

**THE PSYCHO-EDUCATIONAL USE OF NARRATIVE
THERAPY AMONG NGUNI SPEAKING CHILDREN**

by

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DECLARATION

I declare that The Psycho-educational use of narrative therapy among Nguni speaking children is my own work and that all the sources that I have used or quoted have been indicated and acknowledge by means of complete references.

N.E. KABANYANE

Date

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Finally, nothing has been attained without the blessing and guidance of the Heavenly Father.

Summary

TITLE: The psycho-educational use of narrative therapy among Nguni speaking children

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Narrative therapy provides an opportunity for children to identify what is important to them. The aim of therapy in this research is to open up space for Nguni speaking children, who in their culture, are not allowed to express their feelings freely. The researcher has found that stories allow children an opportunity to realise that they are all human and that we have come through a process where we have to acknowledge that our existence today is largely dependent on the fact that we are not denying our stories as Nguni speaking people.

From looking at the results of study, it would appear that these children have benefited from the therapy sessions. From three clients a sense of pride and self-worth was often evident at the end of a session and the overall comment made was that each one felt far better than when they had started the sessions.

Key concepts: Narrative therapy, values, Nguni speaking children, stories in Nguni culture, folktales, externalising a problem, traumatised, abuse, abandonment, poverty, death, institution or institutionalised children, SOS Children's Village.

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CHAPTER 1

CONTEXTUALISING THE STUDY

People are always longing for someone to help them realise their best selves, to understand their hidden self, to believe in them and demand their best. When we can do this for people, we ought not to withhold it. We ought not to be just an ear to them.

- Mary Haskell, I CARE ABOUT YOUR HAPPINESS

1.1 INTRODUCTION

According to Cattanaach (2002:36) we live in the world of stories that run through our personal, social and institutional lives – a narrative stream that at times can be fast flowing and ever changing, at other times slow and meandering, carving out patterns in our understanding of ourselves and the world around us.

The stories that are told by people are not mere stories, they are reflections of what is happening in their lives, things that are experienced unconsciously and consciously. Long before the development of a written language, people had always told stories. Before television was available, stories were told in the evening by the fireside after supper to entertain children and to give information about past events. This is confirmed by Mandela (1998:2) (who speaks Nguni) when he says “*after playing with friends, I would go home for supper. By the fireside, after eating, my mother often told us wonderful stories. These were more than just stories – they carried with them important lessons.*”

Among the Nguni (i.e. IsiNdebele, IsiSwati, IsiXhosa and IsiZulu) speaking people the stories are seen as part of their culture, where elderly people would sit around and narrate stories to the younger people about life in the past. In Nguni culture, children young and old are not considered mature enough to understand issues of life and death. Through stories the children will gather information. Therefore the stories convey moral lessons.

The narration of stories is the body of information that belongs to a particular group of people, and is a reflection of their collective knowledge which was gained and contributes to the core values of the community.

Hardy (1968) quoted by Cattanach (2002:37) states that we *dream in narrative, remember, anticipate, hope, despair, believe, doubt, plan, revise, critical, contract, gossip, learn, hate and love by narrative*. The researcher is of the opinion that these narrative stories restore children with emotional problems (anxiety, insecurity, stress, depression etc). These stories can also be used in terms of human life concerning relationships (family relationships: nuclear, extended, single-parent, living together, step-parent, adoptive family etc). Children like to listen to stories. When used as therapy, the narration of stories must have a specific aim, and teach children important life lessons by incidental learning.

Some stories come from our parents, others come from the extended family and come from our culture. Parry (1998:65) contends *all good stories speak to the emotions. Yet narrative therapy remains as cognitive as other systematic therapies*. Narratives can have a powerful change effect and this is why they have been used therapeutically. Using the narratives in ways that are meaningful and fulfilling can lead the therapist to consider the ways in which each person's social, interpersonal reality has been constructed through the interaction with other human beings. Children should be given opportunity to voice their views, and to explore their life stories both emotionally and cognitively.

The researcher, being a Nguni speaking person herself, has observed that in Nguni culture children are usually not given the right to debate or express their views with their parents. If they start to argue, they might be seen as stubborn, undisciplined and defiant. Their stories, feelings, emotions and fears are hidden. In the past Nguni speaking children never looked a person of authority in the eyes. Keeping eyes away was a symbol of respect and not a sign of slyness. In a culture that is authoritarian, it would be wrong to be assertive and children were denied the opportunity to tell their stories. As we live and understand through stories, the children did learn about their culture, but were unable to share current experiences with their elders.

1.2 INVESTIGATION OF THE PROBLEM

Stories can be used in narrative therapy as projective techniques when the child tells a story. The therapist can pick up the overriding theme from the story, which might be a problem that is revealed by the child. According to Parry (1998) stories teach us how to feel. We learn how to feel, and we learn our emotional repertoire.

According to Botha (2000), the A to Z of values, in Life Orientation Teaching, values attached to words become apparent. All narratives can be based on values as shown below:

A	–	attitude, acceptance, adventure and affection
B	–	behaviour, bravery, benevolence and believing
C	–	courage, caring, cheerfulness, communication and compassion
D	–	discipline, determination, dedication and diplomacy
E	–	empathy, endurance and enthusiasm
F	–	friendship, fairness, flexibility and forgiveness
G	–	generosity and giving
H	–	honesty, hope, healthy and helping others
I	–	imagination, identity, impartiality, integrity and initiative
J	–	joy, judicious and just
K	–	kindness, and knowledge
L	–	love, listening and loyal
M	–	motivation, morals and manners
N	–	nurture and neighbourliness
O	–	obedience, observant and open-hearted
P	–	perseverance and respect
Q	–	quality
R	–	responsibility
S	–	self-esteem, self-concept, sharing, and self-control
T	–	trust
U	–	unselfishness and uncritical
V	–	values and victory
W	–	warm-hearted
Y	–	yourself and youthfulness
Z	–	zealousness and zest for life

The above mentioned values are important to children, and this is where the children get their language and norms. Abels & Abels (2001) explain *that education influences a person's worldview, and as they learn other views, their own traditional values may be modified as they reflect on and experience others*. The narrative can be a wonderful instrument to guide the clients. The therapist can be involved and share the experience, helping the client reflect upon the inherent values.

1.3 AWARENESS OF THE PROBLEM

Being an educator at a Secondary School in Soshanguve for disabled learners for more than ten years, the researcher became aware of learners' feelings which were not freely expressed. The researcher realised that visually impaired learners get depressed, experience pain, feeling of emptiness and insecurity but they have little opportunity to express these feelings. Since most visually impaired learners have stayed at the hostel from an early age without parental guidance, most of them have developed behavioural problems such as drug abuse, teenage pregnancy and aggressiveness.

Independence is generally considered to be something disabled people desire above all else. In many ways this is true, for if a person is excessively dependent on others, then he must fit in with their schedules and plans. In addition, it is all too easy for the relationship between the helper and the person being helped to develop into an unequal one – with the helper having undue power and the disabled person feeling compelled to express gratitude constantly.

A blind learner once said to the researcher: "The independence has nothing to do with cooking, cleaning and dressing oneself. If you ask me what is my experience of being really independent, I would say it is the ability to use my imagination to create stories, to enjoy music and drama, and absorb the natural life around me." Restricted visual input can limit the amount of information the disabled receive about their environment and people within that environment. It also limits the type and quality of experience available to them. The visually impaired learners like to listen to stories from other people, listen to the radio and form their own imaginative stories. Unlike other sighted learners who run and play in the playground, they form groups during interval to talk to each other and relate stories about life experience. Often these stories are fantasy.

Every cultural institution and community that endures, is held together by stories its members share with one another. In Nguni culture, stories encourage children to understand their culture and the history of the past generation. The extended family is very important; grandparents act as biological parents for nurturing, loving and cherishing the children. When parents have gone to work, the grandparents are the caregivers. The children learn their culture through stories, art, music, poems and discipline. Folklore is traditional literature whereby traditionalists would relate stories even if they cannot read and write. According to Abrams (1981:66) *folklore developed and continues to flourish best in communities where few if any people can read or write. Folktales are found among people all over the world.*

A generation gap takes its own toll and many challenges are facing children. In modern times the structure of the extended family has disintegrated and the means of transmitting values has been largely destroyed. If the support system is not in place children feel threatened. Louw et al. (1998:278) claims that *television also has an important influence on the child's behaviour worldwide, children start viewing television at a very early age.* The exposure gives them more stories, which are sometimes educational. This gives them more time to listen and interpret the stories according to their own experiences and involvement.

During therapy sessions the therapist can use narrative techniques, utilising the language that the child may understand and to be able to relate his emotions and feelings to his experiences. The client becomes involved, identifying himself with his emotions during the therapy sessions. This encourages the client to verbalise his feelings. As mentioned earlier, the problem with African culture is that children are not allowed to view their feelings openly or argue with adults. Traditionally it is an offence when the child gives his own opinion during discussion. Steyn (2001:1) states *that in most South African cultures, the adage "children should be seen not be heard" represents a traditional structure of beliefs that may construct relationships between adults and young people. The saying implies that children should obey (and respect) 'adults'; 'children' should just listen and not speak.*

Times have changed for some children who attend multi-cultural schools and some are moving from rural areas to settle in the urban areas. Different cultures have become mixed in South Africa, producing more challenges for young people. Freedom of expression is now being encouraged among children. Therapy is a new venture in Nguni culture, with many children experiencing problems emotionally, mentally, developmentally and during learning. They can however, be able to express these through narrating their life stories whenever possible.

1.4 STATEMENT OF THE PROBLEM

Bourma (2000:26) says *that a statement of the problem must explicitly identify the issues on which the researcher has to focus.* The research problem of the current study is:

How can the educational psychologists use narrative therapy with Nguni speaking children?

The above problem implies the following questions:

What is narrative therapy?

How can narrative therapy be used as a psycho-educational technique?

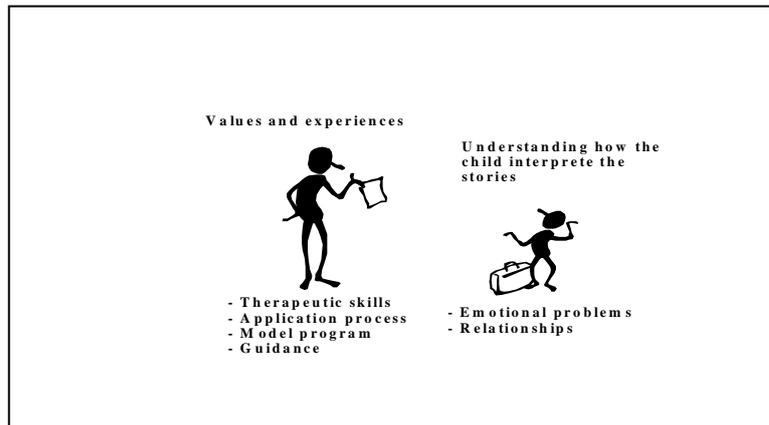


Figure 1.1 The narrative therapist and the client

1.5 AIMS OF THE RESEARCH.

In order to attain the aim, the researcher's objectives are:

- To do a literature study on the phenomena of narrative therapy.
- To devise a model or programme for the therapist to apply in narrative therapy.
- To do empirical research with Nguni speaking children, evaluating the programme.
- To write guidelines for therapists and guidance educators on how to use narrative therapy.
- To write guidelines for caregivers on how to deal with traumatised children.

1.6 RESEARCH METHOD

The researcher uses a qualitative research design to explore the use of narrative therapy among Nguni speaking children. Creswell (1998:15) defines qualitative research as an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting. The research method will be described in full in Chapter 4.

1.7 CLARIFICATION OF CONCEPTS

The following key concepts are defined.

1.7.1 Therapy

The word "therapy" is used instead of "treatment" because in its derivation and in my own feeling about the world, there is not much manipulation of one person by another. The word therapy has no verb in English... can better represent a process going on, observed perhaps, understood perhaps, assisted perhaps, but not applied. The Greek noun from which therapy is derived means "a servant" the verb means "to wait." (Abels & Abels 2001:13).

1.7.2 What is narrative therapy?

Narrative therapy is an approach to counselling and community work. It centres people as the experts in their own lives, and views problems as separate from people. Narrative therapy assumes that people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives. *The word "narrative" refers to the emphasis that is placed upon the stories of people's lives and the differences that can be made through particular tellings and retellings of these stories.* White and Epston (<http://www.dulwichcentre.com.au/questions>) [accessed on 4/2/2003]. The therapist helps to clarify the underlying values in each narrative.

It is the researcher's opinion that narratives comprise basically of the following:

The child's narrative which is spoken out loud for the first time.

The values clarification which is reflected by the listener, the therapist who assists the child in understanding the moral lessons of each story.

1.7.3 Aim of therapy

The aim of the therapy in this research is to reveal the inner feelings of children who we may feel that they do not have problems. The aim is to open up space for them to be free to talk about their experience in their daily lives. When we listen attentively to what the children say and allow them to express their opinion or speak about their problems, frustrations or dreams and ambitions for the future we are good listeners. The therapists allow the clients the chance to talk through their problems, which often helps them to find their own solutions. Furthermore they feel that the good listener really cares and therefore empathy is experienced for the first time.

In this process, the child attempts to order sequentially the details of the story, he/she explores the feelings of the people in the story. Therefore the child explores the parameters of the story and listens for the first time to the story of his/her experience. When this relationship can be established, the chances of development and involvement on the part of the clients are much greater. The clients should be able

to trust the therapists when they experience security and acceptance during therapy session.

1.7.4 Role of the therapist

Frankel (1984:67) mentions *that since many clients expect therapists to take care of them, or at least to tell them what to do, it is easy to lull them into parental type roles.* Therapists need to know themselves with all of the strengths, weaknesses, creativity and insecurities that come along with being human.

Kottler (1995:199) confirms that being a therapist is very much like working as a travel agent. The client has a story to tell or, more likely, another instalment in a continuing saga that has no discernable beginning and no end in sight. He also claims that his job is to listen carefully to what is missing in their lives, then help them crystallise what it is they want. This is not an easy task considering that, in many cases, they do not know what choices are available or they are afraid to dream. Once they have identified the destination, he also concludes that it is his job to help them get there. In many cases the clients think that the therapists can/ should give advice at the end of each session.

1.7.5 Psycho- educational (Psychopedagogic)

This is a term, which deals with psychological aspects of behaviour and learning as they occur in a pedagogical (educational) situation. It is the investigation of the child or a study of how the child behaves and learns in the home or school setting under the support and direction of educators, be they parents, teachers or other involved adults. Most Empirical Educational research can be termed psychopedagogical.

(Van den Aardweg & Van den Aardweg 1988:186)

1.7.6 The Nguni speaking children.

Black people of Southern Africa are divided according to customs, social system, and language. The four major ethnic divisions are Nguni, Sotho, Shangaan-Tsonga, and Venda. Nguni and Sotho account for the largest percentage of the total black

population (<http://www.ou.edu/finearts/music/prideuot/africa.htm>) [accessed on 4/2/2003].

The Nguni language comprises of four subgroups: IsiNdebele, IsiXhosa, IsiSwati and IsiZulu. The languages and cultures of Nguni speaking people are very similar. Language is not only used to communicate, but it is also a symbol of one's social group identity and culture. It forms part of the culture and cultural values that are conveyed through its use. Children acquire their language from parents, family and peers. Language makes children express their feelings and explore the environment in which they live. Blake (2000:5) remarks that *our cultural heritage determines to a large extent the ways in which we speak and what we speak about*. This heritage to a large extent provides us with our tools for organising, understanding and finding meaning in our world.

According to Mann and Tarantola (1996:445), *culture is adaptive. It is not something, which is fragile and cracks under stress. Human life is characterised by risk, and culture is that assemblage of material, or conceptual, institutional, and organisational arrangements which enable individuals and groups to code and cope with risk in their natural and social environments. The culture is what people do and believe and assume that this is a useful starting point for understanding factors that make particular individuals and groups more vulnerable to infection and less able to cope with consequences.*

Louw et al. (1998:497) state that *human behaviour cannot be separated from the culture context, in which humans function*. Cultural contexts call for cognitive skills and behaviours required in a particular society. Children develop surviving skills through language and culture.

1.7.7 Developmental stages of children

The concise Oxford dictionary of current English (1990) defines the children as young human beings below the age of puberty. For the purpose of this study, children here will refer to those between the ages 9 to 14.

Physical development

Louw and Louw (1998:322) agree that *although it is a period of relative calm in respect of physical development, it is nevertheless an important period in children's cognitive, social, emotional and self-concept development*. Development in these areas enables children to achieve a better understanding of their world. Their social environments offer them new opportunities for socialisation and for gaining new learning experiences. Balanced development during middle childhood serves as a solid foundation for later development.

- **Personality development**

Freud describes middle childhood as the period of latency, during which children's emotional drives are quieter, their psychosexual needs are repressed and their unconscious conflicts are submerged. This makes latency "a time for acquiring cognitive skills and assimilating cultural values as children expand their world to include teachers, neighbours, peers, club leaders, and coaches" (Miller 1993).

Erickson agrees with Freud that middle childhood is a quiet period emotionally, a period in which the child becomes ready to apply himself to given skills and tasks. During Erikson's crisis of industry versus inferiority, children are busily mastering their culture values. On the basis of their degree of success, they judge themselves as industrious or inferior, competent or incompetent, productive or failing, winners or losers (Miller 1993).

- **Emotional development**

Turner (1995) state that middle childhood is a time of greater emotional maturity. This implies that a change has taken place from helplessness to independence and self-sufficiency. As children become older, they also capable of identifying emotional labels such as anger, fear and happiness and of attributing inner feelings to them. They also begin to show better understanding of how other people are feeling and why they feel as they do. They are better able to control their emotions and to hide their feelings. Despite all the above-mentioned developmental stages, children are

still at risk. Defining 'risk' is a difficult task it concerns potential or actual harm to children. It is fair to say that all children are at risk at some times in their lives. Some children have greater degrees of risk than others, and significant numbers of children are actually harmed. The risk of harm comes from a wide range of sources: poor health, violence, discrimination, drugs, the environment, homes, abuse, recreation, and so on (Wyse & Hawtin 2000:104).

Poverty also impacts on children's development – it has detrimental effects on children of every age. The migration of men and women, from rural to urban areas, to find employment, disrupts marital and family ties, and may lead to risky sexual behaviour, such as prostitution for women. For children of Nguni culture, these problems are fairly wide spread.

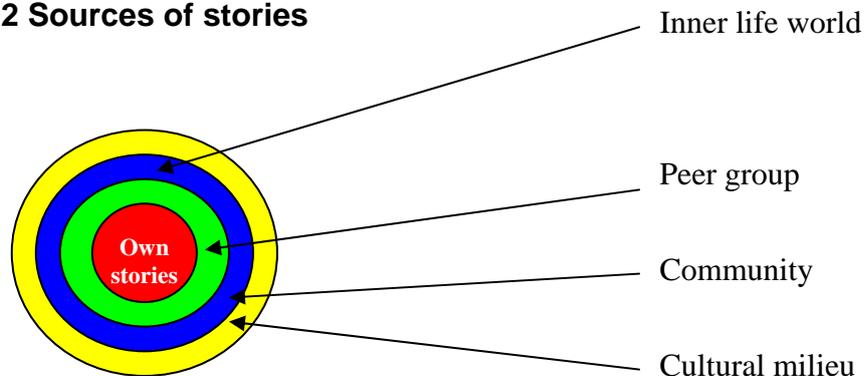
In South Africa, one of the features of poverty is child labour. Young children enter the job market in order to be the breadwinners and caregivers in their families as a result of death of both parents to HIV/AIDS. This compels other children to seek other sources of income, putting them at risk of sexual exploitation. As a result of poverty, children leave home to roam the streets of the big cities. Street children live on the streets without parental care or protection and are exposed to risk. Most of them try to earn money through acceptable jobs – selling newspapers, washing cars in public parking areas, arranging parking bays and washing cars while owners have gone shopping. Unfortunately, various degrees of begging and prostitution are prevalent among such children and they are often drawn into criminal activities and gangs.

- **Stories**

Stories may come to the peer group. A peer group in middle childhood is characterised by a relatively stable collection of two or more children who interact with one another, share common norms and goals and who have achieved a certain social structure of leaders and followers that ensures through or the interactions that group goals will be met.

The stories are phenomena: they come from children relating their own stories. They can come from peer circle, their world experiences in life, and lastly stories can come from parents, friends and community in the form of culture.

Figure 1.2 Sources of stories



1.8 SUMMARY

The researcher investigates how narrative therapy can be used in healing the Nguni speaking children who experience problems. The focus is on psycho- educational use of narrative in Nguni speaking children, the stories that are told in their own language. As children enjoy telling and listening to stories, this skill that should be exploited to the full by all the therapists. Story telling is the children's favourite mode of communication, and stories should be used as a therapeutic technique. This technique will be explored widely in the next chapter.

1.9 OUTLINE OF CHAPTERS

Chapters 2 and 3 will provide literature studies, which will highlight the origin of narrative therapy and variety of techniques as a skill. These chapters will form the basis of exploration of narrative therapy as a skill in Nguni speaking children.

Chapter 4 will discuss the researcher's design that provides a plan for the research and a description of the execution of the actual research plan.

Chapter 5 will provide the focus on the empirical study, describing the current case studies of three children. In each instance a case study background will be given

followed by a description of the narrative therapy sessions as well as a discussion of the cases and the results analysed and presented by the researcher.

Chapter 6 is a conclusion to this study, incorporating findings of the literature, findings of the empirical study, recommendations for further study and followed by a Bibliography.

CHAPTER 2

A LITERATURE STUDY ON NARRATIVE THERAPY

2.1 INTRODUCTION

The following will be discussed in this chapter:

- Narrative therapy
- Usefulness of narrative therapy
- Narrative therapy with young children
- Importance of these stories
- Fairy tales
- Letters play an important role in narrative therapy
- Metaphor and narrative therapy

2.2 WHAT IS NARRATIVE THERAPY?

Freedman and Combs (1996:16) define narrative therapy as *sometimes known as involving 're-authoring' or 're-storing' conversations - - - . We have stories about our abilities, our struggles, our competencies, our actions, our desires, our relationships, our work, our interests, our conquests, our achievements, our failures, and ourselves.* Each of us is different in likes and dislikes, strengths and weakness and have different personalities. It is important that people should know whom they are in order to take wise decisions about themselves. Stories can challenge characters of people. Morgan (2000:6) explains that *the way we have developed these stories is determined by how we have linked certain events together in a sequence and by the meaning we have attributed to them.*

Narrative therapy, then is the idea that people's lives and relationships are shaped by the stories that people tell and engage in, to give meaning to their experiences. Narrative therapy assumes that people's lives are strongly influenced by their story sensemaking and that poor relations are embedded in the structure of these stories. ([http://www.narrative approaches.com](http://www.narrativeapproaches.com).) [Assessed on 4/2/2003]

The term narrative implies listening to and telling or retelling stories about people and 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 meanings we build with children help healing. Developments flourish instead of withering and being forgotten. Language can shape events into narrative of hope.

A story can provide a meaningful context that motivates children to solve problems embedded in it. The storytelling can introduce a second aspect of problem solving. Bermúdez and Bermúdez (2002:335) state narrative therapy, as suggested by White and Epston (1990) enables therapists to:

- a. Encourage a perception of change by plotting or linking lived experience in time.
- b. Invoke a subjective mood by triggering opinions and beliefs, examining personal meanings, and generating a multiple perspective.
- c. Invite a reflexive posture.
- d. Encourage a sense of authorship and reauthorship of one's life and relationships by the telling of one's story.

The basic theme of narrative therapy is that "the person is not the problem, the problem is the problem". White and Denborough (<http://dulwichcentre.com.au>) [accessed on 2/2/2003]. Narrative therapy views problems as separate from people, and assumes that people have many skills, competencies, beliefs, values and commitments that can assist them to reduce the influence of problems on their lives. Problems and their effect on people's lives and their identities are understood in such a way that it is part of a respectful, non-blaming approach to therapy. No direct links are made between cause and effect, thus avoiding over-focusing on the problem and somehow blaming the child, parents, or others as being responsible for the cause.

Zimmerman and Beaudion (2002:35) say that *the narrative therapist's expertise is not in solving problems, or in knowing how people 'should' live their lives. It is in creating a context for change. Using language in a way that the problem becomes externalized.*

Freedman's (1996:21) statement is important in this regard. The narrative therapist does not assume to know the answers or the route the therapy should take, in order to reach some pre-defined goal decided upon by the expectation of the psychologist. The person consulting the therapist plays a crucial role in determining the direction to be taken. The therapist takes a stance of curiosity, asking questions to which he/she genuinely does not know the answers. The client, be this a child, adolescent or adult, is regarded as an important agent regarding his own life. The therapist thus does not impose her own ideas on the client, and in any 'deconstructing conversation' the client is consulted as to whether he/she is finding the work useful and meaningful. One does not look for 'underlying structures' (e.g. archetypes, dynamic constructs, or schemas) in trying to understand the person, but allows each person's story to unfold in their own way.

A narrative therapist assists persons to resolve problems by enabling them to deconstruct the meaning of reality of their lives and relationships, and show the difference between the reality and the internalized stories of self in their way. Morgan (2000:14) believes that *the therapist is interested to seek out, and create in conversations, stories of identity that will assist people to break from the influence of the problems they are facing*. The narrative therapist encourages clients to re-author their lives according to alternatives and preferred stories of self-identity and according to preferred ways of life. Thus, the client is an active agent for change. Kotzé and Kotzé (2001:2) state that *as therapists we witness and are confronted with the pain and suffering of many people. Daily encounters with suffering, hunger, malnutrition, unemployment, rage and anger, crime attacks, violence, rape, and all these issues are not extraordinary, but ordinary to many counsellors*.

2.3 USEFULNESS OF NARRATIVES IN THERAPY

Narrative therapists are interested in discovering, acknowledging and taking part (deconstructing) the beliefs, ideas and practices of a broader culture in which a person lives that are serving to assist the problem. The researcher has observed that the source of many problems for many children is their lack of problem-solving skills. Many of them have never had problem-solving skills modelled for them by parents or caregivers. When these children have problems, they may try one or two solutions. If these solutions do not work, they give up or try impractical solutions that are neither reachable nor attainable.

Gouws and Venter (1998:129) state that *some problems are, thus, simple and the solutions to these problems are obvious and easy to find: while others are more difficult and solutions to these problems require more thought and time.* The most important aspect of dealing with problems is the belief that they can be solved. The narrative therapy makes the children optimistic and helps them believe in their ability to achieve in many things. It encourages them to be realistic as well. For example, for the child who lacks nurturing, is lying and stealing, has poor problem-solving skills, the therapist may tell stories that will teach him/her that he/she could find a way to be responsible, solve his/her problems and create a solution that will build self-esteem and give him/her the nurturing he/she so badly needs.

Roberts and Holmes (1999:58) say that *the first task of the therapist is to assist the patient to tell their stories. The starting point will be some form of distress, something is not right has gone wrong, the sufferer is not as they would like themselves to be.* The narrator is revealing his/her frustrations through stories and he/she might not be aware what is good for him/her. According to White and Epston (1990) *narrative therapy provides a framework for counsellors to explore implicit cultural assumptions influencing them and their clients.* As people retell their stories in therapy, they often notice that they have already experienced some things that they have told in an alternative story. Narrative therapy provides an opportunity for children to identify what is important to them, what they believe and how they want to describe their experience and involvement. Dryden and Feltham (1995:59) contend that *psychoanalysis approaches share the view that there is a powerful part of our psyche called the unconscious, which reveals itself in dreams, slips of the tongue, forgetfulness, jokes, and psychosomatic symptoms.* The researcher concurs with Dryden's view above because she believes that *the value of the stories can be seen as potentially raising consciousness and broadens our understanding and consideration for other people.* Unfortunately, as our lives get busier, we don't tell our children stories that happen to us as parents/caregivers. The same thing applies to children, in that they do not have time to tell and listen to their own stories.

E-mail, internet, television and cell phones make communication faster and more efficient. However, they also diminish the number of meaningful face-to-face interactions we have with our children. Parents no longer have time to sit down and listen to their children. We tell our children we love them through e-mail, cell phone messages and we let television do the parenting for our children.

Dryden (1995:60) remarks that *the general aim of the narrative approach is that by freely expressing all feelings and thoughts you will uncover more and more of your unconscious*. The researcher is puzzled by the increase in problems in spite of the mass communication media. It may be that we are not really connecting with our youth. According to a recently released study in a newspaper report, *more than one million children aged between six to thirteen have mobile telephones and when they are not using them there is a good chance they are watching television* (Pretoria News Weekend Saturday, 2003 12 July p 5).

Amundson (2001:176) believes that *narrative and constructivist theory has been useful to psychotherapy in many ways. It has introduced expanded conceptualization of the human condition, enlivened clinical practice with cultural, gendered and political acuity and reintroduced skepticism to tendencies towards systematization*. The stories allow us the opportunity to realize that we are all human, and that we have come through a process where we have to acknowledge that our existence today is largely dependent on the fact that, we are not denying our own cultural stories, as Nguni speaking people.

2.4 NARRATIVE THERAPY WITH YOUNG CHILDREN

Larry and Feldman (1999:59) convey the idea that *with young children, verbal interviewing is combined with diagnostic play activities, such as pictures drawings, story telling, doll and puppet play and therapeutic board games*. Children experience a sense of mastery through these activities, especially when accompanied by storytelling, and they bolster self-esteem and self-efficacy.

Narrative therapy is another vehicle for expression of feelings and a way to reveal inner thoughts, fears and turmoil. It is an important expressive and therapeutic tool for children. Children enjoy telling and listening to stories. Telling stories is child's

favourite mode of communication, and this skill could be used as a therapeutic technique. The researcher's belief is that the children are more receptive when the stories are told in their own language. It is the researcher's interest to investigate Nguni children, to discover how they react during narration of stories.

When a child is brought to therapy, he enters an unfamiliar world, one that is prescribed by adults. He usually knows that something is 'wrong' and often sees himself as the 'problem', which may cause a high level of anxiety in itself. Some children come to the therapy as the last option when there are serious problem. One needs to meet the child at his developmental level and understand that he generally prefers to interact in a playful and metaphorical way, rather than engage in conversation. Many playful ways of communicating can easily be integrated into narrative therapy. When working with children, the therapist needs to think laterally and engage in a playful, light-hearted way. Children's interest in play, including games, fantasy, imaginative play, magic, symbolism, expressive arts and story telling, provides them with appropriate avenues of finding meaning and coming to take a different stance towards their problems. The therapist needs to make a connection with the child's imagination, which will lead into narrative therapy.

One of the distinctive characteristics of narrative counselling is the use of externalizing conversations, as developed by White and Epston (1990:38). They postulate *that "externalizing" is an approach to therapy that encourages persons to objectivity and, at times, to personify the problems that they experience as oppressive. The problem becomes a separate entity and thus external to the person or relationship that was ascribed as the problem.* These conversations attempt to move the focus away from self-attack, recrimination, blame, and judgment-attitudes that work against productive and positive outcomes in counselling.

2.5 IMPORTANCE OF THESE STORIES.

Life stories are very real to people, they provide information, identity and structure and therefore shape their lives in certain directions and paths. Clough (2002:96) explains that *narrative is not, then, exclusively a property of fiction, but because consciousness shares this structure with it, fiction may have a similarly privileged access to the real*. The importance of stories is that they reveal our involvement and experience in life. It also becomes a process through which we give form and meaning to our experiences of life and conclude our individuality by expressing our knowledge to other people. We give our experiences that may be composed of memories, knowledge and reflection, as well as the interaction and confrontation between children and adults, meaning. Birth stories are concrete ways in which parents give their children a sense of meaning and purpose in life. Dryden and Feltham (1995:34) state that *stories give power and identity in the life of the child ... stories constitute something of our identity, they are the background context that gives the possibility of coherence to our lives*.

Parents give children a sense of meaning and purpose in life through the family stories. These stories originate from when the child is born up to the present, in this way a complete picture is formulated of the life history of the individual. This is the story everyone would like to know about every child. McLeod & Lynch (2000:30) state that *in order to have a sense of who we are, we have to have a notion of how we have become and where we are going*. Being famous or rejected gives everyone a clue as to how you have survived. One way to explain how the child was able to handle rejection and humiliation is to point to the parental training that he/she might have received. We can speculate that the child is greatly influenced by the stories he is told about his birth. We can conclude that he may be shaped in a positive or negative way by the stories his parents told him of his conception and birth. Children are passengers who know where they come from through life history, they follow the direction which parents pave for them, be it a gravel road or a bed full of roses. We need to understand how the child's identity and mission were formed and shaped by his parents and his community.

However it is important to note that a child's past is not necessarily his destiny. Through narrative therapy, a new meaning can be created. Monk et al. (1997:33-34) declares that *the simple idea from which the narrative approach developed is that people make meaning, meaning is not made for us. ... It puts people in the driving seat of their lives.* Through our stories we not only discover ourselves, but we build our identity. Identity is built by our interpretations of what we experience, through our circumstances and interaction with people and culture.

Looking forward to face the world and make meaning to our lives is a great effort. Lee (1997:4) remarks that through language and our use of it in dialogue and its memory, we try to make meaning of our lives.

Stories give us the ability to shape our potential. Monk et al. (1997:3) explain that *narrative approaches to counselling invite clients to begin a journey of co-exploration in search of talents and abilities that are hidden or veiled by a life problem.* Some children come to the therapy with a belief that they are nothing, useless, abandoned by their parents. Deep down in their hearts they have been robbed of their self-esteem and outlook of life. They see themselves as non-existent. The re-interpretation of their stories builds their self-esteem, repairs and heals their internal wounds.

According to Abels and Abels (2001:32), *when Freud talked about narcissism on or the Oedipus complex he was using stories and myths that were well known at the time...* Using stories or narration their own stories make children aware of their problems. Using stories that they will understand helps them to understand their state of affairs. The association of the modern stories with their own language and style will give them understanding and acceptance within the society at large. Abels and Abels (2001:32) remark that *stories reveal these feelings; scared, confused, frustrated, angry, sad, terrified, shy, victimized, on the other side there are positive feelings such as happiness, energy, desire.* Such feelings of shame come from a variety of sources, including increased evil, insecurity, shame and insensitivity toward other human beings.

The breaking down of nuclear and extended families, which encourages individualism and isolation, has built miserable situations in families. The children bring to the therapists personal narratives shaped by their experiences of anger and shame because they are the victims of the abusive homes, drug abuse, neglected and rejected, all they seek and desire is happiness and the gaining of self-concept. Morgan (1999:188) says *it seems important when working with children to explore any 'magical thinking' that they may be engaged in for both negative and positive effects, and to help them find a 'settled place' about the issues troubling them.*

Roberts and Holmes (1999:10) comment that *"we are born into stories, they nurture and guide us through life – if we are fortunate.* Children listen to the cultural stories and make some deductions about the stories they hear.

White and Denborough (1998:226) state that *our lives are multi-storied. No single story of life can be free of ambiguity and contradiction. No sole personal story or self-narrative can handle all of the contingencies of life.* The researcher agrees with the above statement, especially as she discovered that some children, when narrating their stories, add lies and impossibilities. They include, some of them, things that have never happened to them. It is very common to hear and detect children manipulating a situation, accusing their parents during a therapy session. For instance, one boy gave evidence that his parents abused him, physically and neglected him, the result of which he left home. Later the researcher discovered that he left a good home because he had bad friends (peer pressure). Gersie and King (1990:7) says that *"pretend" often confuses the adult but it is the child's real and serious world the stage upon which any identity is possible and secret thoughts can be safely revealed.* Children like to talk and in talking they tell the truth sometimes... therefore we have to listen to their stories with acceptance and not judgment. It may be that some children feel the tension once they tell false stories and make a decision not to tell lies again. The stories show anger that comes from lack of love or abusive environment. This anger interferes with finding love and satisfaction from life that would heal the hurt from the past rejection and abuse.

2.6 FAIRY TALES

Barker (1996:4) remarks *that fairy tales are but one variety of metaphor. They offer the reader or listener messages, which are presented indirectly.* Folk stories are likely to be the first form of literature with which children become familiar before going to school. Many folktales are based on culture and traditional literature. Fairy tales are in children's television programmes and are retold in children's books with lots of colourful illustrations. These are usually found in preschool and not among school-going children. In therapy it will often happen that clients tell fairytales or other stories with supernatural content. The therapists should carefully consider the use of the supernatural as they may create a problem for clients. The fairytale, sagas, myths, and other stories with supernatural content may brand the therapist as a "storyteller." Children will think therapy is entertainment not an informal place for healing. On the other hand, the researcher has found supernatural stories to be valuable and appropriate.

2.7 LETTERS PLAY AN IMPORTANT ROLE IN NARRATIVE THERAPY

Writing letters is therapeutic and it gives a chance for children to reveal their inner feelings. Morgan (2000:104) claims that *these letters assist people to stay connected to the emerging alternative story co-authored in narrative meetings.* A client of the researcher wrote a letter in IsiZulu that was shocking in its suicidal implications. The letter is translated into English and reproduced here.

Teacher,

Feeling lonely and scared about my future, feeling really inferior to fellow classmate. I am really ugly, so I shall never have a husband and I shall end up being alone. My parents died of HIV-Aids. I don't think there is really happiness out there, so why wait to discover it. I will take the burden off everybody else in my family and I shall never get hurt by anyone again. I want to see my mom.

A letter, like this, serves as a source for story-telling. In her letter she told the researcher everything that she finds difficult to speak out loud. She felt it was a comfortable way of 'breaking ice'. The researcher then had time to discuss these

problems. White and Epston (1990:34) contend that *externalising helps people to work together to defeat or resist problems. It reduces guilt and blame.* The girl wanted to be heard through her story. This was a suicidal note appealing for help to the adult. She was expressing her fears and her story to the therapist. The child who is very shy or experiencing victimisation should be allowed to write a letter expressing his feelings about the situation. White and Epston (1994:31) explain that *the practice of letter writing conversation is, by its very nature, ephemeral - the words in a letter don't fade and disappear the way conversation does, they endure through time and space, bearing witness to the work of therapy and immortalizing it.* Children often have an overwhelming need for love and a feeling of belonging, feelings which can be addressed through letter writing to the parent or significant others if they cannot express them directly.

White & Epston (1990:80) indicate that *our lives are ceaselessly intertwined with narrative, with the stories we tell and hear told, those we dream or imagine or would like to tell.* The stories can allow children with trauma to grieve. Monk et al. (1997:33) states that *the approach requires internationality on the part of the therapist, skill in language use, and systematic attention to the hidden assumptions in the ways people tell their stories.*

Strand (1997:120) states that *a good story is convincing when it is believable. Once believed, it becomes the truth for listener and the teller alike.* The stories help children learn how to feel about themselves in their relationships. The therapeutic stories can often decrease and eliminate phobias and excessive fears caused by abusive situations, abusive families, friends and superstitions in the Nguni culture. Good stories can give hope and are able to address helpless situations and lack of purpose and meaning in life. Lee (1997:4) states that *through language and our use of it in dialogue and storytelling, we try to make meaning of our lives.* As therapists, our listening skills create empathy and give value to the client. We do not need to know all the answers. Berry et al. (2002:59) convey the idea that *the stories are special because they remind us that we don't have to know the answers to people's problems to be helpful.*

The researcher wants to find out the cultural messages that can affect the relationship. Nguni culture is mostly the same among the different language speakers: there are very few things that are different. Nguni speaking children need to know this. Lemmer (2002:38) states that *language is a crucial means of gaining access to important knowledge and skills and thus determines academic achievement*. Today reality is created or constructed by the language we used and the stories that we heard in the past. The researcher has been influenced by the stories that were told in Nguni language, those stories have shaped her life in different ways, like for instance reading books and getting to know other cultures.

Some stories have negative connotations and other stories had moral lessons. Stories make children think and be good listeners and have their own perception about the acceptable behaviour portrayed in stories. McLeod and Lynch (2000:390) comment that *in any story the action of a tale is communicated through a series of event clauses, comprising statements of what happened and 'who did what to whom'*. Writing a letter conveys what you feel and what has happened to you at that moment that you write the letter. Letter writing is a form of confession in which the client projects feelings both consciously and unconsciously.

2.8 METAPHOR AND NARRATIVE THERAPY

Narrative therapy is metaphor: the stories reveal the inner life world of the client. Corsini (2001:417) states that *since 1988, when Michael White began to situate his work in a narrative metaphor, narrative therapy has interested more and more practitioners, particularly those with family therapy background*.

Therapists are well trained to notice the stories that are projecting the inner feelings of the client who comes for therapy. Like clients, the stories are products of, and producers of cultures. Psychotherapy and counselling are both science and art. That is why stories need to be carefully screened when interpreting them. Corsini (2001:15) asserts that *narrative therapy is characterized by the use of a narrative metaphor to conceptualize problems, persons and change. This approach locates problems in the dominant stories that influence people's lives*. Stories are created by the meaning people give their experiences. The narrative therapists' objectives, then,

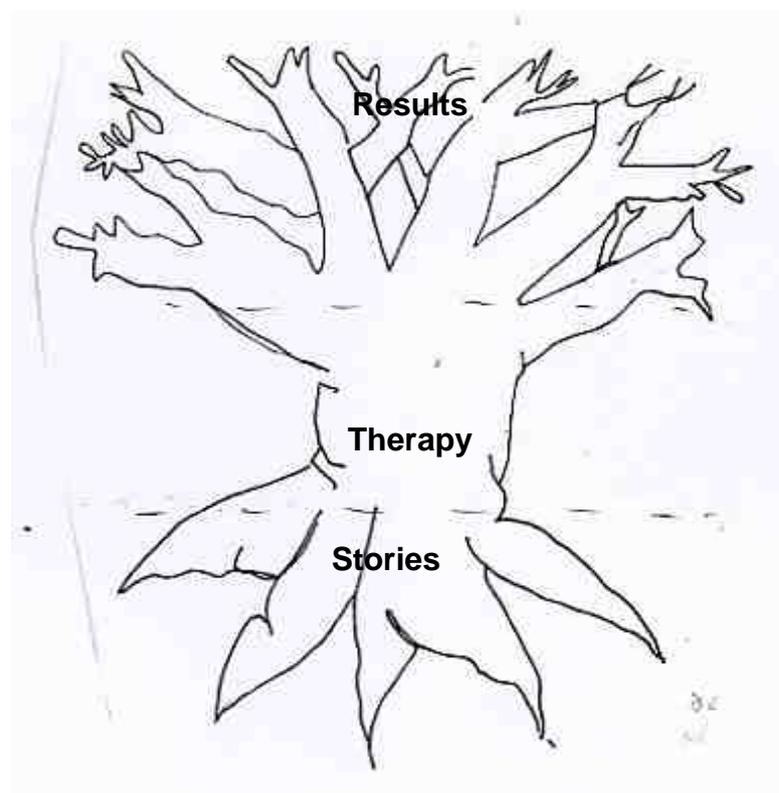
are to reposition the client as the speaker or storyteller of his own stories. According to Carlson and Erickson (2002:206), *therapists need to be aware that they are agents in creating meaning and they should see the stories through the meaning ascribed to them by the client.*

Each story told represents a struggle in the process of thinking, and in making acceptable decisions. The narrative therapist's listening skill involves more than listening, it means paying attention to the hidden conflicts, and the unspoken desires.

2.9 CONCLUSION

Narrative therapy involves more than simply hearing the stories that people tell. The therapist should be on the alert to detect the unspeakable fears, the nuances that govern a person's life, and to find hope in hopeless situations. The narrative therapist must be a listener who invites self-disclosure from the client, and thus communication acceptable and non-judgmental manner.

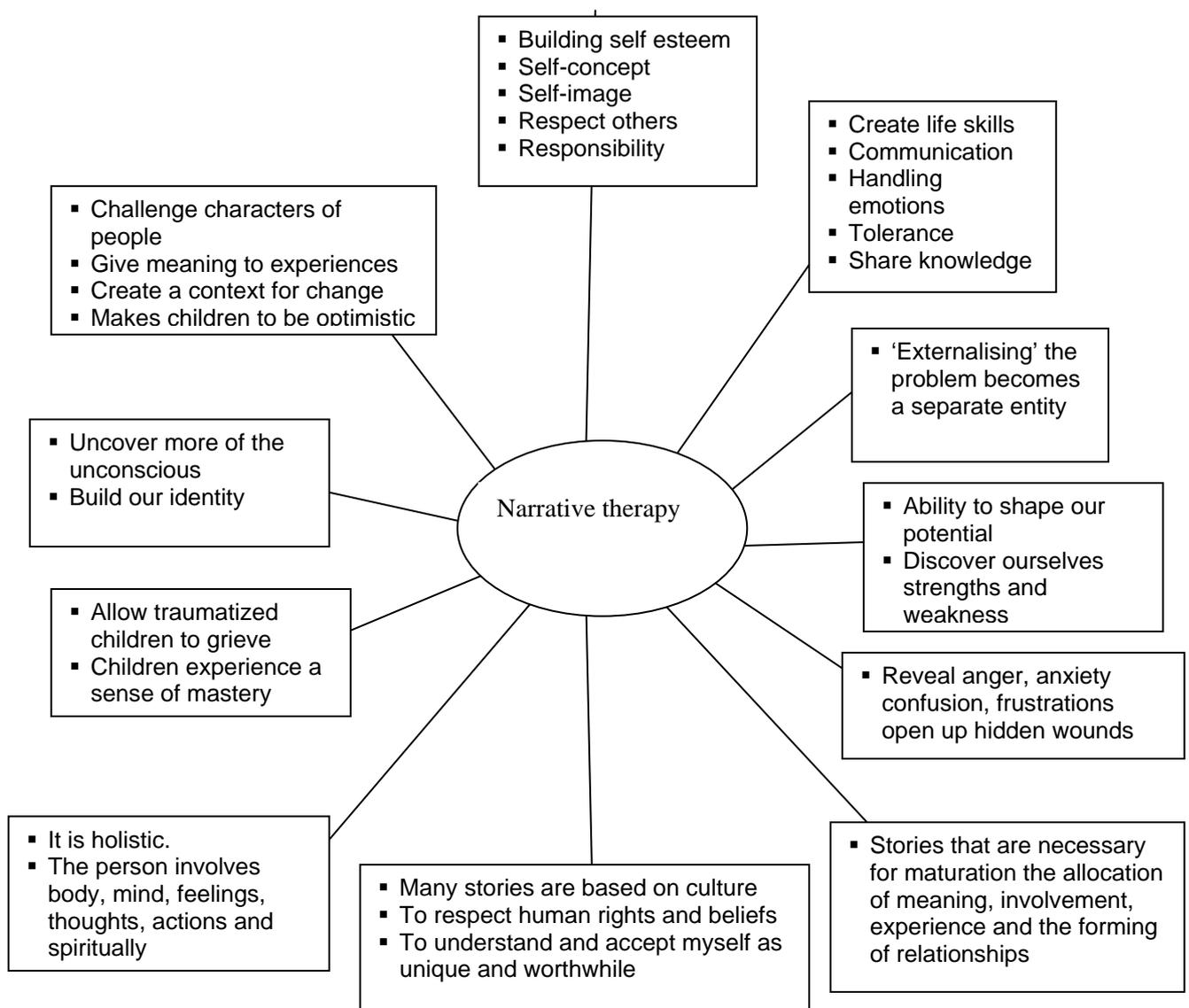
The researcher summarises the life of the child in a symbolic tree as follows:
Figure 2.1 The tree of narrative therapy



In the tree, the roots represent the cultural identity of the person and the sum of all the life experiences – good or bad. The trunk represents the structure given by the narrative therapist to enable the child to express his weakness, strengths, actions, desires, personalities, abilities, emotional, struggles, and interests as seen in the branches that are developed.

In this Chapter the researcher have seen the importance of narrative therapy as a technique to use a child’s imagination and natural story telling abilities to reach deeper conflicts within the child’s life.

Summary of narrative therapy Figure 2.2 Table own compilation.



For the narrative therapist, stories:

- Give the therapist an opportunity to help the child reconstruct meaning for personal growth and to solve problems in a constructive way.
- Help the therapist to help the child overcome negative meaning that the parents or the cultural context may have given to the child's experiences.
- Are the child's story, whether oral or written in letters, whether real or unreal, whether reality or in fairytales.
- Are tools to unfold the past and point a way to a happier future for the child.
- Encourage a sense of change and a sense of relationship with significant others.
- The aim is to freely express feelings and thoughts and uncover of unconscious.
- Encourage the client to re-author their lives.

Narrative therapy can be a good tool for children who are traumatised. Narrative therapists are interested in discovering, acknowledging and talking to their clients about their experiences in life. As the client and the therapist jointly pursue their discovery in stories, one cannot use the stories separately, the hypotheses formulated by the therapist need to be confirmed by other projection tests such as TAT and CAT in order to achieve the aim of therapy.

In Chapter 3 the researcher explores narrative therapy in the Nguni culture, in particular.

CHAPTER 3

THE NARRATIVE THERAPY IN THE CONTEXT OF NGUNI CULTURE

3.1 INTRODUCTION

In this chapter, the researcher will explore more the Nguni culture, and its mythology and how it can be utilized in narrative therapy.

3.2 STORIES AND NGUNI CULTURE

Children who have problems could feel guilty, sad, doubtful, even devastated because of something which has happened in their lives, relationship or in the relationship with their parents or family members. They could feel insecure, rebellious, angry, emotionally deeply touched or worried. Some children may experience rejection at an early age. These children are at risk, life is not pleasing to them. The future is bleak if they are not helped. Payne (2000:10) comments that *persons starting therapy tell stories that are full of frustration, despair and sadness, with few or no gleams of hope.*

The Nguni-speaking community consists of amaZulu, amaNdebele, amaSwati and amaXhosa. Though they were supposed to have different identities by the former South African government, there are similarities in their languages, beliefs and cultural traditions. The stories that Nguni speaking children narrate are basically the same with differences here and there. The stories influence people, their ideas, the way they think. Whatever the children become is the result of learning, and experience and activities from the stories. Burns (2001:4) argues *that regardless of our language, religion, culture, sex or age, stories are a part of our lives. It is because of stories that our language, religion, science and culture exist.*

The Nguni speaking people believe that all people who have died, live in a world of "living dead" which Bongela refers to as the "Silent People." As a result each Nguni group has a special name for ancestors, for example IsiXhosa (izinyanya), IsiZulu (amadlozi), IsiNdebele (abezimu) and IsiSwati (amadloti). The ancestors played a

very significant role in Nguni communities. The belief is that the ancestors are not dead, hence they communicate with the living through dreams or by sending illness. Elderly people or important persons in the community take lead in the performance of rituals for ancestors. The particular form of these rituals differed from group to group but usually involved the sacrifice of an animal (goat, sheep or ox) and the brewing of traditional beer (umqombothi/umcombotsi). There would be speeches, stories, singing; praise songs, revealing of dreams and dancing and the ancestors would be formally addressed and praised. Parry and Doan (1994:46) state that *when people author their own stories, they clearly express their own moral perspective; they honour their own thinking, feeling, - - - and they express their own sense of identity and authenticity.* Nguni children would listen to these stories and know their clan names and their backgrounds. Listening skills and communication skills were very important for both adults and children because they could not read and write the stories. Strydom (2000:172) says that *children sat at the feet of grey-haired adults and listened with wide eyes and with great interest to tales of how struggles against wild and savage beasts were won, how the people coped with droughts and how the rains brought prosperity to the land.*

Mandela in his book, "Long walk to freedom" (1994:12) also remarks about the importance of story telling by elders, he comments: my father once told stories of historic battles. These tales stimulated my childish imagination and usually contained some moral lessons. In Nguni culture children are trained to know the types of stories and cultural songs that are used for certain occasions. Parents and grandparents are educators; teaching while being caregiver is not about taking time out of every day to impart some great wisdom but happens at any time. People have many assumptions about the nature of development of children some assume that children become what they want to be in the future. It is a great risk to let children grow and develop on their own without the guidance from the adults. Culture is an important aspect in any tribe/race the same applies to Nguni people.

Cultures have, however, undergone tremendous changes in the face of changing world of technology and political ideologies. By culture Woolfolk (1995:157) says *culture as the knowledge, values, attitudes, and traditions that guide the behaviour of a group of people and allow them to solve the problems of living in their environment.*

These changes have impacted on the children and families in that TV, computers and cellphones have replaced elders and their opportunities of telling stories.

Mwamwenda (1989:26) states *that urbanization has also had an effect on many African cultural values, since the urban environment is likely to restrict certain practices due to a lack of facilities or materials.* Life in Nguni culture has changed drastically during the last decades. Families are exposed and subjected to modern ways of life which have brought about consequence that include poverty, poor living conditions, community unrest, unemployment, breaking up of marriages and family life and culturization. Family relationships that were dependent on extended families are crumbling. Now we talk about nuclear threats, single parents, living together before marriage, stepparents, and foster parents. Most of women nowadays are more independent, working long hours and spending less time with their children. Very few Nguni speaking children know about stories that were being told, or about the rituals of their ancestors.

Nguni speaking children have problems in being assertive. Rather than voice their problems, they build up their anger, frustration and sadness until they began to hate the people who were once their friends, relative and parents. Parry (1994:72) gives us some information about the role of a family. He states that it is *our first culture; it wants to make known its norms and morals. It does so through daily life, but it also does so through family stories.* The Nguni children often do not express their inner feelings. Mandela (1994:13) says that *when I visited the homes of whites, I was often dumbfounded by the number and nature of questions that children asked their parents and parents' unfailing willingness to answer them.*

The stories in therapy that may change their attitude can make difference in their life. Children are allowed to speak up what might be a problem and voice their opinions rather than to be passive. Del Valle et al (2001:190) state that *the narrative therapy involves listening, telling or re-telling stories concerning people and their life problems - - - create new realities and serve as a bridge of meaning in the healing process.* Children are able to find out their stories and be able to listen to them. They build their confidence through stories.

3.3 STORIES SET IN MUSIC AND THEIR ROLE

Music in Nguni narrative literature implicitly conveys some expressions that reveal consciously positive or negative feelings and experiences. Below are some therapeutic songs by leading singers of Mahotella Queens, (Gallo Music 1993):

Song: 1

*We give our children life
We watch them grow
But what future holds
We just don't know
We hear it on radio
We see it on the screen
We turmoil in this world
Is like living in a dream.*

Song: 2

Lucky Dube: Also Nguni speaking musician Reggae, (Gallo Music:1991)

*I am telling you now
Cocaine, no good for you
Liquor, no good for you
You go sniffing them glue
Say it's the sense of knowledge
But I know I've been around
For a while*

The researcher makes a point that songs are and can be therapeutically useful because they speak directly to many children's issues and build values that are accepted by the community. They convey stories that are healing the soul. When analysing the first, the singers narrate and project apprehensive feelings towards children. This could be a song of desperation, frustration, seeing children having a gloomy future. Apparently they take a dim view of the modern technology. It can be a therapeutic song, in that it re-awakens the parents' awareness to consequences of

negligence and rejection of the children that can make other parents aware of negligence, rejection and confusion.

The researcher regards the second song as a story that gives advice to young children and their peer group. The singer tells them that he once used those drugs. This is a therapeutic song that can help many young Nguni speaking children to know that the singer is prosperous because he stopped abusing drugs.

The researcher is aware that the songs and stories can carry powerful messages, and should be used with tact. Music can change an unfriendly atmosphere into an encouraging and inviting one.

The third one is nursery rhyme using metaphor. The researcher used to sing it while she was young at school and it has sunk into her mind.

Song: 3

Masifane nengcongolo

Sikhule nathi siqeqesheke

Siwe sivuke somelele

(unknown composer)

Translated into English:

- *Let us be reeds*
- *Grow up and be well trained*
- *Though we fall let's rise up strongly.*

Although the song is very short it has a good moral lesson. Children should fall have their own disappointments but they should carry on with life. In Nguni culture songs play a very important role in building children's morale. Stories convey moral lessons and some reveal warnings.

3.4 FOLKTALE IN NGUNI CULTURE

Folktales are likely to be the first form of literature which Nguni children become familiar with before going to school. These folktales are mostly narrated by grannies for young children at home. Many of folktales are based on culture and are traditional literature. Sophie Mgcina is well known in Nguni as Nozincwadi which means 'Mother of Literature'. She is very popular as a storyteller, singer, poet and an author. She uses her voice to entertain children in her programmes of folktales.

The following is a traditional story, which can help women and children who are abused and experiencing domestic violence.

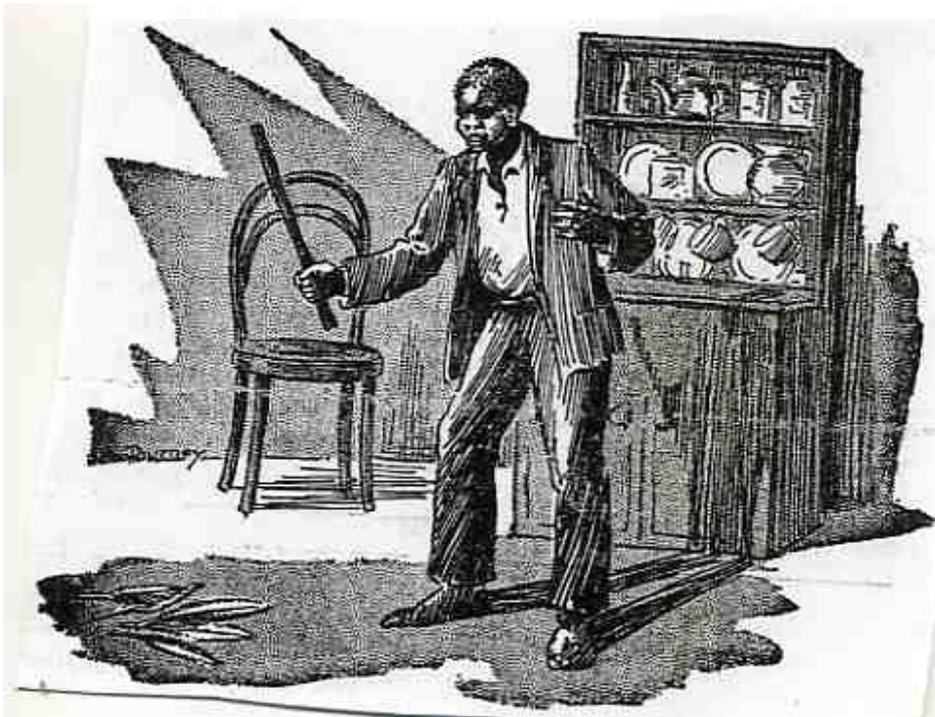
Long, long ago there lived a man who had two wives. The one wife's name was Nomsa. She was old, short, thin and ugly. The other wife, who was called Nyengule, was young, tall and beautiful. The man liked his young wife better than his old one and for her he built a big hut with windows. Into this hut he put three chairs, a table and a cupboard for her pretty cups and saucers. Nomsa lived in a dirty little hut. She had no cupboard but kept her things in a box.



One day the two women went to the forest to collect dry wood. When they reached the forest, Nyengule was breaking off a dry branch when she saw a big hole in a tree.

Some bees were flying out of the hole so she looked into it and found that it was full of honey. She took it out of the hole and gave some to the old woman. Then she sat down and ate the honey but Nomsa did not eat hers. She hid it for her husband.

When they reached the huts, Nomsa called her husband and gave him her honey. When he had finished eating it, he asked, "Where did you get this fine honey? She answered "Nyengule found it in a hole in a tree when we were collecting woods today. Some she gave it to me and the other honey she kept."



The man went quickly to Nyengule's hut and knocked at the door. When her husband went in he said, "Where is the honey you brought me from the forest?" She said, "I have no honey." The man was angry and said, "Nomsa kept the honey you gave her for me. Why did you not bring me some too? I built you this fine big hut and gave you three chairs, this table and this cupboard but you gave me nothing." He took his big stick and beat her over the head. She fell on the ground. The cruel man looked at the floor and did not see his wife. He saw a bunch of feathers lying on the ground. The feathers began to sing in a soft, sad voice, "I am Nyengule. I was killed for some honey."

The man was afraid. He picked up the bunch of feathers quickly and put them into the pocket of his coat. Then he said, "I shall go to the home of Nyengule and tell her father that she has run away from me. He must give back my cattle. He will not know that I have killed his daughter."

At last the man reached Nyengule's home. He saw her father and brothers sitting near the cattle kraal talking. He went to them and said, "Where are the cattle I gave you for your daughter? She is not at my home. She has run away."

The bunch of feathers fell from his pocket and sang in a soft, sad voice, "I am Nyengule, I did not run away. I was killed for some honey." The wicked man was afraid. He jumped on to his horse and tried to ride away but Nyengule's father and brothers ran quickly to the horse and caught it by its bridle. They pulled the man off the horse and killed him. (Greenland 1972:35-38)

The story gives a picture of how the problems are being addressed through storytelling. Women and children should talk about their abusive situation and fears until someone listens, believes and helps them. As far as the researcher knows for Nguni speaking children, death and divorce are not easy topics to discuss with adults. Trauma, the death of a loved one, divorce, child abuse, natural disaster, rape, incest, accidents and tribal wars etc. are severe emotional shock that have a deep and often lasting effect on the personality. Neimeyer (2001:247) states that *narrative has long been recognised as an important part of healing from loss*. The therapist must invite the child to talk about how he/she feels, encourage him/her to express verbally and non-verbally words about trauma in the family. Some stories could reveal these feelings anxiety, fears, confusion, frustration, anger, sadness, terrified, shy, and victimisation concerning death. The narrative therapy can allow Nguni speaking children who have experienced trauma to grieve, open up and talk about their stories in their lives.

3.5 METAPHORS AND NGUNI STORIES

Mboya (1999:32), who is also an Nguni author, uses metaphor and states that the child is considered as a 'plant' growing up in a field. The metaphor of the plant connotes tending and development to maturity and fruit bearing, and represents child rearing. The narrative metaphors, which are used in Nguni language, can play a very important role in narrative therapy, conveying hidden messages. Freedman and Combs (1996:16) say that *using the narrative metaphor leads us to think about people's lives as stories and to work with them to experience their life ways that are meaningful.*

About the plant "reed" Jolobe (1972:6) one of the best isiXhosa novelists, in his novel entitled "Elundini loThukela", comments thus,

Indoda yingonyama, indoda yingcongolo, phezu komlambo woThukela.

Loosely translated this means:

A man is a lion. A man is a reed. On the banks of Tugela river.

The language is an invaluable resource, as much a part of us like homes, rivers, forests, mountains, fields, seas and the sky. People are able to express their feelings through language and metaphors externalise the problems. Lee (1997:4) states that *through language and our use of it in dialogue and storing we try to make meaning of our lives.*

Corsini (2001:15) describes the narrative therapy as characterized by the use of a narrative metaphor to conceptualise problems, persons and change. *This approach locates problems in the dominant stories that influence people's lives. Stories are created by the meaning people give their experiences. The metaphors teach Nguni children what they are, to protect the child's dignity or to know when it is being violated. Metaphor goes together with a riddle, puzzling fact, a statement or a question that requires a person to think and decide.* Strydom (2000:175) states that on one level, a metaphor is "just a story" that doesn't require any response. On another level, it stimulates thinking, experiencing, and ideas for problem solving.

Bruner's comments on narrative in White & Epston (1999:80) indicate that our lives are ceaselessly intertwined with narrative, with the stories we tell and hear told, those we dream or imagine or would like to tell. The stories can allow Nguni speaking children with trauma to grieve.

Nguni speaking children are not given enough time to mourn or to reveal their feelings or to know the cause of the death of one family member. The narrator tells and retells, "working on" the story and "working through" the loss. According to Berry et al (2002:441), *a common core to psychotherapeutic practices may exist, but with different historical and cultural roots, and with highly varied cultural expressions.* The narratives can reveal fears, confusion, anger, frustration as well as good memories.

3.6 THE STORIES IN NGUNI LANGUAGE LAY EMPHASIS ON CHILDREN

The people have told stories, not just to pass away the time, but also to teach each other the way of survival. Harvey (1997:7) believes that *as the stories are told, the point of pilgrimage, and even perhaps the nature of the true destination becomes clearer and clearer.* The stories come from the past and their memory of the past is the beginning of any new stories. The positive elements of the past can be a source of vision and energy for the future. We study history, not because we want to know what happened, but to discover who we are. Narrative therapy helps the children to tell their own stories in order to understand the past, present and their identity as well as getting a glimpse of a possible future, as can be seen in the following quotation.

IsiXhosa

Amabalana afundisa abantwana ukuziphatha kakuhle namasiko. Ukubonisa ithemba nobungcali bokucinga nzulu. Anceda abo bakhule bephetheke kakubi kumakhaya abo. Anceda ekusombululeni izinto ebeziyingxaki emntwaneni.

Loosely translation this means:

Short stories and customs teach children to behave well. To bring hope and help children think logically. To help children who grew up being abused in their homes. To solve things that are problematic to children.

IsiZulu

Izindaba ziqeda isizungu. Zithuthukisa ilimi. Zifundisa izingane amasiko nendlela yokuziphatha. Zinikeza umdlandla noma ugqozi lokubhala (an interview with Danisile Ntuli: 3 July 2003).

Stories prevent boredom. They promote language. Teach children culture and how to behave well. Arouse kids' interest and encourage them to write stories.

IsiNdebele

Iindaba zisusa isizungu. Zithuthukisa ilimi. Zifundisa amasiko neendlela zokuzibuthelela. Zinika abantwana irhuluphelo lokufunda. (an interview with Susan Mtsweni: 8 July 2003)

The stories prevent loneliness. They promote language the children use. The stories teach children culture and customs. Arouse the kids' interest to read books.

IsiSwati

Tindzaba ticedza situnge. Tifundzisa bantfwana ngemasiko nemihambo yakaNgwane. Tifundzisa bantfwana kutiphatsa. Tinika litsemba kulabo labasenhlophekweni.

(an interview with Busi Dlamini: 13 July 2003)

Loosely translation this means;

Stories remove loneliness. Teach children about culture and behaviour of Ngwane people. Teach children how to behave. Give hope to the poverty stricken.

The therapeutic stories can often decrease and eliminate phobias and excessive fears due to abusive families, friends and superstitions in Nguni culture. Riessman (1994:68) says that *the primary way we sense of our experience is by casting it in narrative form*. Good stories can give hope and are able to address the helpless situations, and lack of purpose and meaning in life.

In conclusion, Nguni cultural groups (IsiZulu, IsiNdebele, IsiSwati and IsiXhosa) share most of their heritage with other communities, black and white, rich or poor.

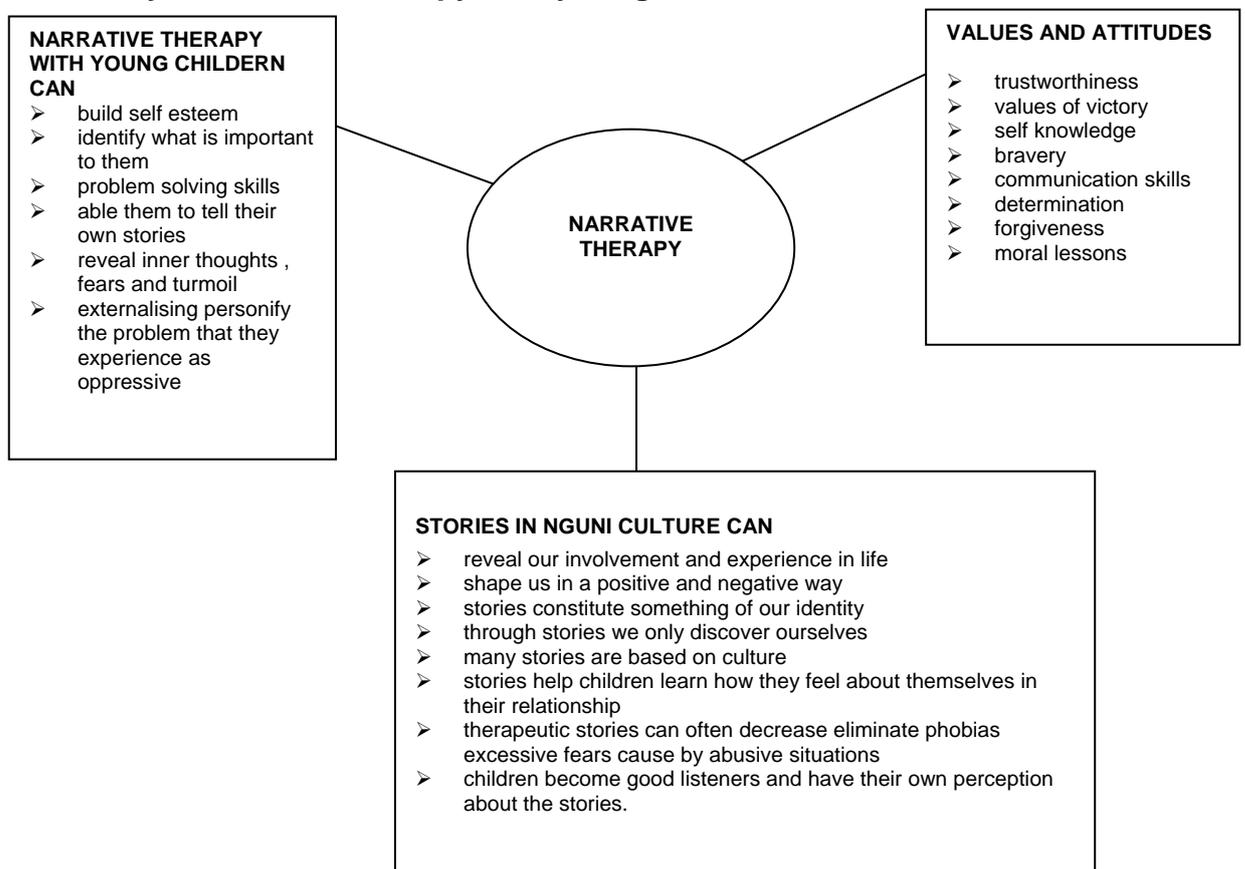
We are able or disable, clever or dumb, and we go on and on, but we are unique because of our stories. Stories are important vehicles of information, they are an exchange between two or more people. Stories can happen in a formal or informal way. For children, stories are essential for social development, peer group and interactions. Through stories, people have the chance to share thoughts and interests and they are able to open up a conversation, using their own language and be themselves.

3.7 SUMMARY

In the past, the elders told the stories and the children passively received the cultural messages. Urbanisation has changed the cultural context. Today's children are encouraged to be more expressive about their feelings. The narrative therapist can use the cultural metaphors in songs, nursery rhymes, folktales to help the child solve the problems encountered in life.

Figure 3.1 Diagram own compilation

Summary of narrative therapy with young children



We were taught that stories carry our memories from generation to generation. In narrative therapy, telling stories and listening to people is a privilege.

3.8 THE STORIES TO BE USED IN THE EMPIRICAL STUDY

The following are the stories the researcher will use during therapy sessions with focus group.



The grandmother has visited her daughter. She notices that the two grandchildren are now and again quarrelling over petty things. In the evening she narrates a story about two chickens (the sister and brother chicken). The sister found a worm and called the brother. The brother killed the worm. When they were supposed to share it equally, they started quarrelling about the ownership of the worm. The sister says I saw it first. The brother says it is mine, I killed it. In the process while they were fighting the bird came and ate the worm. Both chickens are losers.

Theme: Instead of quarrelling about petty things discuss issues properly and solve them peacefully.

The grandmother in this story acts as a mediator, advisor and counsellor. In the picture she is sitting strategically in between them, which enables her to give them equal attention. The grandmother does not berate them about their bad behaviour but the children learn a lesson from the story she tells to them.

- Communication skills
- Social skills
- Self-knowledge

Story 2

Ndibongo and Ntloko:

Hidden vice.

This man has an identity crisis; he has lost his self-esteem and his personality. He has lost his values and his humanity. This is released by his nakedness and is not ashamed to be so in front of others. At the back there is an ugly creature, which looks like a human being with the Rastafarian hair but the body is of a crocodile. Apparently it has stuck at his back, trying to hide itself. It seems that it does not want to be seen or known.

This might suggest a bad behaviour.... That apparently he can no longer be in control. If it can be known to other people it may be embarrassment to him and negatively viewed by the public, hence he is not keen to be seen attempting to remove it. Apparently he wants to be helped now, hence he is going towards other people.

Story 3 Steward readers: **Abusive woman**



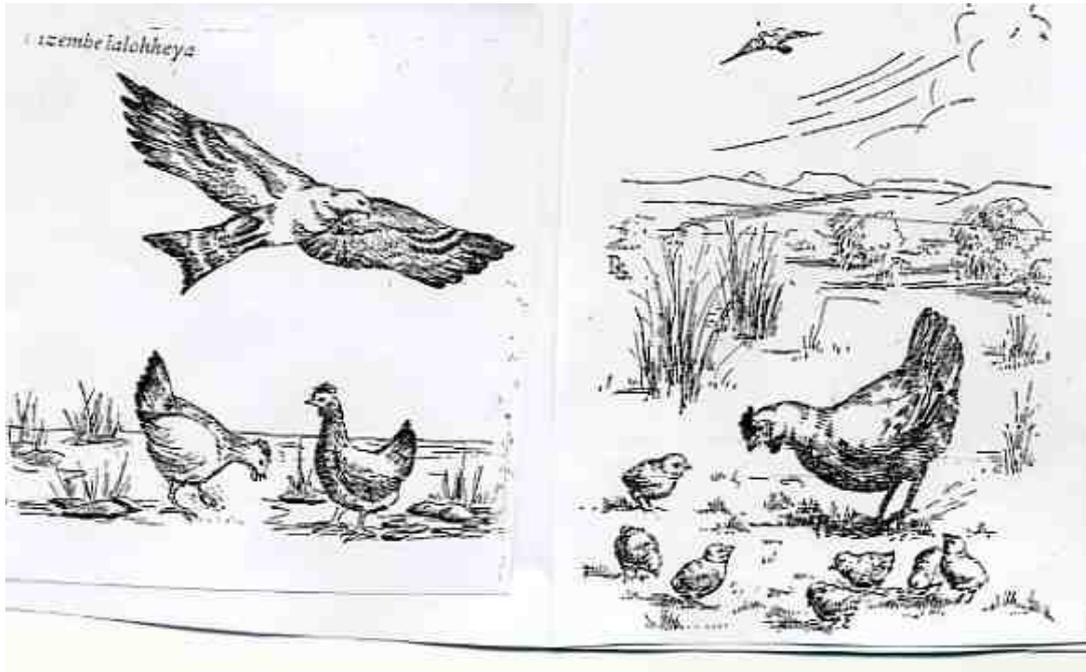
This story symbolizes an abusive woman. She is abusing these children physically and verbally. The sharp axe depicts her strong desire to kill them. The children have strong desire to escape as a form of resisting the abuse. This is suggestive by the fact that through the chopping down the tree they are not prepared to climb down. They would rather die than succumb to her wayward desires. In their desperate situation an insignificant object saves them, which thwarts the chopping down of the tree. In this story there is a small bird on the branch of a tree, which disturbs the woman chopping the tree.

As the woman's attention focuses on the bird chasing it with the intention to kill it, the children get a chance to escape for safety.

Message: Children who are at a risk are unable to protect themselves from abusive parents.

Domestic violence.

Story 4: Ncongwane& Ncongwane & Msimang: **Revenge of a hawk**



When parents fight the children become the victims, specially when divorce results. The children are innocent, they love both parents and they would prefer to share their lives with both of them. It is painful as they are not the cause of their parent's disagreements.

The story is about the hawk that married a hen. One day the hawk left in search of food for his kids. The key of the house was left with the 'wife '. The hen went to visit the friend and the key got lost. When the 'husband' came back he found the kids outside. He was angry to find out the key was missing and it could not be found. In anger he leaves the family. He says to the hen, as long as you cannot bring the key, I shall eat your children.

Theme: Total breakdown of communication between parents

The outbreak of hostility between parents.

STORY 5 Steward Readers: **Wisdom from the birds**



The story states that the man was attacked by robbers, and beaten up. His eyes were gouged out and he was tied to a tree. They left him to be eaten by wild animals. Later in the evening the three crows came to sit on the tree and started sharing wisdom about their lives. Luckily the man was under the tree and he was listening. After the birds had left, the man struggled to untie himself and eventually he managed to be released. He followed their words of wisdom.

Therapeutic approach:

Anyone who finds himself or herself in an unfortunate situation, should accept words of wisdom from those who are knowledgeable by following their advice he/she will succeed in life, rather than to fold arms about his /her bad situation.

Message: Things we are facing can make us fearful
Crime can cause us to fear



When life runs smoothly everybody in the family is happy to an extent that we forget that this life will end one day. We only see that life has an end when people who were once strong gradually become weak physically.

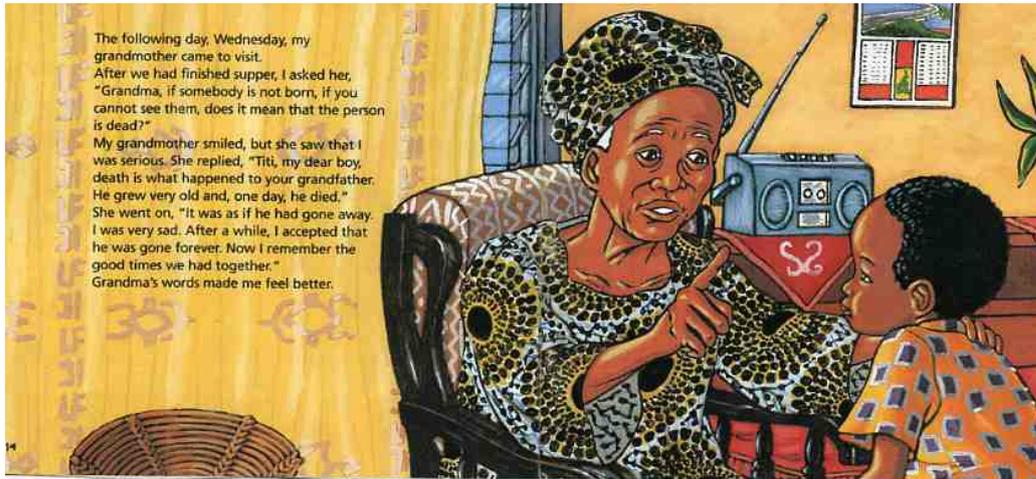
In this picture we see a woman who was once beautiful and happily married. However, another man tricked her and they eloped. The former husband was disappointed as a result he requested the woman to return all the gifts he gave her. Peacefully he asked the goods to be returned one by one through the messengers who were doves.

The second husband encourages her to release all goods with the promise that he will buy her new ones. As she was left naked there were no new clothes forthcoming. One day the doves finally came to fetch the silver nail from her head. Once more the second husband said 'give them'. She pulled the silver nail from her head and gave to the doves. As they flew away, the woman collapsed and died.

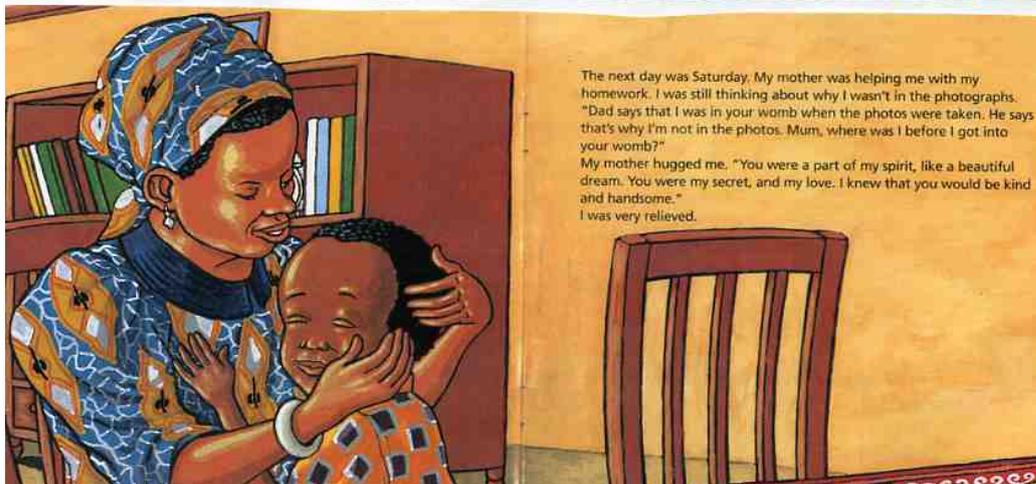
It is painful to see one who was once beautiful energetic, handsome gradually deteriorate with no hope for improvement, until one day he/she dies. The story is meant for traumatized children who lost their parents through HIV/AIDS or cancer, someone who becomes sick for a while.

Story 7

Bebey & Epanya: Why am I not in the photographs?



The following day, Wednesday, my grandmother came to visit. After we had finished supper, I asked her, "Grandma, if somebody is not born, if you cannot see them, does it mean that the person is dead?" My grandmother smiled, but she saw that I was serious. She replied, "Titi, my dear boy, death is what happened to your grandfather. He grew very old and, one day, he died." She went on, "It was as if he had gone away. I was very sad. After a while, I accepted that he was gone forever. Now I remember the good times we had together." Grandma's words made me feel better.



The next day was Saturday. My mother was helping me with my homework. I was still thinking about why I wasn't in the photographs. "Dad says that I was in your womb when the photos were taken. He says that's why I'm not in the photos. Mum, where was I before I got into your womb?" My mother hugged me. "You were a part of my spirit, like a beautiful dream. You were my secret, and my love. I knew that you would be kind and handsome." I was very relieved.

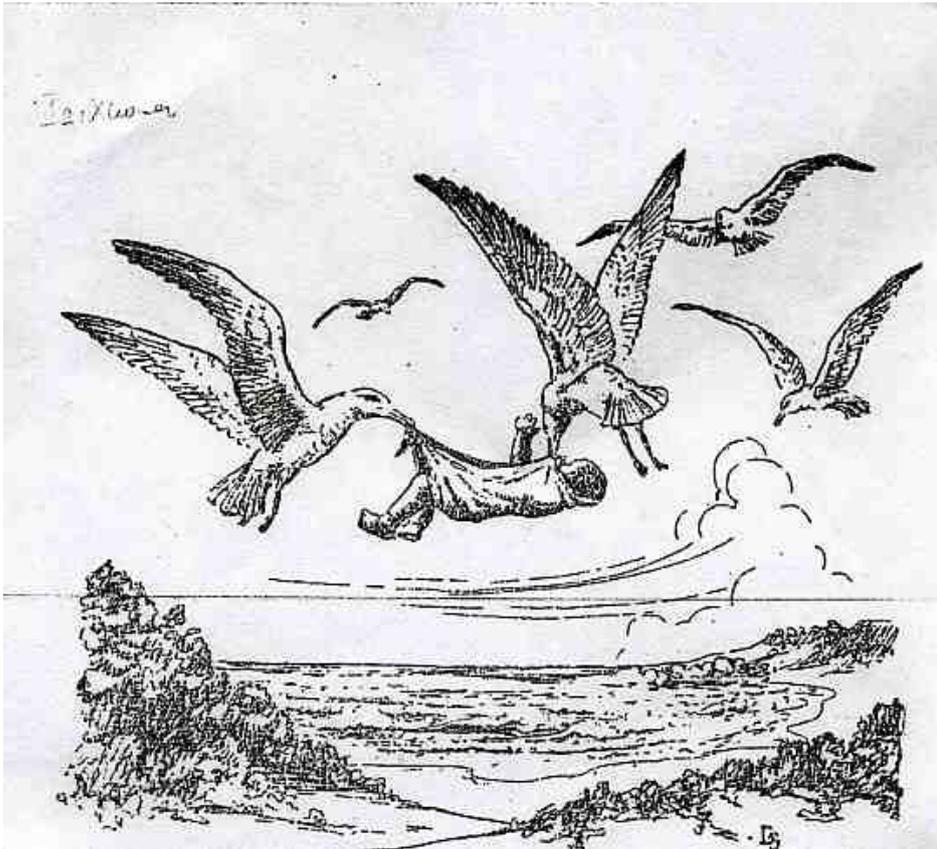
- Children with settled identities can take up realistic positions in their lives.
- Children need to feel that they belong to a larger group.
- When Titi cannot find himself in the family photograph he feels disconnected from the family.



An adult or parent is passing the cultural values to the child. The child is keen to glean knowledge. The setting is homely and relaxed where the young child trusts an adult person. In this informal setting the adult, whenever she notices certain signs in the child or behaviour, will call her or him and start lecturing about certain behaviour, expectation and consequences, how to overcome them or avoid them. Perhaps this mother / parent is responding to certain questions asked by the child. This is the oral form of narration. There is no chalk, no paper and no pen. In order for the child to listen attentively, there should be peaceful atmosphere.

- The values of love, listening and loyalty
- The values of empathy, endurance and enthusiasm

STORY 9 Bennie Steward readers: **Baby captured by sea gulls**



A woman who has recently given birth to an infant is forced by her husband to leave the baby with young children who themselves still need to be looked after or cared for. She is forced to go to hoe the fields the whole day. One day as they were hoeing she heard a baby crying. Instinctively she knew it was her baby. She wants to go and save the baby. The husband scolds her saying she is lazy. They must continue hoeing. The woman, afraid of her husband obeys. After sunset when they returned home, the woman was shocked to find out indeed her child has been taken away by the sea birds. This was a traumatic situation for both the woman and the younger children who were responsible for looking after the baby.

- Sometimes a traumatic incident happens unexpectedly
- This story is relevant for traumatized children and abused children.
- Ideas for assisting children to cope with grief.

- **Conclusion**

The stories are based of all cultural history, literature and religion. Stories are the foundation of history and they exist in every individual. Some stories make us laugh and give us hope. Other stories bring fear in our lives. Stories come from our parents, other stories may come from the family and last part may come from our culture, and beliefs some convey moral lessons.

CHAPTER 4

THE RESEARCH DESIGN AND METHOD.

4.1 INTRODUCTION

In Chapters 2 and 3, the first part of the research question was answered, by means of a literature research on narrative therapy. These two chapters form the basis of the empirical study.

This chapter will discuss the research design, the research participants, the method of data collection and data analysis chosen for the purpose of the study. This chapter will explain how the empirical study will inculcate the psycho-educational use of narrative therapy with Nguni speaking children. Furthermore, the chapter provides a synopsis of both the aims and motivation of the empirical study, as well as the actual research design to be followed. This will include information on the research group, diagnostic media to be used, the group intervention programme to be followed, method of evaluation, and possible results of this empirical study.

4.2 RESEARCH APPROACH: General description and reasons.

The present study will focus on psycho-educational use of narrative therapy among Nguni speaking children. The researcher will implement narrative therapy by using stories derived from the Nguni culture.

The researcher will use a focus group of children who will be able to understand the Nguni languages. The therapist will lead a discussion from a list of prepared questions. The aim of the researcher will be to enter the life world of each child, through the reformulation, telling and retelling of the narratives, through the observation and interviewing the children through the judicious use of questions. The narrative and the following therapeutic interview will allow the children to explore their own life issues.

4.3 AIMS OF STUDY

The primary aim of the study is to investigate how narrative therapy can be used as a psycho-educational technique among Nguni speaking children who experience trauma. It has become clear that not only do the children in our culture need to be given knowledge, but they also need to be given cognitive skills which will enable them to cope with new, and increasingly more difficult problems in a satisfactory manner. The children will develop greater self-knowledge, as well as communication and problem-solving skills. Roets (2002:121) claims that the therapist should be able to make certain hypotheses about the clients and their problems on the basis available data, and then verify them.

4.4 THE HYPOTHESES

The following are some of the hypotheses about the clients' problems that the researcher will investigate how:

- Narrative therapy can help traumatised Nguni speaking children with emotional problems.
- Narrative therapy can help with self-insight through the development of cognitive skills.
- All narratives can be based on values and experiences.
- Narrative therapy can help Nguni speaking children to discover themselves, give positive direction, self-knowledge and teach better communication skills.
- The children externalise – how they personify and solve their problems.
- Therapeutic stories eliminate phobias and fears caused by abusive situations.
- Stories constitute something of our identity.

4.5 RESEARCH DESIGN: Qualitative research

A qualitative researcher focuses on the context and the richness of the contributions made by participants including first hand experiences. Qualitative research aims to assess how the respondents experience their immediate social worlds, how they perceive their roles, how they understand and derive meaning from the social and cultural contexts within which they live.

In qualitative research, the researcher is not bound to a specific hypothesis, but the hypothesis develops as insight develops into the problem being investigated. Pearce (1999:86) states that hypothesis is not constructed in advance; therefore the relevant variables of data collection cannot be predetermined. This means that the qualitative researchers tend to develop the hypothesis as they gain more and more understanding of the data at hand, rather than enter the field with the aim of testing the prior hypothesis.

Qualitative researchers, differ from quantitative researchers in that they are concerned with the uniqueness of each particular situation, while focusing on explaining and understanding the participant's perception. Qualitative research is considered to be an interpretative study in which the researcher's experience and interpretation plays a major role in the research process. Human, social behaviour only has a meaning when studied in context, and the use of language is paramount to understanding behaviour, as all meaning is communicated through language (Silverman 2000:36).

Qualitative research means different things in each of the stages. Patton (2002:193) makes the following points. Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials, case study, personal experience, introspective life story, interview, observational, historical, interactional and visual texts that describe routine and problematic moments and meanings in individual's lives. Accordingly, qualitative researchers deploy a wide range of interconnected methods (Denzin and Lincoln 1994:2). It is used as an approach in procedures where there are no strictly formalised rules or guidelines. The exploratory nature of qualitative research allows a study to remain fluid and open-ended, it allows for new realities to emerge separate from a priori assumptions of the researcher. Within this scope, qualitative research seeks to acquire detailed information about smaller groups of persons, rather than large samples, and aims to understand why and how people attach meaning to events or experiences. Qualitative data analysis allows for the identification of themes. This aspect of

qualitative methodology will allow this study to recognise the meanings of stories that are told by Nguni speaking people that are also therapeutic. Qualitative data can put flesh on the bones of qualitative results, bringing the results to life through in-depth case elaboration.

4.6 RECRUITMENT OF PARTICIPANTS

4.6.1 Sample

Qualitative research usually concentrates on small samples of people. Niles and Huberman (1994:24), in Patton (2002:244) state that the size of the sample is not important. It will depend on what the researcher wants to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility, and what can be done with available time and resources. The respondents used in this study are purposefully chosen because of the problems they present. A sample of nine children will be drawn at SOS Children's Village at Mamelodi Township near Pretoria. This is purposive sampling, which is commonly used in qualitative research. The sample in this research will consist of children who speak one of the four Nguni languages, that is IsiNdebele, IsiSwazi, IsiXhosa and IsiZulu and can therefore the results may not be reflective of all children.

The data collected will be accepted the way it is given by the respondents, including the subjective meanings that the respondents may give to the experiences they had.

4.6.2 A description of SOS Children's Villages

The SOS Children's Village website explains that as a result of the misery of countless war orphans and homeless children after the Second World War, Austrian Hermann Gmeiner initiated the construction of the world's first SOS Children's Village in Imst in 1949. This concept spread. SOS Children's Villages give children who have lost their parents, or who are no longer able to live with them, a permanent home and a stable environment. The SOS Children's Village family-like structure is formed by four basic principles: mother, brothers and sisters, house and village. Each child is given a SOS 'mother' who lives together with the children that she is

looking after, organising the family's daily life. She creates strong and dependable relationships and gives the children a safe and loving home.

Single women, who have to complete an extensive training programme, usually carry out the job of an SOS Children's Village Mother. They are supported in their highly responsible task by educational co-workers as well as *by women who are still training to be SOS Children's Village mothers*. Girls and boys of differing ages grow up together in an SOS Children's Village family like brothers and sisters. Natural brothers and sisters are not separated. Children are accepted from small babies until the age of ten unless there are brothers and sisters involved, in which case the children could be older. Every family has a house of its own. Each house has a combined living/dining room as the centre of social life. The familiar atmosphere of a home of their own encourages bonding within the families.

The village provides the background for an extended family community. This supplies the children with cultural roots and gives them a feeling of belonging. At the same time, village life is an important bridge to the local community. The SOS Children's Village should be an open place, which not only promotes the integration of the SOS Children's Village children into the local district, but also supports interaction and encounters with neighbouring communities. (www.sos-childrensvillages.org) [Assessed on the 2/2/2003]

Special emphasis is placed on giving the children a thorough preparation for later life. Youth facilities, vocational training centres and schools belong to a group of secondary facilities that extend life into the broader community.

4.7 METHODS OF COLLECTING DATA

4.7.1 Focus groups

Qualitative interviewing in which the focus group is an example, is one of the most appropriate techniques for this type of the study as it enables the interviewer to take into consideration personal, racial, gender, ethnic, social, political and cultural contexts of the interviewees as well as the uniqueness of the interview

Neuman (1997).

A focus interview is an interview with a small group of people on a specific topic. Groups are typically 6 to 10 people with similar backgrounds who participate in the interview for one to two hours. The researcher will use nine children. The discussion is likely to be comfortable and often enjoyable for participants as they share their ideas and perceptions. Group members influence each other by responding to ideas and comments in the discussion. (Patton 2002:386)

On the application of focus groups, Morgan (1988:25), suggests that “focus groups are useful when it comes to investigating “what” participants think, but they excel at uncovering “why” participants think as they do. Welman and Kruger (1999) believe that focus groups are ideal to explore topics when knowledge is marginal. Thus, the focus group technique will be well suited to the SOS Village Children who will be chosen for the sample. In exploratory research, like focus groups will enable the researcher to identify important variables for the homeless children. The chosen sample group will meet the requirements for purposive sampling as they share common life experiences as they are all homeless and in the SOS Village.

Patton (2002) data collection is cost-effective. In one hour, one can gather information from eight people instead of only one, significantly increasing the sample size. The interactions among participants will enhance data quality. The researcher will be able to establish the extent to which there is a relatively consistent, shared view, or great diversity of views. Focus groups tend to be enjoyable to participants, and the researcher anticipates that the children will enjoy their sessions and therefore tend to communicate more easily giving voice to feelings previously hidden to them.

Kruger (1988) states that there will be fewer questions than in an individual session. There will less time for responses. The author advise that with eight children and an hour for the group, the researcher should plan to ask no more than ten major questions. As concluded by Patton (2002:386) the focus group is beneficial for identification of a major theme.

4.7.2 Interviews

This study will utilize the qualitative interview as described by Rubin and Rubin (1995:31) that the model of qualitative interviewing emphasizes the relativism of culture, the active participation of the interviewer, and the importance of giving the interviewee voice. Rubin and Rubin (1995:195) define it as follows: *Cultural interviews are about learning how people see, understand, and interpret their world.* In the interview, the researcher will spend most of the time listening to what people say rather than posing detailed and focused questions.

4.7.3 Narratology or Narrative Analysis.

Foundational questions:

What does this narrative or story reveal about the person and world from which it came? How can this narrative be interpreted so that it provides an understanding of and illuminates the life and culture that created it?

Personal narratives, family stories, suicide notes, graffiti, literary nonfictions, and life histories reveal cultural and social patterns through the lenses of individual experiences (Patton 2002:115). In this study the researcher prefers the use of the narratology or narrative analysis to extend the idea of text to include in-depth interview transcripts, life history narratives, historical memoirs, and creative nonfictions.

4.7.4 Case study

A case study is a comprehensive investigation of the specific person, existing institutions or concrete entities. In these types of studies, information is collected regarding the biographical, environmental, psychological and any other kind of information that might help to explain the object of the study. Moodley (1995:99) highlights that the research done through case studies is of greater contextual importance because it emphasizes that which is distinguishable and unique in a situation or event. Both Lincoln and Guba (1985) convey the idea that the case study method is a preferred mode of inquiry because it is adapted to provide

descriptions of multiple realities by virtue of the fact that it allows for the provision of a holistic picture and thick descriptions.

The purpose of the case studies in this research will be to ascertain the important biographical, environmental and psychological factors and their relationships within each child's lifeworld, as Moodley (1995:99) states that the "why" and not merely the "is", is of vital importance.

4.7.5 Observation methods.

The observational research explores the world in many ways. This study will use direct observation. The advantage of the observation methods are a better understanding of the context in which people interact, it allows inductive observation. The observer has the opportunity to see things that may routinely escape awareness, and there is the chance to learn things that people would be unwilling to talk about in an interview.

4.8 DATA ANALYSIS

The recorded data will be transcribed verbatim. The initial impressions will be written down as soon as the interview is finished. This is to make sure that even if something goes wrong with the tapes, there will still be data to work with. The data will be analysed as to how each child has experienced their life, to uncover their current concerns, their communication skills and problem-solving abilities.

4.8.1 Permission

Permission to conduct the study will be sought from the manager of SOS Children's Village at Mamelodi and the social workers who are employed in the village. Ethical measures will be undertaken in accordance with guidelines given in Strydom (1998:24-35).

4.8.2 Case Study Outline

- Biographical details (excluding real name) for example age, date of birth, position in the family,
- Family background.
- Historical background.
- Child's experiences at the village.
- Relationship with teachers at school.
- Attitude towards school and schoolwork.
- Involvement in school activities.

4.8.3 Assessment

The following qualitative instruments will be implemented:

- An incomplete sentences questionnaire (Pretoria University). The answer will often give extensive clues to the lifeworld of the child.
- Draw-a-person which is a projective technique measuring the testee's personality and propensity for coping with life's difficulties.
- Conscious and sub-conscious conflicts of the child.
- The three wishes technique is also a projective technique, measuring the testee's hopes, desires, future orientation, and so on. It is a very unstructured technique, which simply invites the testee to make any three wishes. The child's wishes are then analysed as projections.
- Narrating stories in different Nguni languages using the same theme and same stories.

4.8.4 Limitations

The researcher will undertake this study with full knowledge that many children in SOS Children's home are of mixed backgrounds. The main languages could possibly be IsiZulu or Sepedi. Some children know their background and culture better than others and some may have no cultural roots at all.

4.8.5 Writing the report

In report writing the researcher will engage in the interpretative act and formulating meaning to the massive amounts of data. Having done all the above, the research findings will be drawn and conclusions will be discussed in the following chapter. The findings will be written according to the themes identified from the questions asked during the interview.

In the next Chapter 5, the research findings will be analysed and reported.

CHAPTER 5

FINDINGS OF THE EMPIRICAL STUDY

HAVING A PLACE TO GO – IS A HOME. HAVING SOMEONE TO LOVE IS A FAMILY. HAVING BOTH IS A BLESSING! (Donna Hedges)

RECONTRACTING NARRATIVE THERAPY: STORIES

5.1 INTRODUCTION

This chapter offers a reconstruction of the stories of change within the context of narrative therapy. The chapter contains nine children's presentations as told by both the researcher and the respective Nguni speaking children. The therapy setting is sketched in order to illustrate the context in which the therapy and research encounters took place. These children are victims. They are experiencing high:

- parental depression
- child abuse; physical, neglect and sexual abuse
- marital problems
- family violence
- alcoholism
- divorce
- poverty and death

5.2 FOCUS GROUP

The names have been changed for reason of confidentiality.

Name	Sex Age	Grade	Siblings at SOS	Presenting problem	Admitted YEAR	Referred by	Ethnic Group
1.Banele	M10	6	0	Abandoned as a baby	1996	Social worker	IsiZulu
2. Ben	M10	5	2	Mother mentally unstable, found in the corner of the streets in Johannesburg with three children	1999	Social worker	IsiZulu
3. Solly	M9	6	3	Rejection by father, abusive father. Mother whereabouts unknown.	2000	Social worker	IsiNdebele
4. Babalwa	F14	7	0	Sexually abused	2000	Social worker	IsiZulu
5.Xola	F11		1	Alcoholism Family violence	1999	Social worker	IsiXhosa
6. Ndikho	F13	5	2	Orphan	2001	Social worker	IsiSwati
7. Senzo	F12	6	0	Orphan	2002	Social worker	IsiSwati
8. Celiwe	F13	5	0	Sexually abused	2001	Social worker	IsiZulu
9. Thami	F13	6	0	Poverty (street child)	2001	Social worker	IsiNdebele

3 THE THERAPY SETTING

Therapy sessions were held at the SOS Children's home in the library and in the counselling rooms at Vista University, Mamelodi campus.

5.4 THE THERAPY SESSIONS

The researcher entered the therapy with an open mind and initially wanted to determine what the children hoped to achieve by participating in narrative therapy. A central concern was that of building and maintaining relationships with the children so that the researcher would have the space to create trust among participants. The therapist identified three clients who needed more attention. These clients came for individual therapy at five sessions of narrative therapy and thereafter they came to be assessed. The stories for narrative therapy sessions were selected to suit the client's needs. Owing to the limited time of the research, the researcher will continue with some of the clients after the research has been completed.

5.5 METHOD OF REPORT

5.5.1 Tests Administered

Each client was dealt with in chronological order starting with the oldest child, who is fourteen and the youngest who is nine years old.

The following tests were administered with the aim to find out the scholastic and the emotional images of the participants:

- DAP, Collage and Incomplete Sentences
- Assessment of learning problems such as reading, spelling and maths.
- Two group sessions were scheduled for the SOS mothers: these sessions were attended by the social workers to let them know the plan and get used to the researcher. Two psychology students who were in a Master's programme at Vista in 2003 assisted the researcher. It was thus a team effort.

Nine clients were identified as a focus group. The previous chapter discussed many different techniques that the therapist could use to encourage exploration of the client's various relationships. However, it has not been possible to include all the nine clients in this particular study. Only three clients will be discussed to represent the group.

5.6 CASE STUDY PRESENTATION

The researcher regards it as a privilege to have accompanied Cabala, Banele, Celiwe and others on the journey towards healing. Babalwa and Celiwe were sexually abused and the Banele was abandoned as a baby. The researcher had individual sessions and group sessions with them.

5.6.1 CASE STUDY 1

5.6.1.1 Personal history

Babalwa's story - sexually abused: (no. 4 of the focus group – see 5.2)

Babalwa is a fourteen years old girl, in Grade 6. She was abused by two different men aged 30 and 40 years respectively, by the time she was ten years old. The case was reported to the police and they were arrested. Later the mother demanded that the men should be released. Angry members of the community burnt down her house. The child became uncontrollable, displayed behavioural problems such as aggressiveness, playing truant and running away from home. The child was placed at SOS.

5.6.1.2 Scholastic history

She adjusted very well at school. She is able to read and write. She speaks positively about the school and the teachers. One teacher that the researcher interviewed, said there are times when she is stubborn and that she likes to fight with boys in the classroom.

5.6.1.3 Appearance and functioning

Babalwa's housemother takes care of her. Her mother helps her with homework and she speaks good English. When the researcher interviewed her they spoke English. Babalwa's mother explained that she likes to fight with other children and she is a bully sometimes even at home. She needs a lot of attention. Her friends are older than her. She has not told her mother that she has a boyfriend at school. The mother told the researcher that she had discussed topics such as teenage pregnancy, drug abuse, and HIV/AIDS with her children.

5.6.1.4 Description of the therapy sessions

The stories that were used in the therapy session in Babalwa's case study are the following: (See Chapter 3 pages 43,44,45)

Story 1 The story of a grandmother

Story 2 Hidden vice

Story 3 Abusive woman

Session one:

Interpretation of the drawing: Drawing of Person (DAP)



The distorted naked body, arms, no hands, no feet, no ears suggests emotional scars in her life, depression, incompetence, uncertainty and helplessness. It may also depict feelings of rejection, possibly this could be rejection by the mother, and women in general. She might find it difficult to achieve her assigned tasks. Her drawing is not her age-equivalent.

Interpretation of three wishes:

Her wishes depict she might be in need of comfort. They also showed lack of security and her need for her mother, even though her mother was the cause of her abuse. She sees education as a way for the future.

Evaluation Proceedings:

Babalwa was not interested in drawing. She commented to the therapist that she did not want to draw. Looking at the drawing one might think she has scholastic problems, yet it is not so. She was being stubborn, unwilling to do the task. It seems that her poor self-esteem and poor self-image are the results of the trauma she experienced.

Session two

T: Therapist

B: Babalwa

At the beginning of this second session, Babalwa did not show much resistance. The researcher had previously narrated stories to her for relaxation. This was now narrative therapy. It was Babalwa's turn to narrate her story.

T: What happened to your life? Can you remember what happened to you, once upon a time?

B: My grandmother had sent my cousin and myself, in the evening, to her friend. We met two men, who asked us where we were going. We told them grandmother had sent us to her friend. As the road was passing Thokoza hostel, they asked us to go into the hostel where they live.

T: Where you not afraid to go into the hostel at night?

B: No, we were not afraid we trusted them, because they were old people. They entered with us in the men's hostel where they raped us in turns. Thereafter one of them left with my sister. I don't know where they went. I have never seen my sister since then. My grandmother and my mother, however, said she is still alive. I was afraid to ask more questions. Our mother was not staying with us as her family, she was staying with another man somewhere. I do not know where she is. Granny brought us up. When my mother was told that we were raped in the men's hostel. She blamed us. She said that it was our fault. I was hurt when I heard that from my mother. I still feel she should apologise.

T: How old were you when this incident happened to you?

B: I was ten years old then.

T: What did you do after being raped?

B: I ran back to grandmother and reported what had happened to us. Grandmother reported the incident to the police. (*Babalwa started crying, sweating and trembling*). My grandmother took me to stay with my uncle at KwaNdebele. Though it was better than at Thokoza, it was not a comfortable place. My grandmother was old hence my uncle had to take care of me and hide me from those men. I don't want to stay with my mother because she doesn't care for me. We were starving at my uncle's place because he was not working. My uncle and grandmother sent me to the social workers. They brought me to SOS in 2000. (She cried openly). Few minutes later she continued.

In 2002, December, I visited my uncle in KwaNdebele. It was not nice there because they are still starving and are struggling. (*She mixes IsiZulu, IsiNdebele when speaking though she is taught IsiZulu at school*).

Evaluation of the proceedings:

At the beginning of this session Babalwa is reluctant to narrate her story and to explain what had happened in her life. For the first time during therapy she cries. All the hurt, the anger, the confusion, the resentment and rejection poured out and it is probably for the first time since the incident that she is able to cry. The therapist feels that Babalwa is beginning to release the pain. Telling her story will make her

stronger in the future and she will be able to re-tell the story even to other victims of rape.

The contradiction between her wish to be with her mother and her acknowledgement of her mother's lack of care is apparent. This ambivalence will need to be worked through.

Session three

- T: Can I ask you what difference has telling your story to me made you feel like?
- B: It helped me to understand what had happened. After telling my story I found a sense of relief and understanding. It was a relief that it was not my fault. If my grandmother did not send us to her friend that evening I would not have been raped. Anyway if only could have been staying with my mother. I had lots of negative feelings about myself. Having told you my story gave me a point of reference to look back and form my own opinions from what we have discussed and draw my own conclusions. If I did not come to these sessions with my friends, I would still be confused and telling lies about my past with feelings of inadequacy as a person and not knowing why I felt the way I did. It is for the first time that I tell someone about my terrible story. I had always blame myself.
- T: In 2002 you visited your family, thinking perhaps they would now be able to appreciate you maybe you wanted to return home and stay with them. Instead your mother sent you to your uncle KwaNdebele. Could you tell me more about that?
- B: Yes. I am not sure that was a good idea to go and visit my family. I was really upset. I just found that my cousins are not attending school. I am really worried about them and I don't know what to do about it. My uncle cannot afford to support them. He is very poor and sick. His wife is not employed. They are really struggling. I think of them because the social workers cannot allow them here at SOS because of their age.
- T: It must have been difficult for you. I really think that you should write a letter to your cousins. They have to know that you care about their future and how you feel about their situation.
- B: Correct. I am worried about them. I shall also send a Christmas card to them.

T: What are your plans, for this summer holiday 2003?

B: I shall stay at SOS with my 'mother' and 'my family,' I have decided to go to the camp with other children and meet new friends. The SOS managers organise the camps for children who cannot spend Christmas with their families. Sorting out things ahead will really help me.

Evaluation proceedings:

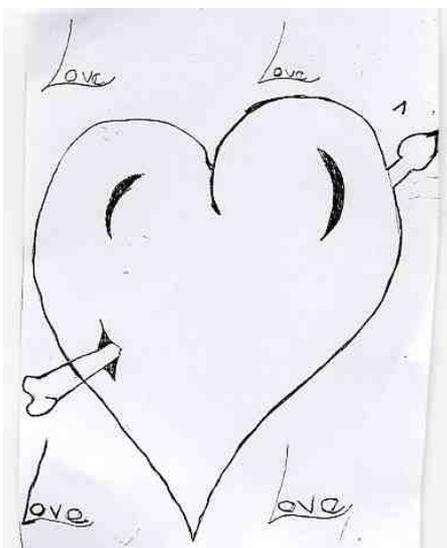
Narrative therapy has enabled Babalwa to start assessing herself and to choose between various options that she has at her disposal. Narrative therapy should be seen as whereby the client becomes aware of questions and answers in her life. Self disclosure encourages the client to explore appropriate ways to work through her anxiety.

Session four

Babalwa's Collage

The therapist will only describe the collage and give conclusion.

The things I remember



The fact that she draws instead of cutting a picture indicates that she wants to reveal the truth. The drawing suggests that she has been deeply hurt; 'the heart' is pierced with a thick arrow that might indicate a very deep pain, from the time she was raped.

Things that I wish to have:

The picture in the collage indicates that she yearns for a family where she can experience love, comfort, acceptance and respect. In another picture it seems that she is in need of her mother's love and nurturing. This need is also expressed in her Incomplete Sentences where she writes that she wishes to be with her mother at her home.

Evaluation proceedings:

During therapy session Babalwa confirmed her stressful feelings and that she felt the warmth and acceptance the therapist showed to her; and accepted her as she was. She led the way and the therapist followed. She needs to be loved.

Session five

Narrative therapy has the idea that the person is not the problem, the problem is the problem. Babalwa has identified the problem and she decides to name it "**fear**" and she names it metaphorically –"**Spider.**"

T: What is the Spider stopping you from doing?

B: It stops me to think clearly about my future and the spider looks at me and I become afraid. It says I cannot do anything and it laughs at me when I try to be good.

T: How long does the Spider look at you?

B: The spider has many legs that can grab you in all directions and it takes more than 30 minutes. It is next to me and talks to me.

T: Does it come fast or slowly when it comes towards you?

B: No, it does with a soft funny voice because it does not want other people to know that it is attacking me.

T: Have you ever seen the spider's eyes?

B: They are hidden in its legs.

T: Does the spider make a noise when it comes to you?

B: The spider looks at me and when I try to hide my eyes it makes soft noise in my pillow and I sweat and tremble.

T: Does it come to your room at night?

- B: Yes it comes to my room at night and hides itself in my pillowcase.
Sometimes I don't use my pillow when I sleep.
- T: Does the spider keep you awake?
- B: I told you that it comes to my room and does funny things that make me to be it's slave. It talks to me with a negative voice, speaking to me alone and I become aggressive. The spider wants to sleep with me. I am afraid I don't want my body to be touched by this creature.
- T: Does it have a special kind of voice or way to speak?
- B: Yes it talks to me alone, I told you before it comes and hides itself in my pillow. It criticizes me that I am weak in everything I do.
- T: Does this spider criticise you in front of other people?
- B: Mr Spider blames me in class and teachers see me as being stubborn, He become happy when I am angry with other people. Mr. Spider uses my own language and tells me that I must stay not far from him because I am his only friend.
- T: When does it talk to you? Give time?
- B: It talks to me at night when it is dark, but not every night. During the day he sits on my shoulders. I really hate this creature and when I want to tell my friends it stops me. Instead of fighting with this spider I fight with my friends. The spider sits at my shoulders and it becomes too heavy to carry. I allow this ugly creature to use my energy. I become weak and powerless.
- T: Do you know when it is coming? Does it give you any warnings?
- B: It comes straight and makes me sick and makes me to carry it.
- T: Do you move when it is in your shoulders?
- B: I become weak.
- T: What happens?
- B: I tell my housemother that I am sick I don't want to go to school. The Spider tells me to fight back; instead I fight with other people especially boys in the class. I become aggressive because I don't want the Spider to defeat me. The spider laughs at me when I don't fight back.
- T: Do you have control over this problem?
- B: Sometimes I become angry and it helps me to be angry because the spider also disappears. I think I must use the skills that I should fight back. I feel the

problems are not my fault. I feel that I have a right to be angry. I feel it is good to be angry.

T: Tell me a time when you felt you were right and everyone was wrong.

B: When I was giving evidence about the men who raped me. The police were asking me questions that made me crazy. My parents were also confusing me because they blamed me. It was a terrible experience to be confronted by people who do not understand how you feel. I had to fight for my rights by being angry and stubborn. I fight for my rights when I am being accused and I know that I am innocent.

T: To whom can you talk with when you are upset?

B: My friend and my maths teacher. My teacher understands, she says I am good in maths.

T: We all get angry sometimes.

B: Now I see the problem is not anger but is the fear. I am afraid of what other children think of me. They will think that I am a coward that I had let the two men rape me. I know I was weak and young. I was not strong like a spider that wraps up all the insects.

T: Do you think you can fight people who attack you?

B: One has to be careful when being attacked. There is a lot of crime in South Africa; many girls and women are raped every day. One should be very careful some people are dangerous. The law must take its own course.

T: The spider?

B: Yes I can, if I am prepared to listen to myself; my heart beat tells me you can, you can. After all it's a spider.

Evaluation of proceedings

At the beginning of the session Babalwa is unable to give inner feelings a name. The researcher has to explain the image in Nguni language and spend some time in training, how to identify the problem. Her body language reveals a teenager who is not coping well. Her shoulders are hunched, her facial expression shows an element of sadness. The breakthrough comes when she starts to quite freely and honestly about her inner feelings. Insight allows the child to project anger on others. She starts projecting her fears and they correlate with Story 2 (identifies the problem with the man who has a creature at his back). Babalwa has externalised her fears and

anger, acknowledged her feelings, and has more faith in her ability to overcome her problems.

5.6.2 CASE STUDY 2

5.6.2.1 Personal history

Celiwe's story – sexually abused (Celiwe no.8 of the focus group 5.2)

Celiwe is a girl aged thirteen. Her mother together with her biological father (a boyfriend) abandoned her when she was one month old. Her mother's whereabouts are unknown. Her father died in Natal in 1990. The child was left destitute without a legal guardian and proper care. She grew up in unsuitable circumstances with unrelated families that rejected her. A distant relative of her father reported the case and she was placed in places of safety and subsequently at the SOS home. She absconded in 2002 from the home and went to live in Alex. She was sexually abused. The matter was reported to the police. She was again placed at SOS in year 2003. She mixes IsiXhosa, IsiZulu and IsiNdebele when she speaks.

5.6.2.2 Scholastic history

Celiwe has adjusted well at school. She is able to read and write although she is not strong enough in English. She is able to write IsiZulu. Her class teachers told the researcher that she is anxious when she does not understand a task. She is afraid of being wrong and seldom laughs with other children.

5.6.2.3 Appearance and functioning

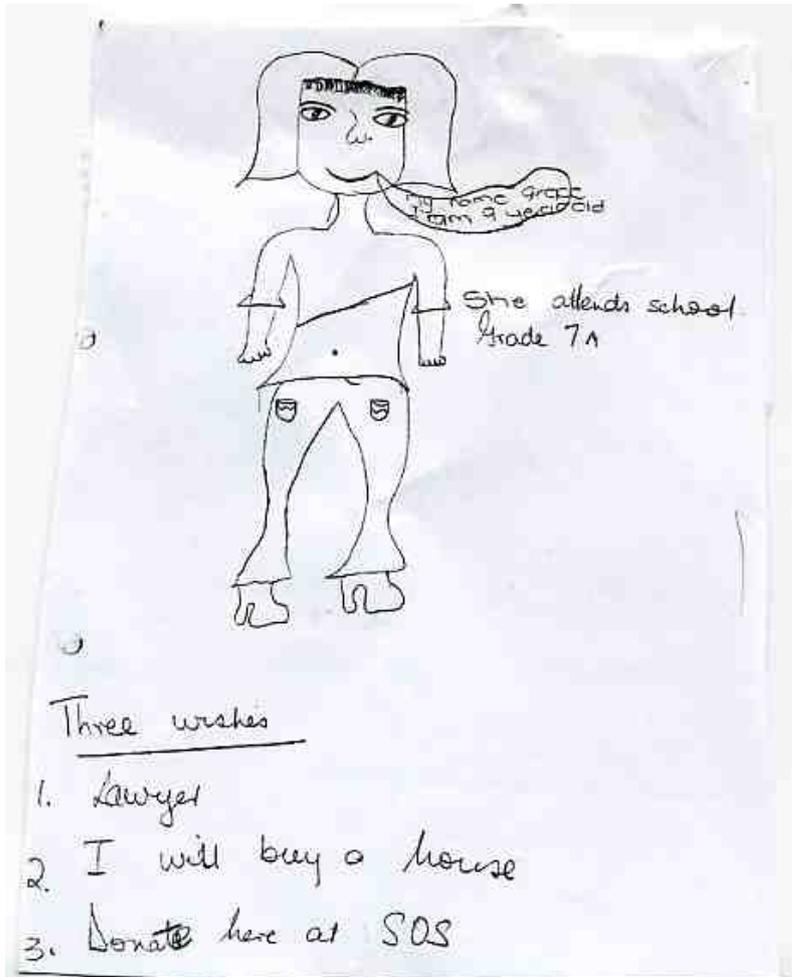
Celiwe is experiencing some feelings of uncertainty, inadequacy, frustration and anxiety in not being in control of her environment. In year 2002 she absconded the SOS Children's Village, she was sent back to the home. She has a scar on her face, she claims she was physically abused by her adopted mother.

6.5.2.3 Description of the therapy sessions

Session one

Interpretation

DAP



The body, face, hair and clothes suggest sexual development. Short arms and only fingers indicate limited contact possibilities and infantile aggression. In contrast with what she might say, she uses regression which is a defence mechanism, involving reverting to a previous stage of development, because she is unable to cope with a new situation (9yrs). She might remember the time when she was still innocent.

Interpretation of wishes

Her wishes suggest that she is longing to settle the case of being sexually abused, her rights have been violated and she needs protection.

Evaluation Proceedings

Celiwe has experienced ineffective parenting, rejection and inconsistent discipline and other forms of neglect that can lead being aggressive. She needs personal skills to establish her own identity and also to understand herself better (Who am I?).

Session two

T: Therapist

C: Celiwe

The stories that were used in the therapy session are the following:

(See Chapter # pages 46.47.48)

- Story 4 Revenge of a hawk**
- Story 5 Wisdom from the birds**
- Story 6 Traumatized and death**

The session was conducted in IsiZulu so that she should express herself easily:

T: Wawuhlalaphi?

C: Bengihlala nobaba uNdlovu nomama wami owangithatha kwaZulu-Natal ngineminyaka emihlanu, emva kokuba ubaba wami woqobo ashona. Umama yena angimazi futhi angikaze ngimbone. Ubaba uNdlovu wabanjwa kwathiwa uyantshontsha besihlala naye e-Alexander. Umama wami wathola omunye ubaba wahlala nathi. Ubaba lona omusha wayethanda ukudlala nami amakhadi. Ngelinye ilanga wafika esikoleni wathi mangiphuthume ekhaya ngiyogeza izitsha. Mina ngamtshela ukuthi isango likhiyiwe angikwazi ukuphuma. Wanginikeza isikhiye wathi nxa isikole siphuma ngiqonde nqo ekhaya ngiyogeza izitsha.

Ukuphuma kwesikole ngaya ekhaya ngafika ngegeza izitsha. Wangena wangilahlela embhedeni wangikhulula izimpahla wakhiya emnyango wangibophelela izandla embhedeni wase engidlwengula. Makaqeda lapho wanginika amarandi angamashumi amabili (R20.00), wathi ngingatsheli muntu uzongibulala.

Ngaya kwa-anti ngasaba ukumtshela ukuthi ubaba unghlwenkulile. Wabona

imali wangibuza ukuthi ngiyiphiwe ubani. Ngamtshela ukuthi ngiphiwe ngubaba ngasaba ukumtshela iqiniso. U-anti waba nokusola wabuza ukuthi ubaba ungipha njani imali ngingayiphiwe ngumama. Ngasengizwa umzimba wami uthuthumela u-anti wathi uzwa iphunga elibi kimina. Wase engikhulula ethi ngikhulume iqiniso. Ngase ngimtshela ukuthi ubaba ungidlwengulile. U-anti wangisa ekliniki ngasengisaba ukuya ekhaya ngisaba umama. Masifika ekliniki onesi bathi akusiye umuntu wokuqala owangireyipa. Mangikhulume iqiniso kade ngilala nabantu besilisa.

Umuntu owokuqala wayengirapa wayeneminyaka engu-58 yrs mangizwa enkantolo bembuza iminyaka yakhe. Naye lo baba wayengilalela mangiyi emashopo angibize athi ngizothatha ibhodlela ledrinki ngizolithengisa. Mangingena emnyango avale umnyango angirayipe. Lo baba wayenginikeza u-R10 uma engirapile athi ngingatsheli muntu. Emva kokubatshelela indaba yami, ekliniki babiza amaphoyisa babhala phansi istory sami. Bathi ngiyobabonisa indlu yalo baba owayengirapa nalo baba ebengihlala naye bahamba nami. Sagibela sonke evenini saya emaphoyiseni ePolice Station. Saya ecourt ngezi 28 June 2003 bagwetshwa. Manje unohlalakahle wangiletha futhi lapha eSOS ngihlala khona manje. Ngo-2002 mina ngabaleka lapha ngabuyela e-Alex.

T: Ubalekiswa yini lapha eSOS ngo-2002?

C: Ngangisaba abanye abantwana ukuthi uma bangezwa bazongihleka.

T: Abantwana laba base-SOS nabo banezinkinga ezifana nalezi nawe onazo.

C: That's why ngizile lapha kuwe ngizokutshela izinkinga zami ngoba ngiyakwethemba.

Translated into English

CELIWE

T: Where were you staying?

C: I was five years, living with Mr Ndlovu and certain "mother" who adopted me, when my father died in KwaZulu-Natal. I cannot remember my real parents. I

don't know whether my mother is still alive. Mr Ndlovu with whom we were staying in Alexander, was arrested for theft. My "mother" fell in love with another man who came to stay with us. This new father was fond of playing cards with me at night and buy me sweets.

One day he came to school and told me to go home to wash dishes. I told him that the school gate was locked. He gave me the house key so that after school that I should go home right away to wash the dishes. After school I went home to wash the dishes. He came in, locked the door, threw me on the bed and removed all my clothes. He tied my hands to the bed and raped me. After that he gave me R20, and threatened me if I told anyone.

I went to my aunt, but I was afraid to tell her that "my father" had raped me. She saw the twenty rands (R20) and asked me where did I get it. I told her that "my father" gave me. Still I was afraid to tell her the truth. She asked me how can "my father" give me money yet my mother was not yet at home. She was suspicious. My body was trembling. My aunt said that I had a bad smell and I admitted that my father has raped me. I cried for the first time, I knew that I wont have a home. My mother wont allow me to stay with her. My aunt took off my clothes and told me to tell her the truth. I told her that "my father" had raped me. She accompanied me to the clinic. When the nurses checked me, they said it was not the first time I was raped. They ordered me to tell the truth. I told them that the first man to rape me was a 58 years old man. I heard his age when he told the police. Every time after raping me he used to give me R10. The nurses called the police and they took me to these men for identification. Both men were arrested when I pointed them out to the police. They were sentenced in June 2003.

"My mother" and "aunt" told the social workers that they did not want me anymore in that area, because I was sleeping with their husbands. The social workers then brought me to SOS.

T: Why did you escape, from SOS and go back to Alex in 2002?

- C. I was afraid that if other children could know my life history, they would laugh at me. I was also used in staying in different places. Here at SOS one stays in one place.
- T: The children staying in SOS have similar problems to yours.
- C. That is why I come to you now and again, I want you to help me with my problems.

Evaluation of proceedings

Celiwe is a pleasure to work with and a delight to have her in the therapy sessions. She knows what her problems are and she offers information all the way through the session. When the therapist compares Celiwe's DAP and the money involved in this therapy session one might suggest sexual development. This may lead her to become a prostitute if she does not get help in time.

Session three

- T: You say you have a problem of stealing. When did this habit start?
- C. If I am not mistaken, I started to steal when I was seven or eight years old. I was imitating "my elder sister", who was stealing whilst working for the municipality. She was earning one thousand five hundred rands (R1,500) per month, but she used to steal more money. She used to tell her mother how she steals the money at her work. I was not aware that stealing was wrong then. The first time I started stealing, it was R500 from "my sister's" purse. I hid it away because I couldn't use such a lot of money. They beat me up thoroughly, but I never revealed it because I wanted to buy myself pretty clothes, since I had none.
- T: How did you spend that R500? Would you mind telling me?
- C. I took the money to school and gave it to my friend to keep it so that we could buy food. Since then I never stopped stealing.
- T: But you say you want to be helped, what kind of help do you want?
- C. Yes. I need help because I am also stealing food here at SOS. My brothers and sisters here at SOS do not trust me.
- T: What do they do to show that they don't trust you?
- C: They lock up all their belongings. Mother does not let me clean her bedroom.

- T: Tell me how do you feel when you see them locking their rooms?
- C: I feel embarrassed and lonely in the house, but what can I do? I am used to such actions. The stories you have read are making me a new person. My wish is that, I would like to see my biological mother and tell her how I suffered while staying with different mothers. I remember the story you told me the story of a man who was attacked by robbers, beaten and tied in a tree. (The story is in Chapter 3 page 47.)

Evaluation proceedings

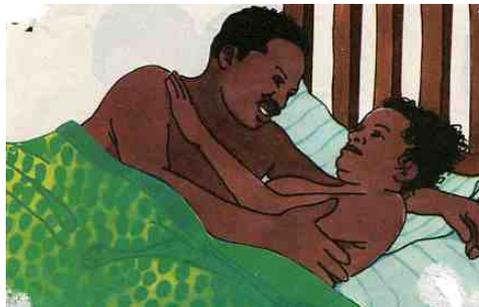
She is aware of her problems, how they have been caused and how they are affecting her life. She even gets as far as admitting that she is lying and stealing. She wishes to see her biological mother. She is critical of herself. She has a problem with her siblings at SOS.

The therapist tried not to ask too many questions to avoid, making the client feel like she is being interrogated. Celiwe had that experience when she was at the police station. This time in the therapy she needs someone who will respect her feelings. Someone who will be patient and let her tell the story in her own way.

The perpetrators often have contact with the child over a month or number of years. The abuser is often someone from the same community, school, workplace, block of flats or even a member of the child's family.

Session four

Celiwe's collage





me and my mother were staying in
Skato camp

Things I remember

The first picture in the collage depicts her recollection of how she was raped. The fact that she pasted the real picture of two persons in sexual act demonstrates that she acknowledges what has happened. Sadly, the second picture indicates that she was exposed to a violent childhood.

The things I wish to have

The therapist will only describe the collage and give the conclusion. The pictures in the collage indicate that she is in need of happiness, and to become closer to the people who will appreciate her.

During this session Celiwe asked permission from the therapist to write a letter.

When the therapist met Celiwe for the first time, she told the therapist that she had parents, Incomplete Sentences she indicated that she has a mother who works at Shoprite and a father who is an alcoholic. The truth came out in the letter, as she narrated her story that she does not have parents.

Evaluation of proceedings:

In the collage she is honest with herself and knows exactly what happened to her while she was young. She might have realised that she must stop telling lies because she expressed her feelings openly. During the therapy she was more friendly and co-operative. Celiwe is more relaxed with the therapist. She talks freely about her experiences and is open about her feelings. She also realises that her stories are not mere stories but that they carry her identity.

Session five

EXTERNALISING THE PROBLEM:

Narrative therapy has the idea that the person is not the problem, the problem is the problem. Celiwe has identified the problem and she decides to name it Robber, a 'thief.' (Maybe Celiwe was still thinking about the story in Chapter 3 that the therapist narrated - The story of a man who was robbed and is tied in a tree, the woman whose baby was robbed by the sea birds and the woman clothes were robbed by the doves.)

- C: Let me call this problem a Robber because he has robbed me while I was young and innocent. He stole my body, my mind and my spirit. Now I tell lies and steal.
- T: You said you are stealing and lying. How has the Robber affected you? How?
- C: He takes people's money in the bank and the houses. I think he is dangerous.
- T: How has Robber affected your relationship with your family?
- C: My mother and my aunt do not trust me any more. They say I am a friend to Robber.
- T: Does he promise you good things as your friend?
- C: He promises me that he will protect me if I don't have a home. I should not trust my family; I must be his friend.
- T: When does Robber come to you?
- C: He comes when I am alone, sometimes when I am playing with other children and tells me to go home and find money for him.
- T: Do you tell your friends when Robber is around?

- C: No I don't tell them because I am the only one who sees him. When he comes he touches my hands and feet softly and promises me that he loves me more than anybody else.
- T: All of that must be frightening to you?
- C: There was a time when I felt depressed and run away from home, but now, thanks to you, I don't feel that way anymore.
- T: We still have a long way to go, to stop Robber.

Evaluation proceedings

Celiwe feels that the therapist has helped her a great deal, but it was she who did the work. Unfortunately, only the tip of Celiwe's problematic iceberg has been attended to and there is a lot more hard work ahead. Celiwe is aware of what happened to her life. The sessions were conducted in IsiZulu. The researcher translated them into English.

5.6.3. CASE STUDY 3

5.6.3.1 Personal history

Banele's story – Orphan (Banele no.1 of the focus group see 5.2)

Banele is a ten year old boy. His mother abandoned him in the early hours of the morning in May 1994, in a certain woman's yard. This woman just heard the baby crying, she had no clue as to who the woman was or where the baby came from. He was placed in foster care of that woman until the woman died. He was then transferred to SOS Children's Village in January 1996.

The research claims that the problem of child abandonment is rooted in poverty and unemployment. Poverty is quoted as the reason why mothers abandon newborn babies and babies infected with HIV/Aids. Banele came to SOS Children's Village when he was very young. He only knows this place as his home.

5.6.3.2 Scholastic history

Banele has adjusted very well at school. He does not have any experience of another life except the SOS. He is in Grade 6, able to read and write. His teachers find him quiet, unassertive and not forthcoming in the classroom situation. He is very shy, timid, reserved and embarrassed when you ask him questions, smiling only occasionally. His reserved nature has not helped him to obtain a large circle of friends.

5.6.3.3 Appearance and functioning

The researcher identified him during treasure hunt. He was always alone. He appeared to be disinterested and uninvolved when other children were running around, playing with each other. He does not like to talk about himself, finding this type of communication (narrating stories) very embarrassing. It was felt that Banele would be an ideal client for narrative therapy.

5.6.3.4 Description of therapy sessions

Session one

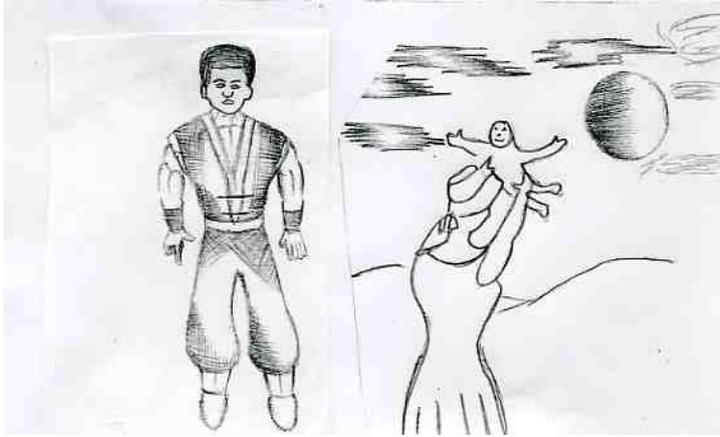
The therapist will only interpret the drawings and give the conclusion.

DAP

1.



2.



The first drawing is suggestive of Banele's aggression and possibly anxiety. 'Bare feet without shoes' emphasises his aggression. The hair in the face might indicate a need to become a man, to appear very strong, and wings suggest a desire to flee and escape the current situation. He was not prepared to describe his drawing, which suggests that he is not willing to express his feelings. He mentioned that the man is strong, he wants to fight with police.

Evaluation Proceedings:

He was not willing to express his feelings openly by talking to the therapist. He was able to share his feelings through his drawing. It was evident that he was not interested in describing his drawing. He only mentioned that the man is strong and that he wants to fight with police.

Session two

The three stories that were used in the therapy sessions in Banele's case study are the following:

(See Chapter 3 pages 49,50,51)

Story 7 Why am I not in the photographs?

Story 8 Baby captured by sea gulls

Story 9 Love of a mother

Interpretation

The second drawing indicates aggressive tendencies and the hidden hands might feelings of guilt. The person is tough and strong. This might indicate a sign of revenge.

The third drawing, the client has drawn a person that depicts little aggression, and it is better than the two previous drawings. The stories that were narrated to him have caused him to express his feelings in a different way, by means of drawings. He is able to express his feelings freely. He is talented and he feels more comfortable when he draws. He is on the right level with his development and he shows academic ability. The therapist tries to allocate meaning to her relationship with client. The involvement and experience are expressed in his drawings. The therapy is based on the formation of trust, respect, love, care and honesty. The therapist tries not to ask questions; she allows Banele to explore his feelings in a different way.

Interpretation of three wishes

His wishes is to be come a police officer, in line with physical strength, to subdue criminals. The other wish is to buy a house. The wish might suggest that he is in need of security.

Evaluation of the proceedings

Children need to feel they belong to a larger group. This was a great improvement. The person he has drawn is neat and presentable, but the presence of masculine arms and hands suggest that he still wishes to be physically strong. There is hope that the boy will have a bright future as an artist.

Session four

The last drawing shows a need for comfort; something he might have missed while he was a baby – maternal deprivation. Identity of the mother holding the baby reveals a sense of belonging. The stories that were narrated by the therapist might be changing his attitude. He expresses his feelings in a different way by means of drawings. This drawing is less violent. The story correlates with “Incomplete sentences, where Banele writes that *‘I don’t know my mother.’ I don’t know my father.* It gives the therapist the idea that he does not have clue about his identity.

- T: Banele can you tell me about this drawing?
- B: Well, the woman is carrying or holding a baby. The baby is big and fat. She wants to know how she can hold the baby up.
- T: Do you think the baby likes what is happening?
- B: Maybe the baby is afraid, who might know except the mother?
- T: Do you tell your mother when you are afraid?
- B: She does not notice me when I am sad because I stay in my room pretend to be sick or doing my homework.
- T: What about your sisters and brothers at home; do they see you when you are not happy?
- B: I don’t talk a lot with them because we end up fighting.
- T: Who fights with you?
- B: My brother Lolo who is older than me, he is a bully especially when our mother is not at home.
- T: Do you tell your mother about Lolo’s behaviour?
- B: Yes, sometime I do but Lolo is a pretender. When our mother is with us he becomes a good boy.
- T: How do you feel about someone who pretends?
- B: I keep quiet and ignore him. It is good to keep quiet.
- T: What about your friends, do you ignore them when they tease you?
- B: I have one friend at my school. He is in my class. We are friends. We play soccer together. Other children do not like SOS children; they say we are orphans.
- T: Do you feel offended by these children?

B: Sometimes. I have learnt a lot in the group you have chosen. We discuss the things we do when we are with you. We re-tell the story when we are together and try to imitate you.

Evaluation proceedings

Banele is artistic, he expresses his feelings of aggressiveness through his drawings. Expressive art can be implemented when the client seems to be too shy to express his feelings. The problem is experienced in a symbolic way. Sometimes the drawing addresses the change in certain behaviour patterns and the client learns new skills. . He could talk and express his feelings. Through his drawings, we can see an improvement in his understanding of himself. He misses the love connection between a mother and child at SOS.

Session five

EXTERNALIZING THE PROBLEM:

The therapist asked the client which drawing makes him angry. Banele chose the super hero drawing. By discussing the drawing he was able again to externalise his anger. He named him 'Gogo'

T: What does the problem look like to you Banele?

B: He showed the therapist the drawing and named the person in the drawing.

T: Tell me more about Gogo?

B: Gogo is a strong man, he is like Superman.

T: What do you want to tell Gogo about you that he does not know, that might make him go away?

B: I want to tell him that I am getting brave and strong, I shall defeat him one day.

T: What are you doing in your life that will make Gogo to believe what you say?

B: I exercise and I play karate.

T: Are you the boss sometimes to Gogo?

B: Not now he is too strong and I am afraid. Maybe when I am older, and I get really in charge of the strong man. I shall feel very proud of my achievement.

T: It sounds to me like you want to overpower Gogo. Is that what you are intending to do in future?

- B: Correct! Yebo (Yes) this man is very strong but I promise I shall overcome this problem
- T: Do you think you can fight him?
- B: Yes one day I will succeed and win. (he laughed at the picture).

Evaluation proceedings

Banele refused to talk initially, concentrating on his drawings. Then the therapist was able to get him to talk about **Gogo, the superman**. He showed great improvement because he was able to express his feelings, externalising his need for empowerment.

In conclusion, the researcher will continue with individual therapy with some of the children after the research has been completed because they need to understand other issues in their lives. The researcher counts observing all nine children and what they have said as a privilege. She acknowledges that the time constraints were a problem as time was limited for the research. The researcher decided to end the therapy sessions on a positive note, with stories that will motivate the clients. The aim is to develop their self-esteem.

5.7 GROUP THERAPY

The therapist divides the focus group into groups of three, and asks them to prepared questions, taking turns. The therapist trains them about what she wants from them. Babalwa, Celiwe and Banele are in different groups participating with other children. The therapist will use Babalwa and Celiwe's stories in this therapy session. The researchers uses 'Story Developing Exercise' [Adapted from Freedman & Combs –see appendix]

Babalwa:

- T: Think of a small development or an event in your life that you feel good about.
- B: To go to the camp in December 2003. I met friends from other SOS Children Villages round S.A. It was a very good holiday.

- T: Is there a particular moment or event that you remember in which this development happened; what is it all about?
- B: We were singing, learning new games. At night we slept outside using our sleeping bags. We looked at the stars at night. One of my friends from Nelspruit taught me how to swim. It was a new experience.
- T: What exactly happened? What were you saying or doing?
- B: My friend taught me how to swim. One of our camp instructors taught me to swim. It was a nice feeling be in water and being helped by someone. She could see that I was afraid of water, but she was very patient with me. She was kind to me.
- T: How did the event become possible?
- B: I was floating in the water, my body was light and I felt good in my swimming costume. I wanted to try hard to do better, I was thinking positively about my strengths.
- T: Which of your values does it support?
- B: Think positively about yourself, and perseverance is good.
- T: How is it linked to your dreams, ideas, beliefs?
- B: I believe I can do sport at school and become a good person, Try to look after myself and be good and work hard for my future.
- T: How did you prepare for it?
- B: No I did not prepare, it just happened during holidays I found out that there are good people outside there
- T: What did you say to yourself?
- B: I said to myself, life is good when you have good friends.
- T: Is there some event in the past that might support this event?
Tell me more about it
How would you change you life?
- B: In the past I kept on telling myself that I am not good in sport. I always thought that I like music. My housemother was happy when she heard that I can swim. I want to take swimming lessons in town. I hope my mother will allow me. This year I want to work hard at school.

Celiwe

- T: Think of a small development in your life that you feel good about.
- C: When I was staying with social workers when they were still looking a safe place for me. I was very happy there. It was for the first time to have a nice sleep. I was not used to being in a comfortable home. It was a wonderful experience.
- T: Is there a particular moment or event that you remember in which this development happened, what is it all about?
- C: I was taken to this lady in the office. When I came into her office she was very kind and she told me that everything will be fine once I got a shelter.
- T: What exactly happened? What were you saying or doing?
- C: I was praying then because my mother and aunt were accusing me of my faults. They were telling me that I am a liar. I must never come to their place again. I was thinking of my mother and why she left me. The social worker was telling me it is fine, I will be happy where I will live. This was good news to me.
- T: How did the event became possible?
- C: When I was accepted here at SOS for the second time.
- T: Which of your values does it support?
- C: Lets be honest and kind to children.
- T: How is it linked to your dreams, ideas, beliefs?
- C: My dreams and beliefs are to be a teacher or social worker. I need to have my home and have children.
- T: How are you going to prepare for it?
- C: I shall work hard at school and become a responsible adult.

5.8 FINDINGS OF THE RESULTS

BABALWA

The tables below indicate that hypotheses, values and outcomes have been partially achieved and that further therapy is necessary. They were discussed during therapy sessions.

STORIES / HYPOTHESES	VALUES	OUTCOME
<ul style="list-style-type: none"> ▪ Self-knowledge ▪ Able to realise her pain, hurt, anger, confusion, the resentment and rejection while she was still at home. ▪ Able to externalise personality the problem using metaphor-spider ▪ Stories constitute something or our identity. ▪ Able to help children with emotional problems. ▪ Self-knowledge, better communication skills. ▪ Eliminate excessive fears caused by abusive situations. ▪ Create context for change 	<ul style="list-style-type: none"> ▪ Cultural values, myself and others. ▪ Seek help when you have relationship problems. ▪ Imagination, identity, flexibility and knowledge. ▪ Friendship, behaviour. ▪ Have the right to say what you feel and to discuss a difficult situation in a relationship. Improve relationship in family and community ▪ Self-esteem, self- concept, sharing and self-control. ▪ Values of victory. ▪ Attitude, acceptance, helping others, responsibility. ▪ Practice assertiveness. Just say NO! 	<ul style="list-style-type: none"> ▪ She is not responsible for what has happened, the adult is entirely responsible for the abuse. ▪ These have decrease excessive fears caused by abusive situations - which she experienced when young. Practice acquired life and decisions making skills. ▪ Demonstrate value and respect of human rights as reflected in Ubuntu. Self-identity, self-discovery. ▪ Set goals that will enable her to make the best and use her potential and talents e.g. singing and swimming, improve maths. ▪ Healthy balanced lifestyle.

FINDINGS OF THE RESULTS

CASE 2 - CELIWE

STORIES / HYPOTHESES	VALUES	OUTCOMES
<ul style="list-style-type: none"> ▪ Able to realise her aggressiveness. ▪ Self-knowledge "lying and stealing" critical of herself. ▪ Able to change - tell the truth about her parents. ▪ Stories are children mode of communication (writing a letter) ▪ Encourage openness about feelings 	<ul style="list-style-type: none"> ▪ Honesty, loyal, fairness and forgiveness. ▪ Accountability. ▪ Knowledge, trustworthiness. ▪ Morals, self-respect ▪ More friendly and co-operative and fantasy. ▪ Warm-hearted. ▪ Responsibility. 	<ul style="list-style-type: none"> ▪ Child should know that she will be respected once she changes, provide support in her weaknesses. ▪ Safety awareness and healthy life style. She would not lie or steal or cheat. ▪ Hoping that the biological mother and her will be reconciled, fantasy revolve around wishes.

<ul style="list-style-type: none"> ▪ Able to externalise-personify the problem. ▪ Build identity. ▪ Encourage children to be realistic. ▪ Help children to-react to their lives. ▪ Stories come from the past and help children to tell their own stories in order to understand the past, present and promote language. 	<ul style="list-style-type: none"> ▪ Be yourself, respect for oneself. ▪ Imagination, hope ▪ Building self-esteem, self-concept, self-image ▪ Motivation, shared life experience past and present with other children. 	<ul style="list-style-type: none"> ▪ Child prostitution is on the increase. Many are runaways who are looking for love, acceptance and way of supporting themselves. ▪ Self identity. ▪ Assert herself and see herself as successful. ▪ Stand up for your right without putting down the rights of others. ▪ She is realistic.
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FINDINGS OF BANELE RESULTS

CASE 3 - BANELE

STORIES / HYPOTHESES	VALUES	OUTCOMES
<ul style="list-style-type: none"> ▪ Able to realise his aggressiveness. ▪ Self-knowledge - talented, artistic. ▪ Can reveal fantasy. ▪ Stories are important vehicle of information exchange between two or more. ▪ Essential for social development ▪ Able to share thoughts and interests. ▪ Stories reveals our emotions. ▪ Able to share knowledge. 	<ul style="list-style-type: none"> ▪ Behaviour, attitude, adventure. ▪ Empathy, trust and acceptance. ▪ Imagination, identity who I am, morals and manners, discipline. ▪ Handling emotions, tolerance ▪ Creative values ▪ Warm-hearted, self-esteem, self-concept, self-control. ▪ Observant, critical thinking. ▪ Respect for others be assertive 	<ul style="list-style-type: none"> ▪ Allowing his decision-making. ▪ Building his self-esteem ▪ Creative thinking ▪ Communication, visual, symbolic, listening, speaking, writing, drawing ▪ Understand and respect himself as unique and worthwhile. ▪ Acquire decision skills ▪ Conflict resolution not to be aggressive, positive self-identity.

5.7 SUMMARY OF FINDINGS

In chapter five a narrative therapy was used, but it could not be used alone- projection tests and scholastic test were also administered as the background history of the children. The child comes to the therapy as a totality, a complete being. The focus group was composed of abused children. Narrative therapy works better with the abused clients.

Initially these clients showed signs of aggression, stubbornness and ignorance. This attitude, however, changed after few sessions with the therapist, when they discovered that they had problems that could be addressed.

Narratives were chosen for each client to suit their specific problems. The therapist chose these stories because through them the clients learnt positive moral lessons. The stories are therapeutic in nature, and reveal the true identity, and self-knowledge. Through these narrative stories in Nguni languages and culture, clients felt comfortable with them, since they were also able to identify and associate with the characters in these stories. In these stories the clients acquired socially acceptable moral behaviour and standard of living with other people.

Any therapist needs acceptable and effective skills in treating the abused children. Unlike a medical doctor, who uses equipments and machines to diagnose and treat patients, the narrative therapist relies on verbal method to interact with clients.

The researcher has come to the conclusion that therapy skills go together with empathy, unconditional personal regard, genuineness, respect and warmth.

In Chapter 6 the researcher will present evaluation of the findings of this research as well as the recommendations.

CHAPTER 6

EVALUATIONS ,CONCLUSIONS AND RECOMMANDATIONS

6.1 INTRODUCTION

Chapter Five consisted of the findings that emanated from the empirical study in the light of the literature study presented in chapters two and three. This chapter focuses on evaluating the literature and empirical study. This evaluation will result in general conclusions drawn from the literature study and empirical study so that guidelines can be developed regarding the psycho-educational use of narrative therapy among Nguni speaking children. The limitations and contributions of the study will then be examined followed by its contributions and a discussion of directions future research on this topic could take.

6.2 FINDINGS OF THE LITERATURE STUDY

One of the first questions to be asked in this study was what role does narrative therapy play in people's lives and relationships?

6.2.1 Narrative therapy as a tool

The literature shows that narrative therapy is one of the means whereby the child copes with change, showing him where he fits into the cosmos, giving meaning to his life, allowing him to speak effectively and to speak to others on an effective level. The child, or an adult, has a need to share his own experiences and, values with others. The stories raise our consciousness as our lives get busier and move faster. We however, do not tell our children stories that are happening to us as parents/caregivers and, the same remiss applies to children. They do not have time to tell us their own stories or listen to parents' stories.

6.2.2 Narrative in Nguni culture

Narrative therapy provides an opportunity for Nguni speaking children to identify what is important to them, what they believe and how they want to describe their experience and involvement. Although narrative therapy in African communities is still the process of developing, it is seen as a very important therapy technique and it could be used with other therapies. The researcher feels that using narrative techniques alone may have a limiting effect on the client. Using narrative techniques, in conjunction with other therapies, can offer a far wider scope for self-evaluation and be of ultimate benefit to both the client and the therapist. The narrative therapists allow the individual to come to terms with his/her life situation, and work towards resolution and growth as effectively as in any other psychological technique in use today.

6.2.3 Focus group

In line with the work of Paton, focus groups are an ideal method of gathering information for therapeutic purposes in a time-effective way. In this study nine children were involved in the ideographic case studies.

6.3 CONCLUSION DRAWN FROM EMPIRICAL STUDY

From looking at the results of study, it would appear that these children have benefited in varying degrees from the therapy sessions. From three clients a sense of pride and self-worth was often evident at the end of a session and the overall comment made was that each one felt far better than when they had started the sessions.

A fundamental assumption of this study is that there is a link between a person's life story and his identity. The data used in this study progressed in the following manner:

6.3.1 Awareness of the past history and narratives

The researcher engaged in a conversation with her focus group

- Narrating stories to children using Nguni languages
- Children were narrating the past events in Nguni languages, the dominant language was isiZulu.
- The participants listened to the retelling of the stories that the researcher had collected from Nguni literature books, which were relevant for the themes.
- These therapy sessions were transcribed and translated into English. Clients were from disadvantage backgrounds and the therapist wanted the sessions to become a safe place for them, able to communicate in their own language. There was freedom of speech. Marsay (2000:117) states that *the narrative way of working makes use of natural human ability to tell a story. This way of working seems appropriate in South African context, which is rich in an oral tradition.*
- The traditional stories strengthened the Nguni identity of the children.

6.3.2 Emotional abilities

The expression of emotion and retelling stories will positive outcomes helps the children overcome and manage feelings of anger, frustration, anxiety, fear and experience of general trauma.

- Learning that their own cultural stories and language can be used in therapy allowed them to express their emotions in a non-aggressive way
- Exercising self-control, they were able to externalise the problem and were able to see the difference pre and post therapy sessions.
- They were able to communicate their real feelings in such a way that they knew exactly where they stood. Although it was not easy, they needed time to trust the therapist
- These new abilities lead to self-knowledge and self confidence

6.3.3 Creative thinking

These abilities help children to use creative thoughts and be innovative in problem-solving and decision-making.

- They were able to see problems from different sides, they were able to externalise the problem
- They were able to create context for change
- They were able to have choices and find different solutions
- They could brainstorm to enhance a variety of options
- The therapist encouraged the children to be realistic

6.3.4 Values and experience

People's involvement in the allocation of meaning causes them to experience success, failure, frustration and other emotions. Abused children have little self-esteem and self-image. The therapist helped them to learn that they are valued, and accepted. The environment accepted each client's uniqueness and specific values were developed during therapy sessions: trust, tolerance, cultural values, seek help when you have relationship problems, empathy and respect for others

6.3.5 Needs and social skills

These children have gone through the following traumatic experiences: parental depression, child abused, family violence, alcoholism, divorce, poverty and death. The focus group developed these following characteristics: a sense of belonging, love, sharing and cooperating with others in the group, the possibility for change, making their own responsible choices, learning to be assertive and fighting for their rights in a responsible way. The need for fun was fulfilled, while being responsible, playing together as brothers and sisters, by laughing, joking and singing beautiful songs together.

6.4 RECOMMENDATIONS FROM THE EMPIRICAL STUDY

6.4.1 Recommendations for children and caregivers

- Children should be accommodated as unique individuals and be encouraged to develop their own interests and personality. They should be treated in such a way that they feel a sense of worth.
- They should be helped to develop a positive self-concept by teaching them to accept themselves, as they are, that is, their weaknesses and strengths.
- Children should be able to acquire about the norms and values of significant others that they can develop their own norms and values.
- Caregivers in the children's village home should be better educated in order to help these children, to be examples in moral behaviour. There should be no ambiguity in their value systems.
- Caregivers play an important role in informing the therapist about the child's difficulties and also about any improvement in these. The caregivers need to be involved in family therapy.
- Labelling them should be avoided at all costs, as it may lead to serious emotional problems, which may manifest in withdrawal, depression and in extreme circumstances, suicide.

6.4.2 Recommendations for therapists and guidance teachers

- Sometimes the child's story brings on very strong feelings of anger. It is very important that you do not react to the child's disclosure by becoming angry or violent. This will humiliate the child and may remind him/her about the perpetrator, and destroy trust in you.
- It is important to follow-up afterwards and to show continual concern for the children involved in this research.
- There is not quick-fix formula, but there are positive efforts that can make the difference.
- Let children write a story/narrate a story, poem or song about their experience and how it makes them feel. Ask them how they would like to solve their

problems in future. Encourage hobbies and sports where energy can be used in a positive way.

6.4.3 Recommendations for future

- **The school**

The school is the second most important socialising agent in the life of the child. When the family fails to fulfil its role in providing adequate guidance and support to the child in its venture to reach self-actualised adulthood, the school is often called upon to partially fulfil this role. The school is also the place where problems could be identified and addressed at an early stage. Early referral to the appropriate agencies would be most beneficial.

- **Teachers as role models**

Abused children often have very negative perceptions of their parent, which influences their perception of all authority figures. It is therefore imperative that teachers should act as positive role models to these children, providing them with consistency, stability, guidance and support. Coming from homes with domestic violence these children need to be understood by teachers. rearing duties to encourage greater understanding of the advantages of team work.

- **Family therapy**

The caregivers at S.O.S. Children' Villages should be provided with life skills in order to understand these kids. Caregivers should have group therapy in order to share their experience about the children in each house. Counselling is very important for these mothers since they stay with boys and girls in the same houses, as single parents. There is no father figure in the houses. Sexually abused children might be active therefore the caregivers need guidance. The presentation of life skills should be a co-operative effort of teachers, caregivers and community members. Inviting community members with special skills to come and help the children because they

belong to the society. People with interest to share their ideas with children can expose them to variety of career options and skills needed to advance in their field.

6.4.4 A model or programme for therapist to applied in narrative therapy

Narrative therapy is a powerful and effective therapeutic tool, which can be used in conjunction with other projective techniques. Every child is unique when he/she comes to the therapy and the therapist need to acquire certain skills in order to cater for each individual. The child ought 'to become' through proper guidance and support. Children across our country are struggling to survive the harmful effects of the violence they encounter in their homes. These children need help and they need it now. According to Gouws and Venter (1998:61) life skills develop self-knowledge, which is the basis for self-confidence, decision-making and further growth. Develop attitudes and values that promote self-reliance.

6.5 LIMITATIONS OF THE STUDY

It is possible that the result of this research may be limited due to the following reasons.

- The restriction of the empirical research to one SOS Children's Village Home and to one black community, i.e. Nguni group. Limited scope of this research does not give any conclusive evidence for generalizations to be made concerning the effectiveness of narrative therapy for abused children. However, considering the findings of the respective case studies, it appears that with these particular children, narrative therapy was efficient in healing homeless abused children. It is hoped that this will lead to further research on institutionalised children.
- Time limit in the focus group was a restricting factor.

6.6 RECOMMENDATIONS FOR FURTHER STUDIES

Since this research is of limited nature, emphasis was only done in four Nguni languages. The researcher feels that more study needs to be done on a wider scope. There is a particular need in special education. Such research could be carried up to PHD level where the researcher can use South African folktales in general, which are rich educationally, therapeutically and provide moral lessons that build young children.

6.7 CONCLUSION

Narrative therapy provides a great learning and enriching experience, both for the clients involved and the therapist. Traditional stories, that are part of our cultural heritage, enrich us as a person of that culture, but also provide learning and teaching opportunities to resolve personal problems and overcome past traumatic experiences.

In therapy, storytelling is an indirect method that provides an opportunity for the therapist and the client to explore the client's lifeworld. We all learn from hearing stories from people, especially from people who have enriched our lives and from those whom we respect. Culture cannot be ignored and is the foundation from which we build our identity. This identity is not formed in isolation, but is constructed within our social context and environment. Narrative therapy is a journey of personal discovery in that world.

BIBLIOGRAPHY

- Abels, A. & Abels, SL. 2001, *Understanding narratives therapy. A guidebook for social worker*. Springer Publishing Company, Inc New York.
- Abrams, MH. 1981. *A glossary of literacy terms*. 4th edition Cornell university holt, Rinehart New York.
- Amundson, JK. 2001. Why narrative therapy need not fear and other things. *Journal of family therapy*. 23 (2).175.
- Anonymous. 1999. South Africa Land of Wonder. [http:// www.ou.edu / finearts / music / prideout / Africa.htm](http://www.ou.edu/finearts/music/prideout/Africa.htm) [Accessed on 2 /2/2003)
- Barker, P. 1996. *Psychotherapeutic metaphors: a guide to theory and practice*. Brunner / Mazel. Sage: Thousand Oaks New York.
- Bebey, K. & Epanya, CK. 2002. Why aren't I in the photograph? New Africa Books 99 Garfield Road, Clemont Cape Town, South Africa.
- Bennie, WG. 1983. *Iincwadi zesiXhosa zikaSomgxada*. Lovedale Press, Alice.
- Bermúdez, JM. & Bermúdez, S. 2002. *Altor-making with Latino families a narrative therapy perspective*. *Journal of family-psychotherapy* 13 (3-4) 329-347.
- Berry, JW., Poorting, MH.& Segall, PRD. 2002. 2nd edition cross-cultural *Psychology: research and applications*. Cambridge university Press.
- Blake, JN. 2000. *Exploring the self: philosophical and psychological perspectives on self- experience*. Amsterdam, Philadelphia.
- Boje, D. 1999. *Narrative Therapy*. <http://cbae.nnsu.edu/-dboje/narrativetherapy.html> (Accessed4/2/2003)
- Botha, R. 2000. *Learning about values the A-Z of values & value attached words*. Solidarity Publications.
- Bourma, GD. 2002. *The research process*. 4th edition. New York: Oxford.
- Burns, GW. 2001. *101 Healing stories using metaphors in therapy*. John & sons Canada.
- Carlson, TD. 1998. *The virus metaphor and narrative therapy*. *Journal of family psychotherapy* 9 (3) 63-68.
- Carlson, TD., Erickson, MJ.. & Seewals-Marquardt, A. 2002. *Spiricual of therapists' lives: Using-Therapists' Spiritual Beliefs as a resource for relational ethics*. *Journal of family-Psychotherapy* 13 (3-) 215-236.
- Cattanach, A. 2002. *The story so far Play therapy narrative*. Jessica Kingsley Publishers.

- Clough, P. 2002. *Narrative and fictions in educational research*. Open University Press, Buckingham.
- Corsini, RJ. *Handbook of innovative therapy*. John Wiley & sons, Inc. New York. 2001. 2nd edition
- Creswell, JW. 1998. *Qualitative inquiry and research design choosing among five traditions*. SAGE Publications International Educational and Professional Publisher London.
- Del Valle, PR., McEachern., AG. & Chambers, HD. 2001. *Using social stories with autistic children.*, Journal of poetry therapy 14 (4) 187-197.
- Denzin, NK. & Lincoln, YS. 1994. *Handbook of qualitative research*. Thousand Oaks, Sage,. California.
- Dlamini, GD. & Garg, G. 1989. *Bekukhona*. Macmillan Boleswa Publishers Pty.) Ltd. Manzini Swaziland.
- Drewery, W. & Monk, G.& Winslade, J. 1996.
- Dryden, W. & Feltham, C. 1995. *Counselling and Psychotherapy a consumer's Guide*. Sheldon Press, *The theoretical story of narrative therapy*. Jossey Bass Publishers.London.
- Frankel, AJ. 1984. *Four Therapies integrated: a behavioral analysis of Gestalt, T.A. and Ego Psychology*. Prentice Hall, Inc. Englewood Cliffs, New Jersey.
- Freedman, J. & Combs, G. 1996. *Shifting paradigms from system to stories, in narrative therapy: The social construction of preferred realities*.
- Gergen, KJ. 1999. *Invitation to social construction*. London.
- Gersie, A. & King, N. 1990. *Storymaking in education and therapy*. Jessica Kingsley Publishers. London.
- Gouws, FE. & Venter, E. 1998 .*Guidance, counselling and life skills education for the subject teacher: only study guide for EDA301-3*. Pretoria. University of South Africa.
- Greenland, FA. 1972. *The Govan English Readers for Bantu Schools*. Standard 2 Reader. South Africa. Lovedale Press.
- Harvey, J. 1997. *Bridging the gap*. Edinburgh: St Andrew Press.
- Jolobe, JJR. 1972. *Elundini loThukela*. Bona Press, Johannesburg.
- Kottler, JA. *Growing a therapist*. 1995. Jossey- Bass Inc., Publisher California.
- Kotzê, E. and Kotzê, D. 2001. *Telling narratives spellbound* edition. Ethics Alive Pretoria, South Africa.

- Kruger, RA. 1988. *Focus group: A practical guide for applied research*. Sage Publications Productions.
- Larry, B. & Feldman, MD. 1999. *Integrating individual and family therapy*. Brunner Mazel Public New York. Journal .3 (3) 59-80.
- Lee, J. 1997. *Woman Re-Authoring their lives through feminist narrative therapy*. Vol. 20 .(3) 1-22.
- Lemmer, E.M.2002. *Notes on fostering language development in multicultural schools in South Africa*. Educare, 31 (1&2): 38.
- Louw, DA. Van Ede, DM. & Louw, AE. 1998. *Human Development*. 2nd edition. Kagiso Publishers.
- Mandela, NR. 1995. *Long walk to freedom*. Abacus Little Brown Company, Great Britain.
- Mandela, NR. 1998. *Long walk to freedom*. Nolwazi Publishers (Pty) Ltd Braamfontein.
- Mann, J. & Tarantola, D. 1996. *Aids in world II*. Oxford University Press.
- Marsay, GMD. 2000. *Narrative ways to assist adolescents towards the world of work:never –ending stories bound to change*. Unpublished masters. RAU. South Africa.
- Mboya, M. 1999. *Culture and self from an African perspective*. Ilitha Publishers.
- McLeod, J. & Lynch, G. 2000. *This is our life strong evaluation in psychotherapy narrative*. The European Journal of Psychotherapy, counselling & Health 3 (3) 389-406.
- McLeod, J. 1999. Professional skills for counsellors Practitioner Research in counselling. Sage Publication Ltd London.
- Miller, P.H. 1993. *Theories of developmental psychology*. 3rd edition. New York: W.H. Freeman.
- Monk, G. 1996. *Narrative therapy approaches to therapy*. The “Fourth wave” in the family therapy. Guidance and counselling. 11 (2) 41-47.
- Monk, G., Winslade, J., Crocket, K.& Epston, D. 1997. *Narrative therapy in Practice: The Archaeology of hope*. Jossey-Bass Inc. Publishers San Francisco.
- Moodley, K. 1995. *Mental health in a multi-ethnic society: a multi-disciplinary handbook*. Routledge, New York.
- Morgan, A. 1999. *Once upon a time... Narrative therapy with children and their families*. Dulwich Centre Publications Adelaide, South Australia.

- Morgan, A. 2000. *What is narrative therapy?* Adelaide, South Australia: Dulwich Centre Publications.
- Morgan, A. 2000. *Commonly asked questions about narrative therapy*. The Dulwich Centre <http://www.dulwichcentre.com.au> [assessed on the 2/2/2003]
- Morgan, DL 1998. *Focus groups qualitative research*. Newbury Park: Sage.
- Mwamwenda, TS. 1985. *Educational Psychology: An African Perspective*. Second edition. Durban: Butterworth.
- Ncongwane, JJ. & Ncongwane, SJ. 1992. *Ematekelo ayitolo siSwati Folklore*. Pietermaritzburg. Shuter & Shooter.
- Ndibongo, WPT. & Ntloko, EN. 1986. *Ezinye iintsomi zamaXhosa*. Printpak Hout, Bay Cape Town.
- Neimeyer, RA. 2001 psychological association Washington, DC. . *Meaning reconstruction and the experience of loss*. American
- Neuman, LW. 1997. *Social research methods: Qualitative and quantitative approach*. Allyn & Bacon: Boston.
- Newsletters: 2003. (www.sos-childrensvillages.org). [Assessed 2/2/2003]
- Oxford dictionary (the concise) of current English 1990
- Parry, A. 1997. *Why we tell stories: The narrative construction of reality*. Transactional- Analysis Journal, 27 (2) 118-127.
- Parry, A. 1998. *Reason for heart. The narrative construction of emotions*. Journal of systemic- therapies Journal, 17 (2) 65-79.
- Parry, A. & Doan, RE. 1994. *Story Re-visions narrative therapy in the postmodern world*. The Guilford Press New York.
- Patton, MQ. 2002. *Qualitative Research and Evaluation Methods*. 3rd edition. Age Publications Thousand Oaks, California
- Pretoria News Weekend Saturday 12 July p 5.
- Payne, M. 2000. *Narrative therapy: an introduction for counsellors*. Sage: Thousand Oaks, California.
- Riessman, CK. 1994. *Qualitative Studies in social work research*. Sage Publications London.
- Roberts, G. Holmes, J. 1999. *Healing stories: narrative in psychiatry and Psychotherapy*. Oxford university.
- Roets, EH. 2002. *Personality from an educational psychology perspective: relational theory*. In: *Introductory orientation: guidance in educational*

contexts: only study guide for OSV451-3/OSV411-R. Pretoria: University of South Africa.

- Rubin, HJ. & Rubin, IS. 1985. *Qualitative interviewing: the art of hearing data*. Thousand Oaks, California.
- Ryan, SE. & McKay, EA. 1999. *Thinking and reasoning in therapy narratives from practice*. Stanley Thornes Publishers.
- Silverman, D. 2000. *Interpreting qualitative data methods for analysing talk, text and interaction*. Sage Publication. London.
- Steyn, L. 2001 *Empowering young people through narrative*. Unpublished Masters Unisa.
- Strand, PS. 1997. *Journal toward a developmentally informed narrative therapy*. Family Process. Vol. 27 (2)
- Strydom, H. 1998. *Ethical aspects of research in the caring professions*. In *Research at grass roots: a primer for the caring professions* edited by Vos, A., Strydom, H., Fouche, C., Poggenpoel, M., Schurink, E. and Schurink, W. Pretoria: Van Schaik :
- Strydom, I. 2000. *First International Conference. "Creative Rescue Counselling and Assistance for the Children in our Country"*. *Psychology of Education*. Unisa, Pretoria, Gauteng, Republic of South Africa.
- Turner, J.S. 1995. *Lifespan development*. 5th edition. Forth Worth: Harcourt Brace. College Publishers, Orlando.
- Van den Aardweg, EM & Van den Aarweg, ED. 1988. *Dictionary of Empirical Education/Educational Psychology*. "Psychopedagogical", "Qualitative approach". Arcadia, Pretoria: E & E Enterprises.
- White, C. & Denborough, D. 1998. *Introducing narrative therapy: A collection of practice-based writings*. Dulwich Centre Publications.
- White, M. 1995. *Re- authoring lives: Interviews and essays*. Dulwich centre publications. Adelaide, Australia.
- White, M. & Epston, D. 1990. *Narrative means therapeutic ends*. New York, Norton.
- Woolfolk, A. 1995. *Educational Psychology*. Boston Allyn Publishers.
- Wyse, D. & Hawtin, A. 2000. *Children a multi-professional perspective*.
- ([http// www.arnold.](http://www.arnold.)) [Assessed on the 2/2/2003]
- Zimmerman, JL. Beaudoin, MN. 2002. *Cats under the stars: A narrative story: Child and adolescent-mental health Vol. 7 (1) 31-40*.

APPENDIX