physical poverty and deprivation as well as isolation from family and peer group.

2.1.2.3 Role changes: early adult responsibilities
Children in child-headed families lose their own childhood as they are forced to take on adult responsibilities at such a young age (Maqoko, 2006, p.39; Moletsane, 2004, p.169; Mulutsi, 2004, p.90; Winkler et al., 2003, p.47). Some teenagers as young as fourteen and fifteen act as heads of households (Prinsloo, 2005, p.31) - taking care of younger siblings without adult supervision. In other cases, children as young as eight cook, fetch and carry water from the communal tap, and bathe their younger siblings every day (Moletsane, 2004, p.169). This role reversal for children in the family system imposes the dual role of both a victim and a caregiver without support at a very young age (Mulutsi, 2004, p.90). The resultant lack of childhood has serious implications for normal childhood development (van Dyk, 2005, p.273). Hence, these children and teenagers may experience low self-esteem and tend to suffer from more aggressive behaviour, anxiety and depression in adulthood (Doka in Mulutsi, 2004, p.90).

2.1.2.4 Physical poverty and deprivation
Poverty is the undeniable background to the HIV and AIDS epidemic, as the loss of income goes hand in hand with increased medical expenses. The children are often left destitute after the death of a parent with no income, and, in some cases, the seizure of their parent’s property by relatives (van Dyk, 2005, p.273). According to the UNICEF report (2006, p.10), funeral expenses can also reduce
the financial resources of AIDS affected households. There are at present three welfare grants that are available to children affected by AIDS: the Child Support Gant (R180 per child under the age of 14 per month); the Foster Grant (R560 per child per month) and the Care Dependency Grant (R740 per child per month). However, many eligible children and households do not receive grants either because they are unaware of their rights or lack of the correct documentation (Foster, 2004, p.81). In many cases, the children in a child-headed home do not have access to these grants as the heads of the household. They are under the age of 21 and not recognised by the law, and therefore, not eligible for support grants (Maqoko, 2006, p.40; Social tract, n.d.).

As a result of financial difficulties, children who are orphaned may become involved in delinquent behaviour, such as prostitution, stealing, and hijacking as a means of earning an income (Mulutsi, 2004, p.89). Richter (2004, p.23) notes that poverty is associated with deprivation syndromes in children, which include poor growth and health, attenuated motivation and passivity, impoverished experience and frames of reference, and lower cognitive performance. In addition, the likelihood of maladjustment is increased when adverse conditions are enduring, when stressors are cumulative and when children are given few opportunities for support and hope. Hence, I emphasise the need for early intervention strategies of identification and psychosocial support of children and teenagers orphaned by AIDS.

2.1.2.5 Isolation from family and peer group

Many children affected by HIV and AIDS have to drop out of school because of financial problems and increased responsibilities. This isolates them from their peer group, depriving them of an influence vital to their ongoing identity development (van Dyk, 2005, p.273). The loss of learning also has serious implications for their development. Prinsloo (2005, p.31) reports that children who are orphaned are so traumatised because of increased responsibilities and lethargy as a result of unmet needs, that they lose all interest in learning and concludes: “They have little hope of attaining academic achievements and no
hope of a prosperous future." As a result of their responsibilities as the head of a home, there is little time to play or spend leisure time with friends. They are often further traumatised by stigmatisation and rejection, which leaves them more vulnerable and isolated (van Dyk, 2005, p.273). I believe the well-being of children who are orphaned is therefore threatened, as they face life's challenges on their own. According to an UNAIDS report (in Mulutsi, 2004, p.114), many children orphaned by AIDS have poor life skills and exhibit psychosomatic disturbances, depression, low self-esteem and hopelessness. This is the situation that I am addressing in this inquiry in the exploration of hope in the lives of teenagers identified as coping.

In conclusion, I acknowledge Du Preez's (2004, p.54) claim that children affected by AIDS face psychological challenges as they deal with the issues of grief, loss of identity, shame, stigmatisation, fear of abandonment and rejection, and death; and endorse his recommendation for psychosocial support and childcare to help them cope with stigmatisation and psychosocial trauma.

2.1.3 Support networks
Fortunately, some child-headed homes are given the recommended support and childcare by community support networks like Church-based organisations and NGOs. Many initiatives pioneered by churches recruit and train volunteers to visit children who are orphaned in their homes to assess their needs and provide empathic and informational support (Mulutsi, 2004, p.105). Foster (in Mulutsi, 2004, p.105) maintains that direct home-based visiting with material support is a more appropriate approach in Zimbabwe, than prescriptive external solutions such as institutions, foster homes and day care centres. Mulutsi (2004, p.113) reports that although community organisations are taking the lead in caring for children who are orphaned, the focus is on food, shelter, clothing and spiritual needs, with no provision for the psychological and emotional needs of these children. These provisions fulfil the basic need for subsistence, but are not sufficient for the optimal development of children.
2.1.3.1 Needs-based model of support

According to Max-Neef (in van Dyk, 2005, p.271-274), all children have physical, emotional, social and intellectual needs that must be met to ensure their healthy development into fulfilled and productive adults. Table 2.1 (see next page) identifies the ten fundamental children’s needs that are constant in all cultures and all times, and which need to be taken into account when setting up psychosocial support structures to address the orphan problem. I hypothesise that little hope can exist in teenagers with unmet needs. In addition, Max-Neef’s model is helpful as it highlights the need to move beyond the basic needs of subsistence and protection to address higher order needs as well. These include the need for affection, identity, understanding, participation, leisure, freedom, creation and transcendence. My hypothesis is supported by Max Neef (in van Dyk, 2005, p.273), who claims that a child whose needs are not fulfilled lives in poverty and each unfulfilled need has the frightful effect of generating pathologies. Without psychosocial support children orphaned by AIDS may suffer long-term social and emotional impairment and may be at risk of developing psychological and behavioural disorders.

2.1.3.2 School as node of care

In Mulutsi’s (2004, p.83) review of literature on effective interventions to address children’s emotional trauma following wars and natural disasters, she concludes that the school is the most natural support system beyond the family for the following reasons: firstly, schools are public institutions sanctioned by society to have daily interaction with children; secondly, children spend a lot of time with teachers, who therefore have ample opportunity to observe a child in crisis; thirdly, the school is generally equipped with recommended intervention materials as part of the school curricula; fourthly, children are familiar with school personnel such as guidance teachers and school social workers. Moletsane (2004a, p.2) also sees schools as “normal” places for children whose home lives have been disrupted, as they are friends with teachers and other learners. Like Moletsane (ibid.), I believe that educators have an important role in providing psychosocial support for children affected by HIV and AIDS. Leatham (2005, p.114), in her inquiry of the
experiences of teenagers in child-headed families, notes that education was an important contributor to the success of their future.

**TABLE 2.1 PSYCHOSOCIAL SUPPORT TO FULFIL FUNDAMENTAL NEEDS OF CHILDREN**  
(Source: Adapted from van Dyk, 2005, p.274-275)

<table>
<thead>
<tr>
<th>Fundamental Human Need</th>
<th>Potential deprivation due to HIV/AIDS</th>
<th>Psychosocial Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subsistence</strong></td>
<td>• Loss of family home</td>
<td>Adequate provision of:</td>
</tr>
<tr>
<td></td>
<td>• Reduction/loss of income</td>
<td>• Nutritious food</td>
</tr>
<tr>
<td></td>
<td>• Deprivation of food and clothing</td>
<td>• Family home/shelter</td>
</tr>
<tr>
<td></td>
<td>• Deterioration of physical health</td>
<td>• Appropriate clothing</td>
</tr>
<tr>
<td></td>
<td>• General decline to poverty</td>
<td>• Primary health care</td>
</tr>
<tr>
<td><strong>Protection</strong></td>
<td>• Loss of parental protection/ guidance → increased risk of abuse</td>
<td>Reliable adult caregiver conveying message of safety from illness or harm (neglect, abuse or abandonment)</td>
</tr>
<tr>
<td></td>
<td>• Loss of social security→stigmatised</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Exposed to elements due to poverty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Physical vulnerability</td>
<td></td>
</tr>
<tr>
<td><strong>Affection</strong></td>
<td>Loss of:</td>
<td>Familial support and love</td>
</tr>
<tr>
<td></td>
<td>• Family love &amp; nurturing</td>
<td>• Stable, loving relationships</td>
</tr>
<tr>
<td></td>
<td>• Sibling/peer/extended family contact</td>
<td>• Peer intimacy</td>
</tr>
<tr>
<td></td>
<td>• Environment for expressing emotions</td>
<td>• Safe space for emotional expression</td>
</tr>
<tr>
<td><strong>Identity</strong></td>
<td>• Loss of normal environment for healthy development of self-esteem</td>
<td>Adults creating a sense of connectedness/belonging</td>
</tr>
<tr>
<td></td>
<td>• Emotional trauma→identity crisis</td>
<td>Encouraging, empathic adults to build self-esteem</td>
</tr>
<tr>
<td></td>
<td>• Loss of sense of belonging</td>
<td></td>
</tr>
<tr>
<td><strong>Understanding</strong></td>
<td>• Secrecy, school drop-out &amp; trauma→ impaired insight of self &amp; environ</td>
<td>Guidance to build child’s world of self/family/comm</td>
</tr>
<tr>
<td></td>
<td>• Loss of link with “outside” world</td>
<td>Schools to expand world-view &amp; give direction</td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>Loss of participation in:</td>
<td>New environments to value child &amp; their rights</td>
</tr>
<tr>
<td></td>
<td>• Family/comm/school/peer activities</td>
<td>• Enriched environments</td>
</tr>
<tr>
<td></td>
<td>• Life generally – continual trauma</td>
<td></td>
</tr>
<tr>
<td><strong>Leisure</strong></td>
<td>Inc responsibilities→loss free time</td>
<td>Time &amp; space for play</td>
</tr>
<tr>
<td></td>
<td>• Recreational deprivation as labourer</td>
<td>Encourage time with peers</td>
</tr>
<tr>
<td><strong>Freedom</strong></td>
<td>Loss of:</td>
<td>Caregiver to honour child’s rights to improve status in family school &amp; comm</td>
</tr>
<tr>
<td></td>
<td>• Human rights</td>
<td>• Allow children to express &amp; experience independence</td>
</tr>
<tr>
<td></td>
<td>• Autonomy and control of destiny</td>
<td></td>
</tr>
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<td></td>
<td>• Freedom of speech &amp; movement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Choices regarding home &amp; family</td>
<td></td>
</tr>
<tr>
<td><strong>Creation</strong></td>
<td>School drop-out/changed role→loss of opportunities to express creativity</td>
<td>Families, schools &amp; comm. to encourage talents</td>
</tr>
<tr>
<td><strong>Transcendence</strong></td>
<td>Impaired capacity to imagine one’s place in the larger spiritual context</td>
<td>Inculcate spiritual life thru cultural/religious practices</td>
</tr>
</tbody>
</table>
2.1.3.3 Support structures in the inclusive education system

The school, therefore, not only provides an education that can lead to a brighter future, but it also gives the child who is orphaned additional opportunities to get assistance from teachers and support structures set up by the inclusive education system such as the School Based Support Teams (SBSTs). South African education is currently being transformed to being more inclusive as reflected in many Department of National Education documents (Ebersohn & Eloff, 2006a, p.459). Inclusive education envisages the implementation of a single, inclusive system of education that has the capacity to provide support to all learners. In addition, the National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions (DoE, 2001 in Ebersohn et al., 2006a, p.458) is a policy document which focuses on vulnerable children affected by HIV and AIDS. However, Ebersohn et al. (2006a, p.459) note that these policies do not seem to be widely or effectively implemented and recommend Giese, Meintjes, Croke and Chamberlain’s call for the utilisation of schools as nodes of care and support for vulnerable children. This supports Winkler and Bodenstein’s (2003, p.70) notion that by adopting a caring response to the HIV and AIDS crisis, schools can become active partners in dealing with the crisis.

2.1.3.4 Care committees

I share Winkler and associates’ (2003, p.41) vision of the school playing a vital role in bringing the school and isolated families who live with HIV and AIDS together, such that the larger school community becomes one big family. They propose establishing a care committee in schools made up of educators, parents, members of the community (such as church leaders) and a health worker who can advise on HIV and AIDS – and I would include the educational psychologist as a key role-player. In many instances, the SBST could function as the care committee as proposed by Winkler and Bodenstein (2003). The task of the care committee is to develop and implement a HIV and AIDS policy and programme in the school. In this way schools could identify families that need support and build capacity for home-based care by setting up groups to do home visits.
The burden the disease places on children in the family is often underestimated, as they are often the last to be told that there is HIV in the family and are left to worry by themselves and listen to rumours as they try to understand their parent's illness and the community's avoidance. I believe the care committee can play an important role in supporting the family to cope with illness and death. The ailing parents can be encouraged to talk to their children about their family and the future to prepare them for a time when they will be alone with only the memory of their parents. Like van Dyk (2005, p.277), I am of the opinion that preserving family memories is an important part of home-based care, as knowing the family story and having happy memories can help children cope with the death of a parent. In addition, a study in Uganda showed that by involving community members in home-based care, there was a gradual acceptance of HIV in the community as care-givers became more empowered (Winkler et al., 2003, p.37). Therefore, I contend that the school community has a large role to play in the care of families living with AIDS, as Winkler et al. (2003, p.10) maintain that young people are the most vulnerable group in society and the school's responsibility will increase as more children become orphans.

2.1.3.5 Circle of care
I concur with Winkler et al. (2003, p.10) that governing bodies of schools also have a role to play with their new powers to protect children at risk in the community. They can, for example, create special projects to cater for children's needs - such as establishing a special trust to help pay for their school fees or providing after-care services and meals. In particular, I am in agreement with Louw's (2006, p.46) recommendation of a thorough needs-analysis to weave a circle of care around children affected by HIV and AIDS within the school. Her findings indicate that families experience discrimination and stigma and need more acceptance and understanding from their community and schools (Louw, 2006, p.65). Therefore, I maintain that the educational psychologist will be a key partner in providing support and training to school personnel and utilising collaborative skills to network with community organisations, enabling them to establish circles of care to empower families affected by HIV and AIDS and bring them hope.
Schools would, therefore, not only provide formal education, but as nodes of care and support serve as an interface between communities and service providers. In this way, social development services, health services and NGOs would have access to children orphaned by AIDS and communities that attempt to support them. Ebersohn et al. (2006a, p.464) provide good examples of systems working together from the after hours use of school classrooms for bedrooms or literacy classes, to the identification of caregivers in the community who could facilitate extra curricular activities focused on life skill development, homework support or games. They conclude with the powerful words of a community leader practising the good inclusive principles of support: at least if they come to school, we know the children get the food... So we're not just a school anymore these days, we're a school, a farm, a dairy, a fish farm, and a home. (Ebersohn et al., 2006a, p.465).

Apart from schools, other microsystems\(^6\) of support have also been highlighted as helpful in the lives of children who have been orphaned as a result of AIDS.

2.1.3.6 Peer and sibling subsystems
Leatham (2005, p.119) found the peer and sibling sub-systems provided strong social support to children from AIDS-orphaned families rather than the extended family as expected by traditional African customs. Donald, Lazarus and Lolwana (2002, p.224) also describe peers as having a powerful influence on the development of the child especially within socially disadvantaged contexts where peer support may have to make up for the support traditionally provided by the family. However, Leatham (2005, p.130) researched the lived experiences of teenagers in the child-headed family and recommends additional support for teenagers heading the orphaned home. In particular, this inquiry is a response to her suggestion that serious attention needs to be given to the psychological well-being of child-heads who take responsibilities for their families. She emphasizes the need for more research to understand their specific needs as they cope with emotional pressure to provide for their siblings and manage a household while still studying at school themselves. Hence the motivation of this inquiry is to explore

\(^6\) Microsystem according to Bronfenbrenner's ecological model include the family, school and the peer group in which children are closely involved in face-to-face interactions. Face-to-face are the most important in shaping lasting aspects of development (Donald et al., 2002, p.51).
the hopeful experiences of teenagers heading the home in an attempt to provide recommendations on how to support them (see 3.3.2).

The support of the care-giver has been noted by other researchers who found that Kibbutzim mothers were not able to give emotional support to their children when they themselves needed the support on the loss of their husbands during the Yom Kippur War in 1973 (Mulutsi, 2004, p.49). Therefore, children of unsupported emotionally depressed caregivers are vulnerable and predisposed to further emotional trauma. The role of the child-head in keeping the family together is, therefore, vital as literature supports the importance of a family in healthy childhood development.

2.1.4 Role of the family in childhood
The family unit is generally recognised as providing the ideal context for healthy childhood development satisfying not only basic physiological needs, but also emotional and other higher order needs (Duncan & van Niekerk, 2001, p.328). As security, love and support are the key ingredients provided by the family for healthy emotional development (Davies in Mulutsi, 2004, p.5), separating a child from his/her family impacts on the child’s emotional development. Studies reported by UNICEF have repeatedly established the importance for children to grow up in a family environment. Findings indicate that the closer children remain to their biological family, the more likely they are to be well cared for and the greater the chance that they will attend school more consistently, regardless of their poverty level (UNICEF, 2006). In addition, Tsoi, Yu and Lieh-Mak (in Mulutsi, 2004, p.97), contend that emotional trauma seems to be buffered when children are placed within the support and protection of their families.

Institutionalising children who are orphaned is also not seen as a solution to the problem of caring for them (UNICEF, 2006, p.19). It not only separates them from their siblings (adding to their emotional distress), but it removes them from their communities. As a result, they are not given the opportunity to be socialized in a community in which they have to live, and often experience difficulties
reintegrating in early adulthood due partly to community stigma (ibid.). I support Machel's (in Mulutsi, 2004, p.102) recommendation that it is more effective to establish family units, and replicate extended and nuclear family structures to keep siblings together and allow children who are orphaned the benefit of growing up in a family system.

2.1.5 Intervention programmes to support children orphaned by AIDS

According to the UNICEF report (2006, p.9), the knowledge base on the status of orphans and vulnerable children in sub-Saharan Africa needs to be expanded and strengthened to implement an appropriate response at the required scale. In particular, they highlight the need to step up efforts to measure the effectiveness of programmes supporting orphans and vulnerable children. They highlight a lack of adequately resourced action that is based on well-researched evidence to ensure that children who are orphaned grow up safe, healthy, happy and well-educated, with a chance to achieve their true potential.

Mulutsi (2004) conducted a literature survey with a focus on optimal psychological care for orphans of parents who died from HIV and AIDS. Mulutsi (2004, p.9) highlights the need for the urgent development of a suitable programme for the effective psychological care of children who are orphaned to help them cope with the psychological and emotional trauma of losing a parent. Early parental death is associated with the risk of later psychopathology and, therefore, predisposes them to the increased risk of emotional and behavioural disorders (ibid.). She contends that while the South African National government mobilised financial and material resources for orphans (R550 foster grant); provided social welfare, legal benefits and human rights support to protect the educational and constitutional rights of orphans; investigated the use of welfare benefits to assist children; and subsidized adoption of children orphaned by AIDS, they failed to address the psychological needs of children who are orphaned (ibid.). Therefore, the provision of favourable conditions and material needs fails to provide a protective barrier against psychological difficulties of children who are orphaned. As hope is a protective phenomenon (Kylma et al., 2003), I believe that an understanding of hope in the
lives of resilient teenagers is the foundation of building future psychological support structures.

In an attempt to deal with the large numbers of children in need of psychological care in South Africa with the shortage of psychologists, I believe that group therapy is a possible solution. According to studies reported by Mulutsi (2004, p.63), healing after emotional trauma is facilitated in group therapy when children feel supported by their peers and when they can talk with others who have had similar experiences. As literature highlights the school as a natural support system other than that of the family for children, the implementation of psychological care within group therapy can be provided through the education system.

The Education Ministry, however, has plans to analyse on an ongoing basis the effects of HIV and AIDS on the education system to develop and implement suitable programmes in conjunction with provincial departments of education and the Departments of Social Development, Health and the Public Service Administration:

These programmes will include special measures, such as strengthening our information systems, establishing a system to identify orphans, co-ordinate support and care programmes for such learners, put in place referral procedures for educators, and develop teaching guidelines on how to support orphans and other children in distress (Department of Education, 2001, p.34).

While the school remains a viable system in which to implement psychological care of orphans, other factors need to be considered to ensure the sustainability of support programmes. A study of various sustainable programmes aimed at accommodating vulnerable children by Ebersohn et al. (2006a, p.459), found that they shared the following characteristics: community-based intervention, building and strengthening internal capacities, community resource mobilisation, networking and establishing links, advocacy, using embedded (indigenous) knowledge and practice and information sharing. I contend that one of these characteristics forms the backbone of this inquiry: an understanding of hope to build and strengthen the internal capacities of teenagers heading an AIDS-orphaned home. In building internal capacities, I would like to emphasise the
importance of supporting the whole child as the child orphaned by AIDS is a part of larger ecosystems affected by the AIDS epidemic. Richter (2004, p.24) highlights the importance of social support at the level of the family, school and wider-based community:

Disordered behaviour of the kind that threatens security, such as widespread aggression and disregard for social norms, has a closer association with the weakening of social institutions than with individual-level experiences. For this reason, the strength and quality of social institutions, such as the family, school, church and community associations are critical for children's capacity to cope with the effects of the epidemic, and to avert personal distress, maladjustment and social disorder.

I also believe in the holistic support of children, and support Germann's (2004a, p.105-107) appeal for countries affected by the AIDS crisis to develop community-based orphan care responses as developed by the International Federation of Red Cross and Red Crescent Societies. This represents an international shift from a 'needs-based' to a 'rights-based' model of support and provides practical step-by-step programming guidelines for communities to respond to the psychosocial implications of HIV and AIDS. The 12 step guidelines recognise the importance of community ownership of programmes for orphans and vulnerable children:

- the importance of understanding the local context;
- selecting volunteers to act as good advocates for orphans and vulnerable children at community level;
- working to reduce stigma and discrimination by targeting all vulnerable children – not just orphans;
- integrating family care and keeping children within the care of the family – removal should only be considered in the case of neglect or abuse;
- keeping siblings together to preserve a sense of identity and shared family history;
- providing psychological, emotional and social support; helping children to remain healthy including primary health care;
- ensuring that children remain in school and encouraging participation in religious groups;
- helping children to learn about HIV and AIDS prevention;
helping families to resolve legal matters related to the children’s future;
and continual monitoring and evaluation of programmes to make the necessary adjustments.

I therefore, support Germann’s (2004a, p.110) call for the engagement of parliamentarians to shift vulnerable children issues to the centre of public policy and action, and the participation of religious leaders to achieve large-scale social mobilisation of the traditional African concept of “everyone’s child.”

2.1.6 Implications for this inquiry
Although orphans have been defined in numerous ways, for the purposes of this inquiry an orphan will be understood as a child below the age of 18 who has lost one or both parents and as a result bereaved of previous advantages such as parental care, support and protection (Maqoko, 2006, p.29). While the teenagers in this inquiry range from 18 to 19 years old, they are all looking after their siblings who are “orphans.” In addition, they were all orphaned at a much younger age when they needed to assume responsibilities as head of the household. They are also all still at school, and trying to cope with these commitments without the support of parents.

A review of literature highlights that the loss of parents results in stressors that include disenfranchised grief that is largely overlooked in the predominantly physical care of children orphaned by AIDS. The fact that an “AIDS orphan” is not just another orphan, but a child who has suffered from a number of significant psycho-social traumas, is clearly highlighted. Although the focus of this inquiry is a conceptualisation of hope in the lives of teenagers heading an AIDS-orphaned home, the stressors highlighted in this review need to be acknowledged as part of their story of hope. The teenagers in this inquiry have the support of an NGO that has enabled them to construct a story of hope in their lives.

The NGO involved assists 2000 children in 471 homes in Soweto, Gauteng providing them with food, clothing, water, electricity, school fees and supplies, health and transport. It also provides support, mentoring, life skills and counselling.
to help the children in these child-headed households grow into well-developed adults. In addition, they believe in the preservation of the family unit so that siblings continue to live together in their homes, creating strong sibling solidarity and promoting the family unit and structure. They, therefore, recognise the role of the family as a vital ingredient of healthy childhood development as highlighted in the literature review. The NGO also aims to ensure that at least 80% of the children will be employed or continue with tertiary education after leaving school (Keep a child alive, 2006). Education has also been emphasized as an area of deprivation because children who are orphaned have to cope with increased responsibilities in the home and drop out of school. Therefore, I do not consider the orphans in this inquiry as “vulnerable”, according to Skinner and associates’ (2004, p.10) definition of orphaned and vulnerable children, as the three core areas of dependence, that is material, emotional and social needs, have largely been met. As a result, I assume that the teenagers heading the AIDS-orphaned home in this inquiry have had adequate support to develop a positive worldview which includes living with hope – the focus of this inquiry.

2.2 DEVELOPING AN UNDERSTANDING OF THE PHENOMENON OF HOPE

As my understanding of hope in the lives of teenagers heading an AIDS-orphaned home will be influenced by my conceptualisation of the phenomenon, I decided to explore what hope means to me as a Christian. Hope is an essential element of Christian life joining hands with faith and love (1 Corinthians 13:13). It is perceived as “living”:

In his great mercy he has given us new birth into a living hope through the resurrection of Jesus Christ from the dead, and into an inheritance that can never perish, spoil or fade – kept in heaven for you, who through faith are shielded by God’s power until the coming of salvation that is ready to be revealed in the last time (1 Peter 1:3).

Hope, therefore, holds much promise for me as a Christian – it offers a new life, eternal life and protection. This gives meaning to my life to fulfil the promises God has made to me. However, hope can have less noble meanings in my life from hoping to pass an exam to hoping for no traffic jams on my way to work in the morning. Generally, hope is understood as “a feeling of desire for something and confidence in the possibility of its fulfilment” (McLeod & Hanks, 1985). As the
participants of this inquiry are black South African teenagers whose parents have
died of AIDS, a closer look at hope from an African perspective will provide an
important frame of reference.

The following translations (see Table 2.2 below) indicate that hope is related to
trust and faith. In the words of an African colleague:

Hope in Pedi (Northern Sotho) means having a strong belief/faith that
something will happen, either good or bad. When you have faith in whatever,
you believe in God/ancestors – you therefore cannot lose hope.

It is interesting to note that a belief in a spiritual being is also an important element
of hope from an African perspective. This is confirmed by another black South
African clinical psychologist interviewed by me who described hope as “a spiritual
force that enables us to persevere in periods of adversity and not be fazed by our
struggles.” She describes hope as the “determination to get through adversity in
order to access the silver lining on the dark cloud” and as an “attitude that
continues to see positivity in the midst of adversities.” This positive mindset is not
very different from a conceptualisation of hope from a Western psychological
perspective.

<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sotho</td>
<td>tshepa</td>
<td>trust, hope</td>
</tr>
<tr>
<td>Tswana</td>
<td>solofela</td>
<td>hope</td>
</tr>
<tr>
<td>Xhosa</td>
<td>ndithemba</td>
<td>hope</td>
</tr>
<tr>
<td>Zulu</td>
<td>-ethemba</td>
<td>have faith, trust, hope</td>
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From a Western perspective, Positive Psychology can also offer another view on
hope in a child’s life as a positive behavioural style of adapting to environmental

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7 See Appendix C4: A questionnaire was given to two colleagues to explore their experiences of
hope
2.2.1 Looking at hope through a Positive Psychology lens

The study of hope within Positive Psychology has contributed towards a better understanding of how and why children take a positive view of the world (Carr, 2004, p.77). Positive Psychology is a new branch of psychology which focuses on the client's resilience, resourcefulness and capacity for renewal (Carr, 2004, p. xvii). It represents a move away from the pathological emphasis of the medical model to recognise a more positive side of the human experience. The traditional preoccupation with human deficits is exchanged with an appreciation of "human capacities, healthy inclinations and virtuous possibilities" with themes such as altruism, compassion, coping, creativity, emotional intelligence, forgiveness, hope, humour, resilience, resourcefulness, self-efficacy and spirituality (Mahoney in Snyder et al., 2005, p.745).

The Positive Psychology alternative is to focus on the child in the process of development in an attempt to promote functioning, competence and overall mental health at any particular time (Roberts et al. in Snyder et al., 2005, p.663). Therefore, the primary thrust of Positive Psychology is the prevention of mental disorder and promotion of mental health. Building strengths, such as future-mindedness, hope, interpersonal skills, courage, the capacity for flow, faith and work ethic, buffers the child against tribulations that put them at risk for mental disorder (Seligman, 2002, p.27).

Mental health is therefore, more than the absence of mental disorder. According to the World Health Organisation, concepts often used to portray mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualisation of one's intellectual and emotional potential (Freeman, 2007, p.178). Seligman (2002, p.261) sees subjective well-being as the same as happiness and describes them as the desired outcomes of Positive Psychology. He believes that people can cultivate happiness, and thus well-being, by using their strengths to experience positive emotions. Satisfaction, contentment, and serenity are past-oriented emotions; optimism, hope, trust, faith and confidence are future-oriented emotions; while
those about the present include joy, ecstasy, calm, zest, ebullience, pleasure and flow (Seligman, 2002, p.62). Therefore, hope as a future-oriented emotion can promote a sense of happiness and well-being.

Whether or not we have hope depends on two dimensions: the first is the dimension of time where an event can be seen as temporary or permanent; while the dimension of space examines the pervasiveness of an event – whether it has specific or universal origins (see Figure 2.2 below). The art of hope is described as finding permanent and universal causes for good events along with temporary and specific causes for misfortune (Seligman, 2002, p.92). As a result, hope is related to attributions that people make for important life events: the optimistic attributional style is the pattern of external, variable and specific attributions for failures (e.g. I failed because I’m hung over) instead of internal, stable and global attributes (e.g. I failed because I’m stupid) (Snyder, Rand & Sigmon in Snyder et al., 2005, p.257). Although a goal-related quality is implicit in this theory of optimism in that optimistic people are seen as trying to distance themselves from negative outcomes, hope theory is explicitly goal-oriented.

<table>
<thead>
<tr>
<th>PERMANENCE (TIME)</th>
<th>PERMANENCE (SPACE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary</td>
<td>Specific</td>
</tr>
<tr>
<td>Bad events: I’m hung over (hopeful)</td>
<td>Good events: I’m lucky (hopeless)</td>
</tr>
<tr>
<td>Permanent</td>
<td>Universal</td>
</tr>
<tr>
<td>Good events: I’m talented (hopeful)</td>
<td>Bad events: I’m stupid (hopeless)</td>
</tr>
</tbody>
</table>

Figure 2.2 The art of hope  
(Adapted from Seligman, 2002, p.88-92)

From a hope theory perspective, hope is defined as a cognitive process based on the assumption that human actions are goal directed (Synder et al., 2005, p.258). Hopeful thought involves both pathways thinking: the belief that one can find pathways to desired goals; and agency thinking: the motivation to use those pathways to reach those goals (Snynder et al., 2005, p.257). Thinking is hopeful
because the person feels the goal is attainable – an analogy of a journey is useful to clarify the process. Firstly, the destination (goal) is clear; secondly, the person has a "roadmap" or waypower of how to reach the destination, despite possible roadblocks along the way; and thirdly, the "engine" or willpower to drive him/her to get there (Snyder et al., 1997, p.5-6). As a result, hope serves to drive emotions and well-being of people: positive emotions flowing from perceptions of successful goal pursuit, and the perceived lack of progress toward major goals is the cause of reductions in well-being (Snyder et al., 2005, p.258).

As shown in Figure 2.3 (see below), the development of hope begins immediately after birth as newborns undertake pathways thinking to gain a sense of "what goes with what." By one year of age the child has learned the process of causation – that he or she can cause a chain of events to happen which contribute to a sense of personal agency.

Figure 2.3 Snyder's Hope Theory (Carr, 2004, p.89)
The “outcome value” becomes important in the pre-event analysis phase. If imagined outcomes have sufficient value to demand constant mental attention, then the person moves into the feed-forward flow of hopeful goal-directed thinking (event analysis phase) wherein the pathways and agency thoughts iterate. In addition, the feedback process is composed of particular emotions that result from perceived successful or unsuccessful goal attainment (Snyder et al., 2005, p.259-260). Snyder and colleagues (in Snyder et al., 2005, p.267), found that hope correlated with meaning in life based on the premise that through self-reflections about selected goals and the perceived progress in the journey towards those goals, a person constructs meaning in his/her life.

2.2.2 Understanding the meaning of life
Children who have lost their parents have been robbed of the support structure of their family system. This is a significant loss as children depend on their family for love, devotion, belonging, fun and joy (Framo in Gladding, 2002). With the loss of their loving support structure, I hypothesized that the children must be thrown into a premature existential crisis and left with no meaning in their lives. Hence I decided to review existential theory in an attempt to understand their experience of being left alone without parents. The existentialists believe that part of the human condition is the experience of aloneness (Corey, 2001, p.149). This sense of isolation comes when one recognises that one cannot depend on anyone else for one’s own confirmation. This means that we alone must give a sense of meaning to life; we alone must decide how we will live. According to Viktor Frankl (1984, p.84), who suffered for years in a Nazi concentration camp where he lost his mother, father, brother and wife, “He who has a why to live for can bear with almost any how.” In the midst of this overwhelming trauma and stripped to a bare existence, he was able to find meaning in his life by helping others in the concentration camp. As the meaningfulness of life is the cornerstone of psychological well-being (Prochaska & Norcross, 2003, p.126), I felt I needed to understand the nature of the “why to live for” in the teenagers of my inquiry and explore the meanings they have made of the loss of parental support.
The meaning of life is not an abstraction⁸ (Frankl in Prochaska et al., 2003, p.127) – it is a reality that the teenagers heading an AIDS-orphaned home will have to face. Frankl believes that even in the face of fate, a person has a choice and is responsible for the attitude that is assumed toward fate. “Man can preserve a vestige of spiritual freedom, of independence of mind, even in such terrible conditions of psychic and physical stress” (Frankl, 1984, p.74). This prompted me to ask the following questions in my inquiry when reviewing the data: What are the choices this child has made? and How responsible is he/she? Researching hope with these questions in mind can inform the development of therapeutic support programmes to assist children who are orphaned to cope with the loss of their parents and the hardships of orphanhood.

Prochaska and Norcross (2003, p.113) believe that the therapist’s work from an existential perspective begins with an understanding of the phenomenological world of the client as it focuses on the immediacy of experience, the perception of experience and the meaning of that experience. Therefore, understanding the meaning of the teenagers’ experience of hope also supports the choice of research methodology for my inquiry. A phenomenological design will give me an opportunity to experience the teenager’s “unique construal of the world without imposing any theoretical or personal preconceptions onto the [teenager’s] experience” (Prochaska et al., 2003, p.113).

2.2.3 Hope as a building block of resiliency
An understanding of therapeutic interventions that engender hope would be helpful when building support structures for children orphaned by AIDS within an inclusive educational setting. Children living in child-headed households face problems such as food insecurity; problems of access to education and skills training; the struggle to meet material needs; the absence of psychosocial support; poor life skills and knowledge; abuse and exploitation; absence of a extended family network; poor housing conditions and insecurity of tenure; and poor access to health care (Foster, 2004, p.72). In the face of such difficulties without adult assistance, a

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⁸ generalization, concept, idea, notion, and opposite of fact
focus on building hope is crucial. Hope builds resiliency which helps them cope with the stressors of life: “There is a powerful healing energy, produced by the combination of hope and utility\textsuperscript{9}, that results in greater resiliency” (Short et al., 2005, p.30). Resiliency, in turn, provides the individual with a “sense of control over what has been happening during a moment of trial” (ibid.). Hope, therefore, is seen as the instigator of better coping strategies in the face of overwhelming adversities.

Resilience, on the other hand, is defined by Masten and Reed (in Snyder et al., 2005, p.75) as “a class of phenomena characterised by patterns of positive adaptation in the context of significant adversity or risk.” In addition, they describe two major judgments to identify individuals as belonging to this class of phenomena: first, the judgment that individuals are “doing ok” with respect to a set of expectations for behaviour; and second, that there have been extenuating circumstances that posed a threat to good outcomes” (Masten et al. in Snyder et al., 2005, p.75). From a developmental perspective, resilient children are seen as meeting developmental task expectations despite significant obstacles to success in life such as graduating from high school, peer acceptance and friendships and rule-abiding behaviour. They are seen as “stress-resistant” (Masten et al. in Snyder et al., 2005, p.75) and the process of handling life’s obstacles has been likened by Rutter (in Carr, 2004, p.91) at the Institute of Psychiatry in London to a “psychological immunisation process” where children become resilient. From the perspective of hope theory, hope has equipped these children with a “way of thinking” or cognitive mindset to negotiate these obstacles (Snyder et al., 1997, p.5-6). An inquiry of hope must also address the question of what makes some children become more hopeful than others and, therefore, more stress-resistant or resilient.

2.2.4 The development of hope in childhood
Research on resilience in children at risk started around 1970 and provides some insight into the individual and environmental attributes associated with good

\textsuperscript{9} Utilization is a hallmark of Eriksonian therapy. It is a process of using the client’s energy, point of view, skills and potentials to promote their own growth (Short et al., 2005, p.vii).
adjustment and development under a number of stressful life circumstances (Masten et al. in Snyder et al., 2005, p.82). Factors which have been found in longitudinal studies to characterise teenagers and children who are resilient are summarised in Table 2.3 below (Carr, 2004, p.271). The contextual factors are related to the domains of the family and community, and include factors such as secure attachments and a positive educational experience. Constitutional factors involve the teenager’s psychological traits, self-evaluative beliefs and coping skills. Factors that are closely related to hope include an optimistic attributional style (see 2.2.1). Generally, teenagers who are resilient in the face of stress as seen as having good social support networks. It is anticipated that this inquiry will have similar findings considering the close relationship between hope and resiliency as previously outlined.

TABLE 2.3 FACTORS ASSOCIATED WITH RESILIENCE IN ADOLESCENCE
Based on Rolf et al. and Rutter in Carr (2004, pg.271).

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>FACTORS</th>
</tr>
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<tbody>
<tr>
<td>Family factors</td>
<td>Absence of early separation or losses</td>
</tr>
<tr>
<td></td>
<td>Secure attachment</td>
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<tr>
<td></td>
<td>Authoritative parenting</td>
</tr>
<tr>
<td></td>
<td>Father involvement</td>
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<tr>
<td>Community factors</td>
<td>Positive educational experience</td>
</tr>
<tr>
<td></td>
<td>Good social support network (good peer relationships &amp; involvement in church activities)</td>
</tr>
<tr>
<td></td>
<td>High socio-economic status</td>
</tr>
<tr>
<td>Psychological traits</td>
<td>High ability level</td>
</tr>
<tr>
<td></td>
<td>Easy temperament</td>
</tr>
<tr>
<td>Self-evaluative beliefs</td>
<td>High self-esteem</td>
</tr>
<tr>
<td></td>
<td>Internal locus of control</td>
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<tr>
<td></td>
<td>Task-related self-efficacy</td>
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<tr>
<td></td>
<td>Optimistic attributional style</td>
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<tr>
<td>Coping skills</td>
<td>Planning skills</td>
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<tr>
<td></td>
<td>Sense of humour</td>
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<tr>
<td></td>
<td>Empathy skills</td>
</tr>
<tr>
<td></td>
<td>Skill in detaching from deviant attachment figures/peer groups</td>
</tr>
<tr>
<td></td>
<td>Skill in finding or creating a social supportive network</td>
</tr>
<tr>
<td></td>
<td>Skill in using unique talents (e.g. sport or music) to create social supportive network and avoid deviant network</td>
</tr>
</tbody>
</table>
In looking at the development of hope in childhood, Carr (2004, p.91) also highlights the importance of secure attachments and adequate social support to cope with adversity. Researchers have found that higher levels of hope are related to more perceived social support, more social competence and less loneliness (Snyder et al. in Synder et al., 2005, p.266). In addition, Carr (2004, p.92) notes that highly motivated children, children with special talents, or those who handle adversity as a challenge rather than an obstacle, are still able to become hopeful in spite of stressful home circumstances. They have developed the way of thinking with the waypower and willpower to achieve goals (Snyder et al., 1997, p.7). As mentioned above, Victor Frankl (1984, p.84) claimed: “He who has a why to live for can bear with almost any how.” My understanding, therefore, is that hopeful children have a “why to live for” or hopeful thinking to achieve one’s goals. Frankl (1984) believes that the why strengthens the person to bear with almost any how, in other words it builds resilience.

According to Snyder et al. (1997, p.11), waypower thinking is adaptive especially when children are facing obstacles as they must learn to try alternative routes to attain their goals. They describe high hope children as being successful in handling adversity as they have discovered how to solve problems by finding other ways to get what they want. Snyder (in Carr, 2004, p.92) describes hopeful adults as focusing on success rather than failure and maintaining positive self-talk such as “I can do it.” They also tend to break down large unclear problems into small well-defined and manageable tasks. Resilience, therefore, arises from positive human adaptational systems that have been developed as a result of positive and hopeful thinking to negotiate life’s challenges and achieve personal goals. This process of successfully negotiating barriers and then actively executing one’s plans is central to the genesis of hope (Carr, 2004, p.91).

Therefore, I contend that if educational, social and therapeutic programmes can support teenagers heading an AIDS-orphaned home to establish realistic goals as well as the waypower and the willpower to achieve their goals, they will have a why to live for. In this way, hope can be instilled thereby building resilience to help
them to manage the difficult how of their existence. Instilling hope is one of the fundamental practices of a therapist and researchers report that 15% of the variance in psychotherapy outcome is related to the client’s sense of hope (Hanna & Brown, 2004, p. 89). Many psychotherapeutic techniques are available to encourage a client’s sense of hope. Hope therapy draws ideas from cognitive-behaviour therapy, solution-focused therapy and narrative therapy and aims to “to help clients formulate clear goals, produce numerous pathways to these, motivate themselves to pursue their goals and reframe obstacles as challenges to be overcome” (Carr, 2004, p.92). Whatever psychotherapeutic approached used, Synder and colleagues (in Snyder et al., 2005, p.266) believe that beneficial changes occur because clients are learning more effective “agentic and pathways goal-directed thinking.” In addition, they believe that people with high levels of hope are able to think effectively about the future and recognise the possibility of life stressors along the way.

2.2.5 Exploring the possibilities of the future

Herth (1996, p.743) in her study of hope from the perspective of homeless families describes hope as “a power within the self that mobilizes one to move beyond the present situation and to envision a better tomorrow for one’s self and others.” A focus on the future is another way that seems to help people cope with the harshness of present realities. In particular, Victor Frankl has contributed significantly to an understanding of hope as a result of his experiences as a survivor of World War 2.

Frankl (1984, p.82) underlines the importance of the future in the midst of harsh circumstances in the concentration camp: “The prisoner who lost faith in the future – his future – was doomed. With his loss of belief in the future, he also lost his spiritual hold; he let himself decline and became subject to mental and physical decay.” Frankl founded Logotherapy which focuses on the future and on the meanings to be fulfilled by the client in his or her future (Frankl, 1984, p.104). According to O’Hanlon (in Hanna & Brown, 2004, p.97), therapists can instil hope by exploring possibilities with clients, thereby helping them to live in the future by
imagining the future that they desire. The discovery of an exception to the problem (a well-established narrative therapy approach (Corey, 2001, p.432)) makes it possible to explore an alternative life in the future - if that exception from the past was repeated in the present\(^\text{10}\). An appreciation of the Ericksonian approach to therapy also encourages the therapist to shift a client’s thinking from “I must find a solution to this problem” to thinking in terms of the client’s resiliency and hope for the future (Short, et al., 2005, p.32). Hope, like a light at the end of the tunnel, gives one the strength to endure the present darkness filled with life’s adversities. And this is especially relevant for teenagers facing a bleak future with no parents to guide them and additional responsibilities in the home. AIDS has darkened their lives and yet their plight is not considered hopeless.

### 2.2.6 AIDS and hope

Winkler et al. (2003, p.1) believe that educators have a unique opportunity to change the course of the AIDS epidemic in South Africa and to bring hope. They believe that hope originates from three things:

- **Knowledge of the disease and how it affects schools**
  
  Hope will grow as people take control of their lives and do not become victims of AIDS but engage in positive moves to protect and support each other.

- **Belief that if we work together we can change the situation for the better**
  
  Hope will come from a vision of a better world where educators perceive keeping children safe as part of their calling.

- **Courage to face our fears**
  
  Hope will grow if we do not see HIV and AIDS as a problem ‘out there’ but rather as with us – in our families and in our school communities. This requires us to face our fears regarding AIDS to rediscover our humanity and our love especially for children.

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\(^{10}\) I used this idea in my study as an introduction to the telling of the participants’ story of hope in their lives. Participants were asked to remember a time/event that gave them hope. This positive event in the past is an example of a time when the teenager was able to be strong/resilient in spite of hardships (see 3.7.1.2).
2.2.7 Implications for this inquiry

The stressors of orphanhood have been highlighted and from this perspective teenagers heading a home need coping strategies to help them deal with these hardships. Hardships involve all parts of the ecosystem - from their own micro-difficulties such as grief to problems in the home with their added responsibilities of housework and caring of their siblings, to the macro-challenges of dealing with stigmatisation from the community at large. The lack of psychological and emotional support structures has also been noted and as such an inquiry into the nature of hope in teenagers who are perceived as coping with orphanhood can provide a blueprint for the support of all children orphaned by AIDS. The two significant conclusions from my review of literature that have major implications for this inquiry are: firstly, instilling hope should be a basic goal in any therapeutic intervention when working with children and teenagers orphaned by AIDS; and secondly, as hope is a building block of resiliency an understanding of hope in orphanhood can contribute towards empowering children and teenagers orphaned by AIDS with better coping strategies.

In facing the harsh realities of life, teenagers heading an AIDS-orphaned home need hope to sustain them through their present hardships. This inquiry attempts to understand their experiences of hope in the midst of their realities. However, reality is not 'out there' to be found but it is constructed inside each of us (Prochaska et al., 2003, p.459). It is, therefore, necessary to review postmodernistic theories to contextualise this inquiry of teenagers' experiences of hope in a child-headed family. In an attempt to understand what is making it hard for family members to cope with their problems, postmodernistic developments in family therapy have highlighted the importance of how family members' beliefs affect their actions (constructivism) and how cultural forces shape those beliefs (social constructionism).

2.3 SOCIAL CONSTRUCTIONIST THEORIES

Social constructionism and constructivism are perspectives that evolved out of the postmodern movement in the 1940s and 1950s (Furman, Downey & Shears, 2003,
Postmodernism challenges the modernistic notion that external reality can be objectively known, holding rather that as individuals construct their own worlds there are multiple perceptions or stories of reality (Furman et al., 2003, p.265; Corey, 2001, p.428). The main message of postmodernity then is the danger of singular, totalising stories which leave no room for alternative stories (Doan, 1997, p.129). In postmodern thinking, language and the use of language in stories creates meaning. Each of these stories is true for the person telling it. Therefore from a postmodernistic stance, both constructivism and social constructionism respect the uniqueness of each person’s story.

According to Furman et al. (2003, p.264), several authors have identified constructivism/social constructionism as an integrative conceptual framework for social work particularly when working with diverse clients. I, too, see it as an integrative framework for this inquiry as I appreciate a stance that is respectful of the uniqueness of each teenager’s story. Furman et al. (2003, p.264) see it as a useful lens through which practitioners can view their work with teenagers, as it is highly congruent with other frameworks that have been successful with teenagers. These include narrative therapy, existential theory, cognitive theory, rational emotive theory and reality therapy. However, Furman et al. (2003, p.264) make reference to the debate in academic circles regarding the difference between constructivism and social constructionism which, I believe, results in the words being used interchangeably. Therefore, greater clarity is necessary to distinguish between constructivism and social constructionism as it is an important conceptual framework for my inquiry.

2.3.1 Social constructionism vs constructivism

Both constructivism and social constructionism see the interpretation of our experiences as a mediator of our behaviour (Nichols et al., 2004, p.100). However, Nichols & Schwartz (2004, p.100) contend that social constructionism expands on constructivism. While constructivism looks at the way we perceive and relate to the world on the basis of our own interpretations, social constructionism highlights our interpretations as shaped by the social context in which we live. Therefore
constructivists emphasize the *subjective* experiences of the individual where problems are seen as not only as a result of the objective conditions of their lives, but also the way those circumstances have been interpreted. Social constructionists, on the other hand, recognise the *intersubjective* influences of language and culture in constructing these meanings. As a result, we construct our ideas about the world in conversation with other people. Knowledge construction is therefore seen as both a social and subjective activity (Phillips, 1997) and is based on the use of language (Corey, 2001, p.428). From this perspective, if problems are stories that people have learned to tell themselves in conversations with others, then deconstructing these stories can be an effective way to help people manage their problems (Nichols et al., 2004, p.101).

2.3.2 Stories from a social constructionist perspective

Social constructionists challenge stories that claim to be privileged and entitled asking deconstructive questions such as: *Who authored this narrative? Did those most oppressed have a voice?* (Doan, 1997, p.130). From a constructivist stance, it is more difficult to challenge an individual's story as there is no *one, true* story (all stories are considered equally valid). Therefore, there is no basis for accepting one account over another, except on the basis of its usefulness in a certain context – if it works, it is justified (ibid.). From the social constructionist point of view, all stories are not equally valid as some speak of the power and control as a result of the exclusion, labelling or marginalization of certain groups. Therefore, my inquiry is better situated in a social constructionist framework as children orphaned by AIDS are seen as children at risk and consequently largely disempowered and voiceless.

In addition, social constructionists prefer stories that are based on a person's lived experience – in his or her own voice, perception and experiences as this allows for personal agency (ibid.). Narrative therapy evolved within this postmodern trend that is characterised by a loss of faith in "the one true story" (Doan, 1997, p.131). What I like in particular about this approach is that it encourages individuals to *become their own authors* while recognising the social nature of human life (Doan,
This is especially true when working with teenagers heading an AIDS-orphaned home where the trauma of their losses and the stigma of AIDS can have an oppressive influence on their lives – it is important that they do not believe in the one true story that orphans are doomed. Therefore, I believe that exploring alternative stories is a helpful technique in instilling hope in therapy with children orphaned by AIDS.

2.3.3 Exploring stories of hope

Social constructionism is therefore a critical framework in which to understand and describe the teenagers’ stories of hope. As I am interested in understanding the *why* or the meaning that has given these teenagers hope to survive the *how* or the hardships in their lives, it is important for me to elicit their stories. However, the focus of my inquiry is not only to hear their stories, but to hear their *stories of hope* to help other teenagers who have little hope in the face of adversity. One of the goals of social constructionist practice\(^\text{11}\) is to help individuals explore the various social and personal messages that have led to their way of viewing their selves and their worlds (Furman et al., 2003, p.272). For example, the social stigma of AIDS and how it influences the teenager’s thinking can be addressed so that messages of hopelessness can be challenged. The construction of alternative stories, such as a story of hope in the lives of these traumatised teenagers, is an “enactment of ultimate hope: Today is the first day for the rest of your lives” (Corey, 2001, p.437).

Furman et al. (2003, p.267) suggest that the most important part of social constructionist practice is the recognition that individuals respond to others and events according to their own beliefs and perceptions of reality. This as a result, has a strong impact on a person’s feelings and behaviour. Supportive strategies are then seen as a collaborative effort to try and understand the impact of the client’s worldview on her feelings and behaviour. Hopelessness for example, can

\(^{11}\) Furman et al. (2003, p.265) sees the distinction between constructivist and social constructionism as academic and often irrelevant at the level of practice. Therefore, I use the term social constructionism where he uses constructivism.
lead to a lack of motivation and result in poor performance at school which strips the teenager of possible job opportunities in the future. Social constructionist practitioners can help their clients alter their constructions of reality in order to change emotions and behaviours that are problematic (Furman et al., 2003, p.268). Furman et al. propose utilizing narrative approaches to help the teenagers see their lives as an evolving story.

2.3.4 Narrative theory to shape new realities

A narrative approach encourages individuals to be active participants in the drama of their lives in an attempt to see new possibilities in their lives. The clients rather than the therapist are seen as the experts in their lives – the therapist assuming the role as collaborator to help clients reconstruct their sense of self and lives. Freeman, Epston and Lobovits (1997, p.xv) attempt to answer the question: Why a “narrative” therapy?

The term narrative implies listening to and telling or retelling stories about people and the problems in their lives. In the face of serious and sometimes potentially deadly problems, the idea of hearing or telling stories may seem a trivial pursuit. It is hard to believe that conversations can shape new realities. But they do. The bridges of meaning we build with children help healing developments flourish instead of wither and be forgotten. Language can shape events into narratives of hope.

In fact, Snyder et al. (1997, p.xiii) in their book “Hope for the journey” describe the value of narratives or stories as a means of constructing and maintaining a sense of hope in children.

2.3.5 Self-narratives

A child who experiences a hope-engendering event develops an initial script of hope thinking thereby setting the stage for later success. According to Snyder et al. (1997, p.24), each child carries a unique personal history which includes stories about goal-related activities. They describe existential philosopher, Gabriel Marcel’s understanding of hope as “a means of remembering how we have been successful in the past so that we can use this as a source of hope for the future” (Snyder et al., 1997, p.24). They believe that the stories children tell about themselves reflect their hope and are filled with thoughts about how they pursue
goals in their lives. Essentially, a child’s life script will include hopeful or hopeless thinking depending on his/her experiences related to goal achievement.

In addition, Berne (in Prochaska et al., 2003, p.216) describes the significant influence of parents in a child’s creation of his/her life script. Children adopt a life position at age 6 or 7 about being OK or not OK which will determine the life script that they will ultimately choose. Parents dying of AIDS, therefore, have a significant role to play in helping their children to construct positive life scripts where they can believe that are OK. Despite their bleak circumstances, they need to hear a get-on-with-it script to act out a successful life plan from a life position that one is OK. Therefore, the stories of hope as told by teenagers heading an AIDS-orphaned home will reflect the influence of their parent’s prohibitions, suggestions and/or encouragements in their lives (Prochaska et al., 2003, p.216), as well as the history of their successes or failures relating to goal attainment. As the teenagers chosen for this inquiry are hopeful, I anticipate that they will have positive life scripts that reflect encouragement and stories of success in achieving their goals in life. While it is acknowledged that each of their stories of hope are unique, personal and subjective (Prochaska et al., 2003, p.466) revealing the reality of his-story and her-story, children are not influenced by only their parents. People are systems within systems within even larger systems. As a result, a social constructionist stance demands an awareness of the power of “collective conversations” in the lives of people (Gergen in Campbell & Ungar, 2004, p.4).

According to Campbell and Ungar (ibid.), Foucault’s historical studies of people and institutions showed that an individual’s subjectivity is created through relationships with others. Therefore, the story people tell about themselves depends on their participation in collective discourses – this is referred to as the storied self or self as narrative (Els, 2000, p.39). According to Lax (in Els, 2000, p.38) these self-narratives become the basis of our identity. Children orphaned as a result of AIDS face discourses of, for example, stigmatisation (Du Preez, 2004; Germann, 2004) which no doubt leads to a limited description of self. This too, must have an impact on their conceptualisation of the future, which I have
indicated, is related to one’s sense of hope. Like Campbell et al. (2004, p.4), I believe that therapists can facilitate a critical deconstruction when they explore the external voices across a child’s lifetime that may have influenced his/her identity. Campbell and Ungar (ibid.) conclude that individuals cannot imagine themselves as anything more than what they have words to describe.

2.3.6 Implications for this inquiry
Social constructionism therefore provides an integrative conceptual framework when working ethically with children orphaned by AIDS. It sensitises the researcher to the importance of the social context in which the orphans are living and constructing their stories. Without an appreciation of the intersubjective influences in their lives, the researcher may fail to hear the impact of social influences in the stories they tell about themselves. In addition, the telling of a hopeful story provides the orphan with an opportunity to focus on a part of their lives that is experienced as positive. McKenna (2000) also describes stories as important in the lives of children in the transmission of hope.

McKenna (2000) quotes philosopher Alasdair MacIntyre as saying: “Deprive children of stories and you leave them unscripted, anxious stutterers in their actions as in their words.” He perceives storytelling as engendering hopefulness as children remember stories about the past that help them to face the future and cope with the present hardships. McKenna (2000) shares the writing of historian Christopher Lasch who saw hope not as future oriented but deriving from memories of the past — memories “in which the experience of order and contentment was so intense that subsequent disillusionments cannot dislodge it.” The importance of storytelling is therefore a key stroke in the therapeutic intervention of children who are orphaned and who no longer have their parents to tell them hopeful stories. Their memories are, for the most part and more than likely, sad and possibly traumatic. This perspective of storytelling has important implications for the how of this research inquiry.

The how of any research inquiry looks at methodology issues which becomes more significant when working with vulnerable children. How does one work with
vulnerable children such that their participation does not reawaken past traumas? By helping the teenagers construct their story of hope, the inquiry is supporting an asset-based approach rather than focusing on the needs of teenagers orphaned by AIDS (Ebersöhn & Eloff, 2006a, p.462). Professionals working from an asset-based approach see adaptive coping rather than dysfunction (Ebersöhn & Eloff, 2006b, p.24). However, Ebersöhn and Eloff (2006a) suggest that an asset-based approach does not mean that the external context of children orphaned by AIDS (in this inquiry) is ignored but rather that outside resources can be more effectively utilised if they have already identified and mobilised their own resources. This implies a more “internally focused” approach which stresses the primacy of empowerment, creativity and hope (Ebersöhn & Eloff, 2006a, p.462).

Therefore, a phenomenological inquiry that explores the meaning of hope in teenagers heading an AIDS-orphaned home by eliciting a story of hope, without negating their painful past, is at the same time working therapeutically with these children and consistent with asset-based thinking. Using storytelling within a social constructionist framework as a means to gather information is, therefore, recognising their vulnerability. A social constructionist framework also recognises the context of the orphan as a child of Africa. It therefore takes into consideration the rich oral tradition which is such a part of the African experience.

Folklore is a universal tradition with stories about animals, historical and mythical people as well as imaginary figures (Ruffin, 2006). Ruffin explains that folklore is older than writing and is therefore considered an oral tradition where customs are shared through words and sounds. As a result, people reflect on the world and learn more about their community’s values, hopes and history through oral traditions. This implies that by sharing their story of hope, teenagers are contributing to their oral tradition to inspire other listeners, particularly other children who are orphaned, to discover their own inner strength (Ruffin, 2006). In this way, the participants of this inquiry will hopefully feel empowered to tell their story as the findings will provide a blueprint for the development of capacity-building support structures for children orphaned by AIDS.
2.4 CONCLUSION

The aim of this inquiry is to understand teenagers' experiences of hope as child-heads of a family. A phenomenological perspective requires the researcher to explore the true meanings of the phenomena, in this case hope, through experiences described by the individual (Jasper in Mutikani, 2002, p.21). Although a phenomenological inquiry is inductive, starting with the phenomena not the theories (Cohen in Mutikani, 2002, p.21), a literature review has been provided to frame the findings of this inquiry. An understanding of the child-headed home, the meaning of hope as future-oriented and the value of social constructivisionist theories in recognising the importance of the storied self of the child heading a home, therefore set the stage for an inquiry of teenagers living with hope (Henning et al., 2005, p.27).

The importance of establishing psychological support structures to build a hopeful future in the mindset of children who are orphaned is an urgent challenge facing the implementers of our new educational system which advocates support for all learners. Failure to attend to the toll of HIV and AIDS on children's well-being could have an unprecedented impact on society at large, creating a "lost" generation characterised by delinquency, illiteracy and other behavioural disorders (Van Dyk in Mulutsi, 2004, p.115). Despite initiatives to support children orphaned by AIDS by meeting their material needs, such as: food, clothing, shelter, blankets; educational needs; inheritance rights; and spiritual needs - the crucial issue of dealing with the psychological trauma that the child experiences following the death of a parent is sadly neglected. A conceptualisation of hope from this inquiry will provide valuable information for the development of psychological interventions to help build a more nurturing environment and more resilient children to cope with the stressors of orphanhood.
CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION
The scope of practice of educational psychologists involves working with individuals in the broad context of learning (HPCSA, 2007) which includes children in the field of educational settings. As this inquiry involves children, or more specifically teenagers orphaned by AIDS, an appreciation of van Manen's (1990) conceptualisation of pedagogic research provides a useful orientation on which to base my research design and methodology decisions. Traditional research in education has removed us from seeing the “real flesh and blood child” (van Manen, 1990, p.139). This has significant implications for this inquiry, where a pedagogic response to the realities of teenagers at risk is critical in securing supportive structures for them. Whereas the natural sciences try to explain nature, research from a human science perspective involves description, interpretation and self-reflective analysis in an attempt to understand human nature (van Manen, 1990, p.4). This requires an “insider” view of the research participants (Mouton, 2001 p.141) to understand their experiences of hope. Therefore, the research design and methodology of this inquiry needs to be sensitive to children's realities and life worlds - their lived experiences.

3.1.1 Design and methodological considerations
Mouton (2001, p.56) uses the analogy of building a house to clarify the difference between research design and methodology: the architect creates the design or plan of the house, while the building of the house consists of the execution of the design using various methods and tools such as bricklaying and plastering. Therefore, research design as the “plan” of an inquiry, focuses on the end product by looking at the kind of evidence required to address the research question adequately; and research methodology as the execution of the design, focuses on the research process and the kind of tools and procedures to be used. According to Henning et al. (2005), methodology is more than a collection of methods or way of doing something – it is the theory behind the method, including the study of
what method one should follow and why (van Manen, 1990, p.27-28) in an attempt to generate data and findings that fit the purpose of the inquiry (Henning et al., 2005, p.36).

This chapter, therefore, describes the process of “designing” and “building” this inquiry by highlighting the theoretical implications of my choices. I will discuss my reasons for choosing a phenomenological inquiry; the research aims will be clarified once again; the role of the researcher as a primary research instrument will be explained; the research process will be described; and finally, the ethical considerations and the trustworthiness of the inquiry will be examined. In chapter four, I will explicitly discuss and demonstrate these research design and methodological decisions using the stories collected from the participants.

3.2 RESEARCH DESIGN

A qualitative inquiry with a phenomenological research design was chosen as the “plan” of this inquiry to describe the experiences of hope in teenagers heading a home as a result of the AIDS pandemic.

3.2.1 A qualitative approach

According to Merriam, (2002, p.3-4), the key to understanding qualitative research is based on the belief that meaning is socially constructed by individuals interacting with their world. Therefore, qualitative researchers attempt to explore the qualities of phenomena, rather than the quantities, to gain a better understanding of our socially constructed worlds in an attempt to encourage some sort of social change (Henning, et al., 2004, p.3). Lather (in Merriam, 2002, p.4) highlights the aims of the three theoretical perspectives in qualitative research: interpretive (understanding), critical and feminist (emancipation) and postmodern (deconstruction). My decision to use an interpretivist paradigm can be related to the purpose of my inquiry, which focuses on understanding the phenomenon of hope in the experiences of teenagers heading an AIDS-orphaned home in order to provide recommendations for psychosocial support. Critical, feminist and postmodern inquiries have goals that include, but go beyond, understanding.
3.2.2 An interpretivist paradigm

Researchers working from an interpretivist paradigm make the following two assumptions: people's subjective experiences are real (ontology); and that we can understand people's experiences by interacting with them and listening to their stories (epistemology) (Terre Blanche & Durrheim, 1999, p.123). Therefore, this kind of research produces findings sourced from real-world settings where "phenomenon of interest unfold naturally" (Paton in Golafshani, 2003, p.600). The process is, therefore, inductive (Janesick, 1994, p.216; Merriam, 2002, p.5) in an attempt to establish the meaning of a phenomenon from the views or experiences of the participants (Creswell, 2003, p.22). Subjective views and experiences are therefore valued in qualitative research as the researcher attempts to develop a theory or pattern of meaning from an understanding of the phenomenon rather than deductively deriving hypotheses to be tested as in quantitative research (Merriam, 2002, p.5). Like van Manen's (1990, p.139) plea not to neglect the "real flesh and blood child", Janesick (1994, p.217) highlights the human and passionate element of qualitative research: "Becoming immersed in a study requires passion: passion for people, passion for communication, and passion for understanding people." Qualitative researchers are, therefore, interested in understanding the meaning people have constructed to make sense of their world and their experiences in it — a focus on experience as it is lived or felt (Sherman & Webb in Merriam, 1998, p.6).

The options for an inquiry that seeks to understand phenomena in an interpretivist paradigm include grounded theory, phenomenology, narrative, ethnography, or a case study (Merriam, 2002, p.4). As the purpose of this inquiry is to describe the essences of the phenomenon of hope, a phenomenological research design was chosen to address the research question: how do teenagers heading an AIDS-orphaned home perceive and describe their experience of hope? A phenomenological inquiry provided me with the appropriate design features to try and understand hope as experienced by these teenagers in less biased ways.
3.2.3 A phenomenological research design

Van Manen (1990, p.62) describes the purpose of phenomenological research as “borrowing” from other people’s experiences and their reflections of these experiences to gain a better understanding of the deeper meaning of one aspect of his/her life, and ultimately, as an aspect of the possibilities of being human. The following section will discuss three “design features” of a phenomenological inquiry: its aim to understand the essence of shared experience; how and what we need to know; and finally the importance of the phenomenological question.

3.2.3.1 Understanding the essence of shared experience

Even though the ideas of phenomenology, such as experience and understanding, are evident in all qualitative research, not all follow a phenomenological research design, as a phenomenological inquiry focuses on the essence or structure of an experience (Merriam, 2002, p.7). Therefore, a phenomenological inquiry looks beyond a mere description of their subjective experiences to a much deeper goal of remaining focused on the question of what is the nature of this phenomenon (hope) as an essentially shared human experience (van Manen, 1990, p.62): “These essences are the core meanings mutually understood through a phenomenon commonly experienced. The experiences of different people are bracketed, analysed, and compared to identify the essences of the phenomenon, for example the essences of loneliness, the essence of being a mother” (Patton in Merriam, 2002, p.7) and, I add - the essence of being hopeful.

Husserl (in Moustakas, 1994, p.27) highlights the importance of self-reflection in the process of capturing the essence of shared experiences: “The challenge facing the human science researcher is to describe things in themselves, to permit what is before one to enter consciousness and be understood in its meanings and essences in the light of intuition and self-reflection. The process involves a blending of what is really present with what is imagined as present from the vantage point of possible meanings; thus a unity of the real and the ideal.” A closer look at the methodological themes of a phenomenological study helped provide an understanding of the “plan” of this inquiry.
3.2.3.2 Methodological themes of a phenomenological inquiry

A number of methodological themes of a phenomenological inquiry relate to the following three questions proposed by Sprenkle and Piercy (2005, p.65): how we know, what we need to know and where we locate ourselves in the research process.

A. HOW WE KNOW

Knowledge is social constructed and therefore inherently tentative and incomplete. As a result, experiences, objects, events or situations can mean different things to different people. It is critically important therefore, as phenomenological researchers, to listen to and observe the “whole” (Sprenkle et al., 2005, p.66). According to van Manen (1990, p.33) it involves balancing the research context by considering the parts and the whole. This prompts the researcher to step back at various points to look at the big picture in an attempt to understand how each of the parts needs to contribute toward the total or contextual givens.

B. WHAT WE NEED TO KNOW

Phenomenologists are intensely curious about the “taken-for-granted” aspects of everyday life (Sprenkle et al. 2005, p.66). As a result, phenomenological research turns to the nature of lived experience in an attempt to capture the deeply held beliefs, feelings or worldviews as expressed in the language of the participants (Henning et al., 2004, p.34). It is always a project of someone real: it sets out to make sense of a certain aspect of human existence. Lived experience is clarified by van Manen (1990, p.35) as involving an awareness of the experience that is unaware of itself: an “immediate, pre-reflective consciousness of life” such that the participants do not feel looked at and are able to act naturally and speak freely. However, Alvesson and Sköldberg (in Henning et al., 2004, p.9) describe ‘lived’ experience as: “It was ‘lived’ experience, not passive, sensuous impressions, but perceptions that were as a rule already furnished with interpretation.” Therefore, a phenomenological description is always one interpretation of human experience and does not seek to exhaust all possibilities of that lived experience (van Manen, 1990, p.31). In addition, a phenomenological inquiry investigates experience as we
live it and takes us "back to the things themselves" (Husserl in Moustakas, 1994, p.41). This requires the researcher to have the practical wisdom to understand the nature of the lived experience itself, and to actively explore all the aspects and modalities of that experience (van Manen, 1990, p.32).

C. WHERE WE LOCATE OURSELVES IN THE RESEARCH PROCESS

Phenomenological research is based on the assumption that we are not separate from the phenomenon we study (Sprenkle et al., 2005, p.67). Thus, subjectivity and not objectivity is recognised as our research reality. Rather than pretending to be objective, researchers need to "raise their flags" early in their work to let others know explicitly their values and assumptions - it calls for a reflexive science that is self-consciously self-critical (Gouldner in Sprenkle et al., 2005, p.68). This has methodological implications highlighted by van Manen (1990, p.33) as it also requires the researcher to maintain a strong and oriented relation to the phenomenon. It means that he/she cannot adopt an attitude of so-called scientific disinterestedness, but must remain animated by the phenomenon in a full and human sense. A true reflection on lived experience is a thoughtful grasping of the essence of the phenomenon (van Manen, 1990, p.32). In order for the researcher to grasp these essences, she should temporarily put aside personal attitudes and beliefs about the phenomenon (called "bracketing") thus heightening her consciousness to the experience (Laverty in Leatham, 2005, p.32).

These methodological themes supported the selection of a phenomenological inquiry as a suitable design for this inquiry. However, I needed to be sure of the phenomenological question at the heart of my inquiry.

3.2.3.3 The force of the phenomenological question

For the purposes of this inquiry, I limited my exploration of the nature of hope\textsuperscript{12} to three teenagers heading an AIDS-orphaned home who were purposefully selected as being hopeful (see 3.5). This provided me with the opportunity to explore the essence of hope from their perspectives. In choosing a phenomenological design,

\textsuperscript{12} According to van Manen (1990, p.9), phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences.
I seek to answer purposeful questions regarding this exploration of the essence of hope. Van Manen (1990, p.63) believes that the force of the phenomenological question highlights the difference of this design from other qualitative research approaches such as ethnographies or biographies. He suggests that we should be seeking to understand: How is this hopefulness? Is this what it means to be hopeful? Is this what the hoping experience is like? In an attempt to understand what the hoping experience is like, Henning et al. (2004, p.37) describe the phenomenological researcher’s task as trying to capture the participants’ world without prescribing structure, but remaining free and open and oriented only to the research question.

As highlighted in chapter one, the research question in this inquiry is: How do teenagers heading an AIDS-orphaned home perceive and describe their experience of hope? This question is, therefore, the driving force of the phenomenological researcher-in-action. The phenomenological question not only needs to be understood – it needs to be "lived" by the researcher (van Manen, 1990, p.44). Henning et al. (2004, p.37) describe the researcher as a "methodologist-in-action" as she is the one who is conducting the inquiry and needs to choose a coherent group of methods to generate data and findings that will reflect the research question and suit the research aims. Therefore, before addressing the methodological requirements of the research question, an understanding of the research aims of this inquiry need to be clarified.

3.3 RESEARCH AIMS

The purpose of an inquiry needs to be consistent with the nature of the research design. I chose to do a qualitative inquiry with a phenomenological research design to explore the lived experiences of hope of teenagers heading an AIDS-orphaned home which leads to the primary purpose and motivating force of this inquiry.
3.3.1 Primary purpose: Describing the dimensions of hope

The goal of an inquiry from an interpretivist perspective is to rely as much as possible on “first-hand accounts” of the phenomenon being researched (Terre Blanche et al., 1999, p124). Therefore, the primary purpose of this inquiry is to understand and describe the dimensions of hope from the view of teenagers heading an AIDS-orphaned home. In addition, the intent of an inquiry from this theoretical point of view is to develop new understandings inductively. As a result, an understanding of the shared experiences of three teenagers who have hope in spite of their bleak circumstances could provide a good foundation from which to work with other teenagers in a similar situation.

3.3.2 Motivation: Framework of support structures for teenagers orphaned by AIDS

As stated by Janesick (1994, p.217), qualitative research requires a passion for understanding people. This inquiry is driven by my personal passions: I am passionate about hope in the lives of people and I am passionate about the growth of children generally, and especially children who are disadvantaged. Therefore, the motivation for understanding hope in their lives will enable me to make recommendations for the development of psychological support structures for children and teenagers orphaned by AIDS.

A qualitative inquiry provides both the participant and the researcher with the space to be heard. Thus the motivation for this inquiry is to open up the space for the participants to tell their stories of hope and a space for me, as the researcher, to share my descriptions of their experiences with organisations and government departments supporting orphans. The descriptive findings can provide a new understanding for educational psychologists and support personnel working with teenagers at risk to help design appropriate preventative and intervention programmes to engender hope. This is consistent with the inclusive education system that is currently being implemented in South African schools. The Department of Education is in the sixth year of a twenty-year plan to build support structures to help children with all barriers to learning which includes children...
suffering from the effects of HIV and AIDS and other infectious diseases (Department of Education, 2001). This involves working closely with provincial departments of education and the departments of Social Development, Health and the Public Service Administration (Department of Education, 2001, p.34). However, an overarching concern involves competence when working with children at risk. As a result, the role of the researcher as the primary research instrument in a phenomenological inquiry needs to be explored to ensure that the aim and motivation of the inquiry are met.

3.4 MY ROLE AS THE RESEARCHER
The researcher in a qualitative inquiry is regarded as the primary research instrument for gathering and analysing data and, as such, one needs to be aware of one’s role in the research process (Merriam, 2002, p.5), as well as one’s own assumptions (see 1.4).

3.4.1 The researcher as a human instrument
A phenomenological inquiry’s focus on lived experience requires the researcher to understand the context of the participants by visiting this context and gathering information personally. Thus as a human instrument, the researcher is able to meet the primary goal of qualitative research - to understand the participants' lived experiences - as she is able to respond and adapt to the research process by, for example, checking for accuracy of interpretation or exploring unanticipated responses. However, a human instrument is also fallible and subject to personal biases. In fact, Sprenkle and Piercy (2005, p.73) note that interpretations and theoretical links developed by phenomenological researchers are influenced by their own personal biography and family history. Clinicians call this “counter transference”, a phenomenon that is not absent in phenomenological research (Boss in Sprenkle and Piercy, 2005, p.73). Therefore, researchers using this approach need to be mindful of how they “position themselves” (Cresswell, 2003, p.8) in the research process of collecting and analysing data in order to acknowledge their own experiences as a part of their interpretation.
As a result of this “unique configuration of their personal qualities joined to the data they have collected” (Peshkin in Merriam, 2002, p.5), the end product of qualitative research is richly descriptive (Merriam, 2002, p.5). Descriptions, rather than numbers, in the form of quotes from interviews and documents, excerpts from videotapes and pictures from activities of interest are used to support what the researcher has learned about the phenomenon. While the credibility in quantitative research depends on instrument construction, the credibility of a qualitative inquiry rests on the ability and the effort of the researcher (Golafshani, 2003, p.600) and as such, the role of the researcher includes assessing one's personality characteristics, being reflexive, exploring one's personal experiences of the phenomenon and assuming a non-expert stance.

3.4.2 Assessing one's personality characteristics
Merriam (1998, p.20-25) highlights three personality characteristics and skills of the qualitative researcher to ensure that the inquiry generates knowledge that is both credible and meaningful. The first quality is a *tolerance for ambiguity* as the whole research process is much like an uncharted ocean. Although this allows the researcher to adapt to unforeseen events and change direction in the search of meaning, it can be stressful to a researcher who likes to follow step by step procedures. The second trait is *sensitivity* or being highly intuitive (see 3.6.1). Whether gathering data or analysing data or being in tune with one's own "subjectivities", the researcher must be sensitive to the context of the inquiry which includes the physical setting, the people, the overt and covert agendas and the non-verbal behaviours. Finally, the researcher needs to be a *good communicator* to empathise with the participants, establish rapport, ask good questions and listen intently13. Being a good communicator also involves an ability to write as qualitative research requires writing skills like quantitative research requires knowledge of mathematics.

Therefore just as any tool would be assessed in other types of research, the personality characteristics of the qualitative researcher need to be assessed. It

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13 See 3.7.1.2: Drawing an experience of hope – important to become oriented to the sorts of questions I needed to ask
requires good detective work involving time and patience to put the pieces of the puzzle together. The emergence of these personal characteristics during the research process was monitored as noted in the considerations of working ethically with children at risk.\footnote{See 3.6.1: Ethical Considerations when working sensitively with the participants is explored.}

\subsection{3.4.3 Being reflective}
Cresswell (2003, p.8) highlights the role of the researcher in making sense of the meanings others have about the world: the researcher needs to recognise that her own personal, cultural, and historical experiences shape her interpretation. It therefore makes sense that reflective practice is such an integral part of the role of the researcher in a qualitative inquiry. This is supported by many researchers (Merriam, 2002, p.421; Moustakas, 1994, p.47; van Manen, 1990, p.30) including Luttrell (2000, p.499) who explores "good enough" reflexive methods, dispelling the myth of the perfect researcher to address her concern that the "voices and perspectives of those we study will be lost or subsumed to our own views and interests."

Luttrell (2000, p.516) conceptualises being reflexive as having three characteristics: firstly, it is a learned rather than an absolute skill where being more or less reflexive is good enough; secondly, it is an exercise in seeking compatibility and not consensus when working with multiple emotions and contradictory realities; and thirdly, it means expanding rather than narrowing the psychic, social, cultural and political fields of analysis. These measures help us to be real and to seek to understand the difference between one's self and another, as well as accept mistakes we may make because of blind spots or the intensity of social, emotional and intellectual involvement with the participants. A journal was kept throughout the research process to monitor my thoughts and feelings in an attempt to keep as close as possible to the voices of the research participants.\footnote{See Appendices A for some examples of my reflections.}
3.4.4 Exploring one's personal experiences

A phenomenological inquiry also places additional demands on the competence of the researcher. Prior to interviewing others, it is important for phenomenological researchers to explore their own experiences not only to become aware of their own biases and assumptions, but also to examine the dimensions of the experience (Merriam, 2002, p.94). Van Manen (1990, p.54-58) proposes using one's personal experience as a starting point of a phenomenological inquiry as one's own life experiences are immediately accessible to one in a way that no one else's are. In my role as a researcher, I need to be reflectively aware that my experiences of hope could be our experiences of hope. An awareness of the dimensions of one's own experience of a phenomenon, such as hope, may provide clues for orienting oneself to the phenomenon and all the other stages of the research process. The researcher recognises that one’s own experiences are possible experiences of others, and that the experiences of others are possible experiences of oneself. In this way, phenomenological descriptions have an intersubjective or universal character as they always address any phenomenon as a possible human experience.

A personal understanding of the nature of hope was explored prior to the onset of the gathering of data both in my own life and with my son, who is also a teenager\(^{16}\). As previously mentioned, this exploration helped me to become aware of my own prejudices, viewpoints and assumptions which are then “bracketed”, or set aside, so as not to influence the process: “Bracketing ... allows the experience of the phenomenon to be explained in terms of its own intrinsic system of meaning, not one imposed on it from without” (Merriam, 2002, p.94). However, bracketing does not seek “objectivity” as “subjectivity” is an important procedural stance in data analysis and interpretation as the researcher attempts to connect with an internal reality different from their own experience (Sprenkle et al., 2005, p.75).

\(^{16}\) See Appendices A1 and A2, as well as B5 for his assent to participate in this inquiry.
3.4.5 Adopting a non-expert stance
A phenomenological inquiry requires one to co-construct meanings which moves away from the traditional role of the researcher as the expert and recognises an understanding of subjective realities (Corey, 2001, p.428). Harmon (in Moustakas, 1994, p.46) distinguishes between the different roles of the researcher as the observer and the participant-observer: “whereas we learn certain kinds of things from distancing ourselves from the subject studied, we get another kind of knowledge from intuitively ‘becoming one with’ the subject. We do not learn about reality from controlled experiments but rather by identifying with the observed” (see 3.6.2). This connection provides an opening between self and other that creates a “channel for discovery” (Sprenkle et al., 2005, p.75). According to van Manen (1990, p.5), phenomenology calls this inseparable connection to the world the principle of “intentionality” because it involves an intentional act of attaching ourselves to the world so that we become a part of it or rather become the world. The ‘becoming one with’ was an important guiding principle in fulfilling my role as a phenomenological researcher in the fieldwork process as seen in my reflection titled Working with systems.

3.5 SELECTION OF PARTICIPANTS
One of the first tasks facing me as the researcher was the selection of participants from whom I could gather rich descriptions of the experiences of hope. Participants who are purposefully selected provide “information-rich cases” from which one can learn a great deal about the issues pertaining to the purpose of the inquiry (Merriam, 1998, p.61). Therefore, purposeful sampling was used to select three teenagers from an NGO which offers hope to children living in AIDS related child-headed households in Soweto, Gauteng. Started in 2001 by Mama C, the NGO currently cares for over 2000 children in 471 households who have lost their parents to the AIDS epidemic. Their objective is not just to look after their basic needs while they are growing up, but also to ensure that these children turn into well-developed young adults who are able to contribute to their communities. They aim to ensure that at least 80% will be employed or continue with tertiary education.

17 See Appendix A3
education after leaving high school. The following is a description of the NGO (Keep a child alive, 2006):

Unique to [NGO's] ministry is their preservation of the family unit. Siblings continue to live together in their homes, creating strong sibling solidarity and promoting the family unit and structure. Through the provision of basic needs such as food, clothing, transportation, water, electricity, school fees and supplies, healthcare and transport, [NGO] relieves some of the pressure and despair faced by young children, who having tragically lost their parents, must now take on adult roles. But [NGO] does not just provide physical necessities. They are a constant source of love and care for the children and organize and facilitate social events such as trips to the zoo, picnic days, and encouraging the children to participate in the "I Can" Kids Program.

The Project Co-ordinator, Mama C, was approached to recommend three teenagers orphaned by AIDS who met the following criteria:

- the teenager heads a home with siblings
- the teenager is seen as positive/hopeful.

A brief telephonic interview with Mama C confirmed her criteria as being consistent with Masten and associates’ (in Snyder et al., 2005, p.75) description of children perceived as resilient: they are successful at school, have friends and are law-abiding (see 2.2.3). I summarised her conceptualisation of hopeful teenagers after our conversation:

Regardless of what they are facing, they hold onto education as it is the only thing that will free them. It is a belief that it “can be done.” So many cannot rise above their circumstances: some get pregnant or get involved in drugs or prostitution or end up not going to school. Others don’t want to be helped and have this attitude: “I don’t want to be helped” and “who are you to tell me what to do.” They just don’t want to enter this world even though there are people wanting to help them out. These girls have grabbed this chance to get an education as an opportunity to rise above their hardships. They amaze me and I learn so much from them.

3.5.1 Description of the participants

A full description of the three participants selected by Mama C is included in a table\textsuperscript{18}, but the following brief summary provides an initial introduction to them. All participants are still attending school and they range from seventeen to nineteen years old. All have had the responsibility of looking after an ailing parent as a result of AIDS; and have, at some time, looked after their siblings, although some contact with the extended family at various times may have been present. They

\textsuperscript{18} See Appendix B1
are all females who are conversant in English as their language of learning and teaching. These participants, therefore, represent a typical sample because it reflects the average teenager who heads an AIDS-orphaned home within the context of an NGO in Soweto and who is perceived as hopeful. Patton (in Merriam, 1998, p.62) explains that typical site sampling is used when "the site is specifically selected because it is not in any major way atypical, extreme, deviant, or intensely unusual." These teenagers, although orphaned, are perceived as being in the fortunate position of having food, shelter and education and as a result living in a context that is perceived as engendering hope.

3.5.2 Gaining entry
My relationship with the NGO was originally established through my volunteer counselling work with Bryanston Methodist Church (BMC). All arrangements were initially made through Mama C, the project Co-ordinator of the NGO, who I had previously met at a fund-raising event at BMC. As participants selected had previously told their stories at various functions to raise funds, Mama C was happy for me to capture their stories of hope. Permission\(^{19}\) to conduct the research was obtained from Mama C, as well as the school headmistresses when interviews were conducted at the relevant private schools. In addition, each of them was given an information letter\(^{20}\) explaining the nature, purpose and requirements of the research project.

3.6 ETHICAL CONSIDERATIONS
In accordance with good ethical practice, clear agreement\(^{21}\) to participate in the inquiry was established with each of the research participants. I met with them prior to the interview to establish rapport before our in-depth interview and to discuss confidentiality issues and provide information regarding the nature, purpose and requirements of the research project. They were informed of their right to withdraw from the inquiry at any point in time. In addition, I explained that they would be sharing their story of hope as a teenager in a child-headed home.

\(^{19}\) See Appendix B2
\(^{20}\) See Appendix B3
\(^{21}\) See Appendix B4
and that I would give them a copy of the story at the end of the inquiry. In qualitative studies, ethical dilemmas are usually centred around data collection techniques such as interviewing, the researcher-participant relationship, and the publication of research findings (Merriam, 1998, p.213).

### 3.6.1 Data collection techniques

As the researcher remains accountable for the ethical quality of an inquiry (Henning et al., 2005, p.74), it was my responsibility to ensure that the participants, as children at risk, were not only protected from harm, but were also beneficiaries in some way of this inquiry. An in-depth interview involves an experience of “listening to oneself” (Henning et al., 2005, p.74) while sharing thoughts and emotions that may have been dormant for some time. The intensity of the conversational interview may, therefore, lead to painful levels of awareness such as shame, grief or anger. Participants may feel that their privacy has been invaded or they may tell things that they never intended to reveal (Merriam, 1998, p.214). Accordingly, I felt that I needed to work sensitively with the participants as they had experienced the trauma of many losses along the road to orphanhood (see 3.4.2). Although a phenomenological research design requires a focus on a specific phenomenon which I had chosen as hope, I felt it was ethical to also acknowledge the pain of the participants’ losses as well as their current hardships. I, therefore, felt I needed to contextualise their hope and, as a result, I explored both their pain and their hope during the inquiry using the theme the light at the end of the tunnel as the initial exercise.

Ultimately, I believed that their final story of hope should provide them with a hard copy of an alternative story in a problem-saturated one — a therapeutic technique used in narrative therapy (Freeman et al., 1997, p.50). Their story of hope could promote healing beyond the interview room — much like the letters written to clients after therapy sessions in narrative therapy. According to Epston (in Gladding, 2002, p.254), words don’t fade the way a conversation does, and allow the client to read and reread it even years later. Their written story, like the letters,
serve as a medium for the continuation of the dialogue between the researcher and the participant and as a reminder of the power of hope in their lives.

This is in line with Merriam's (1998, p.214) observation that an interview may improve the condition of the participants: "Some gain valuable self-knowledge; for others the interview may be therapeutic." I, therefore, believe that the writing of their stories is an integral part of the ethics of this inquiry, although not an essential ingredient of a phenomenological inquiry. However, a sensitive approach is consistent with the nature of a phenomenological inquiry as van Manen (1990, p.12) describes its one most defining characteristic as thoughtfulness which he explains is a "caring attunement" and a "mindful wondering" of what it means to live a life. This involves the nature of the researcher-participant relationship.

3.6.2 Researcher-participant relationship

I believe that a phenomenological inquiry allowed me to co-construct an understanding with thoughtfulness that fits with my preferred way of working with children which is respectful as it moves away from the expert role of the researcher as the observer (see 3.4.5). The researcher is rather guided by a sense of what is good for the child: "Especially where I meet the other person in his or her weakness, vulnerability or innocence, I experience the undeniable presence of loving responsibility" (Van Manen, 1990, p.6). This includes a certain responsiveness to issues that may surface during the interview. Patton (in Merriam, 1998, p.214) also recommends referrals to resources for assistance should problems arise during the interview. I was able to refer one of my participants to a lawyer who was prepared to support her application to the Treasury Department to access funds that her deceased father previously received as an ex-exile during the struggle\textsuperscript{22}. This was consistent with Patton's advice that the interviewer is neither a judge nor a therapist; and although her or his task is primarily to gather data and not to change people, responsiveness is acceptable ethical practice.

\textsuperscript{22} See Reflection: Role of the researcher: Appendix A4
3.6.3 Dissemination of research findings

Anonymity in qualitative research can be problematic in a small community as it is nearly impossible to protect the identity of the participant or people involved (Merriam, 1998, p.217). Merriam (ibid.) highlights three possible risks in the dissemination of research findings: the danger of presenting a case in a way that is offensive to the participants; subjecting the participants to unwelcome publicity; and exposing people to legal sanctions because of behaviour exposed by the researcher. These risks are relevant in this inquiry as the NGO invites the children to tell their stories at fund-raising events. According to Mama C, Angel (a pseudonym) had the audience in tears when she read her story: No more tears in my mother's house\(^{23}\) - but she was happy to share her story of hope. All participants were asked at the start of the second interview when we met to edit their stories, to choose their own pseudonym for their story. I was met with two different responses from the other two girls.

Bella (a pseudonym) wanted her name known and hoped the stories would be published so that other orphans would learn from her that being disadvantaged does not need to define who you are. Princess (a pseudonym), however, was concerned about the dissemination of the AIDS part of her story – she had not shared that part of her story before and was not comfortable with the NGO knowing the details. Although she initially wanted me to remove that part of her story, she consented to keeping it in as a part of her story based on three factors: firstly, she felt better about it since she had shared it with me; secondly, she had forgotten that a pseudonym would be used, (however, that would not help within her community as they would be able to identify the story as hers whether the AIDS section was removed or not); thirdly, only she would get a copy of the story and it would be her choice what part of the story she wanted to share with others in or outside of the community. Ultimately, I concur with Merriam (1998, p.218) that actual ethical practice depends on the researcher's own values and ethics as she quotes Punch: “Acute moral and ethical dilemmas ... often have to be resolved situationally, and even spontaneously” as happened in this inquiry.

\(^{23}\) See 4.3.1.1 for her story
3.7 DATA COLLECTION

As a phenomenological research design is the "plan" of this inquiry, data collection methods that enabled me to understand the lived experience of hope in the lives of teenagers orphaned by AIDS were chosen. However, according to van Manen (1990, p.29-30), there are no set methods in phenomenology, but rather a set of recommendations for a "principled form of inquiry" that neither simply ignores tradition, nor slavishly kneels in front of it. Therefore recommendations as outlined by van Manen (1990) and Moustakas (1994) have been used as guidelines for the collection of data in this inquiry.

According to Moustakas (1994), a phenomenological inquiry typically uses an in-depth interview as the method of collecting data on the topic and question - van Manen (1990, p.53) calls it "conversational interviewing." In this inquiry, two conversational interviews were conducted either on the school premises or at the NGO offices in Soweto: one to gather the lived-experience material (stories, anecdotes, incidents, recollections of experiences), and a follow-up interview to reflect with the participants on the captured story of hope. Multiple data collection methods were used as they contribute to findings that are more reliable and trustworthy (Leatham, 2005, p.44). Other data collecting methods included an incomplete sentence questionnaire and a drawing of an experience of hope. The data collection process was tested with my teenage son prior to the inquiry to assess whether it elicited a thick description of the experience of hope and to broaden my understanding of the phenomenon of hope.

3.7.1 Conversational interview to gain the data

A one-on-one interview of one and a half hours with each participant was conducted with a variety of activities to address the research question by exploring teenagers' experiences of hope in a child-headed family. According to van Manen (1990, p.42), to truly question something is to interrogate it from the heart of our existence - to "become" the question. As a result, I needed to be constantly mindful of the original research question: how do teenagers heading an AIDS-

24 See Appendix A2
The interview was taped and conducted in English. Although English is the medium of instruction at their schools, it is a second language for the participants. Therefore, it was anticipated that they may experience difficulty in expressing themselves in English, and so activities were specifically designed to capture thick descriptions of their *lived* experience of hope.

### 3.7.1.1 Light at the end of the tunnel

After building rapport and ensuring they understood the documentation that I had shared with them during the first meeting, I started with a 'scene setting' exercise. I chose a visualisation exercise as a non-threatening way to begin their story by acknowledging the pain in their lives.

I want you to close your eyes for a minute and imagine a dark tunnel — everything is black around you — all your problems.

When did they begin?
What was your saddest time?
What are your worries?
What are your fears?
What makes you angry?
Who makes you sad, angry, scared?

These are your *dark feelings* that make you feel lonely sometimes in the *dark tunnel*.

They were then presented with a black piece of paper and asked to explore some of the difficulties in their lives. This was important to acknowledge before an in-depth exploration of hope as it was assumed to be a major part of their *lived* experiences. It also gave me an opportunity to establish rapport with each participant as it was a creative way of gaining biographical information regarding her siblings and how she became orphaned. Van Manen (1990, p.71) notes that an understanding of each other's biographies between friends helps to feel closer. Biographical information also helps the researcher understand more sensitively where the child "is" at the moment. However, it was important to remember not to
become too lost in the biographic material as biography is oriented to private meaning, while phenomenology is oriented to existential meaning (van Manen, 1990, p.72).

In addition, the exercise provided an opportunity to establish a context of open-mindedness and open-heartedness. According to Smaling (1995), open-mindedness is required by the researcher to listen well to the research participant and not distort, while open-heartedness provides a sense of empathy or unconditional positive regard - both are considered necessary for doing justice to the object of study. To introduce the idea of hope, I then asked the participant to picture a light at the end of the tunnel and cut out a ‘circle of hope’ that would show me how much hope she had in the midst of all her struggles. This circle of hope essentially initiated the next activity which involved a drawing of a hopeful experience.

3.7.1.2 Drawing an experience of hope

I introduced the activity with a broad statement suggested by Moustakas (1994, p.115): Try to remember the last time you were hopeful and draw me anything you can remember about the situation, about what you felt, did or said...“as you lived through it” (van Manen, 1990, p.65). According to van Manen (ibid.), we are less concerned with the factual accuracy of an experience than with the plausibility of an experience – whether it is true to her living sense of it. The drawing was then used as a spring-board into a dialogue giving me an opportunity to explore the nature of hope in their lives from a concrete experience.

According to Moustakas (1994, p.114), the phenomenological interview involves an informal, interactive process and utilizes open-ended comments and questions. An open-ended format appealed to me as it allowed participants to become more participative in the process. It also reduced power imbalances by encouraging local knowledge (Foucault in Christodoulou, 2003, p.13). The interview following the drawing activity was therefore unstructured and more like a conversation in an attempt to try and get to the meaning of the participants' experience. However, van
Manen (1990, p.66) warns that the interview needs to be “disciplined by the fundamental question” as the unstructured or open-ended interview method has the pitfall of ruling the question and not the other way around and one ends up with a volume of material that is too skimpy. It was therefore important to become oriented to the sort of questions I needed to ask to prevent the interview from going everywhere and nowhere (see 3.4.2).

As stated by van Manen (1990, p.23), phenomenological questions are meaning questions. Phenomenology does not problem solve, therefore, meaning questions cannot be “solved.” Rather they attempt to promote insight and understanding of certain phenomena so that one may act more thoughtfully in certain situations. My aim was to keep the conversation flexible and exploratory as I wanted the participants to define their experiences in unique ways. At the same time, the task of the researcher is to keep the interview focussed on the bracketed question and I did this by using techniques suggested by Meulenberg-Buskens (1994, p.140). These included the use of *reflective summary* which stimulates the interviewee to give more information, such as:

- It is your opinion that...
- You have got the feeling that...
- If I understand you well, you are saying...

I also used *clarifying questions* which are generally more probing and remain within the information already given by the participant, for example:

- Can you tell me something more about...?
- What do you mean when you say...?
- Can you give me an example?

In addition, van Manen (1990, p.67) suggests that it is important to stay close to the experience as lived and as such the researcher needs to remain concrete and ask the participant to think of a specific instance, situation, person or event.

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25 Focus of the research is placed in brackets, all else is set aside so that the whole process is rooted solely on the topic and question (Moustakas, 1994, p.97).
Although it is difficult to formulate ready-made questions for the interview, this orientation helped me to explore the whole experience of hope to the fullest. The questions suggested by van Manen (1990, p.67-68) were useful prompts, especially when the participant provided generalised information:

- Who said what?
- How did you feel about that?
- In what way?
- How did you become aware of it?
- What did it feel like?
- What is/was it like to...?

Moustakas (1994, p.116) suggests that the use of broad questions facilitates the obtaining of rich, vital descriptions of the participant's experience of the phenomenon. Nevertheless, he makes it very clear that these questions are not used at all if the participant shares her full story of her experience of hope. The conversational interview was selected as the primary method of gathering their personal life stories as it is generally recognised as easier to talk than to write about a personal experience (van Manen, 1990, p.67). However, writing forces a person into a more reflective attitude and, as a result, a writing exercise was also given to the research participants.

### 3.7.1.3 Incomplete sentences questionnaire

As most people find writing difficult, an incomplete sentences format was chosen for the writing exercise. The participants were given a questionnaire consisting of six incomplete sentences to give them an opportunity to reflect in more detail on their experience of hope. An open-ended format was used to allow them to communicate their experiences relating to hope in their own words without any restrictions (Terre Blanche & Durrheim, 1999). The purpose of the questionnaire was to focus on their aspirations for the future in an attempt to gain a more detailed understanding of the dimensions of hope as experienced by them.

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26 See Appendix C3
3.7.2 Follow-up interview

Once the data was collected, the taped interview was transcribed and the story was written keeping as closely as possible to the participants' own words. In addition, one significant event or phrase used by the participant was identified as the message of hope and was used as the title of the story. A follow-up interview was arranged to fit in with the participants' school commitments as they were busy with prelim preparations. Van Manen (1990, p.63) sees the follow-up interviews as a potentially ongoing process to dialogue with the participant about the interview transcripts and, in this case, the story as well. The follow-up interview of at least one hour gave the participants an opportunity to change or add to their stories of hope. The story was read to them and they noted changes as we progressed and also in the conversation that ensued. We finalised the title of the story and chose a pseudonym. Moustakas (1994) maintains that the follow-up interview gives the participants the opportunity to review and confirm or alter the research data to correspond to their perception of the experience. It also allowed me, as the researcher, to confirm the accuracy of my understanding of their experiences of hope which ultimately ensures reliability and validity of the findings. The next stage was to make sense of the data collected and Moustakas (1994) provided guidelines to analyse the data in a trustworthy way.

3.8 DATA ANALYSIS

According to Merriam (2004, p.14), data analysis in qualitative research is simultaneous with data collection as it allows the researcher to make adjustments along the way. She adds that it is an inductive strategy which begins with a unit of data that is compared to other units to find common patterns. Rossman and Rallis (1998, p.270) conceptualise qualitative analysis as three activities: immersion which involves the deep process of fully knowing the data; analysis or organising the data into chunks; and interpretation to bring meaning to these chunks of data. Different theoretical stances have evolved different strategies for data analysis. In a phenomenological inquiry, one uses techniques with an open mind, allowing meaning and structures to emerge (Rossman et al., 1998, p.296).
3.8.1 Phenomenology as a method
Phenomenological data analysis basically seeks the essence and structure of human experiences. There are different methods to analyse phenomenological data, but all focus on the development of themes (Rossman et al., 1998, p.296). Although different data types were used in this inquiry (the transcription, a drawing and a writing activity), they were all incorporated into the story written for each of the participants. Therefore, the data used for the analysis was their stories of hope. I used Van Kaam’s method, as modified and outlined by Moustakas (1994, p.120), to analyse their stories. The following is a summary of the four steps of epoche, phenomenological reduction, imaginative variation and synthesis (Moustakas, 1994, p.101), however, the process is described in detail with the data analysis of the three teenagers’ stories in chapter four.

3.8.1.1 The epoche process
Moustakas (1994, p.90) describes Epoche as the first step in coming to know things, to seeing things as they appear free of prejudgments and preconceptions. In Epoche, we set aside voices of the past that tell us the way things are or voices of the present that direct our thinking: “It is a way of looking and being, an unfettered stance” (Moustakas, 1994, p.85). The challenge of the Epoche is to be transparent to ourselves as despite tabling all other voices, the researcher as the experiencing person, remains present. It is an authentic encounter that excludes everything referring to others, their perceptions and judgments, so that only the researcher’s perception and own acts of consciousness remain as pointers to knowledge, meaning and truth.

3.8.1.2 Phenomenological reduction
Moustakas (1994, p.97) summarises this process into four steps:
- **Bracketing** where the focus of the research is placed in brackets such that everything else is set aside so that the whole research process is rooted on the topic and question. It requires the researcher to look again and again and again, viewing the phenomenon from different angles.
• **Horizontalising** where every statement is treated initially as having equal value. Irrelevant, repetitive and overlapping statements are then deleted leaving only horizons.

• **Clustering horizons into themes** from the horizons that remain. The clustered and labelled horizons are the core themes of the experience. These themes may be understood as the structures of experience (van Manen, 1990, p.79).

• **Textual description** of the phenomenon is compiled from the themes and delimited horizons - the researcher describes in textual language just WHAT is seen.

**3.8.1.3 Imaginative variation**

Moustakas (1994, p.99) describes this next step as seeking the possible meanings through the use of imagination, looking at the phenomenon from different perspectives as well as different roles or functions. The aim is to arrive at a structural description of an experience; in other words HOW the phenomenon was experienced. This involves the recognition of the underlying themes or contexts that account for the emergence of the phenomenon. These involve universal structures such as the structure of time, space, bodily concerns, materiality, causality, relation to self or relation to others.

**3.8.1.4 Synthesis**

Finally, the researcher puts it all together such that the “textual-structural synthesis represents the essences at a particular time and place from the vantage point of an individual researcher following an exhaustive imaginative and reflective study of the phenomenon” (Moustakas, 1994, p.100).

**3.9 TRUSTWORTHINESS**

The trustworthiness of an inquiry is about producing valid and reliable knowledge for professionals in applied fields to be able to trust the findings and use the knowledge constructively in their field of practice (Merriam, 1998, p.198). However, the traditional notions of validity and reliability are viewed differently in qualitative research. In its broadest sense, validity refers to the degree to which
research conclusions are sound (Terre Blanche et al., 1999, p.61) and from a qualitative perspective this has to do with description and explanation and to what extent the explanation fits the description – which addresses the credibility of the findings (Janesick 1994, p.216). On the other hand, reliability is generally understood as the degree to which results are repeatable (Terre Blanche et al., 1999, p.63). However, the value of most qualitative research is its uniqueness and, as a result, reliability in the traditional sense is pointless (Janesick, 1994, p.217). In fact, van Manen, (1990, p.155), describes any pedagogic theory as the theory of the unique which starts with the individual case, searches for universal qualities, and returns to the single case.

Many writers argue that validity and reliability need to be congruent with the assumptions underlying the research paradigm of the inquiry. From Merriam's (1998, p.198) perspective, validity and reliability or trustworthiness in qualitative research requires the researcher to work ethically – which has already been addressed in this chapter. Janesick (1994, p.217) believes we need to move away from psychometrics in qualitative research towards "carefully done, rigorous long-term studies that uncover the meanings of events in individual lives." Van Manen (1990, p.18) describes phenomenological research as rigorous when it is firm in a "moral sense" and sufficiently courageous to defend the uniqueness and significance of one's search for the multiplicity of meanings of life's phenomena. While the debate to develop consensus regarding the appropriate criteria for assessing validity and reliability in qualitative research continues, I needed to provide an explanation of standards followed in enough detail to show the reader that the research findings "make sense" (Merriam, 1998, p.199). For the purposes of this inquiry, the following standards were used to ensure that criteria of trustworthiness were met in discovering the meaning of hope in the lives of teenagers orphaned by AIDS: credibility, transferability, dependability and standards of rationality.
3.9.1 Credibility

Credibility is the preferred criterion in qualitative research for internal validity, focuses on producing a faithful description or interpretation of experiences such that the participants can recognise it as their own (Mutikani, 2002, p.46). Internal validity in all research centres on the meaning of reality. Social constructionists reject the idea that research findings can be an accurate reflection of reality (Terre Blanche et al., 1999, p.62) as reality is multidimensional and ever-changing rather than a single, fixed objective phenomenon waiting to be discovered. However, the question that needs to be addressed in good qualitative research is: does it ring true? (Lautenbach, 2007). The following strategies suggested by Merriam (1998) were used to ensure the credibility of this inquiry:

- **Triangulation** was used which refers to the use of different sources or multiple perspectives to gain some consistency in the evidence. In this inquiry, I made use of drawings, incomplete sentences and one-on-one interviews with three teenagers. This contributed to the thickness of the descriptions as their three stories were triangulated in an attempt to gain a shared meaning of the experience of hope. Unfortunately, the limited scope of this inquiry did not allow for greater triangulation as I would have liked to include interviews from people in their lives.

- **Member checking** which involved taking their stories back to them to confirm the credibility. After writing their stories of hope, the participants were given the opportunity in a follow-up interview to co-edit the text before I analysed the data.

- **Long term observation** involved gathering the data over a period of time. The data was gathered during two sessions over a period of one month. However, contact was maintained with the participants through the NGO and in one of the cases another contact session was made to discuss a current issue in her life. She needed to visit her dying mother in hospital after three years of imprisonment. During the interviews, she blamed her mother for her father's death and said that she would never forgive her. However, the visit changed her mind which gave me an opportunity to update her story. Unfortunately, long-term data collection procedures were not possible in this inquiry.
• **Peer examination** involved asking colleagues to comment on my understandings of the material and processes as they emerged. Supervisors gave regular input throughout the research process and verified the interpretation of the findings.

• **Collaborative modes of research** were addressed by involving participants as much as possible in the research process. The participants were co-authors of their stories of hope. They were also given a final copy of their story to share with significant others in their lives.

• In an attempt to address researcher's biases, a journal was kept to reflect on my assumptions and to explore the phenomenon and related reading material throughout the process. I also attempted to keep close to the data when labelling the essences of hope maintaining detailed records of the process to ensure transparency.

3.9.2 Transferability

I chose the criterion of transferability rather than the recommended standard of generalisability as the issue of representativeness does not have a place in phenomenological research as one cannot make conclusions from a small sample of participants (Terre Blanche et al., 1999, p.431). Constructionists argue that meanings are highly variable and hence do not attempt to draw universal conclusions (Terre Blanche et al., 1999, p.63) as they wish to understand a phenomenon in more depth (Merriam, 1998, p.208). Moreover, van Manen (1990, p.22) asserts: NEVER GENERALISE: “The tendency to generalise may prevent us from developing understandings that remain focused on the uniqueness of human experience.” Therefore to create a foundation of transferability, I considered the following strategies suggested by Merriam (1998, p.211-212) in an attempt to address the question: have I explored what I intended to explore? (Lautenbach, 2007).

• I attempted to elicit rich, thick descriptions to determine the transferability of findings to other contexts. This was hopefully achieved in this inquiry by adhering to Terre Blanche and Durrheim’s (1999, p.431) suggestion to
provide detailed and rich descriptions of contexts. These give readers an understanding of the structures of meaning which develop in a specific context which can be transferred to new contexts providing a framework from which to work. For example, the ethos of the NGO provides an important backdrop to the understanding of the emergence of hope in the lives of the participants in this inquiry (see 3.5).

- The typicality of the participants and NGO was described to determine how typical the event or individual is compared with others so that users can make comparisons with their own situations. The NGO was specifically selected as it supports children orphaned by AIDS and, therefore, seen as a context that would give children hope in their lives.

- A multisite design (several sites, cases and situations) was not fully used to maximize the diversity of the phenomenon. Although only one NGO was selected for the purposes of this inquiry, variation was achieved by choosing three participants through purposeful sampling.

I believe the above considerations, assisted me in gaining a rich description of hope.

3.9.3 Dependability

Lincoln and Guba (in Leatham, 2005, p.50) suggest that the terms dependability or consistency of findings should be used rather than reliability. Reliability is the extent to which research findings can be replicated. Constructionists do not assume that they are exploring a stable and unchanging reality and therefore do not expect to find the same results repeatedly (Terre Blanche et al., 1999, p.64). This means that the qualitative researcher should rather ensure that the findings are consistent with the data collected. Merriam (1998, p.206-207) suggests the following strategies to enhance dependability:

- The investigator's position addresses the assumptions and theory behind the inquiry, the researcher's position with regard to the group being studied, the selection criteria as well as a description of the participants and their social contexts. These explanations and descriptions were provided in this chapter.
• *Triangulation* is also a standard used for this criterion. The use of multiple methods of data collection and three participants contributed towards the dependability of the findings.

• An *audit trail* was established by accurately documenting all the steps of the research process - how the data was collected, how themes were derived and how decisions were made throughout the inquiry. This enables another researcher to follow the process.

• The *reliability of the human instrument* is also an important standard to consider. Although this is addressed more fully in the following section, an in-depth understanding of phenomenological research was endeavoured to ensure consistency between the stories and phenomenological descriptions of hope.

### 3.9.4 Standards of rationality

While every attempt was made in this inquiry to address the issues of trustworthiness, ultimately the onus rests on the researcher as the primary instrument of data collection and analysis to work with integrity. In fact, van Manen (1990, p.16) advocates using "standards of rationality" which require the researcher to work in a self-reflective and disciplined manner: "To be a rationalist is to believe in the power of thinking, insight and dialogue." From this perspective, the scientific notions of objectivity and subjectivity need to be reframed (van Manen, 1990, p.20). Briefly, the revised meaning of "objectivity" sees the researcher as remaining true to the object: she wants to describe and interpret it while remaining faithful to it. The new meaning of "subjectivity" requires the researcher to be perceptive and insightful to be able to reveal the object with richness and great depth. In addition, the researcher working with children needs to work sensitively with them - especially from a phenomenological perspective where one is required to write meaningful texts describing their lived experiences.

Therefore, when working in a field such as education, Van Manen (1990, p.151-153) proposes four evaluative criteria for any research text to have convincing validity. Texts need to be oriented, strong, rich and deep:
• For texts to be *oriented*, researchers need to question how they observe, listen and relate to children.
• For texts to be *strong*, researchers need to formulate an *exclusive* understanding which requires researchers as adults to ask how we should be with children.
• For texts to be *rich*, researchers attempt to capture the story that is unique, particular and irreplaceable for they engage us and require a response from us.
• For texts to be *deep*, researchers need to reach for something beyond in an attempt to restore a “broken wholeness” by recalling a part lost or past and reconciling it in the present with a vision of what should be.

The phenomenologist’s description of the child’s lived experience ultimately needs to provide a space for the child’s voice to be heard. This was the guiding principle throughout the research process – to quieten my voice and ensure I remained faithful to the voices of the teenagers heading the AIDS-orphaned homes to truly describe their experiences of hope.

### 3.10 CONCLUSION

This chapter has attempted to clarify the context and research paradigm within which this inquiry has been conducted. A phenomenological research design was chosen to explore three teenagers’ experiences of hope within the context of a NGO supporting children and teenagers orphaned by AIDS. A procedural description was provided, as well as data collection and analysis methods, to write their stories of hope and describe the essence and structure of hopeful experiences in their lives. This should provide sufficient ground to facilitate the discussion of the final themes and findings of the inquiry.
CHAPTER FOUR
DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION
This inquiry has attempted to explore the lived experience of hope of teenagers heading an AIDS-orphaned home in Soweto. A phenomenological analysis aims to elicit the essence or basic structure of a phenomenon – in this inquiry, hope. But it is important to keep in mind that the findings of their experiences do not necessarily represent the total experiences of all teenagers heading child-headed homes. However, generalising the findings of a qualitative inquiry is not the explicit aim of interpretivism. What is more important is a description of the unique experiences of three teenagers, whose hopefulness has enabled them to cope with orphanhood and the responsibility of heading a home. It is my intention to describe their hope according to what was in the participants’ experiences at the time of the inquiry. Generalisability, in this context, therefore lies in “the eye of the beholder and, like beauty, is applied because it fits with what the beholder knows” (Henning et al., 2005, p.151).

4.2 OVERVIEW OF DATA COLLECTION AND ANALYSIS
4.2.1 The participants
All three teenagers who participated in this inquiry were in Grade 12 and had lost at least one of their parents from AIDS. Angel’s parents both died of AIDS; Bella’s mother, who was a single parent, died of AIDS; and Princess’s stepmother died of AIDS, her father was murdered by her mother who was in jail (lost all contact until a week after the interview when Princess was summoned to the hospital as her mother was dying)\(^{27}\). Therefore, they can all be seen as orphans with various roles of responsibility as head of the home. Princess was looking after her two younger sisters in her late father’s home. Angel was responsible for the running of a household of teenagers with her elder brother. Bella and her four younger siblings were at the time of the interview living in her uncle’s house as she was preparing

\(^{27}\) Pseudonyms. Also see 2.1.2.2 Disenfranchised grief
for matric prelims – however, she had previously had the sole responsibility of taking care of them.

4.2.2 Data collection
Each of the teenage girls was interviewed separately to hear their stories of hope. The methods of data collection involved two interviews; an exploratory activity (light at the end of the tunnel), a drawing and incomplete sentences were also collected in the first interview. Both interviews were taped and transcribed. A story of hope was written for each of the participants from the transcription of the first interview using their words as much as possible to capture the “voice” of the teenager as well as their message of hope. The information from the drawing activity and incomplete sentences was included in the story.

The story was then read to the participants in the second interview to verify the authenticity of my “reauthoring” and to give them an opportunity to “co-author” the final version. The transcription from the second interview was used to edit the original story. The final stories were then used as the data for analysis to write the textual and structural descriptions of hope.

4.2.3 Data analysis
The analysis included a thorough study of the material through methods and procedures based on Van Kaam’s method of analysis of phenomenological data as modified and detailed by Moustakas (1994, p.120). The procedure can be summarized into four steps: Epoche, phenomenological reduction, imaginative variation and synthesis (Moustakas, 1994, p.101). Van Kaam’s method appealed to me for a number of reasons.

Firstly, I was able to get increasingly close to the essence of hope with each step of the procedure. The metaphor of sieving best describes the process. Each step employs a finer meshed sieve, until the essence of the phenomenon remains. Secondly, it was truly an inductive process which allowed me to discover the

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28 Reauthoring is a narrative approach used to help clients deconstruct old narratives and co-construct new stories about themselves and their lives (Corey, 2001).
meaning of hope in their lives. This is congruent with Van Manen's (1990, p.29) understanding of phenomenological research. He maintains that the phenomenological method differs from content analysis in that it is "discovery oriented", whereas content analysis specifies beforehand what it wants to know from the text. Phenomenology wants to find out from the participants what a certain phenomenon means and how it is experienced. Van Kaam's method allowed me to do this.

Lastly, the Van Kaam method supports van Manen's (1990, p.7) explanation that phenomenological analysis is fundamentally a writing activity. According to van Manen (1990, p.78), the meaning or essence of a phenomenon is never simple or one-dimensional. Meaning is multi-dimensional and multi-layered, which is why the researcher is engaged in the "reflective activity of textual labour." To conduct human science research is to be involved in the crafting of a text. The Van Kaam method guided my reflective task of writing the three stories/descriptions for each participant and the final description of the essence of hope which is a synthesis of all their descriptions. It was a structured process which helped me appreciate the multi-dimensional nature of hope by viewing it from different perspectives. The structured process started with Epoche, which was the beginning of my experience of understanding the data.

4.2.3.1 Epoche

The process of epoche or bracketing enabled me to look and see the data as if for the first time by setting aside my preconceived ideas about hope, teenagers orphans, AIDS and the like — "...seeing just what is there and allowing what is there to linger" (Moustakas, 1994, p.86). Bracketing allowed me to describe hope from its own intrinsic system of meaning without imposing my pre-understandings (Merriam et al., 2002, p.94; van Manen, 1990, p.47). This was achieved during the process of writing their initial stories from the transcripts. I also chose to do the transcriptions myself to give myself the opportunity to become immersed in their data. As discussed in the previous chapter, immersion is the first task of data

See Appendix A5: Reflection: Discovering the essence of hope
analysis, and involves the deep process of fully knowing the data (Rossman & Rallis, 1998, p.270).

4.2.3.2 Phenomenological reduction
Horizonalising and bracketing in the phenomenological reduction process enabled me to identify themes relating to the experience of hope. According to Moustakas (1994, p.118), the procedures include horizonalising the data where every statement or horizon relevant to the topic and question has equal value. The meaning or meaning units are then listed from the horizonalised statements. These are then clustered into themes, removing repetitive statements. The clustered themes and meanings are then used to write the textual descriptions of the experience.

In order to implement the above procedures and write a textual description of each of the teenager’s experiences of hope, I worked systematically using the following steps as developed by Moutakas (1994, p.120):

A. LISTING AND PRELIMINARY GROUPING
I reduced each participant’s story by extracting every sentence relevant to the experience of hope30.

B. REDUCTION AND ELIMINATION
To determine the invariant constituents of hope each sentence or expression in the extraction was tested for the following two requirements:
- Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it?
- Is it possible to abstract and label it? If so, it is a horizon of the experience. This was tabulated31 and expressions not meeting the above requirements were eliminated.

30 See Appendix D1 for an example of Bella’s extraction.
31 See Appendix D2 for an example of Bella’s table.
C. THEMATIZING THE INVARIANT CONSTITUENTS

I clustered the invariant constituents of hope that were related into a thematic label\(^{32}\). The clustered and labelled constituents made up the core themes of the experience of hope. The constituents were checked for overlapping, repetitive and vague expressions.

The themes were then used to construct a textual description of the phenomenon of hope for each participant. Verbatim examples from the participants’ transcribed stories were included in the description.

4.2.3.3 Imaginative Variation

I used Moustakas’s (1994, p. 99) steps for the imaginative variation process to compile a table\(^ {33}\) to derive structural themes from the textual descriptions induced from the process of phenomenological reduction. The process is illustrated in Table 4.1:

<table>
<thead>
<tr>
<th>1. Texts (Examples)</th>
<th>2. Possible structural meanings underlying textual meanings</th>
<th>3. Underlying themes/contexts related to emergence of hope</th>
<th>4. Structures that precipitate thoughts/feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is my life that you are talking about. – I’ve got to do something about it. (rape)</td>
<td>Hope can do something I am in control of my own life</td>
<td>Ownership- internal locus of control</td>
<td>Relation to self – sense of autonomy</td>
</tr>
</tbody>
</table>

Each sentence from the table used in the reduction and elimination process (see step 2 and Appendix D2) was placed in the first column as a textual exemplification of hope as experienced by the participant. The second column attempted to recognise the possible structural meaning underlying the meaning of the textual description in the first column. In attempting to describe ‘hope’, I asked myself: how was hope experienced by the participant? The third column tried to

\(^{32}\) See Appendix D3 for Bella’s core themes.

\(^{33}\) See Appendices D4 and D5 for excerpts of Bella’s imaginative structural analysis.
identify the underlying themes or context related to the emergence of hope. The last column considered the universal structures that precipitate feelings or thoughts of hope, such as the structure of time, space, bodily concerns, materiality, causality, relation to self and relation to others. The table was then used to write a structural description of the phenomenon of hope for each of the participants. These three descriptions were then used in the final procedure to compile a composite description of the meanings and essences of the experience of hope representing the group as a whole.

4.2.3.4 Synthesis
The final textual-structural description represents a synthesis of the meanings and essences of hope as experienced by Angel, Bella and Princess. ‘Essence’, according to Husserl (in Moustakas, 1994, p.100), means that which is common or universal: “the condition or quality without which a thing would not be what it is.” Sartre (in Moustakas, 1994, p.100) describes essence as the “concatenation of appearances...The essence finally is radically severed from the individual appearance which manifests it, since on principle it is that which must be able to be manifested by an infinite series of individual manifestations.”

I decided to use a table\textsuperscript{34} to analyse the structural descriptions of the three participants in an attempt to integrate their experiences of hope. I used the following procedure to guide the process:

1. I looked at each phrase or sentence of the participants’ structural descriptions and placed it in a table as illustrated in Table 4.2 (see next page).
2. I studied and reflected on each dimension (such as time and space) to understand the commonality of the three participants’ experiences in an attempt to describe hope from that perspective.

The result was the description of their experiences of \textit{living with hope}, the focus of this inquiry. The textual and structural descriptions of each of the

\textsuperscript{34} See Appendix D6 for the table for the synthesis of the structural descriptions
participants, as well as the final textual-structural description follow in an attempt to understand hope in the lives of teenagers heading an AIDS-orphaned home.

### TABLE 4.2: SYNTHESIS OF STRUCTURAL DESCRIPTIONS

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Angel</th>
<th>Bella</th>
<th>Princess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of story</td>
<td>No more tears in my mother's house</td>
<td>Don't look back: move on and take a step forward</td>
<td>Dad — you can come back into the house now</td>
</tr>
<tr>
<td>Theme of hope</td>
<td>Spirit of creativity — life is in her own hands to build her own family and future</td>
<td>Fighting spirit — fight for a better life from bonds of orphanhood</td>
<td>Spirit of gratitude — God given gift to look after her sisters</td>
</tr>
<tr>
<td>Time</td>
<td>• Future oriented</td>
<td>• Hope promises a future but is also based on a successful past</td>
<td>• My past achievements at school enabled me to reach matric — a milestone in itself — and this motivates me to stay focused</td>
</tr>
<tr>
<td>• Present bearable</td>
<td>• It beckons me forward letting me know that there is an end to my present difficulties.</td>
<td>• To endure the present hardships</td>
<td>• They allow me to dream and make plans for the future</td>
</tr>
<tr>
<td>• Past achievements</td>
<td>• They allow me to dream and make plans for the future</td>
<td>• They motivate me to use each day wisely and keep me free of regrets.</td>
<td>• This vision keeps me moving forward and awakens dreams of the future</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• I value this support with my studies and my sisters as a large part of my hope lies in education because it enables me to envision a future.</td>
</tr>
</tbody>
</table>

### 4.3 DESCRIPTIONS OF THE EXPERIENCES OF HOPE

#### 4.3.1 Angel's experiences of hope

The following is my account of Angel's story which represents an interpretation of the experiences of hope in her life. The story is based on two interviews conducted with Angel. I attempted to use her words as much as possible when writing her story and tried to capture the message of hope that could become a positive life script for her to hold onto. The story was read to her after the first interview to verify the accuracy of my understanding of her reality, and then edited with any changes she identified. This story is the edited version of her story of hope.

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35 For transcripts see Appendices E
4.3.1.1 No more tears in my mother’s house

Hi, my name is Angel and I am 17 years old. I never really had a childhood as I had to look after my mum from a little girl. She was very sick with AIDS for a long time from 1991 to 2001. She was my responsibility – I had to cook for her, feed her, clean the house, when she needed a bath, I had to wash her. In fact, I became the mum and she became the child.

Me and my brother have seen a lot of things. My dad was the first one to pass away. That was in 1997 – my brother was 11 and I was 8 years old. He started to get sick in March of that year and by November he was gone. Actually, he just gave up on life – he didn’t even take his medicine.

And my mum – she was always sick so I’ve had to deal with HIV and AIDS a long time ago. At first I didn’t understand what was going on. Then my mum told me everything – that there is no cure and that she will never be ok ever in her life, even the doctors can’t help her. So at that early age, I had to understand what was going on with my mum. It is still very painful when I think about my mum lying there in her bed really sick with no strength and saying “please make me something to eat.” I was very short and had to stand on a chair to make her some food. Then in 2001, when I got home from school, she wasn’t there. My grandmum, my aunties and uncles were all there crying and I just knew that she was gone. That was very sad – I was only 12 years old and my mum was gone. But a part of me was happy that she had no pain anymore – where she is she is better.

When my mum and dad died we went to counselling – but that didn’t help. When people started talking about my mum, I felt like I never had a mum. I still feel that way. Even if people talk to me and say everything will be ok, you must carry on with life. I don’t think that they understand cause they have never been in that situation. It’s useless to talk about my feelings when nobody else has been there and done that. While I have to talk and say life is difficult trying to cope with things like peer pressure – they won’t see what I am saying. So, I never talked to anyone about my feelings. I was always shutting everyone down and I didn’t want to talk about it. If people talked about HIV, I’ll become very angry and just leave. I’m not a very aggressive person, but I’ll just leave that place and go somewhere else and sit alone. That’s how I handle my feelings – I’m going to stay in the corner where nobody can see me and cry. I prefer it that way as I don’t want to bother anyone else cause I think they will feel ashamed of me. Instead I’ll talk about somebody else feelings but if somebody asks “how’re you doing?”, I’ll say “No, life will be ok.” I always like to cheer somebody up, but I don’t want to be cheered up.

Then my sister – she was 30 something - came to stay with us. She didn’t get along very well with my mum – they were always arguing then she decided to leave. She didn’t tell us that she was also positive. I think after my mum’s death my sister didn’t want to make us feel sad - so she didn’t want us to go through that same thing again and again. Then in 2004 when I was in Grade 10, she was very, very sick so I phoned Mama C to take her to hospital. I asked Mama C what was going on. She told me everything – that was the
day I knew my sister was positive but the following day she passed away. So I never had the chance to ask her what happened or why she didn't tell me.

I really loved her a lot. She was the one who told me how to be strong in life when nobody else wanted to be my friend. She was my shoulder to cry on. When I needed someone to talk to, I always went to her. My sister gave me the light – she always said “Go further with your studies and everything will be ok.” She knew I want to be a lawyer and she told me: “Go ahead, go for it. Aim high!” When she passed away I thought I was in the dark again, but my brother helped me through – he’s my support right now.

My brother is the most important person in my life cause he’s the only one I’ve left. I won’t count my aunt cause she has her own life. But, me and my brother we have to deal with many things alone and together. We fought with HIV and AIDS a long time ago and we still do – by fighting together, we are strong. But last of last year, he went to rehab. But he learnt a lesson – he learnt a very good lesson – he doesn’t even want to talk about drugs anymore – even the word, he doesn’t need to hear it – so he is very strong. After the rehab he came back home – now he’s only sitting at home and we’ve become more closer – I’m his closest and best friend. He calls himself a loser and I don’t know why. I’ve tried to talk to him about it but he’s very quiet. He won’t talk about anything, even if he’s hurt by me or by somebody else. He’ll just shut us down – even to me he’s not willing to talk about the HIV part. We never had our childhood in life. And we still don’t and I don’t think we have any childhood cause all our loved ones are gone. My mum never saw me leaving primary and going to high school. Sometimes I think that I will never find happiness in my life.

I’ve been losing people in my life so when I think about my sister, my mum and my dad, I become frightened. I fear that I might lose somebody else in my life. I fear cause I think everyone will just walk away from me, I think – I don’t deserve anyone in life. But they usually say there is darkness and then in the end there will always be happiness afterwards. I believe, I have hope that I will make it in my exams, my studies and go further with my studies and then become a successful woman in life and have to move on in my life with my brother.

I believe that I will make it through – I can see it’s very close now – not far anymore. I’ve made it to Grade 12 – that was my dream and I did it. Some of the teenagers don’t make it to Grade 12, they just drop out of school – even my brother did that cause he didn’t handle the situation. But, I was very strong and said to myself: You know what, no more pain in my life, I will focus on the future and I did it. It was my dream for my mum to see me going to high school and I believe that she can still see me. My plan is to go to university to go further with my studies, to do my law degree. But in the meanwhile I’m looking on the future cause it’s too painful looking back. That’s why I decided to take in other teenagers into our home when Mama C told me about them. I wanted to give them a chance in life as well.

Before my mother died she built us a house. Her house has become her memoriam. I decided no more tears in my mother’s house and so I took in other kids when Mama C told me about them to build a family of my own. Now we have 5 of us living in the house. That is why I pray a lot to thank God...
for people like Mama C in my life. She has given me a chance to find happiness and I have given my new brother and sisters a chance to find happiness as well. Together, we will make it.

4.3.1.2 Textual Description for Angel
The Phenomenological Reduction process encouraged me to look and describe, look and describe until there was a sense of having arrived at a breaking-off point, of having a sense of completion, of really knowing what was there before me (Moustakas, 1994, p.74). The following textual description of Angel's experience of hope is the outcome of this process:

Hope is experienced by me as a promise that life will be okay. Although the present may be filled with darkness, I believe in the end there will always be happiness. Hope therefore helps me to focus on the future as I want to become a successful woman in life. My sister always told me: "Go ahead, go for it - aim high." I am lucky that Mama C has given me a chance to find happiness. That is why I wanted to give them [my brother and sisters] a chance in life...a chance to find happiness as well...so I took in other kids to build a family of my own. I believe I will make it through...as I said to myself – you know what, no more pain in my life. I decided no more tears in my mother's house. That is why I decided to take other teenagers in. My biggest hope is finishing my studies, becoming a lawyer and always be happy. It was my dream for my mum to see me going to high school. And I've made it to Grade 12 – that was my dream and I did it. I have hope that I will make it in my exams, my studies... My plan is to go to University, to go further with my studies to do my law degree. The light I can see it's very close now – not far away. My sister gave me the light – she told me to go further with my studies. She was also the one who told me how to be strong in life when nobody else wanted to be my friend. My brother is the most important thing in my life right now, he's the only one left - he's my support right now. Me and my brother, we have to deal with many things alone and together - but by fighting together, we are strong. The most important people in my life are my sisters, brothers and Mama C – together we will make it.

4.3.1.3 Structural Description for Angel
The textual description explains the WHAT of experience, while the structural description portrays the HOW or the way in which the WHAT is experienced (Moustakas, 1994, p.99) – it incorporates themes and contexts that account for the emergence of the phenomenon by the process of 'Imaginative Variation'. While Reduction leads to the realm of facts, Imaginative Variation leads to the countless possibilities in the sphere of ideas (Moustakas, 1994, p.98). The following is a structural description of Angel's experience of hope:
The emergence of hope involves the support of others and being given opportunities or a chance to find happiness in my present circumstances. Opportunities to study open up a way forward to a brighter future of possibilities. They allow me to dream and make plans for the future. Hope promises a future but is also based on a successful past. It beckons me forward letting me know that there is an end to my present difficulties. It gives me a sense that circumstances are not permanent — things can change. Being autonomous helps me to make choices that I can change the way I view the world — which also creates more room for hope in my life. Being strong helps me to have hope as I know that I will not break despite my difficulties. Having others in my life on whom I can depend encourages me to go further — to keep on going. But most important of all, hope is experienced as being very close — reachable and not far away.

4.3.2 Princess’s experiences of hope

Again, the following story is the edited version of Princess’s experiences of hope based on the two interviews conducted with her, as well as an informal meeting to give her support on the news that her mother was dying in hospital. She had not seen her mother since the night of her father’s death, when her mother was arrested for stabbing him.

4.3.2.1 Dad — you can come back into the house now...

Hi my name is Princess and I am 19 years old. I live with my two sisters; one is in Grade 3 and the other is in Grade 2. We have been on our own for 3 years now and I have been looking after my siblings since I was 17 years old — although they stayed with my granny for a while. I grew up in an abusive home — my mom and my dad they would fight, fight, fight all the time - at home, drinking and breaking things. It wasn't ok, just the environment in the house. My mom liked my younger sisters, especially the last born, but she was very abusive towards me and my dad.

Then she got sick - she just got thinner and couldn't eat much. I had to take care of her – I had to cook sometimes and remind her to take her tablets. She wasn’t looking after herself. They were just drinking all the time, my mother and my father, and then one day at the end of 2002 when I came home from school - she wasn't there. I thought maybe she was in the hospital, but my father said she had died. I couldn't understand it — why he didn't take me in his arms and comfort me — it was just like it was over. I was left with so many mixed emotions. I wondered why he didn’t even arrange for a funeral. Although she was abusive, she was always a part of my life — I used to love her. She died early of this thing that I thought must be AIDS. My father never told us. I was really confused only to find out later that she wasn’t my real mom.

For transcripts see Appendices E3, E4 and E5
What actually happened was after my mom passed away, my real mom came, about 2003, before my dad died. So for me it was a confusion – there was someone who was sleeping in our home - I really didn't know who - I didn't know that she was my mom. I loved my dad because he supported us but he didn't tell us what was going on. She was also a drunk - they used to drink together. My dad he was ok to me but I didn't have much of a conversation with her – I didn't like her at all. Sometimes when you've got a family like that, you end up having a lot of hatred. But I would just hang out with people in the street, people outside of my family. Every time when my mom was there, she would always say to my dad: I'll kill you, I'll kill you while she was drunk. I don't know if she was on drugs or what - I hardly knew her. My mom and my dad used to fight but I did not know she was my mom. So, you know, I can't call mom a mom who actually was never a part of my life. Whenever she called for me, I wouldn't go or I would give her attitude. Sometimes when you've got a family like that, you end up having a lot of hatred. But I would just hang out with people in the street, people outside of my family. Every time when my mom was there, she would always say to my dad: I'll kill you, I'll kill you while she was drunk. I don't know if she was on drugs or what - I hardly knew her. My mom and my dad used to fight but I did not know she was my mom. So, you know, I can't call mom a mom who actually was never a part of my life. Whenever she called for me, I wouldn't go or I would give her attitude. So one day, she wanted to hit me and then my dad told her no, in all of these days you haven't been here – they grew up with their step mom. I thought my mom was like a step mom – so then it all came out and I was really confused. All of a sudden, I was supposed to respect my mom who I didn't know all this time. I accepted that I did look like her but at the back of my mind I thought sometimes people do look alike.

So one night at home, I remember it was October 2004, my aunt came over – it was her birthday and she wanted my mom to look after her young baby. But my mom was jealous of my aunt and my mom started making accusations that my aunt was sleeping with my dad – which wasn't true. Every day they drank and drank. Then on the 6th October, I slept early because they were drinking. At 12 o'clock, I woke up as I heard a lot of noise and fighting. My aunt - she took her clothes and her baby and she was leaving. She said your mom is accusing me of sleeping with your dad. I couldn't understand. And then my mom she was angry - she had this face of anger. I saw her take a knife from a drawer in the kitchen and she went out following my aunt. I put the baby down and I was standing on the steps.

After a while, she came back. My dad was asleep - she knew he was drunk and had gone straight to bed - they didn't sleep together, they slept in different rooms. The children were sleeping but I was lying awake in bed wondering what my mom was doing. So after a while, my mom started calling my dad names - she was an evil person, she changed completely. And then, she started stabbing my father to death in his bed. I was watching from the door. I was telling her to stop, stop. I don't know what happened to me. My mind, I guess, everything just stopped. I went out to tell my aunt what was going on. I didn't know what to do - I didn't want to call the neighbours. I went to the nearest telephone – I called the police and I called the ambulance.

And then when I went back to the house, I went to the bedroom and I saw my dad - he was quiet. My mom was outside – I don't know what she was doing – I think she was washing her hands. When I went to look at my dad there was blood all over - he was not breathing. I couldn't understand why he couldn't talk to me. I couldn't believe that my dad had died. You know, what gives me the most pain every day when I think of my dad, the day my mom was stabbing him: my Dad saw me when he woke up and he said please help me and I didn't do anything I don't know why - I was scared of my mom, she was violent.
Later, I was really stressed about the funeral as there was no money – my granny said she can sell some cows to pay for the funeral in North West but then I went to see Father at the Catholic Church and he said he can bury my father – it was a good funeral. My mother is in jail now and I blame her for putting me and my sisters in this place. I don't blame my dad. If my father was still alive, we would not be orphans now because it is as if my mother is not alive anyway. I thought I would never be able to forgive my mother for what she has done to us. But when I was called to the hospital as they said she was dying, I forgave her as soon as I saw her – she has changed. I still can't understand why my mom killed my dad. I wonder if my dad was HIV positive and if the reason my mom killed him was because maybe he infested her. There are so many questions that I cannot answer - even though I try. But it is the past. Now I have to cope.

It was really hard for me after my dad died. My mother's sister and mother were around for a while after he died, but they were drinking all the time and didn't worry about food for us - they left soon. Then one day, a lady at the tuck shop introduced me to Mama C and the organization – they helped us to buy a fridge and a stove and set us up because the furniture people came to collect all these goods because my father was still paying for them. My aunty (my father's sister) came from overseas – she said she wanted to adopt my sisters because I was still a child and too young to look after them – I was 17 years old and in Grade 10. But she just took them to my granny in North West and left too. No one cared about me. I was all alone in my father's house. It was a lonely time – my sisters with my granny and me alone with no family to love me - no adults to tell me what to do – no one to care for me. The house was empty. I used to go to Mama C's house to talk to her children but there was no-one really to love me and I was starting to feel bored. There was this emptiness inside...

I was also having a difficult time at school because they kept on asking me for school fees and I rebelled. What's the use – I didn't care any longer. I stopped going to school. I started drinking and going out with friends. I used to invite friends to my house. They loved coming to my house as they were free to do what they liked. The friends were no good. One friend, she was also not good for me – her mother came to my house to see my mother. I told her my mother was at work. My friend told her mother that she was sleeping at my house when in fact she was not. Her mother kept coming to see my mother and I thought maybe they were using me. I started getting worried because even the neighbours had started talking. The neighbours started saying “No Princess you mustn't do this and that” - but when my father died nobody cared about me then.

One night my father visited me in a dream and he asked me “Princess what is going on?” No, I told him, I am not like that and I invited him into the house. He would not come in because he said that I must first change and then he would give me something he had brought for me. I knew it was clothes in the plastic bag he was carrying because he always used to buy us clothes. When I woke up I thought: I must change – I have to get my life together – I have to be on track. I woke up to life. I had two younger sisters who needed to be cared for and my granny was getting old - she was 87. I told Mama C that I am ok now to try and look after my sisters. I didn't want to return to school as I wanted to
settle them first — to go to school as they had not been going to school with my 
granny. I gave up everything. After the dream, I changed to look after my 
younger sisters.

But later in 2006 — in October again - my grandmother died and I thought my 
life was over because now I was really alone. I had lost two people I had really 
loved — October was a bad month. I tried to commit suicide by taking tablets but 
I didn't die. God gave me my life so I can look after my sisters. They are my life 
— without them I don't think I will be alive. As long as my sisters are happy, then 
I am happy too. They give me such hope. To see them running around like 
children and smiling again — it makes me happy. But it is difficult because I 
must look after them and my books.

At the beginning of this year - my matric year, I was supposed to go to the 
boarding house and this woman was supposed to look after my sisters. But 
then she left them because she had problems at home. So sometimes I miss 
out on opportunities as I have to look after my siblings on my own. I get letters 
from their school or their reports telling me they must improve on their reading 
skills and I should teach them how to read. So I have to help them with their 
homework but mostly I just tell them to go do their homework but I don't 
actually help them. I can't balance my life — my schoolwork and theirs. 
Sometimes I think I am selfish because I think of myself only - not them 
because I want them to pass too at school too. But I am still a child too. I tell 
them not to play in the street, but they don't listen and I find them out the house 
and not in the yard. I often wish I had someone just to help me with them — a 
bigger sister or an aunt.

I guess I get very lonely because I need someone or an adult to tell me that he 
or she loves me. I need someone to tell me what to do. I need someone talking 
at home. I need that laughing — someone that can make me laugh. Someone in 
the house to make us all laugh, not only me making my younger sisters laugh. I 
know they do make me laugh, but then I just need that older person or an adult 
you know who cares about me — to put a smile on my face, to make me happy. 
One night my father visited me in a dream — he always visits when I am going 
through a hard time — he told me that it was not my fault that I couldn't help him 
— I was just a child and that it was my mother who killed him. That I must just 
get on with my life. So my father — although he has died - he still comforts me in 
my dreams. I often cry myself to sleep. I don't like to cry in front of people — but 
when I am alone — I cry.

But then something happens or someone comes along to give me hope. Like 
Mr M who looked after my dad when they were in exile — he was like a father to 
my dad. It was a blessing — he called last year - he didn't know that my granny 
had died. He bought us groceries and meat — healthy food and he's been trying 
to help me get money from the treasury department that my dad used to get 
every month. They say they need a letter of appointment as I need a guardian. 
But the social workers say that there's the New Child Act -that I am 18 years — I 
should be the guardian. They should put the money into my account. But 
Treasury say they don't have the Act - but the Child Act is working everywhere 
and they are still holding my dad's money which we are supposed to get every 
month. Sometimes I feel like giving up but I have to think of my future.
I wish I can have a bright future and I can make the most of it. It is my biggest hope - to achieve in life. A dream that keeps me going is to be successful and to see my younger sisters to be successful too. When I am successful, I will support them - I want to be their mom. But I'm scared of death...oh my God...I'm really scared of death. What if I die? Who will look after my sisters?

Now my younger sister and I, we can talk and we can share that we are missing our father. At one time they were worried at her school because she was not talking and they said she needed counselling. Now she can tell me she has a pain in her heart and she can share her feelings. I know that when I am hurting, my sisters they hurt too. When my youngest sister friends at school ask her where is your mom she tells them that her mother is at work. I told her that is ok - say whatever makes you comfortable - she is still young and doesn't have to explain everything to her friends.

School is also important for me because it gives me a future. My school is very good to me - I never thought I would speak to the principal but I did. She has little Angel verses that are always encouraging. Whenever I take one - it speaks to me and helps me to carry on. I pray to God to help me when things are difficult and things just start falling into place. Like now there is hope as I am back in the boarding house for the next four months before my matric exams. So I'm really focused now on my school work - I'm learning a lot more that I didn't know as I want to be over and done with my matric. But I have to come back home on the weekends to look after my sisters.

I don't have family to help me look after my sisters. I have a brother, same mother but not the same father - he's one year older than me. We used to be close but for some reason, I don't know, my mother didn't like him. She actually told him - you got your own dad - you got your own life. But we contact each other always now - we phone each other but he lives too far way to help. And then there's my mother's brother. The one time I was boarding and he came to stay with us. He too has AIDS and is thin - I had to feed him and look after him.

I was boarding at school but Mama C phoned to say he was causing problems in the house with the lady who was looking after my sisters so I had to come back home to look after them. So my uncle is not helping us - he just comes for shelter and food because he has nowhere else to go. So my family is no good in our lives. Even after my father's death, an aunty from my father's side, she said the house is not my house and took me to court for the house. But my father he told me everything - I knew where his papers were and all that.

So we are still in the house and we are lucky now because we have shelter and the organisation - they give us food, clothing and pay for our school fees. They take my sisters on outings and to the movies so that makes me happy too that they are experiencing these things in life. So I know that I am luckier than so many other children - we are not abused and don't have anybody telling us what to do. Although I miss an adult telling me to sit down now and get on with my studies. At least now I am happier than before because now there is no longer fighting in the house. My stepmother also used to abuse me and they were always drinking. I am luckier than some other children in the organisation. When I hear their stories I say to myself at least I am not the only one. We do not live in a shack and we can get on with our lives. I have a boyfriend now - he is studying at College - and I have also made a special friend in the
organisation. She is also my age and the head of the home so we have the same responsibilities. She is in matric at the same school as well - so we share a lot. My sisters, Mama C, my boyfriend and my friend - they keep me going.

I think my dad would be proud of me now. I never believed I would make it to Grade 12 but now I am in matric. We are happy in the house and I would like to say to him: Dad, you can come back into the house now...

Figure 4.1: Princess's picture of hope
4.3.2.2 Textual Description for Princess

Hope was first experienced by me after a dream about my dad. When I woke up I thought: I must change — I have to get my life together — I have to be on track. I actually woke up to life and realised that I must get on with my life. After that dream, I changed because I decided I wanted to look after my sisters. But then my granny died and I tried to commit suicide - but I did not die. I was given a second chance by God: God gave me my life so I can look after my sisters. They are my life — without them, I do not think I would be alive. They give me such hope. To see them running around like children and smiling again — it makes me happy. As long as my sisters are happy, then I am happy too.

When I am successful, I will support them — I want to be their mom. A dream that keeps me going is to be successful and to see my younger sisters to be successful too. It is my biggest hope — to achieve in life. I wish I can make the most of life and I can have a bright future. School is important for me because it gives me a future. I never believed I would make it to Grade 12 — but now I am in matric. I am especially hopeful now as I have been given an opportunity to go back to the boarding house for the next four months before my exams. So I’m really focused now on my schoolwork — I’m learning a lot more that I did not know as I want to be over and done with my matric. My school is very good to me — it really helps to have people that are good to me.

My sisters, Mama C, my boyfriend and my friend — they keep me going. Mr M gives me hope — he looked after my dad when they were in exile and now he is looking after us — sometimes he brings us groceries and meat — healthy food. He has also been helping me to get money from the treasury department that my dad used to get every month. My principal — I never thought I would speak to her — but I did. She has little angel verses that are always encouraging. Whenever I take one — it speaks to me and helps me to carry on. Actually whenever things are difficult, I pray to God and things just start falling into place.

At least I am happier than before because now there is no longer fighting in the house. We are lucky now because we are still in the house and the organisation — they give us food, clothing and pay for our school fees. They take my sisters on outings and to the movies so that makes me happy too that they are experiencing these things in life. I know that we are luckier than so many other children in the organisation — we are not abused and don't have anybody telling us what to do. When I hear their stories I say to myself at least I am not the only one. We do not live in a shack and we can get on with our lives.

4.3.2.3 Structural Description for Princess

The emergence of hope involves the gift of recovery (from an attempted suicide) to fulfil the care-giving role of my sisters. Therefore, my sisters give me hope and symbolise "life" for me — they are my purpose in life. My love for them motivates me to be successful and much of my happiness depends on their well-being. My first experience of hope was when my father confronted me in a dream — I saw the light and realised that I needed to change. I knew that this reawakening of hope rested in my responsibility to regain focus in my life and move forward with my sisters. Hope is currently experienced by me as being
given an opportunity to focus on my studies to achieve my goal of passing matric. I value this support with my studies and my sisters as a large part of my hope lies in education because it enables me to envision a future. My past achievements at school enabled me to reach matric – a milestone in itself – and this motivates me to stay focused. Being grateful encourages me to be more hopeful as my needs for food, clothing and school fees are met by the organisation enabling me to experience the hope of personal growth. Belonging to a community helps to grow my appreciation of how fortunate I am to live in a house (and not a shack) which is happy and free of abuse – it helps to know that you are not the only one struggling. Hope is sustained by the loving support of a few special people, comforting dreams of my father, a caring school environment, little angel verses and answered prayers.

4.3.3 Bella’s experiences of hope

Again, the following story is the edited version of Bella’s experience of hope based on the two interviews conducted with her. The second interview was conducted in my car as she had moved to the school boarding establishment and we had no privacy in the house.

4.3.3.1 Don’t look back: I have to move on and take a step forward

Hi my name is Bella and I am 18 years old. I live in my uncle’s house with my four siblings: they are 16, 14, 12 and the youngest now 7 years old. We have been orphans for 5 years now. I never used to live in Joburg with my mum and my siblings; I used to live with my grandmum in the Eastern Cape. In 2002 when I was in Grade 8, my mum called my grandma and told her that I have to move to Joburg. It was the first time I saw my mum and it was very difficult for me to believe that she was my mum because I used to take my grandmum as my mum. I lived with my mum for 7 months and then she became ill – like critically ill - I didn't know what was wrong with her. Because I’m the eldest, I used to take her to the doctors and I also had to drop out of school so that I can take care of her. My mum never told me and my family that she was HIV positive. When we used to ask her, she used to say: no she's gonna be fine. The third time I took her to the doctor in Johannesburg, a Chinese woman asked me if I knew what was wrong with my mum. Then this lady she said to me: No I'm not supposed to tell you this, but I guess I have to because you're the eldest and you're the one who is taking care of her – she’s HIV positive. I felt very awkward – it was very hard for me to believe it cause I never thought of HIV. It was like the end of the world to me and I did see that my mom was really ill. On the following day, she couldn’t walk, she couldn’t do anything so we had to call an ambulance, then she went to hospital. My grandma came to Joburg and a few days later, it was early in the morning – the cops come to the house and told us the bad news; she had passed away at 2 o’clock in the morning. My mother died on 27th September 2002. It was very difficult for me to believe because I didn’t get that time to know her before she passed away.

37 For transcripts see Appendices E6 and E7
Although my mum was working, it wasn't a good job. She was working in a baker so there was no money to bury her – like nothing, nothing. We didn't have food to eat so it was very difficult. So my aunty found out about this organisation. Then she brought Mama C to our house. That's when Mama C told us she's gonna make a plan to bury my mum. OK, finally Mama C did get some donations from people and we buried her – it was a good funeral. Then from there, after some time, my gran had to move back to her house in the Eastern Cape and at 13 years old, I had to take care of my siblings and my younger brother, he was about 1 year and 6 months. He was still young, he still needed a mother to take care of him. So, I had to drop out of school and look after him. My childhood was very difficult because I couldn't feel what it was like to be a teenager cause I was acting as a mother while I'm also a child. I was hoping that someone was going to take care of me but no-one was there to do that. I had to take care of my siblings – at times there was no food in the house. I had to make sure that they get something to eat. And my younger brother, I had to make sure that he gets milk. I had to make sure that everything is ok even if it was difficult for me but I tried to manage on my own. Every morning I have to make sure that my brother is ok - he can go to school. My younger sisters are ok, my siblings are ok they can go to school, only then I can go to school.

I got a kind of job – just for us to get something to eat –they paid only R100. On the 7th of December 2002, I didn't go to work. I went to a close friend of my mum to ask for money. I didn't find her. I met this guy from my street. I used to talk to him so I used to take him as a brother or say an uncle. He offered to help me and escorted me to his friend's house to ask for money - we didn't get it. When I was going home, he asked me to kiss him. I told him that No, I can't do that and crossed the street then left him behind. I didn't realise that he was following me. Then he just took out a knife, he wanted to stab me. Then he took a cloth and closed my eyes and closed my mouth so that I won't be able to scream. He took me to his house and then he raped me. My uncle moved to Joburg. When I told him what happened, he told me that I was lying – I was telling lies. But I went to the police and the guy got arrested. I was scared because I just realised that my mum had just died of AIDS - what if I was also HIV positive? They took me to the doctors and I wasn't HIV positive. They gave me some pills, I don't know for what? And then, while the guy was arrested, the family from the boy's side they came to my house to ask my uncle to drop the charges so that they can give us money. My uncle suggested that I drop the charges. I didn't drop the charges because I told myself: This is my life that you are talking about. I can't just take money – I've got to do something about it. Then my uncle told me that if I don't drop the charges I must leave the house.

So my uncle and I, we didn't talk for like months cause I had to move out of the house. Mama C, found a place for me to stay with someone from the organisation. But then later on I decided that if I leave my siblings there, they're not going to lead a good life. I've got to be there for them. After about 7 months, I went back home – then he did accept me, but things were not ok cause there was this tension cause he wanted the money and I didn't want the money. Then it was my siblings and I and it was very difficult for me to deal with all these situations of losing a parent and being raped – so I decided, it was a very
bad thing for me to do but I only realised that afterwards — I wanted to commit suicide. I was 15 and I took about 75 tablets — but, I didn’t die. I went to hospital for a few weeks.

But the thing that gave me support at the time when I tried to commit suicide was the fact that I didn’t die. I’m a Christian and God wanted me to live and make a better future for myself. If I’m not strong enough, what picture or what image am I painting for my siblings. My brother, the one who is 16, he said to me when he came to the hospital: Are you really giving up on your life like that? What are you expecting me to do? If you can’t take care of us, how am I going to take care of my other siblings? Can’t you see that this thing is going to be a, also it’s a circle. If I commit suicide, he’s going to commit suicide, my other siblings are going to commit suicide also — so our family is going to be left with nothing. So I decided, you know what, I’ve made a stupid decision in my life. I’ve got to change that and start to be a better person. I have to tell myself I can’t run away from the fact that our family is a disadvantaged family. But I have to change that by making a better future for myself. I can do that only by just going to school and making sure that I study at school whatever, no matter what happens. When I get to the door at school or to the gate, I have to forget about my family background or whatever it is. Then after school I will start picking up the papers and say you know what, this is where I come from but that thing cannot stop me for who I want to become. I better make sure that my life is good. I don’t want to lead the life that my mother had to live. I don’t want to see my siblings suffering. So my brother although he was young, he gave me good advice. Cause when he said that to me, I realised — you know what, my brother is right. I’ve got to start and pick up the pieces and start being positive about life. It doesn’t help to say, you know what I’m an orphan and I want a contribution from you. I’ve got to make use of my life and I want to try, I want to tell other orphans: You know what: it doesn’t matter which background you come from — you can still be a better person. My biggest hope is to help other orphans.

My uncle — he’s not working, so he wasn’t providing anything. He was just trying to make a living. The only thing he used to do is to make sure that his children did get food. He didn’t care about us because him and my mother they didn’t used to be like brothers and sisters. My uncle’s got this thing that the house that we’ve got is actually his house. So he took that thing out on us — he used to hate us. He didn’t give anything to us, so I’m the one to make sure that my siblings are ok. I had to make sure that they do get the essential needs like food cause that is the main thing. They do go to school, because I believe if I did give up then and didn’t go to school, I wouldn’t be where I am today. Without school, I believe I’m nothing cause to me education is the key to success.

If I did give up and say to myself: You know what I am an orphan, I wouldn’t have a brighter future. I’m this type of person who believes that if today is bad, I’m gonna make tomorrow a brighter future for me. School gives me hope because nobody is having a good life without school. School gives you success — without school you’re nothing — I believe that. I was taught in that way. My grandmother used to tell me that: if I said I’m not going to school — she’d say: you know what you’re not going to have a brighter future — go to school. I was brought up in that way. And so every day of my life, I have this thing that when I
wake up, even if I don't feel like going to school, I just tell myself Bella, I have to do this for the sake of my family because now I've got four kids that I have to look after. Especially, the 7 year-old because he's young, he needs me more than I need him—I've got to make sure that he is ok every day. So if I drop out of school and sit and try to find a job, at the end of the day I'm going to lose it—it's better for me to concentrate at school and get a proper job that is going to help all of them. If only I could get a better future, I would make sure that my siblings lead a good life.

My siblings are the ones who keep me going. I'd say they are my inspiration. My siblings are my number 1 priority. To be honest I'm a teenager and I could go out with my friends, but the first thing that comes to my mind is that whatever you do, you have to make sure that your siblings are going to look up to you. I have to be a good example to them. I can't do anything that I am going to regret - if I do a bad thing, they are not going to see a good example in me. So I would say that I am both a mother and a father to them — but I am also a teenager with my own hopes and dreams.

I don't know my dad. I never met him. My step dad, I used to think that he is my dad—I never knew that he's not my dad. I only found out about two years back. He passed away before my mum. But I don't know whether my dad is still alive or not. So, I wish, even if he cannot help with anything because I don't want anything from him — just to know that he is alive and just to see him and just to know my real surname and to know my other siblings. I'd say the most important people in my life right now are my siblings, my grandma, Mama C and my friend.

My grandmother, she's very old now. She comes to Joburg to visit then goes back to Eastern Cape. She's not working, she only gets a pension. She helps a little bit like if we don't have mealie meal — then she will buy mealie meal or she will buy meat for us or if we need something for school - maybe a book for a certain subject - then she will buy it for us.

But Mama C is the one who supports us now - she makes sure that we get food and that we go to school. I'd say that she supports us with basic things — at times she buys us clothes. The organisation is helping with everything. I often think: what if I didn't meet the organisation — where would I be? If I have troubles, I would call Mama C. Everything that I need I call her. She is like a mother to me and a father. She helps me a lot because she always tells positive stories. She also didn't grow up in a very good family. She grew up in that apartheid time. She didn't get to go to school to have a better education. But she didn't give up. She fought for her life — to have a better future — which she has today.

Mama C and some other girls - we always go to functions, to conferences, where we tell your stories and then they donate money to the organisation. There was this girl — she is a Xhosa. She also lost her parents from HIV and AIDS and apparently they were laughing at her at school. Nobody was there to support her. She only had a brother and her brother was also young. But she didn't give up in life — she continued, she went to school and I'd say her story is really relevant to my life — her experience as a child. It is not a very nice childhood to grow up in a very disadvantaged family. And her mother also didn't
tell them that she was HIV positive. She found out that her mother was HIV positive by the neighbours. Now she's a manager of Virgin mobile. Today she's this professional lady and she's still young. She's living her life; she's independent, she's got everything that she wants – she's living a good life. So her story really encouraged me. I told myself - if she can do it, I can do it.

My friend also gives me a lot of encouragement. She's also head of the house and she's more my age. She lives on her own but she doesn't give up in life – she always says you know what Bella, you can make it in life. No matter what family you come from, no matter what you've experienced - you can be a better person if you believe in yourself.

We're living with my uncle and his two children now. It's a home for us because there is no other thing I could do. It's not easy but I ask my God to help me to forget about those things that are difficult because if I keep on thinking about those things – I'm not going to be anyone. I can't run away from the fact that I'm from a disadvantaged family but if I'm going to always think about that – I'm not going to be the person that I want to be. A dream that keeps me going is to have a brighter future. Next year I want to go to UJ or CTI to do a B.Com in Marketing and Management. I always pray to God – help me to forget about my difficulties because if I always think about it, it's going to hold my future which is not what I want. I'm not that kind of person – I don't look back. No – it did happen, I just put it at the back in my mind. I can't forget about it, but I've got to move on with life. It doesn't have to hold my future. It doesn't have to hold me – no – I have to move on and take a step forward. I get my energy from God because, I'm a Christian. I believe in God. If I've got something that I think I can't solve – I just pray to my God then I will see God giving me the strength to believe in myself.

4.3.3.2 Textual Description for Bella

Hope is experienced by me as being given a second chance by God: I swallowed 75 pills - but I did not die. I am a Christian and God wanted me to live and make a better future for myself. My younger brother challenged me: Are you really giving up on your life like that? From that day on, I decided that I've got to change and start to be a better person. I had been raped the year before, three months after my mother's death, but I realised: this is my life – I've got to do something about it. If I did not want to lead the life that my mother had lived, I had better make sure that my life is good. I have to start picking up the pieces and start being positive about life.

And so everyday of my life when I wake up, even if I don't feel like going to school, I just tell myself: I have to do this for the sake of my family because now I have four kids to look after. If I leave my siblings, they are not going to lead a good life: I have to be there for them. My siblings are the ones that keep me going – they are my inspiration, my number one priority. I have to be a good example to them. I have to make sure that they look up to me so I can not do anything that I am going to regret. I am both a mother and a father to them – but I am also a teenager with my own hopes and dreams.

I believe if I did give up then and did not go to school, I would not be where I am today. Without school, I believe that I am nothing because to me education
is the key to success. School gives me hope because nobody is having a good life without an education. And so, no matter what happens, I make sure that I go to school and study. I always remember what my grandmother used to tell me when I said I am not going to school: You know what, you are not going to have a brighter future — go to school. Other people in my life also inspire me not to give up.

Mama C did not give up — she fought for her life to have a better future, which she has today. She helps me a lot because she always tells positive stories. Everything I need, I call her. She is like a mother to me and a father. My best friend did not give up in life — she went to school and her story really encouraged me. I told myself — if she can do it, I can do it. My friend lives on her own but she doesn’t give up in life — she always says: You know what Bella, you can make it in life. She gives me a lot of encouragement. She tells me: No matter what family you come from, no matter what you’ve experienced — you can be a better person if you believe in yourself. They have helped me to realise that if I give up, I would lose the dream that keeps me going: to have a brighter future.

And so it doesn’t help to say that I am an orphan. I have to tell myself that I can not run away from the fact that my family is a disadvantaged family. This is where I come from but it can not stop me from who I want to become. I am the kind of person who believes that if today is bad, I’m going to make tomorrow a brighter future - I don’t look back. It is not easy, but I ask my God to help me to forget about those things that are difficult. I believe in God - I get my energy from Him. If I have something that I think I can not solve — I pray, and then I will see God giving me the strength to believe in myself. God helps me to think positively because if I always think about my difficulties, it is going to hold my future which is not what I want because I am not going to be the person that I want to be. Next year, I want to go to UJ or CTI to do a B. Com in Marketing and Management. I can not forget about my past — it did happen, but I just put it at the back of my mind. I have to move on with life. My disadvantaged life does not have to hold my future. It does not have to hold me — I have to move on and take a step forward. My biggest hope now is to help other orphans. I have to make use of my life and I want to tell other orphans: it does not matter which background you come from — you can still be a better person.

4.3.3.3 Structural Description for Bella

The emergence of hope involves a positive mindset that anaesthetises the pain of my past promising a release from the bonds of orphanhood. The fight against my disadvantaged life requires me to be strong to endure the present hardships. But the knowledge that I am a survivor (from an attempted suicide), that I am autonomous gives me the determination to win this fight for a better life. Witnessing the tragedy of my mother’s life also fuels my thirst for a better life. But the driving force behind hope is my belief that education is the key to success. My grandmother cultivated this vision of school as the path to a brighter future which keeps me focussed on the way ahead. This vision keeps me moving forward and awakens dreams of the future. My hope for a brighter future is made possible by the fulfilment of my basic needs (provided by Mama C) and is sustained by my faith in God, opportunities for growth and support from special people in my life. My siblings inspire me to persevere, especially at
school, as I am ultimately responsible for their well-being. They motivate me to use each day wisely and keep me free of regrets. My friend encourages me to believe in myself as a survivor. And my need to share this message of survival and hope for a better future with other orphans also helps to nurture my own endurance. But ultimately, being a Christian nourishes me as I get my energy to keep fighting from God.

Figure 4.2 Bella's picture of hope
4.3.4 Synthesis: the essences of hope

The following is a Textual-Structural description of the three participants' experiences of hope – what I refer to as the "hopeness of hope." Like the "treeness of a tree" in its essence remains the same whether the tree is viewed from side, front, or back (Moustakas, 1994, p.55), I attempted to capture the "hopeness of hope" as experienced by the teenagers in this inquiry. From any angle, the tree continues to be experienced as a whole tree. Similarly, this description is an attempt to portray the common experience of living with hope as a teenager heading an AIDS-orphaned home. However, it is one possible description as the essences of any experience are never totally exhausted (Moustakas, 1994, p.100). The description represents the essences of hope as experienced by the three teenagers at a particular time and place from the perspective of my reflective understanding and in no way pretends to be representative of all teenagers from child-headed families.

LIVING WITH HOPE

Living with hope awakens a vision of a future so that the tragedy of the past begins to fade and the present is not experienced as endless. With hope, time does not stand still as a feeling of "becoming" slowly unfolds with an understanding that things too can change. The experience of past successful outcomes - such as reaching matric despite obstacles along the way - helps to keep hope alive. Hope can only emerge in positivity and rests secure in the knowledge that one is a survivor – that one is committed to the process of change. Hope, therefore, depends on firstly, a belief in one's strength to endure the hardships of a disadvantaged life; and secondly, the realisation that one's destiny is not determined by one's circumstances, but on a power within to make choices that lead to preferred ways of being. Belonging to a community of support evokes feelings of gratitude as basic needs are met nurturing the origins of hope. The encouragement and care of others fosters hope enabling one to persevere and keep focused on the path to transformation. The care of siblings plays a special role in the journey of hope, as they are seen as the personification of hope – a motivation to live wisely. But without faith in God, opportunities for schooling and support from the organisation, hope has little chance of surviving, as they incite hope to take root and grow. Hope is then experienced as moving forward to destinations not too far away, so that possibilities are within one's grasp. The journey is purposeful, as hope lies in passing matric as the way to success. Hope's promise of a better future builds resiliency and a determination to achieve metamorphosis - to leave orphanhood behind.

The above description is summarised in Table 4.3 (see next page) where the essences of hope are identified from a multi-dimensional perspective.
TABLE 4.3: ESSENCES OF HOPE

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Constituents of hope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>• Future-focused&lt;br&gt;• Makes present bearable&lt;br&gt;• Achievement in past sustains hope</td>
</tr>
<tr>
<td>Space</td>
<td>• Goals are reachable&lt;br&gt;• Focus of school as way to success</td>
</tr>
<tr>
<td>Relation to self</td>
<td>• Related to person's sense of autonomy — belief in self motivation&lt;br&gt;• Ownership of growth/motivation to change&lt;br&gt;• Depends on person's knowledge of being strong/resilient</td>
</tr>
<tr>
<td>Materiality</td>
<td>• Hope gives strength/resiliency&lt;br&gt;• Related to sense that things change — life is not static&lt;br&gt;• Related to gratitude</td>
</tr>
<tr>
<td>Causality</td>
<td>• Needs a positive mindset&lt;br&gt;• Emerges in a context of opportunities, support and education&lt;br&gt;• Met needs are a prerequisite</td>
</tr>
<tr>
<td>Relation to others</td>
<td>• Needs a context of support to sustain it&lt;br&gt;• Spiritual belief sustains it&lt;br&gt;• Siblings are personification of hope</td>
</tr>
</tbody>
</table>

4.4 INTERPRETATION OF THE FINDINGS

A detailed description has been given of the three teenagers’ experiences of hope. According to Giorgi (in Moustakas, 1994, p.13), “...by adopting a strictly descriptive approach, we can let phenomena speak for themselves.” While I am tempted to let their descriptions of hope speak for themselves, Moustakas (1994, p.184), in describing phenomenological research, suggests that we address the question: how, in fact, do your findings differ from findings presented in the literature review? In the following section, I will attempt to unpack the dimensions of hope as experienced by the three teenagers heading the AIDS-orphaned home and relate their experiences to my understanding of hope supported by existing literature as discussed in the literature review.
4.4.1 Understanding the essences of hope
I have summarised in the table above the essences of hope as experienced by the three teenagers in this inquiry in terms of the following dimensions: time, space, materiality, causality, relation to self and relation to others. Many of the essences or constituents of hope are related to more than one dimension - for example, goals are related to both time and space. The permutations are unlimited and it becomes irrelevant to create all the right links. Each dimension merely creates a lens from a universal structure in an attempt to gain a deeper understanding of the essences of hope.

4.4.1.1 Time
The essences that emerged from the description of hope from the dimension of 'time' were that firstly, hope is experienced as being future-focused; secondly, that experiencing hope makes the present bearable; and thirdly, that achievement in the past helps to sustain hope.

Hope is described by Seligman (2002, p.62) as a future-oriented emotion that promotes a sense of happiness and well-being, and therefore, as discussed in chapter 2, mental health. According to Herth (1996, p.743), being future-focused enables people to "envision a better tomorrow for one's self and others." This can be seen in Angel's conscious decision to focus on the future as looking back causes too much pain: "No more pain in my life - I will focus on the future." Bella also maintained a "don't look back" focus on life: "I'm not that kind of person - I don't look back. No it did happen...[but]...it doesn't have to hold my future. It doesn't have to hold me - no - I have to move on and take a step forward." I believe their focus on the future relates well to Seligman's (2002, p.92) description of the art of hopeful thinking as being partially dependent on the dimension of time. If bad events in life are seen as temporary rather than permanent, one has a sense that things will change in the future - that one's hardships will not last forever. Angel confirms this in her belief that darkness does not last forever: "I've got hope that...say there is darkness and then in the end there will always be

38 See 2.2.1 Looking at hope through a positive psychology lens

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happiness afterwards." The hope of the future provides light at the end of the tunnel in such a way that the teenagers’ experience of their present circumstances become more bearable (see Figure 4.3 on the next page).

Therefore, the second essence of hope helps the teenagers to cope with their additional responsibilities in heading an orphaned home. This is also evident in Victor Frankl’s belief in man’s inner strength to rise above his outward fate. The teenagers’ voices echo Frankl’s (1984, p.84) sentiment: “He who has a why to live for can bear with almost any how.” Bella’s desire to overcome her present circumstances is evident in her words: “If I did give up and say to myself: You know what I’m an orphan – I wouldn’t have a brighter future...I’m this type of person who believes if today is bad, I’m gonna make tomorrow a brighter future.” However, although hope promises a future for the teenagers, it is also based on a successful past.

Achievement in the past, the last essence of hope from the dimension of time, provides the teenagers with what Snyder (in Carr, 2004, p.89) calls “pathway thoughts” in hope theory. The belief that one can find pathways to desired goals as a result of one’s learning history: developmental lessons of correlation and causality create a belief in themselves, so that what was previously achieved in the past can be repeated in the future. This is best illustrated by Angel when she said: “I've made it to Grade 12 and some teenagers don't make it to Grade 12 – they just drop out from school. Even my brother did that cause he didn't handle the situation. But I was very strong and say [to myself]...I will focus on the future and I did it...I did it...that was my dream.” The knowledge that “I did it” sustains hope and enables the teenagers to stay focussed on their goals using established pathways or finding new ones. Goal-oriented behaviour is the backbone of hope theory and relates to the description of hope from the dimension of space.
Figure 4.3 Angel: Light at the end of the tunnel activity
4.4.1.2 Space

The essences that emerged from the description of hope from the dimension of 'space' were that, firstly, the teenagers perceived their goals as being reachable; and, secondly, they had a focus in life: school was seen as a way to future success.

According to the first tenet of hope theory (Snyder et al., 1997, p.5), a goal must be clear in a person's life -- which was the case with the teenagers in this inquiry. All three teenagers were goal-oriented: Angel dreams of becoming a lawyer; Bella wants to do a B.Com in Marketing and Management; and Princess wants to be "over and done" with her matric. In addition, hope theory proposes that thinking is hopeful when the person feels that the goal is attainable, thus correlating with my findings that a reachable goal is one of the essences of hope in the lives of these teenagers. All three teenagers described a goal that was within their grasp. Angel, for example, said: "I believe that I will make it...I can see it's very close -- it's not that far anymore." She was describing the light at the end of the tunnel which was related to her passing matric.

The second tenet of hope theory relates to the other essence of hope in the lives of teenagers heading an orphaned home -- that of "going to school no matter what" (Bella). These teenagers are not drifting in space -- they are focussed. Hope theory presupposes that the person has the roadmap or "waypower" of how to reach the destination (Snyder et al., 1997, p.5). This was clearly evident in their descriptions of hopeful experiences, especially Bella's vision of school as the path to a brighter future: "Without school, I believe I'm nothing cause to me education is the key to success."

The last tenet of hope theory concerns the engine or "willpower" to drive a person to his/her destination (Snyder et al., 1997, p.5). This relates to the description of hope from the dimension of 'relation to self' where the teenagers' motivation to achieve their goals is also relevant.
4.4.1.3 Relation to self

The essences that emerged from the description of hope from the dimension of 'relation to self' were that, firstly, hope is related to a person’s sense of autonomy and belief in oneself; secondly, hope is related to one’s ownership of personal growth or motivation to change; and thirdly, hope depends on a person’s knowledge of being strong and resilient.

The first essence concerns the teenagers’ sense of autonomy — a sense of oneself as a separate, self-governing individual (Berk, 2000, p.567). All three teenagers demonstrated this internal locus of control — a belief that their own actions play a large role in maximising positive outcomes (Baron & Byrne, 1991, p.511). An internal locus of control was also a factor associated with resilience in adolescence (Carr, 2004, p.271). Bella describes her reaction to her uncle who wanted her to accept the money offered to drop the charges against the offender who raped her: “This is my life that you are talking about — I’ve got to do something about it.” Hope for a positive outcome was perceived by her as a personal responsibility and not dependent on her uncle’s wishes or outside uncontrollable forces. This was also evident in Angel’s belief in herself as an autonomous person: “I decided no more tears in my mother’s home.” Princess also described herself as experiencing a reawakening after a dream where her father admonished her: “When I woke up I thought: I must change — I have to get my life together. I have to be on track.” All three teenagers made a conscious choice to change and took ownership to do so — the second essence of hope in their lives.

Frankl (in Prochaska et al., 2003, p.127) emphasized that a person has a choice and is responsible for the attitude that is assumed toward fate. The teenagers had little choice when faced with the death of their mothers/parents. They had to face loss and the responsibility of, for example, heading an orphaned home and managing their schoolwork. This prompted me to ask two questions posed by Frankl. Firstly, what are the choices they made? Angel, for example, chose to "look forward" with “no more tears in my mother’s house.” And secondly, how responsible were they? Angel felt responsible to do well at school and pass
because the organisation were paying for her studies and she wanted to make use of that opportunity to pass her matric. Both Princess and Bella felt responsible for the well-being of their siblings. Bella says: "And so every day of my life, I have this thing that when I wake up, even if I don't feel like going to school, I just tell myself-Bella, I have to do this for the sake of my family because now I've got four kids that I have to look after."

Therefore, they all demonstrated the motivation or, according to hope theory, the "willpower" to change the course of events in their lives. Bella describes her motivation to change: "I have to tell myself: I can't run away from the fact that our family is a disadvantaged family... This is where I come from, but that thing cannot stop me for who I want to become." However, "willpower" needs to be sustained which relates to the next essence of hope in their lives: the personal knowledge of being strong and resilient. Carr (2004, p.271) also includes self-evaluative beliefs as one of the domains associated with resilience in adolescence. So too, in this inquiry, the evaluation of the self as being strong and resilient to cope with life helps to sustain the teenagers' hopeful thinking about life. Bella demonstrated a fighting spirit throughout the interview and spoke about the importance of not giving up. Angel too, describes her and her brother's battle: "We fight, we fought with HIV and AIDS a long time ago and we still do – by fighting together – we are very strong." Therefore, the knowledge that one is strong gives the teenagers' hope to continue the battle, but having hope also gives strength which relates to the next dimension of materiality.

4.4.1.4 Materiality

I understood materiality as what is the 'material' of hope - material being the "substance of which a thing is made" (McLeod & Hanks, 1985, p.695). My findings suggest that hope in the lives of teenagers heading an orphaned home is made up of a strong material; it contains a transformative substance and a component of gratitude. Therefore, the essences that emerged from the description of hope from the dimension of 'materiality' were that, firstly, hope gives strength or resiliency;

39 See Table 2.3 for factors associated with resilience in adolescents in 2.2.4
secondly, hope is related to sense that things change - that life is not static; and thirdly, that hope is related to gratitude.

A closer look at the first essence of the material of hope relates to resiliency. According to Short et al. (2005, p.30), hope provides a healing energy that results in greater resiliency. Resilience is seen in children at risk who have adapted positively and are "doing okay" in spite of extenuating circumstances (Masten et al. in Snyder et al., 2005, p.75). All three teenagers were identified by Mama C as "doing okay." Angel's response: "No, life will be okay" demonstrates her belief in positive outcomes. Bella says: "A dream that keeps me going is to have a brighter future." The dream or hope of a better life "keeps her going" or provides her with the endurance to cope, in other words - it builds resiliency.

Hope, in this sense, is then transformative as they anticipate a "better" life: "God wanted me to live and make a better future for myself" (Bella after her attempted suicide). Bella wants to share this transformative experience with others: "I want to tell other orphans: you know what, it doesn't matter which background you come from - you can still be a better person. Princess, after her dream, mentioned earlier where her father confronts her about current lifestyle of drinking and absence from school, says: "After the dream, I changed to look after my sisters." She has a purpose in life which creates hope and the belief that life can be different. It was this essence of hope that gave me the idea that living with hope provides the determination to achieve metamorphosis and to leave the bonds of orphanhood behind

Being hopeful also creates a feeling of gratitude which is expressed by Princess: "...so I know I am luckier than so many other children in the organisation...We do not live in a shack and we can get on with our lives"; and Angel: "So I'm lucky to have them." This probably relates to an "optimistic attributional style", a factor associated with resilience in adolescence (Carr, 2004, p.271) which also correlates with the findings in the dimension of causality.

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40 See 4.3.4: Living with hope – the textual-structural description
4.4.1.5 Causality

The essences that emerged from the description of hope from the dimension of 'causality' were that, firstly, hope needs a positive mindset; secondly, hope emerges in a context of opportunities, support and education; and thirdly, the physical needs of the teenager should be met as a prerequisite for hope to take root.

Hope from a hope theory perspective is a way of thinking that is goal-directed (Snyder et al., 2005, p.258). Findings from this inquiry also suggest that a positive way of thinking initiates the growth of hope. This positive mindset is consistent with the thinking in Positive Psychology with its focus on human capacities in the promotion of mental health (Snyder et al., 2005). From this perspective, human capacities, such as hope and resilience, are nurtured as a buffer against problems that put children at risk (Seligman, 2002, p.27). In looking at the self-evaluative beliefs associated with resilience in adolescence, Carr (2004, p.271) describes human capacities such as high self-esteem, internal locus of control, task-related self-efficacy and optimistic attributional style – all related to positive thinking.

An internal locus of control has already been noted as one of the essences of hope in the lives of teenagers heading an AIDS-orphaned home. The art of hope is described as finding permanent and universal causes for good events (Seligman, 2002, p.92) which is related to an optimistic attributional style or a pattern of internal, stable and global attributes for successes: I succeeded because I am talented (Snyder et al., 2005, p.257). All the teenagers demonstrated a positive way of thinking, particularly Bella: "...because if I keep on thinking about those things – I'm not going to be the person that I want to be.” She also attributes her success to her ability to persevere: “I believe if I did give up then and didn't go to school, I wouldn't be where I am today.” However, success would not be possible without opportunities, support and education – the second constituent of hope in the teenagers’ lives.

The support of the NGO provides the teenagers with opportunities to grow: “...we are lucky now because we have shelter and the organisation – they give us food,
clothing and pay for our school fees” (Princess). Their physical needs are also met – the third constituent of hope. Angel confirms this: “If it wasn’t for her, I’d be...maybe lying on the streets, don’t have a shelter ...but now ...I can see that Mama C cares.” Princess is able to be more hopeful about passing matric as the NGO has provided support by organising a caregiver for her two younger sisters so that she can focus on her studies: “Like now there is hope as I am back in the boarding house for the next four months before my matric exams.” The school drop-out rate is high in child-headed households (van Dyk, 2005, p.275). According to Prinsloo (2005, p.31): “They have little hope of attaining academic achievements and no hope of a prosperous future.” The NGO in this inquiry has given the teenagers an opportunity to find hope by providing pathways to achieve their goals – the “waypower” of hope theory (Snyder et al., 1997, p.5).

The NGO has actually provided hope by dealing with the three core areas of dependence in orphaned and vulnerable children as outlined by Skinner et al. (2004, p.16): material problems such as access to shelter, food and education; emotional problems, such as the experience of care and support; and social problems including role models and a supportive peer group. Hope has emerged in the context of the support provided by the NGO by meeting their material and emotional needs. They have also provided some support in meeting their social needs which will be addressed in the following section relating to the dimension of ‘relation to others’.

4.4.1.6 Relation to others
The essences that emerged from the description of hope from the dimension of ‘relation to others’ were that, firstly, hope needs a context of support to sustain it; secondly, spiritual beliefs sustains hope; and thirdly, siblings are personification of hope.

While hope needs a context of support to take root, it also needs a context of support to grow – that is a relationship with others. All three teenagers

41 See 2.1.1 Orphaned and vulnerable children
acknowledged the support of Mama C, the project co-ordinator of the NGO: "Everything that I need, I call her. She is like a mother to me and a father" (Bella). "That woman is really incredible...I know a day she gets hundreds of calls from us saying - 'we need this, we need that' – and she makes sure that she'll, she makes us all happy" (Angel). "My sisters, Mama C, my boyfriend and my friend – they keep me going" (Princess). Mama C is also a role model as she, according to Bella, also had a disadvantaged life: "But she didn't give up. She fought for her life – to have a better future – which she has today." Mama C also tells positive stories and exposes the teenagers to other role models to inspire them: "So her story really encouraged me – I told myself – if she can do it, I can do it" (Bella). Mama C is the reliable adult caregiver providing the fundamental human needs of affection and protection for healthy childhood development as outlined by Max-Neef (in van Dyk, 2005, p.274).^42^

Being part of the NGO also helps to sustain hope as the teenagers build friendships and realise they are not alone: "My friend also gives me a lot of encouragement ... She lives on her own, but she doesn't give up in life. She always says: you know what Bella, you can make it in life" (Bella). Princess expresses her sense of belonging to a community: "When I hear their stories, I say to myself – at least I'm not the only one." Princess reported an overwhelming sense of loneliness on the loss of her loving support structure^43^ and therefore had to confront the meaning of her life – a premature existential crisis as reviewed in Chapter 2^44^. Belonging is one of Maslow's basic human needs that need to be fulfilled before a person can be motivated towards self-actualisation (Mwamwenda, 1989, p.186). Max-Neef (in van Dyk, 2005, p.274) identified ten fundamental children's needs that are threatened as a result of HIV and AIDS. One of them is this loss of a sense of belonging which is a fundamental need of identity in childhood. Another is an impaired capacity to imagine one's place in the larger spiritual context. The teenagers in this inquiry, however, all acknowledged that their spiritual beliefs sustained hope.

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^42^ See 2.1.3.2: Table 2.1 Psychosocial support to fulfil fundamental needs
^43^ See Appendices C1 and C2: Light at end of tunnel activities
^44^ See 2.2.2 Understanding the meaning of life
When exploring the meaning of hope from an African perspective, spirituality was an essential ingredient in their descriptions of hope: "...a spiritual force that enables us to persevere" (Interviewee). This was confirmed by all three teenagers:

- "...we mustn't give up in life cause a miracle can happen" (Angel).
- "I get my energy from God because I'm a Christian" and "...and then I will see God giving me the strength to believe in myself" (Bella).
- "I pray to God to help me when things are difficult and things just start falling into place" (Princess).

Therefore, a belief in God is one of the essences of hope in the experiences of these teenagers as their faith keeps them fighting against the odds in their lives. Another source of inspiration or "willpower" to keep them going was their siblings. This is best illustrated by Bella: "My siblings are my number 1 priority...My siblings are the ones who keep me going – I'd say they are my inspiration." Keeping siblings together is a policy of the NGO supporting these teenagers (Keep a child alive, 2006), and consistent with research findings that orphans benefit from the support and protection of their family (Mulutsi, 2004; UNICEF, 2006). This is echoed by Angel, who is grateful to Mama C for encouraging other teenagers to live with her in her house: ...because she's the one who made me very, very special to other people and she is the one who made me to have a family today that I can talk about. She's the one who adopted a family [for me]."

An existential view also helps to make sense of the teenager's experience of hope as they alone must give a sense of meaning to their lives (Corey, 2001, p.149). Princess believes that her siblings are her purpose for living after her attempted suicide: God gave me my life so I can look after my sisters...They are my life – without them I don't think I will be alive.” Her sisters are the personification of hope in her life – like Frankl (1984, p.84) found meaning by helping others in the concentration camp, Princess's siblings give her meaning in life as she faces the existential loneliness of orphanhood. Bella, on the other hand, wants to lead a

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45 See Appendix C4
good life to act as a role model for her siblings: “You have to make sure that your siblings are going to look up to you. I can’t do anything that I am going to regret – I have to be a good example to them.”

The spirit of “ubuntu” is, therefore, still alive within the lives of the teenagers in this inquiry and helps to sustain their hope. “Ubuntu” is a traditional African ethic which defines the individual as a relational way of being (Mokwena in Visser, 2007, p.71). Masango (2006, p.939) explains that the Zulu maxim, umuntu ngumuntu ngabantu or a “person is a person because of other people” suggests that it is only by behaving with humanity that a person qualifies to become an ancestor worthy of respect. The teenagers heading the orphaned homes in this inquiry are experiencing the dedicated care of Mama C – a caregiver who has devoted her life to children orphaned by AIDS, thus fulfilling the ethos of the Zulu maxim. The teenagers are also committed to the well-being of their siblings and must be earning the respect of their ancestors. Mama C’s dedication to them and their commitment to their siblings sustain their hope enabling them to cope with the challenges of orphanhood and dream of a brighter future.

4.4.1.7 The hopeful self

Before moving on to a view of hope from a social constructionist perspective, I shall add three important observations with regard to the above discussion on the essences of hope. Firstly, the identification of the essences of hope is consistent with the asset-based approach as conceptualised by Roehlkepartain and Leffert (in Eloff, Ebersohn & Viljoen, 2007, p.82) with a focus on strengths and capacities such as a caring neighbourhood, self-esteem and resistance skills (also see 2.3.6). Eloff, Ebersohn and Viljoen (2007, p.86) in their research on vulnerable children contend that theoretical constructs in this field need to take cognisance of what is “affirmative and constructive” in their lives.

Secondly, the dimensions of time, space, relation to self, materiality, causality and relation to others are not mutually exclusive, but interdependent. For example, the dimensions of relation to self and materiality highlight the fact that hope is not an
entity that exists independently of the self – there is a relationship between the self and “hope.” “Hope” influences self and vice versa. “Hope” gives strength to the self to endure the present hardships, but is also needs the self to know that one is strong to take root.

Thirdly, the emergence and survival of hope in life appears to be dependent on, firstly, constitutional factors of the self such as a sense of autonomy; and secondly, contextual factors such as opportunities to elicit hope. Therefore, the self and the context in which one finds oneself cannot be separated in the construction of the hopeful self. This is a social constructionist view of the self as decentred: the part (self) and the whole (cultural and historical context) are in continuous interaction which has an effect on the construction and reconstruction of the self/selves (Gergen in Els, 2000, p.39). Thus the hopeful self, from this perspective, is socially constructed which will be unpacked in the following section.

4.4.2 A social constructionist perspective
Social construction theorists believe that all knowledge, including ideas, concepts and memories, evolves in the space between people, in the domain of the ‘common dance’: “Only through on-going conversation with intimates does the individual develop a sense of identity or inner voice” (McNamee & Gergen, 1992, p.8). I was acutely aware of the inner voices of the teenagers in this inquiry which contained socially constructed messages of hope. While the tone of their inner voices differed, highlighting the uniqueness of their personal journey with hope, there were also shared experiences. I realised that their personal messages of hope may be socially constructed: all three teenagers were holding onto a voice from the past that they had internalised and which gave them hope.

4.4.2.1 Angel’s construction of hope
Angel’s personal message of hope was imbued with a spirit of creativity: life was in her hands to build her own family and future. But her inner voice contained the words of her older sister: “Go ahead, go for it. Aim high.” Angel’s dream is to become a lawyer, and her sister instilled hope by encouraging “pathway thinking”
Go further with your studies and everything will be okay.” It is a positive life-script, given to her by her sister, who has subsequently died of AIDS. Angel’s sister has become her internalised working model that has given her coping strategies (Carr, 2004, p.217): “She was the one who told me to how to be strong in life when nobody else wanted to be my friend.” The social stigmatisation of being a child orphaned by AIDS and subsequent feelings of rejection, were challenged by her older sister to quieten those other voices and build a stronger voice that now believes that “…life will be okay.”

4.4.2.2 Bella’s construction of hope

Bella’s story of hope was filled with a fighting spirit which is embodied in a inner voice that says: “No matter what family you come from. No matter what you’ve experienced – you can be a better person if you believe in yourself.” But her fight for a better life from the bonds of orphanhood was sparked by a motivational speaker, Sibu— that is, in the ‘space between people’ and, therefore, also socially constructed.

Sibu was once a “kid without parents” (she does not like the brand ‘AIDS orphan’), but is now a successful businesswoman managing Virgin Active’s Corporate Social Investment Department. The advice she likes to pass on to other young people who have been orphaned by AIDS is: “The mistakes your parents made aren’t yours and your life doesn’t have to end the way theirs did. It’s up to you to make something of yourself – and once you’ve found something you’re good at and you like, stick to it” (Sik, 2007). Bella’s response was: “…she didn’t give up in life – she continued, she went to school and I’d say her story is really relevant to mine cause her mother didn’t tell them that she was HIV positive…I told myself, if she can do it, I can do it.”

Snyder et al. (in Carr, 2004, p.92) describe hopeful adults as maintaining positive self-talk such as Bella’s “I can do it” – a focus on successes rather than failures. This is the “willpower thinking” that constitutes hope to attain one’s goals (Snyder

\[46\] See 4.3.2.1: Figure 4.2 Bella’s picture of an experience of hope
et al., 2005, p.257). But Bella’s hopeful thinking was able to take root because she had internalised the grandmother who raised her: “I was brought up that way. I was taught that school is the thing that is going to make you have a brighter future...My grandmother used to tell me that. I say: no, I’m not going to school. [She’d say]: no you can’t miss school – you have to go to school.” Her current script to ‘go to school no matter what’ gives her the “waypower thinking” that constitutes hope to achieve her goals (Snyder et al., 2005, p.257). This hopeful thinking was constructed in the space between her and her grandmother.

4.4.2.3 Princess’s construction of hope
Princess’s inner voice of hope was filled with a spirit of gratitude. She conceptualised hope as a God-given gift to look after her sisters after her attempted suicide. But it is her father who has become her internalised working model as he talks to her in her dreams. At one stage she had given up at school and was drinking. She recalls him asking her in one illuminating dream:

“Princess what is going on?” No I told him I am not like that and I invited him in the house. He would not come in because he said I must first change and then he will give me something he has brought for me. I knew it was clothes because he always used to buy us clothes. When I woke up I thought - I must change. I have two younger sisters who need to be cared for and my granny was getting old.  

That dream was the initiation of her journey with hope. Her father motivated her to look after her sisters, which has provided “willpower thinking” (Snyder et al., 2005, p.257) to achieve her goal of passing matric. Once again, hopeful thinking evolved in the ‘spaces between people’.

4.4.2.4 Overview on constructing hope
An overview on the each of the teenager’s evolution of hope has shown the importance of others in the construction of hope in one’s life. They all heard the voice of a parent, grandparent or older sibling that kept them going. As hypothesized in chapter two, they have developed positive life scripts that reflect encouragement from significant others in their lives (see section 2.3.5). Similarly, Leatham (2005, p.106) in her study on adolescent experiences in the child-headed

47 See transcript in Appendix E4
home, noted that most of the learners had received emotional, moral, spiritual and cognitive support from at least one caring parent. They reported that it was mostly their mothers who encouraged them to believe in themselves which, she maintains, partially prepared them to cope with future adversity. Carr (2004, p.91) also highlights the importance of secure attachments in the development of hope in children, but adds another ingredient: the social support to cope with adversity. The NGO under the guidance of Mama C provided the support to keep hope alive in the teenagers’ thinking.

The knowledge that they can succeed through education was constructed in the open spaces between the teenagers and the “shared voice” of the NGO. This was evident in a recurring script which I heard in their stories – an echo of the voice of Mama C: “Regardless of what they are facing, they hold onto education as it is the only thing that will free them. It is a belief that it ‘can be done’... These girls have grabbed this chance to get an education as an opportunity to rise above their hardships.”\(^{48}\) The story people tell about themselves depends on their participation in collective discourses (Campbell & Ungar, 2004, p.4). The emphasis placed on education in the NGO as the pathway to success has reinforced their “waypower thinking” (Snyder et al., 2005, p.257) and strengthened their hopeful self.

4.5 CONCLUSION

The findings of this inquiry have been described and discussed within the framework of relevant literature as presented in Chapter Two. The descriptions of hope in this inquiry indicate that an interdependent relationship exits between the internal and external essences of hope in the lives of teenagers heading an AIDS-orphaned home. While the findings are not generalisable, the descriptions of hope:

- provide a “foot in the door” in our understanding of teenagers heading an orphaned home from a positive psychological perspective;
- begin the process of opening conversational spaces in the task of engendering hope in their lives;

\(^{48}\) See 3.5: Interview with Mama C
• provide a platform on which to start building psycho-social support structures for teenagers heading orphaned homes.

The aim of the final chapter will be to draw this inquiry to a close by providing a summary, discussing the limitations and suggesting some recommendations for future research and practice with teenagers heading an AIDS-orphaned home.
CHAPTER FIVE
SUMMARY, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION
The purpose of this chapter is to bring this inquiry to a close by providing an overview, as well as a summary of the findings regarding hope in the experiences of teenagers heading an AIDS-orphaned home. Recommendations for psychosocial support will be addressed, followed by a brief discussion on possible limitations of the inquiry, as well as recommendations for future research.

5.2 SUMMARY
The purpose of this inquiry was to describe teenagers’ experiences of hope in heading an AIDS-orphaned home as seen through a phenomenological lens. The motivation of the inquiry was to provide an understanding of these teenagers’ experiences of hope for the development of support structures within the inclusive educational setting as limited research on teenagers heading the home is available (see 3.3.2). This was successfully accomplished in the descriptions of hope as experienced by three teenagers in Soweto under the care of an NGO which supports child-headed homes. A story thickening the counterplot of hope in their lives, which are filled with the challenges of orphanhood49, was written for each of the teenagers. The co-constructed stories were then used as data for analysis to write their descriptions of hope. Textual, structural and textual-structural descriptions of hope were written based on a phenomenological procedure of analysis, which included the four processes of epoche, phenomenological reduction, imaginative variation and synthesis.

The descriptions showed that the essences of hope in the experiences of teenagers heading an AIDS-orphaned home can be summarised as follows:

- hope is experienced as being future-focused;
- hopeful thinking is goal-oriented: school is seen as a way to future success;

49 See 2.1.2.1: Figure 2.1 for an overview of problems faced by children affected by HIV/AIDS
Finally, the findings suggest that hope is socially constructed, evolving in the spaces between people and in the interaction of the person with his/her environment. This finding highlights the importance of the motivation of this inquiry in the building of psychosocial support structures for children orphaned by AIDS within our inclusive education system because a "context of support" engenders hope. Hope is unlikely to emerge in children or teenagers left to fend for themselves, even if they have an internal locus of control – a constituent of hope found in this inquiry and a factor associated with resilience in adolescent (see Table 2.3). The following recommendations, therefore, rest on the finding that hope takes root in the context of opportunities, support and education and needs the nourishment of "ubuntu" for it to grow.

5.3 RECOMMENDATIONS
The recommendation of a supportive context for children orphaned by AIDS is not new to research in this field (Leatham, 2005; Louw, 2006; Mulutsi; 2004). Louw (2006) in her study of families affected by HIV and AIDS in a South Rand community made extensive recommendations for "weaving a circle of care" (see 2.1.3.5). She highlighted the importance of a thorough needs-analysis and provides a method of mapping assets and contacts for the creation of supportive networks. This supportive mindset is also the backbone of our inclusive education system which acknowledges that all children and youth need support, and aims to build education structures and systems to meet the needs of all learners (Department of Education, 2001, p.6). The Education White Paper 6 policy in Building an Inclusive Education and Training System (Department of Education, 2001, p.34) states that support programmes will include the following special measures:

- strengthening information systems;
• establishing a system to identify orphans;
• co-ordinating support and care programmes for learners;
• putting in place referral procedures for educators;
• developing teaching guidelines on how to support orphans and other children in distress.

With all this in mind, the challenge of this inquiry is to provide new understandings in the development of these support structures for children orphaned by AIDS. Cronbach (in Merriam 1998, p.199) believes research in the field of education needs to make practical contributions: either it can “assess local events accurately to improve short-run control” or “develop explanatory concepts, concepts that will help people use their heads.” Recommendations within the scope of this inquiry cannot attempt to address the enormity of the AIDS problem with the escalation of child-headed families reaching overwhelming proportions. Therefore, my practical contribution is to use the findings of this inquiry to develop a conceptual framework to help professionals working with children orphaned by AIDS in their thinking and planning of psychological support programmes.

This is in response to a recurring recommendation to build structures to meet the psychological and emotional needs of children as the focus to date has been on the children's daily living needs (Germann, 2004a; Leatham, 2005; Louw, 2006; Mulutsi, 2004; Prinsloo, 2005). The conceptual framework also included the recommendations of Leatham (2005), Louw (2006) and Mulutsi (2004), as well as Max-Neef's theory which looks at the fundamental needs that should be taken into account when setting up psychosocial support structures (see Table 2.1). I conceptualised a model of support to nurture the 'hopeful self' based on my understanding from the findings of this inquiry that hope is socially constructed (see Figure 5.1 on the next page). The model envisages the hopeful self as being nurtured in the space provided by psychological support within the circle of care surrounding the child/teenager under the direction of the inclusive education system. In addition, it embraces social constructionist thinking as it sees the hopeful self as being strengthened in the “spaces between people” (see 4.4.2).
Inclusive Education System ➔ Policies and infrastructure

Educational Psychologist facilitates weaving a circle of care

Psychological Support
- Nurturing Spiritual beliefs
- Home-based visiting
- Provide material, social & emotional support
- Home-based physical care
- Trained volunteers
- Social support
- Hotline crisis centres
- Policing community forum
- Provide food parcels
- Provide legal advice

School Based Support Team
- Educational support
- Node of care

Solution-focused Therapy
- Help cope with present hardships & past traumas
- Nurture future-focus

Group Therapy
- Maintain family unit
- Medical & mental health services

Psychological Support
- Educating Support
- Educational Support

Inclusive Education System
- Other Selves
- Career Counselling
- Determine goals
- Enhance self-help skills
- Recreational programmes with peers
- Recruit programmes with peers
- Law Clinics
- Supportive Clinics
- Supremacy

Figure 5.1 Social Constructionist model for nurturing the hopeful self

Node of care
- Educational Psychologist facilitates weaving a circle of care

Figure 5.1 Social Constructionist model for nurturing the hopeful self
The heart of this model embodies a social constructionist view of the self. According to social constructionist theorists (Els, 2000), the 'self' is co-constructed in and through relationships. Culture, language and context also play an important part in this construction process. Hence, the importance of weaving a 'circle of care' around the child or teenager orphaned by AIDS, as they become isolated and, therefore, deprived of the nurturing influence of others (see 2.1.2.5). Therefore, from a social constructionist view, the 'individual self' does not exist, but rather many selves: "we should begin to view individuals as communities of internalized others" (Tomm in Els, 2000, p.36). In the model (see Figure 5.1), the bi-directional arrows attempt to illustrate the interdependent nature of the self.

In addition, the model is ecosystemic as it recognises the interdependent relationship between the individual and his/her environment (Donald et al., 2002). Three nested domains are seen as influencing the growth and well-being of the hopeful self. The ecosystemic perspective emphasises that the functioning of the whole is dependent upon the interaction of the various parts. Hence the importance of supporting the whole child as the child orphaned by AIDS is a part of larger ecosystems affected by the AIDS epidemic (see 2.1.5). The recommendations, therefore, address the three domains of support: the inclusive education system under the leadership of the national government; the circle of care under the facilitation of educational psychologists based in the District Based Support Teams (DBST); and psychological support that has not as yet been successfully implemented in the care of children orphaned by AIDS.

5.3.1 Inclusive education system support structures

In response to the orphan crisis, it makes sense to use existing policies and infrastructures of the inclusive education system to build psychological support programmes for a number of reasons. Firstly, the incidence and impact of the spread of HIV and AIDS is one of the core constituents of the policy framework for establishing an inclusive education system (Department of Education, 2001, p.23).
Secondly, inclusive education rests on an inclusive philosophy and, as such, can be defined as a system of education that is responsive to the diverse needs of all learners. An inclusive philosophy would, therefore, visualise support structures for all children who are considered vulnerable, rather than creating a programme specifically for children orphaned by AIDS – a policy recommended by Germann (2004a). Defining a group automatically makes them a target for stigma (Skinner et al., 2004, p.4), especially children orphaned by HIV and AIDS as they are already facing the stigma of the disease.

Lastly, an integral part of building an inclusive school is the development of school-community relations which involves forming partnerships with NGOs and relevant government departments as illustrated in Figure 5.1. Therefore, weaving the circle of care to nurture the hopeful self is, in fact, part of the inclusive philosophy of building a health-promoting school by developing supportive environments (Lazarus, Daniels & Engelbrecht, 1999, p.61).

**5.3.2 Weaving a circle of care**

This is the second domain that provides a nurturing environment to promote the growth of the hopeful self in children identified as vulnerable. This domain embraces the Afrocentric nature of the model, as it conceptualises both the spirit of “ubuntu” (see 4.4.1.6) and the traditional African concept of the child/teenager orphaned by AIDS as “everyone’s child” (see 2.1.5). “Ubuntu” recognises the importance of others in the life of the individual: “a person is a person because of other people” (Masango, 2006, p.939). I believe that this is also consistent with a social constructionist view of the self, and highlights the importance of “others” in this model in the development of the hopeful self.

Managing this domain is the District Based Support Teams as they have specialist personnel, such as educational psychologists, to address psychosocial support needs (Lazarus, Daniels & Engelbrecht, 1999, p.54). As part of the national education system, they are in a strategic position to facilitate the circle of care with the School Based Support Teams. The school is the most natural support system
beyond the family (Mulutsi, 2004, p.83) and can, therefore, function as a valuable "networking station" (Louw, 2006, p.82) by creating partnerships committed to the care of children and teenagers who are seen as "at risk." This circle of care, therefore, provides an ecosystemic support structure traditionally supplied by families and recognises the role of the community in fulfilling the needs of these children/teenagers. Two important ecosystems in this domain are the family and the school as it is here that the children/teenagers are involved in continuous face-to-face interactions with other familiar people (Donald et al., 2002, p.51).

5.3.2.1 The family system
Findings from this inquiry recognise that meeting the needs of children is one of the constituents of hope. Families play an important role in meeting the emotional, social, financial, daily care and educational needs of children (Molesane, 2004, p.182). The loss of affection is one of the emotional needs threatened in the child orphaned by AIDS (van Dyk, 2005, p.274). Hence, the recommendation for welfare government departments to maintain the family unit or sibling subsystem in other research studies is supported by the findings of this inquiry (see 2.1.4 and Figure 5.1). Family therapy is an important approach in social constructionism (Corey, 2001) and therefore, I advocate the implementation of this support to help maintain the family unit. Looking after their siblings gave the teenagers heading the home a purpose in life, and as such, provided willpower thinking which promotes hope.

5.3.2.2 The school system
While it is vital to keep the family intact for the nurturance of hope, teenagers as heads of an orphaned home are at risk of losing hope if needs highlighted above are not met, especially that of education. Education seems to play an important role in engendering and maintaining the hopeful self according to the findings in this inquiry. However, it has been estimated that twenty-six percent of girls in Grade 12 in rural areas leave school because of marriage, HIV and AIDS, teen pregnancy and other family commitments – some of which include heading a home in cases when the children have been orphaned by HIV and AIDS
(Imbokodo, 2006). Therefore, one of the primary tasks of the support network is to support these teenagers so that they do not drop out of school, as school is seen as an integral part of “waypower” thinking in promoting the growth of the hopeful self.

Apart from facilitating the supportive network in the care of children at risk, the educational psychologist has specialised training in therapeutic interventions and, as a result, has an important role to play in the building of psychological support structures within schools.

5.3.3 Psychological support
Psychological support is the third domain in the promotion of the hopeful self within an inclusive education system. Some possibilities in conceptualising intervention to nurture the hopeful self are represented in the social constructionist model and include narrative therapy, solution-focused therapy, group therapy, psycho-education and career guidance (see Figure 5.1). As it is not the scope of this inquiry to recommend specific intervention strategies, a brief discussion of each of the above psychological interventions and how it relates to the promotion of the hopeful self is presented in the following section.

5.3.3.1 Narrative therapy
The meaning of hope in the lives of teenagers in this inquiry was evident in their stories. Stories are important in social constructionism as the use of language in stories creates meaning as therapists seek to elicit new possibilities and embed them in the life narratives and processes of the child (Corey, 2001, p.428). The development of alternative stories is an enactment of ultimate hope: “Today is the first day of the rest of your life.” (Corey, 2001, p.437). I believe that helping children or teenagers who are identified as vulnerable to tell and/or write their stories enables them to experience aspects of themselves that they may never have expressed before (Prochaska & Norcross, 2003, p.469) - such as the hopeful self.
Furman et al. (2003, p.268) propose using narratives to help a person see one's life as an evolving story. Traditionally, Africans have revered good stories and storytellers - they are rooted in oral cultures and traditions. (Agatucci, 2005). Angel's response to her story of hope which I read to her during our second interview was: "I love it." All three factors, Furman's proposal, African tradition and Angel's response, indicate the value of social constructionism as a possible therapeutic framework in helping teenagers from an AIDS-orphaned home re-author their problem-saturated story to include hope.

Another therapeutic approach in social constructionism is solution-focused therapy. While narrative therapists contend that clients construct their pasts by stories they tell in the present, solution-focused therapists believe that clients construct their future by using goals they formulate in the present (Prochaska & Norcross, 2003, p.466).

5.3.3.2 Solution-focused therapy
Solution-focused therapy rests on the assumption that clients have the capacity to construct solutions that can enhance their lives. It acknowledges that while we cannot change our past, we can change our goals which can lead us to a more fulfilling future (Prochaska & Norcross, 2003, p.461). As this approach remains goal-directed and future-oriented (Corey, 2001, p.434), it fits with the findings of this inquiry that hopeful thinking is both future-focused and goal-oriented. It, therefore, seems a possible therapeutic approach when working with teenagers to help them in their construction of well-defined goals which ultimately encourages waypower thinking thus strengthening the hopeful self.

It is also a time-effective therapy averaging about three to five sessions (Prochaska & Norcross, 2003, p.465). This too is an advantage, given the shortage of professional support within the current educational system. Group therapy is, therefore, another viable option given the strain on human resources in supporting children affected by AIDS.
5.3.3.3 Group therapy

Group therapy offers a range of opportunities for children and teenagers to work with their peers. Peer support groups can be used to meet many needs as the children and teenagers from child-headed families make use of their peers as emotional support structures (Leatham, 2005, p.120). The value of group work in the domain of children who are considered vulnerable is that it provides a context in which they can develop a sense of belonging (Corey, 2001, p.128) and provides a safe space for the expression of their feelings - needs normally met within the family context (see 2.1.3.2: Table 2.1).

Although hope is experienced as future-focused, findings from this inquiry also found that hopeful thinking made their present hardships more bearable. I, therefore, believe that support is required to help children who are vulnerable to cope with their stressful lives, as well as the traumas of their pasts. For example, group work dealing with grief on the loss of a parent can help them make room for hope to grow. Eloff et al., (2007, p.82) found the making memory boxes supports coping in children identified as vulnerable. Facilitators do not necessarily need to be psychologists as the making of memory boxes and the use of workbooks, such as “Growing Through Grief” published by Hospice 50, make it possible for trained volunteers, educators or counsellors to supervise the process. In fact, other psycho-educational strategies can also be used by support personnel from all fields to assist in the psychological support of children orphaned by AIDS.

5.3.3.4 Psycho-education

Geldard and Geldard (2004, p.194) propose the use of psycho-educational strategies to teach teenagers about life, themselves and their relationship with others to help them gain greater mastery over their lives. They suggest the use of rating scales to monitor change, inventories to explore self-perceptions, genograms to understand family dynamics, behavioural models to understand maladaptive behavioural patterns, and strategies like time-lines to help change behaviour. Multusi (2004, p.127) also recommends the use of psycho-education in

50 Available from The Hospice Association of the Witwatersrand: Tel: (011) 483 9100
the care of children orphaned by AIDS to reach the large numbers of children in a short space of time. She suggests the use of pamphlets providing information on the emotional impact of HIV and AIDS, strategies to deal with difficult feelings and contact information to encourage self-help skills.

These ideas seem to have a place in the psychological and emotional care of all children identified as vulnerable. It is consistent with promoting mental health and subjective well-being which all contribute towards a positive identity or, according to my model, one of the other selves which I would call the “positive self” (see 2.2.1). The “positive self” is in a reciprocal relationship with the “hopeful self”, each strengthening the other (see Figure 5.1). A child with a positive identity has been defined by Eloff et al., (2007, p.83) as possessing the following assets: personal power, sound self-esteem, a sense of purpose and a positive view of his or her personal future. Many of these assets have been identified as the constituents of hope, especially a sense of the future. This highlights the need for career counselling in the psychological support of children orphaned by AIDS.

5.3.3.5 Career counselling
Life Orientation is now a compulsory subject in the new Further Education and Training syllabus, and as such provides an appropriate space in which to nurture future career prospects for the teenager. As teenagers from impoverished communities generally lack appropriate career guidance, it is imperative that supportive structures are put in place within the education system to meet their high hopes for the future (Leatham, 2006, p.125). Counselling that is future-oriented can foster hope, the belief that the teenager can acquire new skills, gain new knowledge, and grow into the kind of career person that he or she wants to become. It is this hope that helps a teenager’s career development to thrive (Figler & Bolles, n.d., p.121).

5.3.4 A point of departure
I have attempted to provide some recommendations in beginning the process of building psychological support structures for children and teenagers identified as
vulnerable within our inclusive education system. However, the limited nature of this inquiry has not given me the opportunity to explore the conceptual framework for developing the hopeful self in any depth. Nevertheless, I believe that it will provide a more positive frame from which to view children who are vulnerable, as well as a useful point of departure in the development of support structures to nurture the hopeful self in children orphaned by AIDS.

5.4 LIMITATIONS

5.4.1 Subjective meaning making

While all qualitative research tries to understand participants’ perspectives, a phenomenological inquiry focuses in greater depth on the essential shared structure of the meanings communicated (van Manen, 1990). This inquiry was limited to only three participants’ stories. With more individual descriptions from a larger sample, a more general meaning would have been possible to portray the dimensions of the experience of hope (Moustakas, 1994). In particular, no boys were included in the sample. Therefore, the understanding of hope in this inquiry is contextually bound to the unique subjective experiences of these three teenage girls under the care of a supportive NGO in Soweto.

In addition, methodological choices due to time constraints may have led to a limited understanding of hope. While the methods used were sufficient to describe the dimensions of hope, I believe greater triangulation could have generated ‘thicker’ descriptions. For example, it may have proved helpful to include interviews with educators and siblings, as well as focus group interviews with all the participants and their families. Also, the fact that I am a novice researcher may have influenced the phenomenological data analysis process which, in turn, may have led to naive findings. Furthermore, despite my wide reading, my understanding of social constructionism is still in its infancy and may have limited my meaning making of the findings. After all, the meaning making process in qualitative research is largely dependent on the researcher as the human instrument.
It is this position as the human instrument which lies at the heart of limited viewpoints in data analysis and interpretation, especially in qualitative research. In particular, social constructionists challenge the idea of a singular truth, so that we cannot ever really know a phenomenon such as hope — “objectively” (McNamee & Gergen, 1992, p.9). Self-reference always characterises the processes of knowledge acquisition and therefore, the interpretation that a researcher makes of participants' experiences of a phenomenon cannot be an objective description. Researchers' descriptions are linked to their maps and they see what their viewpoint allows them to see. At the same time, the researcher's descriptions are also constrained by the perspective of the participants' own descriptions (McNamee & Gergen, 1992, p.44). In this way, descriptions are co-constructed by the researcher and the participant. However, the co-construction of descriptions does not guarantee a rich understanding of the phenomenon - as it depends on what is shared.

The fact that I am from a different background and culture could have influenced what the participants wanted to share with me. They may not have shared experiences that are culturally unique believing that I would not understand. For example, they did not share the role of ancestors in their experience of hope, and yet it is one of the understandings of ubuntu – to please the ancestors. In this inquiry, ubuntu or an ethic of care was an integral factor in the development of the hopeful self and, unfortunately, I did not have the time to go back and explore this dimension of hope in their lives. Qualitative inquiries therefore, have inherent limitations and only present subjective understandings of the phenomenon based on the multiple realities of the researcher and the participants of the inquiry.

5.4.2 Limiting nature of this inquiry
As this is a qualitative inquiry, the interdependence of the essences of hope does not allow me to say one essence will have a greater effect on building hope than another (this is the strong mathematician in me, or the "mathematical self" wanting to know the loading of these factors). A quantitative study would be able to do a
factor analysis, which opens the door to future research in the field of hope in children identified as vulnerable.

Lastly, the limited amount of South African based literature on teenagers in child-headed families, as well the limited amount of time to complete this inquiry during my internship, could also be considered as limitations of this inquiry. Although a conceptual framework was provided to assist in the development of support structures within the inclusive education system, the implementation of this model was not addressed and offers additional opportunities for future research in this field.

5.5 RECOMMENDATIONS FOR FUTURE RESEARCH
This inquiry has highlighted the value of working with children and teenagers identified as vulnerable in the spaces defined by Positive Psychology. It has emphasized the importance of developing assets, such as the hopeful self, to cope with current hardships and secure a happier and successful future. However, the findings have clearly indicated that the success of nurturing a hopeful self is largely dependent on a supportive environment. While this is consistent with the inclusive education policy, the implementation of supportive structures for children and teenagers orphaned by AIDS is sorely lacking. A model of supportive strategies to promote the growth of hope in their impoverished lives has been recommended as a way forward. However, the practical implementation has not as yet been explored, and is, therefore, strongly recommended as a future research assignment. The responsibilities of all the role-players in the support network needs to be clearly defined to make the “circle of care” a reality in the lives of children and teenagers orphaned by AIDS.

5.6 CONCLUSION
While various initiatives from NGOs, community organisations and government departments are currently supporting the daily living needs of children and teenagers from AIDS-orphaned homes, very little is being done for their psychological and emotional well-being. This inquiry has looked at the lives of
teenagers heading an AIDS-orphaned home through the lens of Positive Psychology to identify their hopeful experiences in an attempt to provide more inclusive, as well as Afrocentric and ecosystemic, ways of supporting them. This has highlighted the need to work therapeutically with all children and teenagers at risk to promote hope as a means of ensuring emotional well-being thus securing their growth into well-functioning adults. As the Former-president of South Africa said in the closing session of the XIV International AIDS Conference (2002):

We have an obligation to provide the proper care and support for these children. No adult can stand by and watch while these children suffer. And may I add, especially those of us who are involved in the educational profession.
BIBLIOGRAPHY


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