

## CHAPTER FOUR

### PRESENTATION AND DISCUSSION OF FINDINGS

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*“The amount and validity of knowledge production is more reduced the more the free interchange of opinions is impeded by power exertion or for the sake of power acquisition”*

Scholl (1992, p.40).

#### 4.1 INTRODUCTION

Commensurate with the two phases of data collection and analyses that took place with the participants in this study, the findings will be discussed in two separate sections of this chapter. The phase one affinities that were produced as a result of the **semi-structured interviews** with the three participants for the study will be presented first. Examples of participant quotations from the interviews and the participants’ subsequent comments about the affinities will be shared. The implications of the affinity descriptions’ content constitution will also be contemplated. Thereafter, the outcomes of the modified **Interactive Qualitative Analysis [IQA]** used in collaboration with the participants in phase two of the research will be illustrated by means of the discussion of the participants’ Systemic Interrelationship Diagrams [SIDs]. Examples of the participants’ personal meaning giving to the cause-effect relations amongst the affinities comprising their SIDs will be provided. These SIDs serve to portray these parents’ constructions in the form of their social representations of the role of the helping professional in learning support.

Due to the inductive nature of the study [and as indicated in Chapter One], further deliberation of literature associated with the research findings will be initiated in light of the data presented. This second literature review together with a reconsideration of the literature already considered in Chapters One and Two will be discussed in conjunction with the presentation of the findings of the study. Throughout the chapter [and in the associated **Appendix G**], colours will be used to (a) identify which participant’s data are being presented and (b) present and discuss the participants’ affinities and the cause-effect SID diagrams, which are comprised of these affinities.

#### 4.2 PHASE ONE: AFFINITIES GENERATED FROM THE SEMI-STRUCTURED INTERVIEWS

The content analyses of the three participants’ interviews led to the elicitation of affinities for each participant. Although the unique perspective of each participant is recognised and valued for this study, participant affinities that share similar content constitution have been grouped together for discussion purposes. Each affinity grouping has therefore been assigned a

collective affinity name and colour for identification purposes. Table 4.1<sup>7</sup> below will present each of the participant's affinities, the collective name given to participant affinities with similar content, where the affinities are located for presentation and discussion in the section and the colour that each affinity has been assigned for use in the participants' SIDs.

SECTION IN CHAPTER AND COLOUR ALLOCATION	COLLECTIVE AFFINITY	PARTICIPANT A		PARTICIPANT B		PARTICIPANT C	
4.2.1	Parental expectations	10	Parent expectations	6	Parents expectations	6	Parents expectations
4.2.2	Professional characteristics	3	Professional characteristics	1	Professional characteristics	4	Professional characteristics
4.2.3	The helping process	9	Helping process	3	The helping process	1	The helping process
4.2.4	Parents' role	7	Parental role	5	Parents' role	5	Parents' role
4.2.5	Status of the helping professional	6	Professional status			7	Expertise
4.2.6	Professional approach	1	Professional approach	7	Professional approach		
4.2.7	Parents' personal experiences	4	Parents' experiences	4	Parents personal experiences		
4.2.8	Parents' emotions	2	Parent emotions	2	Parents emotions		
4.2.9	Assessment					2	Assessment
4.2.10	Recommendations					3	Recommendations
4.2.11	Stigma			8	Stigma		
4.2.12	Team approach					8	Team approach
4.2.13	Parent-professional interaction	8	Interaction				
4.2.14	Values	5	Values				

**Table 4.1: Affinities generated for each participant during phase one of the study**

<sup>7</sup> In each row of the table, the collective affinity name is allocated a colour, which will also be used in the presentation of its position in the participants' SIDs in phase two [section 4.3]. The number allocated to the SID during data analysis and the second phase data collection is also presented in the same colour to accentuate its relation to the overall collective grouping.

The comments that the participants made in their initial interviews led to the drawing up of personal affinity descriptions for each parent. As discussed in Chapter Three, to uphold the rigour or “truth- value” of the research (Northcutt & McCoy, 2004, p.344), the affinity descriptions provided have been predominantly written using the terminology and language expressions of each parent so as to reflect their thoughts, ideas and opinions.

Each affinity description was read and checked by the participant for member validation purposes and their further comments were also given and elicited. Additional comments that were provided by these parents after their perusal of the affinities are as such supplied within the commentary about the affinities to add further depth to the initial descriptions. On three occasions during the phase two interview, Participant A requested content in her affinity descriptions to be modified or clarified. The changes made are reflected in the final descriptions presented here for Participant A. Although the participants were also invited to change the names of the affinities or add affinities, all were satisfied with the affinities as they are reported in this chapter. Thus, the affinity descriptions that will be discussed in the next section are regarded as valid descriptions of the participants’ views as they were imparted during the interviews. Similar to Dowson and McInerney’s (2003, p.97) follow-up interviewing strategies in another qualitative study, I, at times “deliberately converged on specific aspects” of the affinity to add descriptive depth to the initial description and, as a result, the parents replies to these questions are also reported from these instances.

#### 4.2.1 Parent Expectations

##### 4.2.1.1 PARTICIPANT A

This affinity illustrates *the expectations of the parent with regard to helping professionals*. The parent was **not aware of her child’s difficulty**<sup>8</sup>. She did not have any previous exposure to the difficulties that her child had. She expected that the **professional would fix the problem** but she did not know how at the outset. Initially, the parent **expected instant results** for her child’s difficulty. She had an unrealistic view of what would have to be done to help her child, specifically, as she had no idea what occupational therapy and speech therapy involved. She did not think that the difficulty was a big problem so she thought there would be a quick fix. She was not aware of the time that would be needed to deal with her child’s difficulty. Overall, in helping professional consultation, the **parent wants advice. She wants to know if she is going wrong or doing right, what is okay and what is not**. The helping professional **must put her ‘on the right track’, give her ideas and criticise if need be**. She wants the helping

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<sup>8</sup> The overall focus of the affinity will be *italicised* in the first sentence of all the affinity descriptions presented. As in the actual presentation of the affinities to the participants for their consideration during the second phase of the research, certain words and phrases thought to contain the central points that the participants made in association to the focus of the affinity will be highlighted by means of **bold** formatting.

professional to be **'to the point'**. The parent wants **guidance with parenthood and dealing with difficulties**. The parent **wants support** because she feels that parents feel lost and isolated when faced with the unknown of their child's difficulties. **The helping professional must assist to 'plant a seed' and elicit the hidden solutions of the parent.** The parent is specifically looking for someone with more **input** and she must feel that she is **getting something out** of the process. Ultimately, the helping professional must be experienced to be fulfilling the parent's expectations. At the end of the day the parent is **trying to find a solution** through helping professional consultation and they must get somewhere in the process. As the parent pays for helping professional consultation and it is an expensive undertaking, she expects 'expensive' back. Furthermore, if she pays the professional to do something then they must do it, not her alone. She wants **teamwork and communication from the helping professional**. In the consultations that she has had for her son's difficulties, the helping professionals involved have met her expectations as she **saw improvements**. It is important that the helping professional refers her to someone else if he or she cannot assist with the issue. On a practical level, the helping professional must be **able to judge at what level to work with a child**.

#### 4.2.1.2 PARTICIPANT B

This affinity involves *the expectations that the parent may have of helping professionals*. Sometimes the parent reported having **no definite expectations**; the process was just **trial and error**. Overall, however, the parent feels that the helping professional is **there for a reason**. Helping professionals must **serve a duty** as they took an oath to do so. Initially the parent may be expecting a **miracle**. A parent may hope that the helping professional can tell them that any **diagnosis of a problem their child is experiencing is a mistake**. The parent wants **advice, information and help**. Helping professionals must **tell you what you can do and not what you should do** and the parent wants the helping professional to ask about her **personal point of view**. The helping professional must **not diagnose you as a number but rather as a human being**. The parent expects that the professional will **console them**. They must be **supporting** to the child and the family as a whole. They must be there for others. The parent anticipates that the professional can 'prompt us to become normal. Well not normal, nobody's normal'. The parent wants a **caring, relaxed consultation** instead of a diagnosis. The parent wants to **talk things through** with the professional and not just be given solutions. The parent and the professional **must give and receive**. They must go down to the 'nitty gritty'.

#### 4.2.1.3 PARTICIPANT C

This affinity centres on *the expectations that a parent may have when seeking helping professional assistance for a child*. Parents may want the **suspensions** they already have of a child's problem to be **confirmed**. They want the helping professional to **identify problem areas** and show the parent where they stand with a difficulty; what needs to be done and what role the parent must play. **Information,**

**recommendations**, and **testing** of their child are expected. Parents may expect the process to involve **getting their child fixed** by fixing or resolving a problem. Treatment must be what the child actually needs. It must be necessary. The professional must **react as soon as possible and try to sort the problem out**. Parents may initially expect a **quick fix**, as they do not think their child's problem is that big. Sometimes they will **adapt their initial expectations**. **Feedback** during therapy is expected as it helps the parent to monitor their expectations. Each case must be **treated on its own merits**. Ultimately, it is expected that the professional must **show interest and get results**. They must work on the problem and **care** about what they are doing.

#### 4.2.1.4 Contemplations for the affinity: Parents' expectations

The participants' expectations of the helping professional suggest that parents may have "anticipatory beliefs" about what the helping professional will do (Nock & Kazdin, 2001, p.155). These initial expectations predominantly appear to centre on the idea that the helping professional will confirm and/or fix the issue that the parent is consulting the helping professional about which appears to relate to a needs-based, remedial view of helping professional practice.

Thus, as has been suggested in the literature (Dudley-Marling, 2004, pp.482-488), parents may indeed construct professionals as people who will find what is "wrong" with their child or parenting and thereafter focus on "fixing" the problem. As related to this supposition, Participant's A and C made comments such as:

- "...I would want them to react on the problem and as soon as possible try well try and sort it out and give you the information I need or recommendations or testing... or whatever needs to be done" (unit 143, p.8, phase 1, participant C)<sup>9</sup>.
- [researcher: But when you actually went to the O.T. and the speech therapist, what did you think their role would be?] "I actually had no idea... I didn't know how they were actually going to fix this [referring to child's difficulty]" (units 48 and 49, pp.2-3, phase 1, participant A).
- [researcher: what do you think a helping professional, any helping professional, what do you think they do? If someone goes to see them what do you think their job really is to do if you're not looking at specifics?] "Um maybe to identify problem areas...and maybe have them resolved ...or help resolving them" (units 91-98, p.6, phase 1, participant C).

Participants A and C specifically indicated that they had expectations that the professional would fix their child's problem quickly:

- "... I almost expected instant results and I didn't realise the long process that it is" (unit 35 and 37, p.2, phase 1, participant A).

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<sup>9</sup> For audit trail purposes, each participant comment or quotation is followed by a bracketed reference as to where it can be found in the interview transcriptions or written feedback provided by the participants. For written feedback, the page number of the data document is given. For my phase one and phase two interviews with the participants each speaker turn for both the participant and myself was allocated a number (from 1 upwards in each interview). These speaker turns have been called "units" and the unit number and page it can be found in the transcriptions are thus provided.

- "...everything that I thought was wrong they actually sort of confirmed for me but I must say I thought that the progress on getting him um well fixed would have went faster so the problem areas that was shown to us well we didn't well we worked on them but they don't seem to have got to... where I thought they would have been at this stage" (units 22, 24, p.2, phase 1, participant C).

Participant A recognised that these expectations of a quick fix needed to be adjusted:

- [Researcher: Do you feel they managed to meet your expectations?] " Yes, I did because I did see an improvement... At first when they told me it was going to be a two, three year process I was a bit... mmm... you know I was not too happy because I expected instant results and um just over time I saw how he was changing how his speech was changing and that showed me that maybe the slower the better" (units 90 and 91, p.5, phase 1, participant A).

Similarly, Participant C's confirmatory response to the researcher's questions hint that parents may adapt their initial expectations:

- [... it sounds like you've come through a process and you had certain expectations?] "Ja" [Would you say you've adapted those now?] "Ja I think so ja" (units 31-34, p.2, phase 1, participant C).

Such adaptation of expectations by Participants A and C is highly relevant as it is thought that the foundation for collaboration between therapists and clients, as Alexander and Morrison Dore (1999, p.263) have suggested, includes "...adjustments in both the client's and the therapist's procedural expectations and goals. The longer the participants find themselves apart on these issues, the more difficult it becomes to develop a collaborative framework". Nevertheless, despite recognition of the need to adapt expectations, Participant A and C still justifiably expect to see evidence of improvement in terms of the problem their child experiences. They expect that positive outcomes will be apparent as a result of their consultation with the helping professional for their child's difficulties as evidenced in the following statements:

- "... someone that shows interest and gets results... obviously you will appreciate that more than somebody that doesn't really care, that doesn't work on the problem" (unit 167, phase 1, p.10, participant C).
- "Expectations of a parent... that at the end of the day the problem gets sorted out. You know... if you're going to see somebody, if it takes a year or eight years or whatever, the problem does get sorted out" (unit 42, p.3, phase 2, participant A).
- "... I am looking... for somebody with more input and that, I mean at the end of the day I need this person but I need to pay for his services and it's not cheap and so I'm expecting expensive back you know if I'm giving the expensive I expect expensive back and um ja that's what it boils down to at the end of the day. That's why I wouldn't waste my time, my money, my energy on somebody that I'm not getting anything out of" (unit 407, p.21, phase 1, participant A).

Overall, the participants' expect the helping professional to provide advice and give information to them, which mirrors Prezant and Marshak's (2006, pp.41-42) findings that parents want helping professionals to supply information. Pain (1999, p.300) reflects that information and advice seeking are considered to be a problem-solving strategy that paves the way towards action to address a stressful situation and, as such, it has been found to have a positive impact

as a coping strategy. The parent may specifically want guidance with parenting and dealing with difficulties, as reflected in Participant A and B's remarks:

- "... they could really give me the honest advice, opinion and material to read and I'd take it home and try and practice it. [So, advice and sounds like information was important?] Mmm. It was very important..." (units 54-56, p.5, phase 1, participant B).
- "...because I've been here for so long [referring to current school] and we do have a lot of therapists here who are phenomenal...The contact or the little time that you do spend with them is precious and they do give you advice. That's great. Ja." (unit 62, p.5, phase 1, participant B).
- "That's what I was looking for initially [from the helping professional] was 'guide me' because ... I didn't like what I was doing or what was happening [referring to a personal difficulty the parent sought help from a psychologist for] and I needed guidance, and, I talked [in the therapy session without getting any feedback from the psychologist]...[as a result just] listening to myself I didn't feel I was getting that [guidance from the psychologist] [Researcher: What is guidance to you?] Putting me on the right track [Researcher: Okay in what ways?]... In any way Um... you know with parenthood...? A person... doing good know if you're doing something wrong...Criticise... whatever you know (units 141-147, p.8, phase 1, participant A).

Participant C particularly wants the helping professional to tell her what to do and what role she must play:

- "I didn't know where he was, how his development went so I needed someone to show me exactly where we stand, what is needed and what is our part [as parents] and what we need to do" (unit 16, phase 1, pp.1-2, participant C).

Participant B revealed that the ideas that the helping professional shares with the parent need to be personalised for her and her child's specific circumstances:

- "Yes, I definitely want choices because what works for me doesn't necessarily work for you" (unit 115, p.9, phase 2, participant B).

Nock and Kazdin (2001, p.175) confirm Participant B's expectations that the professional will consider her family's unique circumstances by suggesting that barriers to parental participation in therapy can include the idea that the therapy is not relevant.

Upon being asked what Participant B would tell other parents to look for in a helping professional she replied:

- "...something more down uh caring and sort of more uh relaxed kind of. [Relaxed. consultation, what does that mean to you...?] You know what I think it's ... to console a person. [To console?] To advise a person. That's what you should...can do [referring to researcher in her role as a helping professional]. Help you as a family as a unit" (units 281-288, p.19, phase 1, participant B).
- "Look for someone whose compassionate in the sense that doesn't diagnose you as a number that diagnoses you as a human being and goes down to the nitty gritty" (unit 266, p.18, phase 1, participant B).

It also appears to be important that the helping professional gets to the point with the parent:

- [Researcher: what would you do differently if you wanted to go to another professional? Things that you've learnt through your interactions with helping professionals for your son?] "... Well instead of wasting their time, my time I'd get straight to the point I'd tell them 'I've been somewhere else. This is what we did. I got nothing out of it. Can you better it?'...If they can't 'well can you refer me to someone else (laugh)?'. No, but that's generally what I would do I don't believe in beating around the bush I

*don't think they have the time I don't have the time and at the end of the day you're trying to find a solution* (units 408, 417, 419, pp.21-22, phase 1, participant A). [Have you had any experiences where they've been beating around the bush?]. . . *"No... I must say even their paediatrician if I think of him... you know he's to the point and does his bit and um that's what I want"* (units 420-421, p.22, phase 1, participant A).

- [researcher asking what Participant B meant by getting down to the 'nitty gritty'] *"... while you're there, get down to the problem, if there is a problem...getting down to the nitty gritty its getting to the point but in a different way getting all the support system around you"* (unit 107, p.9, phase 2, participant B).

This perhaps means that parents want quick reaction from the helping professional and do not want to be left guessing as to the professional's ideas and motives. Parents with treatment expectancies that are consistent with treatment delivery and who think that the treatment is worthwhile are more likely to continue with treatment and attain greater levels of therapeutic change (Nock & Kazdin, 2001, p.155).

The participants do want teamwork and communication with the helping professional:

- *"An understanding person and a...helpful person...[parent was asked what her definition of help is] ...Teamwork, communication, give me ideas, tell me where I'm going wrong that sort of thing"* (units 386- 391, p.20, phase 1, participant A).
- [researcher: What do you mean by vice versa and information?] *"... the therapist would be giving the parent would be giving and receiving."* (units 261- 262, p.18, phase 1, participant B).

To Participant B, the helping professional must be there for others:

- *"...your first love is always your first love and when I came to this school, [present school], I really thought now this is what I want for my kids. The psychologists, from the psychologists down to ... um ... the teachers are phenomenal. I mean they [the psychologists] are there for the teachers.."* (unit 12, p.2, phase 1, participant B).

None of the parents explicitly stated the need for the helping professional to focus on their strengths and capacities to deal with the issues their children face. However, upon explicit questioning regarding her views of a solution-orientated approach, Participant A was positive about the idea and recognised that it may be personally beneficial to the parent to be able to feel that they themselves were able to come up with possibilities. Participant A was specifically asked for further commentary about the expectation for the helping professional to elicit the hidden solutions of the parent:

- *"To put the ball in my court? [responding to the researcher's query about how she would feel about the helping professional asking her to generate her own ideas or think about what is available to her as a parent to help with a difficulty her child is experiencing] That would be brainstorming...I think it's good in a way because it forces you to think of ideas you know... but it also forces you to realise that if you've got an idea it's okay. It might not work but try it. Ja, so I think it does it forces the parent to think up with other solutions... [researcher asked how the parent feels about this] I'm fine with that... I'm fine with the thought, its putting it into practice that scares me you know...Ja, to think about it is fine, doing it and actually getting the co-operation [from your child that] you had in mind is another thing"* (units 198, 200 and 202, pp.11-12, phase two, participant A).
- *"[in response to the researcher's question about whether it is better for the helping professional to prescribe solutions or for the professional to get the parent to think of ideas]... to be honest I think it's better to get a person to think about it. As much as we don't like to I think it is better. I think it forces*



*the reality of the situation... because to be told to go and do it you think 'I won't' but I think when it comes out of your mouth... you tend to say 'well I feel a bit stronger, positive, I'm going to do it'.* [researcher: Why stronger and positive?] *Because you came up with the idea. It was your idea and um ja you weren't told...* (units 210 and 212, 213 and 214, p.12, phase 2, participant A).

This response by Participant A does suggest that parents may recognise the benefits of their proactive engagement in generating possible solutions to the issues that they as parents face in their everyday parenting. It is especially pertinent that the participant reflected her opinion that she is more likely to implement a solution if she thinks of it herself, as she will feel stronger and more positive as a result. Indeed, if empowerment entails the helping professional assisting clients to gain more power in terms of confidence and belief in their abilities (Donald *et al.*, p.20), then it may be possible that if parents feel stronger and more positive as a result of generating their own solutions to difficulties then they will feel empowered.

#### 4.2.2 Professional characteristics

##### 4.2.2.1 PARTICIPANT A

This affinity is characterised by *the parent's feelings about the personal characteristics or personality that should be apparent when the helping professional interacts with parents' and/ or children.* The parent feels that they should be an **understanding, helpful** person. This puts the parent at ease. If the helping professional is **"people friendly"**, this makes the parent open up and feel comfortable. Helping professionals are viewed by the parent as people with **extra strength, and lots of patience.** They are **very considerate** and **interested** in what the parent has to say. **Body language** plays a role here. They are **not aggressive** in their approach to giving advice. When interacting with a child specifically, the personality of the helping professional automatically allows him or her to **judge and thereafter move to the level of the child,** as, without this ability to function on the same level of the child, the respect of the child will not be gained. Exposure has led the parent to believe that helping professionals are **lovely people.** The parent believes that **personal experience with a problem** assists the professional to know how to approach the people that they assist.

##### 4.2.2.2 PARTICIPANT B

This affinity is characterised by *parents' ideas about the personal characteristics or personality that a helping professional should have.* The professional must be **warm, welcoming** and **inviting** to the parent and the child. The professional is very **understanding, caring, soft** and **compassionate.** They take the other person's needs into account. It is their **passion** to help people. They are **accessible** and can be contacted at any time. The helping professional is more **"human"**. They do not think "I am better than thou". They are **friendly;** they smile and have a **sense of humour.** The helping professional must be **confident** and **positive.** They should be **honest** and **sincere.** They must **not be "money grabbing"**,

**uncaring** or just see the parent as a number in the process. The parent may use their **instinct** to judge helping professionals' sincerity in terms of their body language and personality.

#### 4.2.2.3 PARTICIPANT C

This affinity *describes parents' views of the helping professional's characteristics as a professional*. A parent may have had **past awareness** of these attributes through the contact that close family members have had with them as well as through their work related dealings or through **actual consultation** with these professionals. A helping professional is seen as **someone who cares for children**. They are viewed to be **soft-hearted**. They are capable of **communicating on a child's level**, using the child's interests. They can **relate to children**.

#### 4.2.2.4 Contemplations for the affinity: Professional characteristics

The characteristics that clients think helping professionals should have are well documented in previous research (Hartlage & Spere, 1980; Jennings & Skovholt, 1999). Recent research conducted by Littauer, Sexton and Wynn (2005, pp.28-31) focused on ascertaining which therapist qualities and behaviours clients experienced as positive. The outcome was that clients wanted therapists to be warm and confidence inspiring in their body language and expressions, unpretentious but experienced, responsive, calm and able to convey that they have enough time for the client. The therapist also had to be experienced to be listening to and understanding of the client and particularly needed to be accepting, open, caring, available to the client and non-judgemental.

The participants' ideas of the characteristics of helping professionals in learning support of their children share similarities to this earlier research (Hartlage & Spere, 1980; Littauer, Sexton & Wynn, 2005) into alliance promoting therapist actions. Participant A and B's construal of the characteristics of the helping professional in this study suggest that the helping professional should be understanding, warm, friendly, caring, considerate, honest and accessible:

- *"Lovely people. I found them very caring, very considerate. Actually, very helpful, which put me at ease"* (unit 83, p.4, phase 1, participant A).
- *"... making the child feel very welcome and you [the helping professional] being very welcome... helping with the family support system um the caring* (unit 258, p.18, phase 1, participant B).
- [Researcher: Now you say 'took an oath' now for me that sort of relates to being professional that there are certain things that you have to do. To you what does being professional mean, being a helping professional? What do you have to be, things that you have to follow? What would you find unacceptable?] *"Cold. Coming across as uncaring or just money grabbing. Just seeing you as a number and just seeing you 'your half an hours up now. See you tomorrow"* (units 357-360, p.22, phase 1, participant B).

In supplementation of other studies of client views of necessary therapist characteristics (Hartlage & Spere, 1980; Littauer *et al.*, 2005), for Participant B the helping professional must be passionate about what they do and this may imply that the helping professional's enthusiasm for their occupation must come to the fore:

- [researcher asking about the participant's comment that it has to be the helping professional's passion to help people] *"Oh ja it's got to be a calling it can't just be for money it has to be a passion"* (unit 42, phase 2, p.3, participant B).

Participants B and C want the professional to be capable, positive and confident. Participant B specifically pointed out that the professional's confident and positive demeanour will have a bearing on the parent's feelings:

- *"Professionals need to be self assured, and capable"* (p.3, written correspondence, participant C).
- *"...very human...very one-on-one, very caring... I think it would work for a lot of the parents because the majority of our children [children with learning disabilities]... aren't accepted for who they are what they have and I think if you come as confident, as positive as you are that will rub off on another person I think, advice wise and counselling, ideas and caring because it does rub off"* (units 332, 334 and 336, phase 1, p.21, participant B).

Specifically, when working with children as clients, Participants A and C think that it is important for the helping professional to be able to communicate and relate to the child at the child's level:

- *"... people in those professions are just people that automatically it's their personality... They are able to know yes where they can go how low they can go with them or how high they can bring the child up I just feel that is something that is in them"* (units 288 and 290, p.15, phase 1, participant A).
- *"I would say be able to communicate via stories or batman or something like that"* (unit 68, p.5, phase 1, participant C).
- *"Well a child should be able to relate to that person. I don't see my son really opening up to a man that easily. I think he wouldn't. He needs someone on his level to start with and someone and someone soft hearted I think"* (unit 64, p.4, phase 1, participant C).

Helping professionals must also care for children and be soft hearted in their approach. This could indicate that parents will pay close attention to the helping professional's interaction with their child in judging the effectiveness of the helping professional overall. Furthermore, the helping professional must be patient, compassionate and not aggressive in their approach. Participant B also recognises the importance of the helping professional having a sense of humour:

- *"They would...maybe crack a joke you know have a smile just be more human"* (unit 144, p.10, phase 1, participant B).

Participant A reinforces Egan's (2002, p.67) identification of the therapist's non-verbal behaviour as an important constituent of the counselling relationship between therapist and client. The overall body language of the helping professional is important for conveying to the parent their level of interest and their sincerity:

- *"Friendly as in taking a bit of an interest in what you're saying...I mean body language and that as well. You can tell when somebody is not interested in what you're saying or you feel that you're just*

*boring that person and you know then you actually don't want to carry on so...I'd say at least make it a point of looking interested and that"* (unit 215, p.11, phase 1, participant A).

Participant A also suggested that if the professional has personal experience with a problem then that assists them in working with the clients they assist. The participant was asked how the professional having personal experience with a problem assists them to know how to approach the people they assist and her answer reveals that the helping professional's experience with the difficulty whether it be through personal or practical experiences or even through study may be a meaningful factor in some parents' constructions of the helping professional:

- "... let's say you [referring to the researcher]. For argument's sake, if you've been through something you would know how to deal with it ... Studying from a book isn't going to help you. It can give you a guideline but I think going through it, like if you have a problem as a child yourself, I think you will have empathy towards the people that are experiencing the same thing. I think that makes it easier to relate to the problem but I don't know. I don't know how the studies go in that ...if somebody said to me well you've never had, you've never dealt with this sort of case, it wouldn't hassle me because I'd feel that you've had case studies and that sort of thing so somewhere along the line you've had to deal with it and it wouldn't, no it wouldn't change my idea of the person or anything like 'what does she know or what's she talking about?' that sort of thing. You know I've never thought about that" (units 92, 94 and 96, pp.5-6, phase 2, participant A).

### 4.2.3 The helping process

#### 4.2.3.1 PARTICIPANT A

This affinity centres on *the parent's exposure to and experiences with helping professionals for learning support purposes of her child*. The parent had **no previous awareness** of the helping professional's role in support of her child. She had no expectations and was blind to the process. Therefore, the experience was a learning curveball for her. The exposure to helping professionals for her child was **an eye opener** for her. She realised during the process what would have to be done. She found this **interesting**. She was told that the process depended on the **co-operation** of both the child and the parents. The helping professional gave specific information to the parent. Her expectations of a quick process changed through her experiences. The parent **developed a respect** for the helping professional through her experiences. She realised that working with children experiencing difficulties is not easy. She also respected all the good advice that she got especially in situations where the helping professional did not himself have children. She wondered why she as a parent could not think of these things when he could. Also, she could see the helping professional's **input with her child**. She was not just paying and seeing nothing occurring. The experiences with helping professionals for her child's difficulty were **positive**.

#### 4.2.3.2 PARTICIPANT B

This affinity involves *the parent's experiences in the actual process of helping consultation*. The parent has had **many different experiences**. The parent has developed an **awareness of the helping professional's expectations** by talking to them and through sessions. Talking to the helping professional has helped her through her children's diagnoses as they deal with it daily. They gave **honest advice**,

**opinions, and material to read.** They **listened to the parent's ideas** and made **suggestions**, which the parent then tried out. Some never just said that she was wrong. In the process, the **parent offloaded** a lot. The parent would think 'it's a useless case'. The helping professional would say that it was not and tell her not to give up on her child. The parent has experienced some '**warm' counselling** experiences. Without assistance, the parent feels that she would have had to take a longer road to assist her child. Positive experiences have occurred when the professional has **done their best to assist**.

#### 4.2.3.3 PARTICIPANT C

This affinity provides an illustration of *the actual process that a parent may go through when seeking professional assistance*. Parents may recognise that their child has a problem. For some it may be a **relief to find out what their child's actual problems are** in the process. They may find out that the problems are **treatable** and help can be provided. The helping professional may **focus on the needs of the child**, not the needs of the parent. Fixing their child's problems may **not be as fast** as parents initially think. With reflection, parents may recognise that their **child has progressed**. They may see all the helping professional's **input** and, as such, value this. It is recognised that to build on a child's strengths may benefit his or her weak areas in the process. A **relationship of trust** is slowly built up with a helping professional during the process. **Positive communication** occurs. If parents do not find the experience positive, they may look for another helping professional. Parents may not have had any experiences where they have been asked what they would be **capable of handling in the process**.

#### 4.2.3.4 Contemplations for the affinity: The helping process

The participants have had various experiences with helping professionals in the process of attaining assistance for their children. By and large, although parents may have non-specific ideas about "fixing the problem" their child experiences, Participant A's commentary suggests that they may be sketchy about what the actual process will entail as it is a new knowledge domain for them. For Participant A the process was a learning experience in which the helping professional conveyed what was necessary for progress as related to both her and her child's insets:

- *"I didn't know it was going to be from colouring-in and putting pictures together. For me, it was just as interesting as it was for my son so I had no idea what this... I had never known anybody that had those problems or anything so it was a whole learning curveball for me"* (units 51 and 53, p.3, phase 1, participant A).
- *"They told me 'this is not going to be a quick process. It is an ongoing process' that also depended on my son, how long he...how co-operative he was and how co-operative we were as parents"* (unit 103, p.5, phase 1. participant A).

Participant A's remarks emphasise that parents may be somewhat reliant on the helping professional to lead them to an understanding of the process and the part that they need to play.

Therefore, the professional may need to adopt an educative role with the parent, a role that, as Prezant and Marshak (2006, p.35) deduced, parents may find particularly informative and helpful.

Participant C's account of a personal experience in interaction with helping professionals possibly implies that in the process of learning support the helping professional may act as an advocate for the child:

- *"Well if I think about mainstreaming I would really have wanted to mainstream him now um but that is not the best for him at this stage obviously they didn't look at my needs but they looked at my child's needs and obviously that's important more important"* (unit 38, p.3, phase 1, participant C).

For Participant C this advocacy was vital. However, her commentary does beg the question as to how the helping professional can go about addressing the needs of the parent when they are incongruent with what the helping professional thinks is best for the child. Perhaps the trusting relationship that a parent builds with the helping professional in the process may be one aspect that makes it easier for the parent to have faith in the helping professional's ideas of what may be most beneficial to the child:

- *"...I think you build up a trust with the person and maybe through that you'll refer [other parents to] them. I think you build up a relationship with people involved with your child"* (unit 137, p.8, phase 1, participant C).

As Lindblad, Rasmussen and Sandman (2005, p.218) claim, "...gaining parents' trust that their child is the most important person and that all efforts will be made for their child's well-being and development is described as crucial for any partnership with parents and for uniting parents and professionals...". Significantly, Lindblad *et al.* (2005, p.218) also point out that trust has to be reciprocal between the parent and the professional specifically whereby professionals also convey that they trust in the parent's capacity to care for their child. This professional trust relates back to the strengths-based perspective, in which parents are regarded as being capable of addressing issues in proactive, positive manners and are viewed as having the potential to seek out possibilities (de Geeter, Poppes & Vlaskamp, 2002, p.443).

Participant B's observations about how the helping professional interacted with her in the process further portray that in the process the helping professional must really communicate with the parent and provide advice in ways that promote a positive outlook and do not negate the parent's insights:

- *"The one-on-one sort of talks you've had personal or whether it be advice. I appreciated that a lot and the fact that they would go out of their way and really help her and where I would think it's a useless case they would say 'no don't give up on her. This is what you can do. This is what you shouldn't be doing'"* (unit 124, p.9, phase 1, participant B).

- *"I would say 'but how about this?'. 'You know actually I've never thought of that but you could try that you know how about this?...' He probably didn't like what I was saying but he went a different way. You know, reverse psychology. I would say 'okay' so you would take it home"* (unit 170, p.12, phase 1, participant B).

Participant B was expressly asked what she meant by 'warm counselling':

- *"No, I think its caring and it's a very sensitive topic...Be it whatever illness or whatever the person is going through so I think the way the person handled the situation"* (units 71 and 73, p.6, phase 2, participant B).

Participant A indicated that it helps her when she sees positive results from her child during the helping process. This again suggests that parents may rely on the outcomes that they witness in their child during the helping process to judge its success:

- *"...you know when you start seeing positive things like that and you know the child is comfortable which makes it a lot easier"* (unit 186, p.11, phase 2, participant A).

#### 4.2.4 Parents' role

##### 4.2.4.1 PARTICIPANT A

This affinity depicts *the parent's views about her own role as a parent during helping professional consultation*. The parent **wanted to change but felt that she needed guidance in doing so**. The parent was **open-minded** about the helping professional at the outset. The parent was willing to be **honest** from the outset and **ask for clarification** when she felt she needed to. She wants to know what the professional will be able to do for the issue. The parent feels that she must get **straight to the point** and not waste her or the professional's time. The parent will **reflect on the helping professional's ideas and decide whether they are applicable to her**. The parent was inquisitive and undertook to **question the importance of various practical exercises** that were given to her child by the helping professional. The parent was **prepared to be involved** in the process of helping her child. She initially thought that this involvement would be a major thing. She realised that she would have a personal part to play in terms of practical exercises. In time and with experience, she realised that her involvement was **positive and beneficial**. It was playful, enjoyable and an opportunity for bonding with her child. Without the availability of helping professional assistance, the parent feels that she would resort to the way she was brought up and will try her best. When asked if parents are the experts in the process, she replied that **parents are the experts of their own child but not about children in general**.

##### 4.2.4.2 PARTICIPANT B

This affinity sheds light on *what a parent may view their role to be when dealing with learning support of their child*. Parenting is a very **hard task**. Parents are eager to **listen and to learn**. The parent wants to know what she can do for her child. The parent may try to **gather as much information** as she can through doing her own research and talking to others. The parent takes all this information and tries to see **what will work** for her by 'putting all the pieces together'. Specifically, the parent needs to decide which

ideas will work for her, as she is the one who will have to implement them. Sometimes the parent will decide that their child will not benefit and will not implement these specific recommendations. The parent will take any advice and information from helping professionals home and try to **implement** it. Sometimes the parent does have thoughts of **possible solutions** when they consult with a helping professional. However, the parent thinks that although she is probably the expert of her own child but she is not an expert as she is **learning every day**. The parent may think that the helping professional expects her to **be there for her child**, to be involved in **positive parenting** and not to be negative towards her child.

The parent realises that the helping professional expects the parent to give input as a parent. The parent feels that she is not given a manual with her child so the helping professional can assist and guide with ideas. The parent thinks that she **should learn from any mistakes and try not to make them again**. To help her child the parent **will pull all strings**. The parent thinks that her role is to **guide** her child in the right direction and to be a **support system for the child**. Occasionally the parent may have the same advice as a helping professional but their child will rather hear it from the professional. Talking to other parents helps the parent with ideas on parenting issues. Some parents may want to **assist other parents** in dealing with their child's learning difficulty. The parent may develop a passion to become involved in assisting other parents. They may see it as their calling.

#### 4.2.4.3 PARTICIPANT C

This affinity gives an indication of *what parents may view their role to be in the process of learning support of their child*. A parent may only wish to seek help for their child with **problems that they themselves cannot deal with**. Parents are not always too involved in the actual therapeutic process. They may only become involved when **decisions** need to be made about their child's future. The parent allows the professional to get on with whatever they are supposed to do, with the work they know. Parents may view their contribution to be that of **following the recommendations** that the helping professional expects them to carry out. Specifically, a parent may **provide supervision for or get involved in homework that needs to be done**. Sometimes following up on recommendations is **difficult** for some parents as they **work** and may not have the **time** to help their child. Despite this difficulty, parents need to put their child's needs first. Without the assistance of helping professionals, parents may do what they think is best, coping with whatever is at hand.

#### 4.2.4.4 Contemplations for the affinity: Parents' roles

There appears to be a lack of investigation into how parents think they should interact with helping professionals and what they view their own roles to be. These affinity descriptions do shed light on how parents may construct their own role for learning support. Parents' constructions of the role of the helping professional cannot be understood devoid of insight into parents' understandings of their own roles in interaction with the helping professional, particularly as, from a postmodern strengths-based view of practice, increasing emphasis is



placed on the value of the collaborative interaction of the helping professional and the parent. The participants' are all prepared to be involved in learning support of their children. Participants A and B seemingly adopt an active stance in their involvement:

- *"I think they [the helping professionals] did very well because I was very eager. They really did their best to assist uh I would ask questions 'What can I do for her? Is there more I can do for her?' and that kind of thing..."* (unit 106, p.8, phase 1, participant B).
- *"I think a parent needs to play a role in it. I think it's important. I think it's a must"* (unit 34, p.2, phase 2, participant A).

This could reflect that, rather than being passive recipients of an expert's care (Maddux *et al.*, 2004, p. 322), parents may undertake to ask questions or seek clarification of the professional's ideas. Thereafter, they will reflect on the helping professional's advice and decide for themselves whether they consider it to be beneficial for their unique situation.

Case (2000, p.277) refers to parental decision-making in this manner as a consumer model of parental involvement with professionals in which parents have the right to select services and interventions for their children. Parents draw on their own knowledge about their personal circumstances to decide what they want for their children. The professional serves to give parents information and options to help them make their decisions. Participant A and B's comments in this regard are:

- *"I was very open-minded and um I thought well if there's anything I'm not happy with or words that I don't understand I'm just going to be honest and straightforward and um there was nothing I wasn't happy with or that I didn't understand"* (unit 284, p.14, phase 1, participant A).
- *"...if they [the participant's children] would benefit from it I would. If I thought in my heart it wasn't going to work I wouldn't do it. ... I mean I am sort of the their mom and I have to feel comfortable the way I'm going to do it and I've got to feel if I'm comfortable and happy they should be happy"* (units 292 and 294, pp.19-20, phase 1, participant B).

However, a consumer model is criticised as joint decision-making between the parent and the professional may not be utilised and decision-making becomes the sole responsibility of the parent (Case, 2000, p.277). As related to the consumer role of the parent, Pain's (1999, p.304) research into the function of information for parents in dealing with a child's disabilities revealed that parents may need to consider advice given by professionals and figure out for themselves how they will be able to use it in their own families. An example of such reflection by Participant A is:

- *"...then when I'd eventually had quiet time or on my own then I would sort of think about it and try be honest with myself and say well you know maybe they are right..."* (unit 139, p.7, phase 1, participant A).

Participant C is also prepared to implement any recommendations that the helping professional makes but, overall, it appears that she thinks that assistance of her child with his difficulties is best left to the helping professionals whose area of expertise it is to deal with those difficulties:

- *"I choose for the therapists to do what they know best so its not that you know that I'm not involved but I'm I think just allowing them to do whatever they know what to do"* (unit 54, p.4, phase 1, participant C).
- *"Well obviously to carry out tasks that's given if um if you give sort of tasks at home make sure the child does it If you ask for certain medication to be tried you are there certain doctors appointments"* (unit 72, p.5, phase 1, participant C)

Participant C's comments may reflect that she views herself as an implementer of the helping professional's expert-designed solutions in the process of learning support of her child. The role of an "implementer" involves the parent following up on the professional's recommendations with very little possibility of influencing what is done (Fylling & Sandvin, 1999, p.144).

de Geeter *et al.* (2002, p.444) argue that "it is not always easy for parents to fulfil the role of expert, despite the fact that they have developed a great deal of practical knowledge from their special bond with their child and their long-term experience. The information and experience they have gained quickly make them experts. However, before they can take the necessary decisions, parents must also acquire the relevant information on factors such as the nature and course of their child's disease or disorder, as well as the different kinds of support offered by facilities" (de Geeter *et al.*, 2002, p.444). Participants A, B and C share these sentiments:

- *"You know being a parent is a learning process every day and sometimes you can let yourself down as well as your kids, and, I just feel I may know his personality or I might know what he's going to do next that sort of thing but I wouldn't say I'm an expert at children and that sort of thing"* (unit 312, p.16, phase 1, participant A).
- *"... I would say you are probably an expert with your own child but you know you can't, you can't say I am because I think you're learning every day like you're learning things. I'm always eager to listen and to learn"* (unit 160, p. 11, phase 1, participant B).
- *"I don't think so because it's not my speciality of expertise. I get involved with homework and I make sure that he does whatever he needs to do but I'm not trained as a speech therapist or I'm not trained as a so I would rather have the professionals do that part and I will get involved with what I know best. I can teach him to read and write yes that I can do"* (unit 60, p.4, phase 1, participant C).

Participant C 's comment about her role in seeking professional assistance when she herself cannot assist her child certainly relates to one of Sutton and Hughes (2005, p.170) proposals for the foundations of the helping professional's interaction with parents, namely providing some form of support to the child that the parent has been unable to provide:

- *"I know I know some of the problems and I know how to handle it so I wouldn't seek help for something that I know how to deal with"* (unit 181, p.11, phase 1, participant C).

Green (2001, p.811) argues that parents may value contact with other families of children experiencing difficulties. Participant B expands this idea by reflecting that parents can act as a

resource for other parents due to experience gained as a result of dealing with their children's difficulties. Thus, it could be possible that parents who have been through similar experiences can be a source of assistance to those parents who are faced with a child's difficulties:

- *"I think when it comes to the calling [of the parent to assist other parents with a child experiencing a learning disability] you wouldn't want or I presume other parents to go through or if they need or if they want help you are obviously willing to give your advice because you've been there you know what it feels like"* (unit 93, p.8, phase 2, participant B).

Participant A's ideas and opinions about tasks she has to undertake to assist her child may change as a result of positive experiences:

- *"...once I realised it wasn't intense homework, it was playful homework I sort of looked at it as a bonding session and he enjoyed it most of the times and we enjoyed it"* (unit 111, p.6, phase 1, participant A).

Hodgson *et al.* (2001, p.268), in reporting the results of their study involving parents' opinions of service to assist with the improvement of a child guidance service centre, revealed that frequent and regular contact with the child guidance worker assisted parents to feel supported. Participant C wants to be involved in her child's therapy by means of regular feedback from the helping professional on his progress:

- *"Parents need to be involved with the therapy sessions by means of regular feedback on progression"* (p.4, written correspondence, phase 2, participant C).

#### 4.2.5 Professional status

##### 4.2.5.1 PARTICIPANT A

This affinity gives an indication of *the parent's opinion of the helping professional as a professional*. The parent **respects helping professionals** in terms of their professional status. However, she **does not feel threatened but can be intimidated by this status**. She has respect for them, as she does not think that their work is easy. She respects them, as they are available to help children with difficulties. She also respects that they chose to do their specific jobs and want to help others. She thinks that they are a godsend for this reason. She is specifically pleased that they are available to help her child otherwise she feels that he would be labelled. Her respect also **stems from her upbringing during which she learnt to respect professionals as "elders"**. The parent has a respect for helping professionals in terms of their qualifications. The parent feels that helping professionals should be professional in that they must have **high standards of qualification**.

The helping professional must be **"better" than others in a positive manner** in that they are more educated regarding the issue that the parent goes to see them for. They are better equipped about children and parenting. The parent finds them better than her because of the fields that they studied, as she does not know these fields. She thinks that in order to better other people the helping professional has to be better. Despite these observations, she thinks that, knowing what she knows now; helping

professionals are not so better. Generally, she feels that **helping professionals provide an unwritten book on issues that people need assistance with**. This idea is highlighted in her statement that “You can’t go buy a book... on parenting and that’s going to work.... You need different ideas, different angles of dealing with things... “. She finds that they offer more insight and different perspectives. Overall, the parent is positive about the need for helping professionals.

#### 4.2.5.2 PARTICIPANT C

This affinity sheds light on *the expertise that a helping professional is viewed to have*. Parents may feel that professionals must be left to do their part as, unlike the parent, they are **trained in their area of specialisation**. As such, parents may think that people should all stick to what they do as that is what they are trained for. The helping professional is someone with **knowledge and experience** in dealing with a child’s difficulties. Helping professionals have a **skill** for what they do. Parents may **trust the professional’s judgment**. They may state that they will **not go against the professional’s opinion**. A parent may **choose for a helping professional to do what they know best**. Parents may feel that although they are experts in terms of knowing their child best, this does not mean that they have the expertise to deal with problems that may occur. Parents may not want more involvement in the actual process as they feel that it is not their area of expertise.

#### 4.2.5.3 Contemplations for the affinity: Professional status

Specialised knowledge is thought to be central to professional status and prestige. It is also considered fundamental to the exercise of professional power, which creates social distance between clients and professionals (Norris & Lloyd, 2000, p.129). Participant C appears to venerate the professional’s opinions about her child’s difficulties and needs:

- “...I’m not going to go against a professional opinion...” (unit 40, p.3, phase 1, participant C).

Nonetheless, Participants A and C also offer another construction of what professional knowledge may mean to themselves that suggests that parents may not view the professional’s “specialised knowledge” as “professional power” but rather as another source of knowledge that is different to their own knowledge and which may provide another angle or level of insight into the issue that they have not been able to attain on their own:

- *Professionals may have a different approach to the child’s problem as they are a third party* (p.5, written correspondence, phase 2, participant C).
- “...we all um have to do what we’re best in um. As I said earlier you know I can teach a child to read and write but someone in a different environment can do something else that I can’t so I think we all are trained in what we are. That’s what we should stick with” (unit 161, p.10, phase 1, participant C).
- [Participant A was asked if she thought that helping professionals were better equipped regarding her child or her parenting] “Well I’ve had to have my eldest son at a...psychologist as well more disciplining and that sort of thing ... yes definitely very informative, very helpful [the psychologist] as well not only for him but for me um because I’m such a softie and that and you know I’ve had to sort of learn to be the disciplinarian and you know so for me its ja [Researcher: So its come back again ... the information.... And having a different knowledge... would you say a different knowledge?] “...You

*know I think you've hit it on the nail... a different knowledge... you know maybe more insight. What may have worked for me as a child growing up is not necessarily going to work for my son and through psychology you know talking to people and that you sort of realise that and um ja (units 313-318, p.16. phase 1, participant A).*

Participant A respects helping professional in terms of (i) their qualifications (ii) her recognition that their work is not easy (iii) their availability to assist with the problems her child experiences (iv) their status as elders within society and (v) the quality of the advice they can give:

- *"Umm... maybe even...and you know I don't say this in a bad way and that ...better... more um... more educated... you know um on whatever that issue maybe like you know um like lets say speech therapy" (unit 280, p.14, phase 1, participant A).*
- *"...I don't know if its from my upbringing you know have respect for your elders and that sort of thing but um not... I don't feel threatened by it or anything it is just, its almost like a pleasing thing like I'm pleased these people are around you know because if they weren't ... my son... he would have been sort of labelled as stupid so in a way its almost like a godsend you know that people have actually gone into this and want to help others so its sort of a respect because I don't think it can be an easy profession so I sort of respect the people for that" (unit 308, p.16, phase 1, participant A).*
- *"... I have actually looked at my son's psychologist. I sort of think to myself 'how do you know what to say, how to say it when to say it if you haven't experienced it?'... It amazes me. I know he hasn't got kids of his own and he's got all this good advice and I'm a parent and I couldn't think of that you know so its sort of again its got my respect" (units 378 and 380, p.20, phase 1, participant A).*

Participant A reflected the following regarding her construction of the professional as an expert:

- *"You know what? Here where you said I feel intimidated by them [helping professionals] I do and I don't know why. I think its because its their... I don't know actually. You know funny enough since our interview I've thought about this quite a bit myself and it's just... I think it's more a relief that respect that intimidation is a relief but also, sort of, I wouldn't use the word embarrassment because its not the right word...Yes, I sort of think to myself 'these people think we are mad', 'you should know how to bring up your kids' you know that sort of thing...Intimidation comes in. Like you start feeling a failure. I'm not talking about [youngest child at LSEN school's] thing [learning problems], that is just a problem he's got but if I think of when you go to somebody for help with parenting and um I'm sure these people must look at you and say 'gosh woman can't you bring up this child?' you know...No, I've never been given any reason to feel like that ...It is just something in me. I suppose maybe personally I feel as a failure (units 149, 151, 153, 155 and 157, p.9, phase 2, participant A).*

In this instance, it seems that Participant A worries about what the professional will think about her parenting and how the professional will judge her as a parent. This appears to be due to the parent's perception that, if she needs to seek professional assistance, then she is somehow a failure.

Thus, it seems that Participant A is worried that the helping professional will view her as incompetent due to a lack of skills and knowledge about effective child-rearing practices (Ramaekers, 2005, p.153). Armstrong (in Fylling & Sandvin, 1999, p. 150) maintains that parents may indeed be perceived by professionals as being directly responsible for a child's problems, whether this perception is justified or not, which may seriously impede the genuine partnership between parents and professionals.

## 4.2.6 Professional approach

### 4.2.6.1 PARTICIPANT A

This affinity provides insights into *the parent's perspective of the approaches that a helping professional may initiate during consultation*. The parent's perspective of the role of the helping professional in this regard comes to the fore. The parent feels that the helping professional must **take the parent's feelings into consideration**. Their approach must be **kind, gentle** and **to the point** in that they must not 'beat around the bush' with the parent. If the helping professional **just hands the parent solutions without consideration for the parent**, then the parent feels that the helping professional will get nowhere with the parent. A **lack of interest in the parent's views and circumstances** is viewed as being especially problematic if the helping professional just dishes out solutions. Ultimately, the parent feels that the helping professional is trying to **transfer his or her responsibility** to the parent by doing this. Lumbering the parent with all the responsibility is overwhelming for the parent. The parent will not go back to the helping professional if he or she just hands out solutions. If the professional does give solutions to the parent, the parent will look at them sceptically and decide if they make any sense. If they do not, and the parent does not understand or is not sure, then she will ask for clarification. Even if the parent finds the helping professional's ideas negative, if they make sense and may work, the parent may carry them out. The parent has been asked for insets in the process of helping professional consultation and has found this to be a positive experience. The parent further feels that it is **okay to be asked to generate solutions herself** but mentioned that she does feel stupid as she begins to wonder why she could not have generated these solutions on her own without the assistance of the professional. Overall, the helping professional **never belittled** the parent or told her that her way was wrong. The helping professional only told her that her way was wrong for the situation.

### 4.2.6.2 PARTICIPANT B

This affinity gives an indication of *the parent's views on the helping professional's approach for consultation*. The parent thinks that **diagnosis** of a child's difficulty is important as without it the parent will remain in denial and complications will set in. It would be chaotic without helping professionals, as children's difficulties would not be diagnosed. Despite this, the parent does not like 'diagnosis'. She thinks that diagnosis is like 'dissecting someone'. If the professional just diagnoses the child the parent finds this harsh, sad, empty and cold. The parent will then pretend to take in all the information and may then seek help from someone else. In some instances, the helping professional has acted as an **all-knowing professional** and the parent thinks the professional thought she was **better than her**. This was harsh for the parent and she felt useless. The parent wonders if the professional **acting superior** or above her is necessary to get the parent to do what she wants the parent to do. The professional comes across as thinking that she knows better than parent because she has certain qualifications and has a level of experience. It is better when the helping professional has **come down to the parent's level** and does not look down on them. Other professionals have not been experienced as being better than the parent.

Some are **very one-on-one** and have a **good 'bedside manner'**. They go in a totally different direction with their approach. Their approach is **gentle**. They **communicate gently**. The parent has preferred it when the professional has given advice, talked with her about what to do with her child on a one-to-one basis. She has got more help and it has been more **invitational** for her. The parent presumes that the helping professional cannot be too close as they must be **ethical** and **keep their distance**. Some professionals give a lot of **worksheets** to do at home. The parent does not find these as effective as discussion or demonstration. It is difficult if the professional **does not take the parents circumstances or needs into account**. Some professionals do not deal with the emotions of the parent when diagnosing the child. They just give facts. Others have wanted to go back into the **parents past**, which was hard for the parent.

#### *4.2.6.3 Contemplations for the affinity: Professional approach*

Participant A and B's requirements for the professional to take their unique situations into account is reflected by Gergen and Warhus (2001, p.110) who maintain that honouring the client's reality is fundamental to a productive relationship between the therapist and the client. O' Hanlon's comments (in Gergen & Warhus, 2001, p.110) are particularly applicable in this instance as he is quoted as stating that "if clients don't have a sense that you have heard, acknowledged, and valued them, they will either spend time trying to convince you of the legitimacy of their pain and suffering or they will leave therapy with you".

Participant B appears to be ambivalent about the diagnostication that is often associated with helping professional practice and the medical-deficit tradition in which a disorder is discovered, verified and treatment is sought to cure it (White, 2002, p.271).

It seems that although Participant B recognises that diagnosis was necessary for an understanding of her children's difficulties, if this is all the helping professional actually does then the experience can be rather harsh, empty and cold for her:

- "... from the beginning with [eldest child's] experience with what your child had and the way it was said to you put it on the table it was like really harsh and if you look around there was actually worse situations but the way they said it was very harsh, very cold" (unit 270, p.18, phase 1, participant B).
- "Quite harsh though but I'm thinking that's how I felt. [researcher: "What do you feel is harsh about that? Is there anything you want to change there?"] No. Probably like the diagnosis, the dissecting someone you know but I presume its probably just experiences you've had in the past for instance where a doctor thinks he knows and you're just a parent. I mean you've just given birth to this child and he's gone to medical school and for some or other reason he's better than you but I just think there's a way of going around and talking to a person. I'm not saying candy coat everything. I'm not asking for that but be more sensitive to the issue...I'm presuming you can't be sensitive with everybody's issues. I'm sure a lot of your candidates [the helping professional's clients] they want like down to the point and straight. But you know this is your child at the end of the day you know its not a its not you know even if you take your dog to the vet you wouldn't do that, it's not a toy, I think it's a human" (units 131, 133 and 135, p.10, phase 2, participant B).

Moreover, it appears that parents are not averse to the idea that the professional will suggest solutions to them. However, it is how this solution giving is dealt with that seems to be important to the parent. Parents may want to talk ideas through with the helping professional and not just be told what to do. Parents may want to feel that they have a say in terms of the professional's recommendations and thus will ultimately have control over which ideas they will implement:

- "... *The kind way... the gentle way in life... you know you don't just storm up to someone and say you are doing that wrong it's like ... definitely taking that person into consideration. That person's feelings*" (unit 153, p.8, phase 1, participant A).
- "...*I've never been belittled and told that is the wrong way and um I've been told that its not the wrong way but its not that for whatever situation we're in its not the right way but it may be the right way for maybe another situation at another time...*" (unit 356, p.19, phase 1, participant A).
- "*I think Doctor [H] used to think that 'I know better than you. I've gone through varsity. I've got my degree and you're just a silly woman and you know you're probably happy to be a mom but I am fifty or sixty years old and I know more than you'. In the beginning I took it very harsh. Then I realized but this is what she has to do because maybe some parents don't go the way she want them to do*" (unit 136, p.10, phase 1, participant B).

Participant A was also asked if she would ever feel disempowered if someone just gave her all the solutions as a parent. Her reply was as follows:

- "... *I don't know sometimes it might be a good idea, I've got all these solutions I won't have any um... no I don't think so um I would look at it sceptically and think okay I would look at it and see if it makes any sense*" (unit 393, p.21, phase 1, participant A).

She was also asked about her feelings regarding a specific experience with a psychologist who did ask her to think of possible solutions to the difficulty she consulted the psychologist for:

- "*It was okay. It was sort of like (laugh) in a way I felt like a bit of an idiot because um I thought to myself 'why couldn't I have thought of this myself at home? Now I needed to go see somebody to actually bring that out' and um but maybe that's what people need sometimes its at the back of your mind but you never bring it forward sort of thing*" (unit 360, p.19, phase 1, participant A).

Thus, it is feasible that the professional is viewed as someone who can act as a catalyst to assist the parent to induce his or her own ideas.

For Participant B all necessary information should be discussed verbally before printed materials are given as a back-up source as research has shown that personal communication was preferred to any other source of information for parents of children with disabilities (Pain, 1999, pp.301-303).

- "...*basically they would just give me a lot of worksheets to do just to do at home. It wasn't like sort of here where you would get more parenting one-on-one kid of thing. What to do with your kids, advice, talk and that kind of sessions*" (unit 108, p.8, phase 1, participant B).



Ultimately, for Participant A, and possibly summing up a central role of the helping professional, the professional's approach has to encompass a leadership role that guides parents towards the way forward in dealing with an issue:

- "A leader ...Because it's showing guidance and um we're coming to you for help so its leadership" [referring to the role of the helping professional] (units 4 and 6, p.1, phase 2, participant A).

Littauer *et al.* (2005, pp.28-31) also found that the client participants in their study wanted the therapist to take the lead and be guiding with the client.

#### 4.2.7 Parents' personal experiences

##### 4.2.7.1 PARTICIPANT A

This affinity is composed of *various aspects that play a role in the parent's ideas about helping professionals*. The parent feels that a **negative past experience** plays a central role in her ideas about helping consultation as it has influenced her ideals of helping professionals. This personal experience involved a helping professional that she feels did not make it easy for her to discuss her difficulties. She felt **uncomfortable**. The helping professional was experienced as passive and this had little impact on her. She experienced that she was talking to herself in the process, getting nothing back and not coming to solutions. She feels that she didn't need to listen to herself. She wanted help. The helping professional should have communicated with her. She found that there was no improvement after a passage of time in therapy. The parent thus questioned the helping professional's motives in the situation. The only positive was that it made her stronger mindset wise.

In general, the parent feels that there is a need for helping professional assistance as the **world has changed**. It is fast-paced. We have different lifestyles. Life is stressful. Both parents work. It is a different generation in terms of parenting. The parent feels that how she was brought up is not going to work for her children in this day and age. She finds that helping professional consultation makes parenting easier in light of these societal aspects. Also, time factors in her life play a role. She will take her child for assistance at a helping professional because she does not have the time to assist her child herself.

##### 4.2.7.2 PARTICIPANT B

This affinity describes *the personal thoughts of the parent when dealing with a child's difficulty*. It was hard for the parent to tell her husband about her child's problems. Her **personal past** comes to the fore. She is dedicated to her children's needs because of her experiences in dealing with a learning disability growing up. She does not want her children to experience what she went through. She was ridiculed and emotionally she suffered. She 'slipped through the cracks' of mainstream schooling. Being positive has got her through her experiences. The parent is now trying a different way; she is always there for her children. She is positive and open-minded about helping professionals, as she does not want her children

to go through what she went through and thinks they can help. The parent thinks that there is a need for helping professionals because of crime and **the way we live**. People have lost contact with each other and have become selfish in their own ways.

#### 4.2.7.3 Contemplations for the affinity: Parents' personal experiences

As a result of their socially influenced interactions in their context (Zeeman, Poggenpoel, Myburgh, & Van Der Linde, 2002, pp.2-4), Participants A and B appear to have developed certain ideas about how they will relate to helping professionals. Their constructions reveal that both Participant A and B think that there is a need for helping professional assistance due to their perceptions of changes in society and everyday interactions between people:

- *"It's become, we actually lost that the way I grew up like you'd stop in the post office and 'How are you ...and how's your kids?'. You know we've actually lost that contact"* (unit 302, p.20, phase 1, participant B).
- *"I think its because life is so stressful and both parents have to work so the one parent is not home for those children and um you know it's easier you're so tired from a hard days work hard week its easier just to put them in front of the TV and say you know just sort yourself out sort of thing so I think that's why we need all these professionals today"* (unit 330, p.17, phase 1, participant A).

For Participant B her negative past experiences dealing with a learning disability in a context with little support or understanding of her needs have influenced her constructions of the helping professional and how she goes about her parenting task for assistance of her children:

- *"I was very open-minded [about the helping professional] because I knew myself how I suffered"* (unit 20, p.2, phase 1, participant B).
- *"I used to [ask] parents [for information about children's difficulties] and um I did a lot of sort of my own research and I think I was more dedicated because I knew what I went through"* (unit 30, p.3, phase 1, participant B).

For Participant A her negative past experiences with a psychologist as a teenager form part of her personal framework of reference about helping professionals. Her comments further reflect that a non-understanding of the helping professional's motives and goals may leave clients feeling confused and puzzled as they try to work out what the helping professional is trying to achieve:

- *"...you know I've been to a psychologist just myself and I just found that um I was doing all the talking...and from all the talking I was doing I wasn't coming to any solutions...and after six weeks or so I still hadn't felt any better than I first did when I first walked in there..."* (units 125, 127 and 129, p.7, phase 1, participant A).
- [In reference to her thoughts about the negative experiences with the psychologist the parent saw as a teenager] *"I don't know if I bored him or if he thought my mother was wasting her money. I actually have no idea"* (unit 191, p.10, phase 1, participant A).

Participant A also indicates that, besides past experiences and current social perceptions of the society she lives in, her lack of any experience with the difficulties her child faces also mean that

she recognises that the knowledge and experience of the helping professional are important to assist her:

- [after reading her affinity description] “...I think time is the wrong word. I think its experience you know whereas like with (youngest son’s) problem I had no idea where to start. I mean I could spend days with him and probably not be doing the right thing whereas when I went to the professional and she said to me you have to work on its all with the tongue movements...so I think it’s the experience or the knowledge that they had that I didn’t have...Ja I mean I would have wasted years trying to put him right. If you had told me meanwhile I could have had it done within three years maybe if I had the correct assistance ... I mean time is very important like you say today we lead busy lives and that and you know the kids today they just want to play and watch TV. They don’t want to sit and do this. You know he was four. He didn’t understand that now we have to sit and do words and that sort of thing. Um so ja time does play an important role ja” (units 102, 104 and 106, pp.6-7, phase 2, participant A).

Participant A was also asked about any other stressful factors that play a role and commented that within her personal context there is a lack of availability of schools for learners with special educational needs:

- “Oh I don’t think there’s enough remedial schools in this country um and that’s a big stressful factor on its own for parents. I mean I know I worried for a year knowing whether [child] would be accepted here [LSEN school] or not and um it was stressful [be]cause of the way if he’s not accepted here where do I send him?” (unit 110, p.7, phase 2, participant A).

This perceived lack of schools for children experiencing difficulties is a specific stressor for the parent in a context where educational resources to assist children experiencing difficulties may be limited or stretched by the prevailing level of demand. If parents are reliant on helping professionals, whose assessment results may assist as evidence of need for application to schools for learners’ with special educational needs, then the anxiety that parents may face in wondering about their child’s educational future may also play a role in their consultations with helping professionals. How parents actually cope when they are unsuccessful in gaining admission to LSEN schools for their children is unclear.

#### 4.2.8 Parents’ emotions

##### 4.2.8.1 PARTICIPANT A

This affinity describes the emotions that a parent may experience when seeking assistance for a child. The parent was **shocked** to find out about her child’s difficulties. She was **surprised** to find out about the work that the assistance of her child would involve. She was **unhappy** and **disappointed** to discover that the process would not be quick and that assistance of her child would be a long process. This was especially **worrisome** as she felt that it was a **matter of urgency** to get her child school ready. When put at ease by the professional, she stopped worrying and went with the process. Other responsibilities and concern about the workload on her child did play a role in how she felt about what would have to be done. Through the process, she was happy with the input of the helping professional as her child was **happy to share his learning**. Generally she is happy with a helping professional if she feels her child is comfortable, even if she is unsure of the person.

#### 4.2.8.2 PARTICIPANT B

This affinity describes the emotions that a parent may experience when confronted with a child's difficulty as well as throughout the process of seeking help from professionals for their child. A parent may be **embarrassed** to have to go and seek assistance. It is **difficult** for the parent to face a child's difficulty, as the parent doesn't know how to deal with it. An assessment for the difficulty can be **scary** because the parent does not know what to expect. Finding out about a problem can leave the parent feeling **shocked** and **angry**, as they didn't think anything had gone wrong. The parent has to come to terms with changes in their wishes and hopes for their child and can feel **disappointed** and **disillusioned**. The parent may wonder what she could have done differently. Some parents' wonder if it is their **fault**, may **blame themselves** or **feel guilty**. At first, parents may be in **denial** about the diagnosis, they may not want to accept it as it is **heart sore** for them. The parent sometimes feels **isolated** in the process as they do not know others in similar situations. With time it starts to 'kick in' for the parent and they start to **accept** the situation they are faced with.

When dealing with the recommendations of others, the parent has to feel happy and **comfortable** as they will need to carry them out. If the parent experiences that their child is happy then they are **happy**, whatever the outcome. A parent may **appreciate** helping professionals who go out of their way to help their child. The parent is **grateful** for assistance in the process as she feels she would not get anywhere without it. Sometimes the helping professional has not helped her through her emotions as she feels that they thought she was competent, strong and could manage on her own. The parent feels better if she gets support from a partner in dealing with child's difficulties.

#### 4.2.8.3 Contemplations for the affinity: Parents' emotions

Participants A and B referred to a number of emotions that they experienced prior to and amidst seeking assistance of helping professionals for their children which suggest that parents' emotions are connected to their conceptions of the role of the helping professional. Cameron, Snowdon and Orr (1992, p.100) found that mothers might initially experience shock, denial and a sense of disbelief when finding out about a child's difficulties. Both Participants A and B also experienced a sense of shock initially:

- "I was quite shocked to find out that my son had a slight speech impediment..." (unit 33, p.2, phase1, participant A).
- "Look I know it's not like a terminal disease but for any parent when you've got that on your door and you don't know how to deal with it it's a shock to your system. It is" (unit 140, p.10, phase 1, participant B).

The mothers involved in Cameron *et al's*. (1992, p.100) study of emotions experienced by mothers of children with developmental disabilities reported feelings of guilt as a result of their

children's difficulties, especially, as associated with reflections as to what they did wrong during their pregnancy. Participant B reported the same emotional experiences:

- *"I wasn't denying that there was a problem. I looked at myself first and obviously you do have this guilt. I mean you carry this child for nine months and you think 'why did she have to take after me?'"* (unit 22, p.2, phase 1, participant B).

Embarrassment about actually having to seek assistance from a helping professional played a role for Participant B:

- *"I was embarrassed to actually go and seek help."* (unit 244, p.17, phase 1, participant B).

For both Participants A and B their emotional acceptance of the helping professional centred on their children's responses to the helping professional:

- *"... he had an hour session with each of them and he was sometimes excited to come home and show me what they were doing and if I was doing it wrong he'd say 'no, not like that like this' you know, that sort of thing so I was happy with that"* (unit 113, p.6, phase 1, participant A).
- *"... when the child's happy, the parent is happy. It is natural. You take a child to a dentist for instance, um it happened to me, if my son (youngest child) is happy with the dentist fine then the whole family will go there. You know I think it's been proven if the child's happy and that kind of thing. Ja, I think it starts off, I mean you do look for the best or for someone that you think is okay and if the child's comfortable with him why not?"* (unit 55, p.4, phase 2, participant B).

This suggests that parents, in judging helping professionals' assistance of their children, will rely on feedback from their child to make decisions about the helping professional. It is thought that the parent's alliance with the therapist may influence their participation with and compliance in support for their children outside of therapeutic sessions (Kazdin, Whitley & Marciano, 2006, p.436). However, Participant A and B's comments may also suggest that the parent's bond with the helping professional in learning support of their child may be associated with the parent's judgement of their child's reaction to and happiness with the helping professional. For participant B how comfortable she feels about advice and tasks suggested by the helping professional also influences her decisions to implement them:

- *"...I mean I am sort of the their mom and I have to feel comfortable the way I'm going to do it and I've got to feel if I'm comfortable and happy they should be happy"* (unit 294, p.20, phase 1, participant B).

Participant A's consideration of and concern for her child's needs and the influence of other commitments also influence how she feels about tasks that she has to undertake to assist with her child's difficulties:

- *"...initially I thought 'ughh' because I had one child that we had to deal with homework at night and I thought 'do I really need this at four years old?'"* (unit 109, p.6, phase 1, participant A).
- *"You know what there was a lot of workload but he wasn't forced to finish it. I just insisted he finish it so he would get more practice um but they weren't forceful about that. They were happy just as long as you did something because they were scared that if he didn't want to do it he would lose interest so it was to just keep him at a happy medium so um the workload was a lot but it wasn't forced. I didn't have to do it but I did keep on doing it"* (unit 68, p.4, phase 2, participant A).

- "...sometimes I did [feel pressured] but that wasn't from them [helping professionals] that was like tending to my other son and rushing around with him with sports and trying to find the time to fit (child's) homework in and, with him being like only four, you know it was difficult at times because he was tired but from their side-No- [pressure from the helping professional] maybe generated from my side" (unit 70, p.4. phase 2, participant A).

#### 4.2.9 Assessment

##### 4.2.9.1 PARTICIPANT C

This affinity describes the *parent's ideas about the assessment that may take place during helping consultation for learning support of her child*. Assessment in the form of **formal testing** may be viewed as **most helpful** to some parents. Assessment gives **indications of a child's problem areas**. Without formal testing it can be harder to **believe a problem exists**, to **understand a problem** or to **know how to sort a problem out**. The definite **scores** are viewed to be **more realistic**. Assessment can **confirm** the thoughts of a parent. Parents may want formal testing with **definite results** showing definite problem areas that give an **indication** of where their child is and what needs to be done. A parent may rely on assessment results to make **decisions**. Despite this, it is recognised that formal testing may not always reveal a problem that has been noted in the class context by others.

##### 4.2.9.2 Contemplations for the affinity: Assessment

The overall aim of assessment is to make tentative judgements as an aid to the decision-making process between all role players involved in the life world of the individual with learning difficulties. The judgements that take place as a result of the assessment process are formulated in order to come to a provisional understanding about the possible cause of an individual's learning difficulties; the degree of difficulty that is experienced; tactics to elicit possibilities for future improvement and assistance strategies for the individual who experiences the difficulty; and, from a strengths-based approach, to serve as a starting point to mobilise the personal and contextual resources this person may have at their disposal for learning actualisation (Adelman & Taylor, 1993, p. 50; Eloff, 2003, p.16).

Participant C's views on formal assessment reflect that she incorporates the assessment task of the helping professional as an essential part of her representation of the role of the helping professional. The helping professional as assessor will determine where her child's problem areas are and what intervention needs to take place using formal assessment measures:

- "Formal testings with definite results definite problem areas showing exactly where is he and what needs to be done ...I want yes definite scores ... I don't know probably its more realistic..." (units 117, 119 and 120, p.7, phase 1, participant C).
- "Formal testing would seem to be more realistic as definite scores are more concrete." (p. 2, written correspondence, phase 2, participant C).

Assessment results validate the existence of a problem and the concrete evidence that results from the formal, psychometric tests appear to assist the participant to be able to recognise and acknowledge the problem areas that her child experiences:

- "... we had the assessment at the school um and indications there of his problem areas showed us..." (unit 8, p.1, phase 1, participant C).

By the same token, Hodgson *et al.* (2001, p.268) also determined that the assessment process could help parents come to terms with their children's difficulties. The participant however recognises that formal assessment results can be fallible at times as the results do not always reflect the observational reports of others regarding her child's difficulties.

- "...but the assessment didn't show what his behaviour is like..." (unit 127, p.8, phase 1, participant C).

This may mean that, if the results of formal assessment measures do not match up to other reports about a child's difficulty, then the parent may become doubtful about the validity of the helping professional's formal assessment.

Participant C's ideas of assessment for learning difficulties hint at assessment undertakings which, as Hymer, Michel and Todd (2002, p.48) proclaim, have traditionally focused on within-child factors which would be expected to be exposed via the use of standardised and norm-referenced assessment measures. Hymer, Michel and Todd (2002, p.50) conversely espouse the idea that consultation should emphasise the important perspective of the consultee on the issue and provide a level of challenge to role players [such as parents] to develop their perceptions of a situation and deepen their understanding of possible solutions for the learner for whom the process of consultation was initiated. All of which is driven by a solution-focused thinking. Participant C's ideas of assessment do not incorporate this more [de]constructivist and solution-oriented view of assessment.

#### 4.2.10 Recommendations

##### 4.2.10.1 PARTICIPANT C

This affinity describes *parents' ideas about the recommendations that a helping professional may make to them*. A parent may not have had any unrealistic recommendations given. When looking at recommendations **gut feel** plays a role especially when making decisions about a **child's future**. Parents may '**act on**' recommendations that they are not sure of. Parents need to know that a recommendation will be **beneficial** to their child. The need for the recommendation to be **implemented** must come through. Parents may want to know what they are going to **accomplish** by carrying out the recommendation. If the recommendation is not what parents may have wanted, they will **deal with this and make peace with it**. Recommendations **communicated** to parents assist them to **do their part**.

Parents can think that the helping professional needs to look at each person's situation **differently** when making their recommendations.

#### 4.2.10.2 Contemplations for the affinity: Recommendations

Participant C appears to rely on the recommendations of the helping professional for determining what will help her child. This apparent dependence on professional recommendations may relate to the construction of the helping professional as an expert with an authoritative style of imparting findings and prescribing recommendations to the parent, which may mean that Participant C could have the perception that to meet her child's learning needs she is dependent on the specialist professional for guidance, decisions and resultant action (Bouwer, 2005, pp. 47-48). The participant will seek information from helping professionals about the value and necessity of the recommendations and may trust her instinct in determining whether their recommendations are useful:

- *"I would want to know why and what am I going to accomplish"* (unit 112, p.7, phase 1, participant C).
- *"I think gut feeling is also very important and as a parent I think we react a lot on gut feeling as well..."* (unit 48, p.3, phase 1, participant C).

Participant C also wants the helping professional to take her situation into consideration when making recommendations:

- *"I think its necessary to look at each person's situation you know differently"* (unit 201, p.12, phase 1, participant C).

Following the recommendations of the helping professional seem to create uncertainty but the parent thinks it is necessary to follow the recommendations:

- *"It is difficult to know what to expect by following recommendations, but parents do need to take this step into the unknown".* (p. 3, written correspondence, phase 2, participant C).

### 4.2.11 Stigma

#### 4.2.11.1 PARTICIPANT B

This affinity illustrates *the stigma that parents may be confronted with a child's difficulty*. The parent may think that **others do not understand** the nature of their child's difficulty. The parent may wonder how **society** will deal with their child having a problem. The parent may want the professional to tell them that their child is normal because of this factor. Sometimes **immediate family may cause a concern** for the parent in terms of their reactions and feelings about the difficulty. They may not understand the child's difficulty and can **create pressure as they compare** her child's abilities with other children they know.



#### 4.2.11.2 Contemplations for the affinity: Stigma

Stigma signals an “internal mark of shame related to membership in a deviant or castigated subgroup” and its outcomes are pervasive as all the individual’s attributes come to be interpreted, discriminated against or stereotyped as a result of the flaw (Hinshaw, 2005, p.715). Participant B referred to the influence of [socially constructed] stigma attached to those who experience a learning disability. Her own social interactions as someone with a learning disability led to her experiences of being stigmatised. For Participant B, having to consult a helping professional for assistance with the learning disabilities her children experience involves confrontation with the stigma that can surround perceived difference from the ‘norm’ in society as indicated by the following:

- *“You did feel a bit awkward because you thought no you know your child is also going to have a problem and how’s society going to handle that”* (unit 94, p.8, phase 1, participant B).
- *“...and the stigma of remedial school especially with certain members of the family it was like a donkey school. You know a school for people who are very uh brain-damaged you know”* (unit 22, p.2, phase 1, participant B).
- [researcher: Did you have any expectations when you walked into those situations?] *“I expected maybe a miracle. I wanted her to say ‘No, they’re ‘normal’ because I knew the stigma around... I wanted her to say ‘no, it’s a mistake, this diagnosis’”* (units 43- 44, p.4, phase 1, participant B).

According to Green (2001, p.806) extended family members have to face their own fears and feelings about a child’s disability and may be of little assistance to a parent as they too battle to see past the disability of the child as corroborated by Participant B’s comments:

- *“... For instance um in my family for instance my mother in law she’ll always compare she’ll compare [youngest child] whose nine to her other grandchild who is in a mainstream school and no learning disability and she’s six and she can read so that is a bit of a and she knows she knows the problem I just don’t think she wants to accept it ...”* (unit 155, p.12, phase 2, participant B).

#### 4.2.12 Team approach

##### 4.2.12.1 PARTICIPANT C

This affinity involves *parents’ ideas on teamwork for helping consultation*. Some parents may have been exposed to team consultation involving **multiple helping professionals**. Parents may feel that professionals in a team are able to look at things in such a way as to **know best** about their child’s situation. An approach such as this **creates validity** for a parent. Parents may be especially positive about a team approach to working with their child as these team members will work with their child daily, know the child and the **parent then gets a lot of input from a lot of people**. Parents may believe that parents and professionals have to **work together** in everything so as to achieve goals. This specific teamwork may mean that the parent will follow up with work for their child at home too.

#### 4.2.12.2 Contemplations for the affinity: Team approach

Participant C's ideas about the involvement of a team of professionals for learning support of her child intimate that she is more trusting of the conclusions that a team arrive at about support of her child. Thus, to Participant C, the involvement of multiple helping professionals working together may create more validity:

- "... if a whole team recommends something they must have had a valid point somewhere" (unit 76, p.5, phase 1, participant C).
- "Well I think it's worked very well because then you have a lot of input from a lot of people um that knows your child that works with your child on a daily basis um I mean you see your child also every day but not on the same situation as where those people see him" (unit 84, p.5, phase 1, participant C).

In reflecting on her affinity description, the participant does however recognise that she must work together with helping professionals and this could suggest that she views herself as a vital part of the team:

- "...all I can basically say is you know professionals and parents ha[ve] to work together in anything, everything basically in order to achieve goals" (unit 215, p.13, phase 1, participant C).

#### 4.2.13 Parent-professional interaction

##### 4.2.13.1 PARTICIPANT A

This affinity describes *the parent's ideas about the interaction of the helping professional and the parent*. These ideas are characterised by the notion that this interaction should be **a teamwork experience for assistance of her child**. Teamwork is seen to be important, educational for both parties and an excellent thing. Teamwork is apparent when everybody does their bit and when the helping professional, parent, and child see results for what they do. The **balance between the inset of the helping professional** and the parent must be fair. The helping professional must be able to meet the parent halfway. The parent feels that there is no point in seeing a helping professional if the parent does not take their good advice that they feel may work. She feels that if you just do this then you are wasting your time and money. At the same time, if the parent feels that the helping professional does not know what they are talking about, then she will see someone else, as she will not waste time, money and energy on a helping professional from whom she gets nothing back. Teamwork is also associated with **communication**. The parent feels that both the helping professional and the parent need to pull together. A **communicative collaboration** must take place, not just a one-way process. Without communication, no working relationship is possible and the parent feels that she would not give as much to the process. The parent feels that her sharing of her life and herself contributed to the helping professional being able to be honest about what was expected. The **parent then knew what was expected of her and the professional knew what both her child and herself were capable of**. She feels that she clicked with the helping professional in that they understood each other. This **understanding** was achieved by means of the helping professional finding out what would work for the parent. The parent's capabilities were explored by means of the development

of a 'friendship' with the helping professional, informal continuous communication and detailed questionnaires. The parent does not mind if the professional tells her what to do but it must not be done aggressively. The professional must not put pressure on the parent or be hard on her child.

#### 4.2.13.2 Contemplations for the affinity: Parent-professional interaction

As indicated in the literature, Thomas, Werner-Wilson and Murphy (2005, p.21) stress that, in their initial contacts with families, professionals need to focus on setting realistic and useful goals based on the parameters of the family and their potential for change. The manner in which this information is gathered and shared is thought to have a bearing on the development of trust and positive rapport between the professional and the client. Participant A's comments about the parent-professional interaction are evocative of the therapeutic alliance between the parent and professional:

- *"I think its important and I think its excellent um ... its educational... for both sides ... and I think you get a lot more ... not help...communication you know if you work as a team you pull together and I think it does help, definitely"* (units 219 and 221, p.11, phase 1, participant A).
- *"...I think it needs to be a team effort again I mean its no good going to see a professional and you go home and you still resort to the old ways um if you're not going to take somebody's good advice and advice that you feel may work you're wasting your time and energy"* (unit 352, p.18, phase 1, participant A).

Collaboration is broadly thought to encompass an interactive relationship in which parties such as parents and professionals work together, sharing ideas within an atmosphere of reciprocal respect and support, trust and open communication (Engelbrecht, 2001, p.23). Participant A's comments appear to allude to the idea that parents and professionals must share a commitment to joint action in which they have shared goals and a level of "mutuality" in which both parties listen to each other (Fylling & Sandvin, 1999, p.147):

- *"And also where I've seen results what they've done and what I've done and um what my son did you know and it was also just you know we seemed to click. We understood each other. I knew what they expected from me. They knew what I was capable of, what (my son) was capable of and... the mere fact that they weren't hard on him and they never put any pressure on me"* (unit 229, p.12, phase 1, participant A).

As suggested in the literature, the alliance is thought to facilitate the enhanced application of interventions and is also therapeutic in its own right. It is, as such, considered a fundamentally important factor in therapy initiations. Both bonding and collaboration are considered as core components of the alliance. For a therapeutic bond to develop, clients may need to feel that the professional understands them and that they can depend on and trust the professional. It seems that Participant A's ideas about the parent-professional interaction are consistent with Prezant and Marshak's (2006, pp.41-42) finding that (1) listening to and respecting parents' input, (2)

being knowledgeable and providing information to parents, and, (3) collaborating and communicating with the parent were the most desired actions for professionals to take.

#### 4.2.14 Values

##### 4.2.14.1 PARTICIPANT A

This affinity sheds light on the *aspects of her experiences with helping professionals that she has valued*. First and foremost, she valued the helping professionals' **honesty** in the process from day one. There were **no misleading or unrealistic prognoses given** regarding her child and the parent knew where she stood. They were **straightforward** whether it was good or bad. The parent felt that they could have misled her due to her lack of understanding of her child's difficulties but they did not. The parent found the helping professional **helpful and informative for both herself and her child**. She specifically valued the **information they gave** her to shed light on the issues her child faced in the form of one-on-one conversations, pamphlets and internet websites. This was viewed as the helping professional adding that extra bit which saved her from having to look up the information herself. She could then read it and decide for herself whether to carry ideas out or not or read it just for interest purposes. **Feedback** that encompasses the helping professional giving different options and advising different ways of doing things is also important to the parent. She values the helping professional being able to **confront her with the negative aspects of her actions too**. She valued that they moved to the level her child was at. She experienced that they **put themselves in her child's situation**, became his friend and built up his confidence. The parent appreciated what they did for her child. The parent values the **convenience** that helping professional consultation affords when the problem of a child is causing damage. It is her view that it takes less time to figure out what to do and prevents worsening of the issue. The parent feels that she would not be able to deal with her child's difficulties without their help, as she was clueless as to the issue. She values consultation as without it she feels that children would rule parents.

##### 4.2.14.2 Contemplations for the affinity: Values

In a study of maternal satisfaction with healthcare providers providing therapeutic services for children with chronic disabilities, Green (2001, p.809) concluded that mothers value health care providers who pay attention to their concerns, give practical advice, evaluate what their children can do rather than focusing solely on what they cannot do and relate to their children as children. A distinctive value that Participant A referred to about consulting with helping professionals is the timesaving convenience of having access to these professionals:

- "... I would say it's definitely more of a convenience especially if I find that the child is causing more damage in the family than anything else... Instead of taking years to try and figure out the right route and in the process maybe breaking down the family completely you can see somebody that can prevent that breakdown, that complete breakdown and maybe sort out in six months to a year what you might take two or three years to sort out" (units 348 and 350, p.18, phase 1, participant A).

Participant A also emphasised the honesty of the helping professional as an aspect that she particularly appreciated:

- *“...The honesty um and they gave me no expectation. No, they didn't put me on a high and then I would sort of be like 'this is not what you told me'. They were honest with me. Straightforward whether it was good news or bad news and that's what I valued... where I stood and where we were going or not going. I valued that a lot because I didn't want... I didn't understand it and um they could have played me along if they wanted to and I wouldn't have been any the wiser but they weren't. They were honest and straightforward”* (units, 117, 119, 121 and 123 pp.6-7, phase 1, participant A).

The participant's statement further indicates that a parent can be in a vulnerable position when seeking assistance from helping professionals due to a lack of knowledge about the specific nature of their child's difficulty. The comment also suggests that the helping professional can be in a very powerful position to influence the outcomes of the consultation without the parent necessarily being aware of their motives and actions.

As a conclusion to the presentation and contemplations of the participants' affinity descriptions as offered in the subsections above, the personal representation of meaning that I last updated in Chapter Two will be reconsidered in the following subsection. The functionality of these affinity descriptions for phase two of the research will thereafter be introduced.

#### **4.2.15 Updated visual representation of the researcher's progressive understanding of the research phenomenon**

The visual representation [Figure 4.1] on the following page gives an indication of my updated personal construction of meaning for the research. As evidenced by my last literature review informed visual representation in Chapter Two [Figure 2.4, p.50], there are a number of factors that did not come to the fore in my initial discussion of literature pertaining to parents' constructions of the role of the helping professional in learning support. Thus, this latest visual representation incorporates all of the affinities as generated during phase one of the research. Parents' emotions, professional characteristics, stigma, assessment, recommendations and a team approach to consultation are the specific affinities that were not factored into my initial literature review and my associated visual representation. From my perspective, any one of the affinities that have been integrated into this latest illustration could influence or be influenced by the parent-professional interaction. I am not yet certain of the possible interaction of each of these affinities with each other and therefore the aim of the deductive exercise undertaken by both the participants' and myself during phase two of the research is to generate possible relations amongst the affinity constructs as representations of the parents' constructions of the role of the helping professional in learning support.

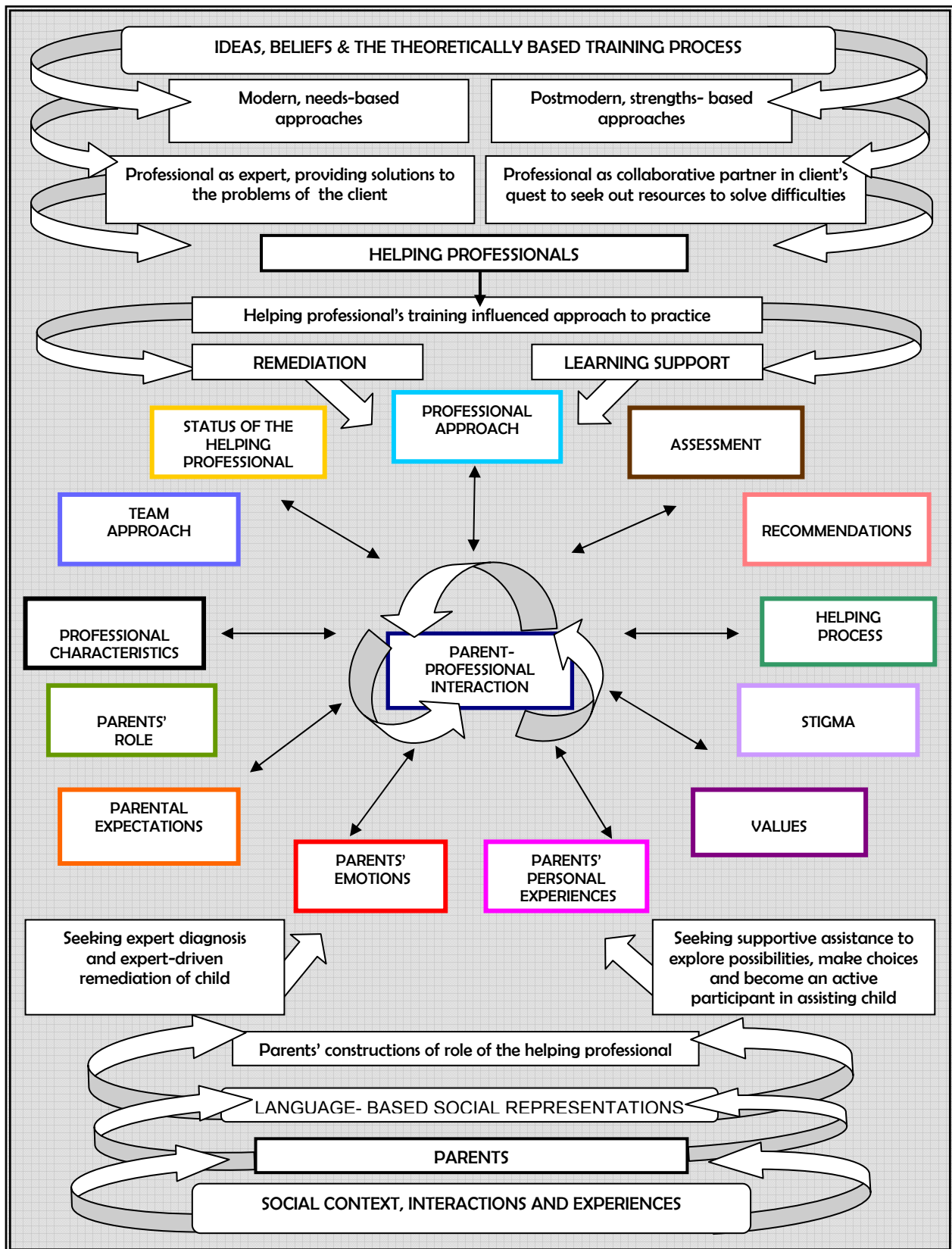


Figure 4.1: Affinity infused update of the visual representation of the researcher's further understanding of the constructs for the study

#### **4.2.16 The utility of the affinity descriptions for phase two of the research**

The next section will address the participants' ideas of the relationships amongst each of their own personal affinities as presented above. As stated in Chapter Three, each participant involved in the research used their own affinity descriptions to consider the causal relationships amongst each possible pairing of these affinities during phase two of the research. This involved participants commenting on their perception of the connections between each of the affinities in terms of their own generation of a cause and effect hypothesis between each. They did this by drawing an arrow to indicate the direction of influence between two affinities. Three choices were possible for any one pairing [e.g. affinity pair A and B]: A influences B [A→B]; B influences A [A←B]; or no relationship exists [A<>B] (Northcutt & McCoy, 2004, pp.149-167).

### **4.3 PHASE TWO: MODIFIED INTERACTIVE QUALITATIVE ANALYSIS**

#### **4.3.1 Nota Bene**

In this section, the Systemic Interrelationship Diagrams [SIDs] that were produced by the participants in their phase two deliberations of the cause-effect relationships amongst their own affinities will be discussed. Each affinity in the SIDs is positioned according to its relative influence in relation to the other affinities. Those affinities with the most influence on other affinities are positioned to the left [drivers of the system] in each of the diagrams and those affinities with the least influence [outcomes in the system] are positioned to the right. The relative influence of each affinity was determined via a standard process as described by Northcutt and McCoy's (2004) Interactive Qualitative Analysis methodology. An explanation of the processes that led to the development of all the SIDs, together with the associated IQA data protocols for each participant, can be found in **Appendix G**.

#### **4.3.2 Presentation and discussion of Participant A's SID**

Figure 4.2 on the following page illustrates Participant A's social representation of the role of the helping professional in learning support. Participant A's views of the relationships amongst the affinities that she generated are provided. Each of the affinity relationships shown in the SID also reveal a personal quotation which reflects the hypothetical nature of the relationship from the participant's own personal experiences (Northcutt & McCoy, 2004, p.152).

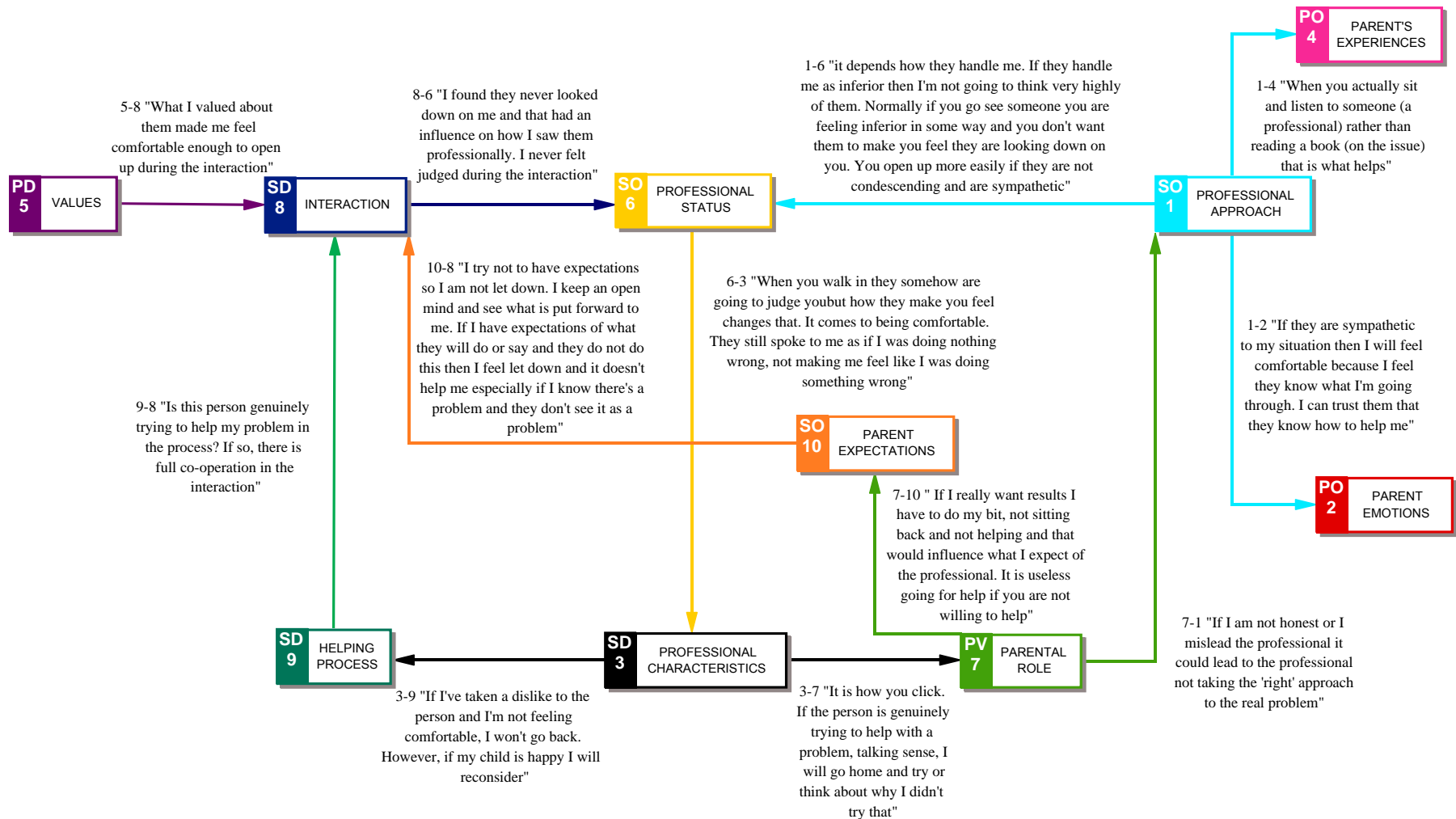


Figure 4.2: Participant A's social representation of the role of the helping professional in learning support<sup>10</sup>

<sup>10</sup> The following key explains the meaning of the abbreviations for the placement of affinities in each of the SIDs, as first introduced in Figure 4.2 above:

<b>PD</b>	<b>Primary Driver</b>	<b>SD</b>	<b>Secondary Driver</b>	<b>PV</b>	<b>Pivot</b>	<b>SO</b>	<b>Secondary Outcome</b>	<b>PO</b>	<b>Primary outcome</b>
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The SID is comprised of ten interacting affinity variables. Participant A views her **Values** about helping professionals as the primary driver of her social representation of the role of the helping professional in learning support. There are two affinities, which, as primary outcomes of the system, have no impact on the other affinities, namely **Parent's experiences** and **Parent emotions**. There are also three interacting feedback loops<sup>11</sup> in the system which all stem from **Professional Status**. Each feedback loop has a bearing on the other feedback loops and is in turn influenced by the recursion of the other feedback loops too.

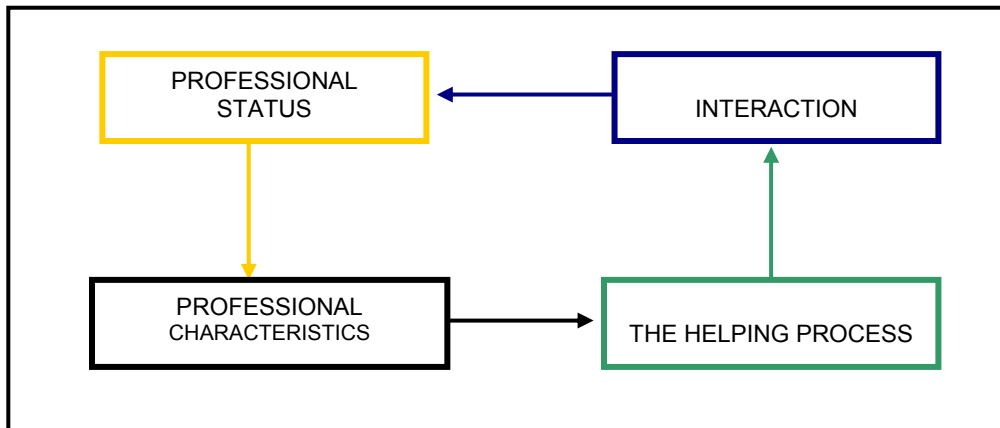
The idea of **Values** about helping professionals as a primary driver of Participant A's construction of the role of the helping professional endorses Maddux *et al's* (2004, pp.325-326) conjecture that our constructions are generally thought to be informed by our personal and social values. The **Values** Participant A has about helping professionals then impact on her **Interaction** with helping professionals and initiate further dynamics within the overall system path. The placement of the parent-professional **Interaction** as a relative driver of the system in relation to the other affinities is supported by Alexander and Morrison Dore's (1999, p.256) statement that the quality of the relationship between parents and professionals is the "marrow" of mental health services for children.

For Participant A, the parent-professional **Interaction** then influences her views of **Professional Status**. The participant specifically commented that during the interaction the professional "*never looked down on [her with a superior, expert-oriented demeanour] and that had an influence on how [she] saw them professionally...*". This implies that how the professional goes about interacting with the parent may create or adapt the parent's ideas of **Professional Status**. How the professional is then viewed in terms of **Professional Status** subsequently leads to three interacting feedback system loops within Participant A's construction of the role of the helping professional.

The first feedback loop- '**Helping professional shaped assistance**' [Figure 4.3 on the next page]- reveals that her ideas about **Professional Status** will influence her views of **Professional characteristics**. **Professional characteristics** will, in turn, influence **The helping process** and again influence the **Interaction** of the parent and the professional and the parent's subsequent ideas of **Professional status**.

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<sup>11</sup> Feedback loops occur when an affinity situated later in the system feeds back into an affinity situated earlier in the system. In other words, a relative outcome of the system influences a relative driver of the system (Northcutt & McCoy (2004, p.30).

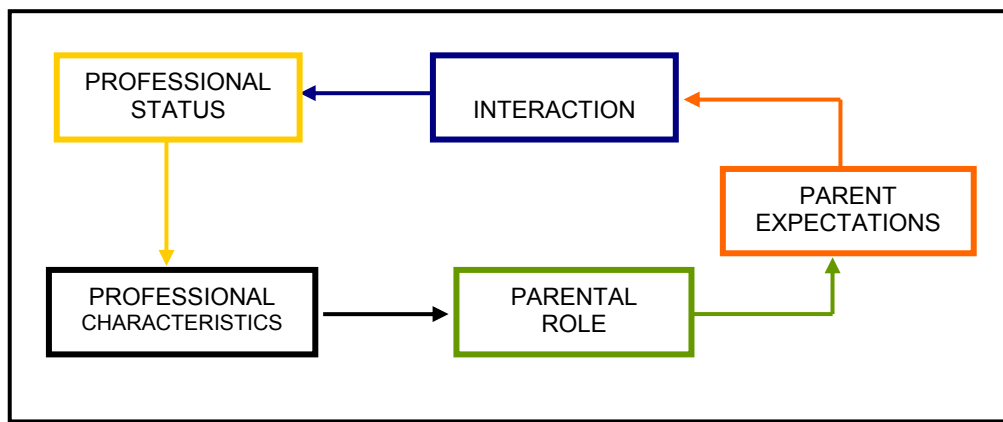


**Figure 4.3: Participant A: feedback loop 1- ‘Helping professional shaped assistance’**

Therefore, Sullivan, Skovholt and Jennings (2005, pp.48-49) comments that the person of the therapist is a crucial factor to the success of therapy and the relationship that is experienced with the therapist may be applicable for parents’ interactions with helping professionals in learning support of a child. To illustrate this feedback loop’s functioning in practical terms, the parent states *“If I’ve taken a dislike to the person [in terms of their personal characteristics and as related to their professional being] and I’m not feeling comfortable, I won’t go back”* resulting in a discontinuation of the helping process.

During the actual helping process the parent will ask herself *“is this person [the helping professional] genuinely trying to help my problem in the process? If so there is full co-operation [from the parent] in the interaction”*. Green (2001, pp.810-812) confers that therapists are often judged on their ability to get along with the parent and the child rather than solely in terms of their technical competence.

The second feedback loop- *‘Helping professional influenced parent role expectancy outcomes’* [Figure 4.4 on p.117]- also arises from the parent’s views of **Professional Status**. The second loop influences the first feedback loop and vice versa. As in the first feedback loop, the parent’s views of **Professional Status** lead to her views of **Professional characteristics** as evidenced in her statement *“When you walk in they somehow are going to judge you but how they make you feel changes that. It comes to being comfortable. They still spoke to me as if I was doing nothing wrong, not making me feel like I was doing something wrong”*. Participant A’s statement suggests that from her perspective the status of helping professionals places them in influential positions to judge the actions, thoughts and feelings of parents who seek their assistance.

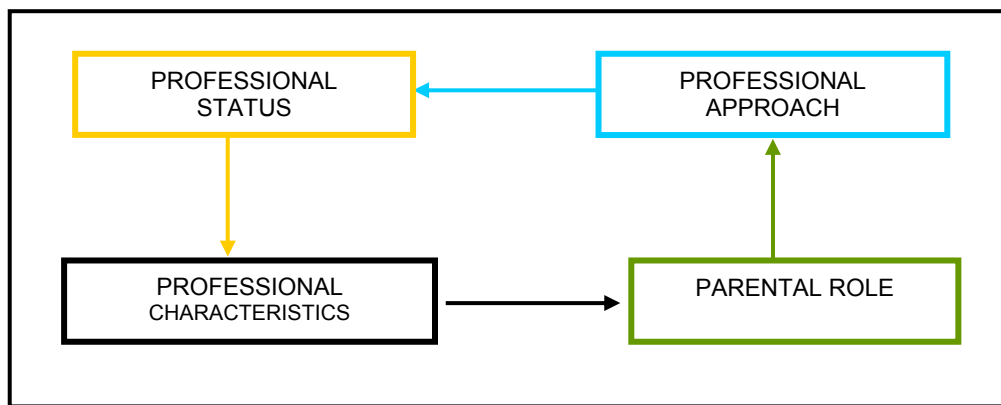


**Figure 4.4: Participant A: feedback loop 2- ‘Helping professional influenced parent role expectancy outcomes’**

However, it seems that it is how professionals deal personally with this position when interacting with parents that is significant to the parent. **Professional characteristic** will then influence her **Parental role** for learning support of her child. In this regard, the parent feels that “*It is how you click. If the person is genuinely trying to help with a problem, talking sense, I will go home and try or think about why I didn’t try that*”, perhaps, once more, alluding to the importance placed by the participant on the parent-professional therapeutic alliance for learning support of a child.

Participant A then feels that what she regards her **Parental role** to be in assisting her child will influence **Parent expectations**. This is apparent in her cause-effect comment “*If I really want results I have to do my bit- not sitting back and not helping- and that would influence what I expect of the helping professional. It is useless going for help if you are not willing to help*”. The participant’s views of how the **Parental role** results in **Parent expectations** suggest that a parent may reflect on the part that she thinks she should play in supporting her child during the helping process and this will then in turn influence **Parent expectations** of the helping professional and therefore the **Interaction** of herself and the helping professional. Her comments specifically suggest that she expects a give-and-take, balance between the professional’s insets and her own insets as a parent.

The third feedback loop in the system- ‘**Dynamics of parent and professional influences on the professional’s approach to assistance**’ [Figure 4.5 on p.118]- follows the same initial path as the second feedback loop in the system but feeds into the parent’s ideas of the **Professional approach** instead of **Parent expectations**.



**Figure 4.5: Participant A: feedback loop 3- ‘Dynamics of parent and professional influences on the professional’s approach to assistance’**

As a result, Participant A thinks that how she undertakes her **Parental role** with the helping professional, as influenced by **Professional status** and **Professional characteristics**, will impact either positively or negatively on the **Professional approach** to assist her child in learning support. Participant A specifically thinks “*If I am not honest or I mislead the professional it could lead to the professional not taking the ‘right’ approach to the real problem*”. Most literature (Maddux *et al.*, 2004; Maree, 2004; Pinkus, 2005; Swart & Pettipher, 2005) indicates that the theoretical approach of the helping professional dictates the nature of the helping professional’s helping methods and subsequently their interactions with parents. However, Participant A’s outlook suggests that the actions of the parent in consultation with the helping professional also impact the ultimate effectiveness of the helping professional’s assistance. The **Professional approach** that is actually initiated will impact on her views of **Professional Status**, impacting on the other feedback loops in the system and ultimately coursing back into the parent-professional **Interaction**. The **Professional approach**, as well as feeding back into the other two feedback loops as a result of its influence on the parent’s ideas of **Professional Status**, also influences the **Parent’s experiences** and the **Parent emotions**. This suggests that the dynamic nature of the interaction of all three feedback loops and their causal relationships, as predominantly driven by the professional, has the penchant to change parents’ outlooks about professionals as a result of their experiences and can determine parents’ emotional outcomes as a consequence of consultation with the helping professional.

#### 4.3.3 Presentation and discussion of Participant B’s SID

Figure 4.6 on the next page illustrates Participant B’s social representation of the role of the helping professional in learning support.

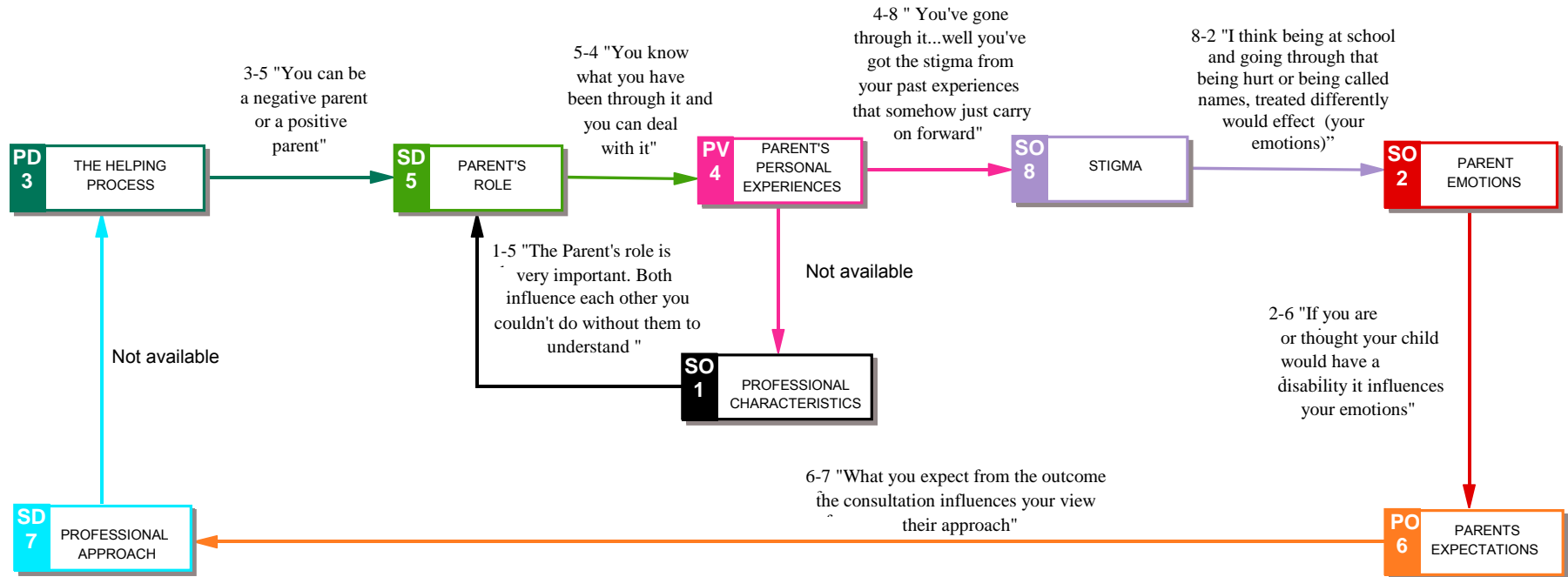


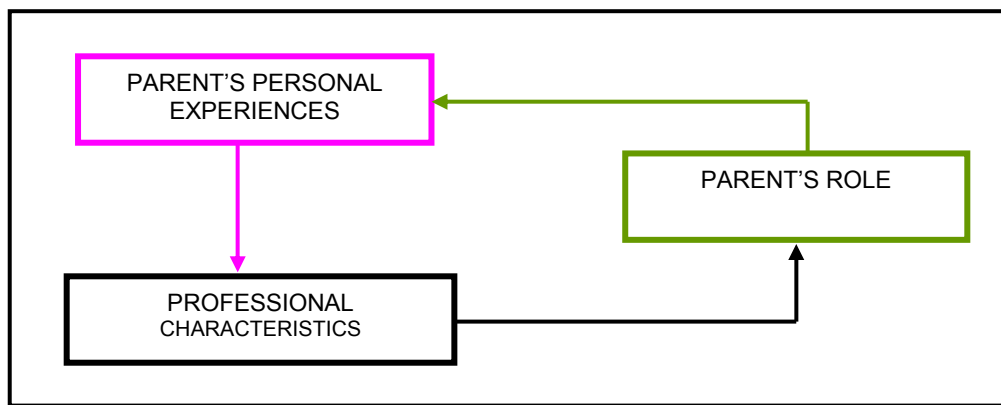
Figure 4.6: Participant B's social representation of the role of the helping professional in learning support

Eight interrelated affinity variables and the participant's personal considerations of the relations amongst them are denoted in the diagram. In Participant B's social representation of the role of the helping professional, the system path begins at **The helping process**, as the primary driver of the system. A perpetual system of interaction between all eight affinities in the system is created as the other causal affinity relationships flow from **The helping process** in a path of influence that routes back again to **The helping process** by means of a cyclical itinerary. Due to the uninterrupted, closed nature of the system, it is evident that each affinity is capable of driving the system in its totality. The continuous course of the system also suggests that each affinity will both impact on the other affinities and be influenced by the causal interaction of these other affinities too.

As a starting point [as determined by its allocation as a primary driver during analysis and for the sake of discussion initiation] **The helping process** influences the **Parent's role**. The participant specifically feels that in the process a parent can choose the role of either being "... *a negative parent or a positive parent*". She also sees a causal relationship resulting from the **Parent's role** in assisting her children and **Parent's personal experiences** as to her as a parent " [she] *know[s] what [she] ha[s] been through and [she] can deal with it*" as a result of the position she adopts in the process of assisting her children.

Thus, it is plausible that personal experiences in context can assist to construct parents' views of their own roles in learning support interactions with helping professionals. If one considers the entire system path, this may specifically occur by means of the mediation of the interaction between **Parent's personal experiences**, **Stigma**, **Parent emotions**, **Parent expectations**, **Professional approach** and **The helping process** itself. For the participant, the **Parent's role** in learning support can directly negate **Parent's personal experiences** from the past. **Parent's personal experiences** also influence views of **Professional characteristics** perhaps indicating that exposure to helping professionals assist towards constructions of their personal traits.

The first feedback loop in the system- '**Professional trait influences on parent's role consequences**' [Figure 4.7, p.121]- also occurs at **Professional characteristics**. To Participant B, **Professional characteristics** will affect the **Parent's role**, again feeding into how **Parent's personal experiences** are dealt with and leading to possible alterations of earlier constructions of **Professional characteristics**. The functioning of the entire feedback loop is evidenced in Participant B's statement that "*The parent's role is also very important. Both influence each other [parent's role and professional characteristics]. You could not do without them [the helping professional] to understand*".



**Figure 4.7: Participant B: feedback loop 1- 'Professional trait influences on parent's role consequences'**

According to Participant B, *Parent's personal experiences* can also create **Stigma**, especially, as she personally felt stigmatised as a result of her personal experiences in coping with a learning disability. This is reflected in her comment "... well you've got the stigma from your past experiences that somehow just carry on forward".

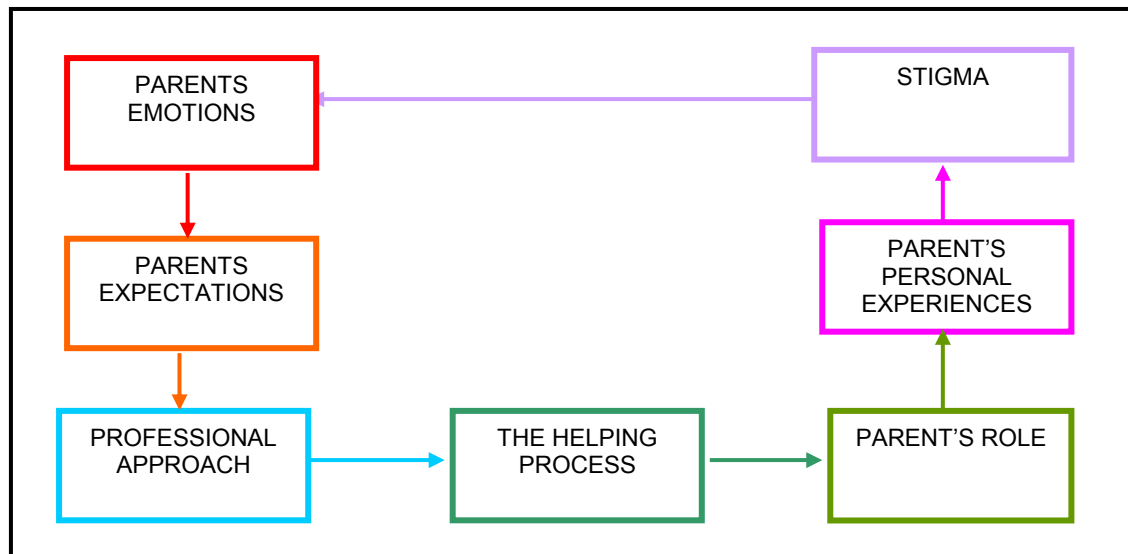
In considering the recurrent influence of all the affinities in Participant B's system, it may also be possible that the characteristics of the helping professional have the potential to reinforce negative outcomes from personal experiences and, as such, may lead to the creation or amplification of stigma about difficulties or problems that the parent is confronted with. Hinshaw (2005, p.721), referring specifically to stigmatisation surrounding children with mental disorders, mentions that there are some mental health professionals who, through attitudes of superiority, paternalism and theoretical modes that blame parents and family members, may promote stigmatisation.

In Participant B's case, she hypothesises that the **Stigma** that a parent can experience influences the *Parents emotions* when confronted with seeking helping professional assistance. Of course, by implication of the effects of all the affinities, the helping professional could either positively or negatively impact on these emotions too.

Although Participant B indicated that *Parents emotions* will then influence *Parents expectations*, her later comments about this relationship appear to point out that if parents expect that their child will be diagnosed with a learning disability that will influence their emotions, instead signifying that *Parents expectations* influence *Parents emotions*. Due to the cyclical functioning of the system both influences are entirely possible; the former through direct

influence and the latter via the indirect intervention of other intermitting affinity relations. In fact, the participant's SID indicates that **Parents expectations** influence **Parents emotions** via the mediation of the interaction of **Professional approach**, **The helping process**, **'Experiential outlook alteration via parent- professional action dynamics'** and **Stigma**. Thus, the parent's emotions may be largely ascertained by the professional in the helping process and how the professional handles the parent's ideas, experiences and effects of the parent's negative personal attributions and possible stigmatisation.

Feedback loop 2- **'Expectation alteration cycle'** [Figure 4.8] – also flows from **Parents expectations**, which subsequently influence the parents' views of the **Professional approach**, as expressed by Participant B's statement that *"what you expect from the outcome of the consultation influences your view of their approach"*. This statement mirrors Nock and Kazdin's (2001, p.155) comments that expectations are anticipatory beliefs that clients such as parents have of therapeutic services and can involve beliefs about the therapist, the results of the therapy and the procedures for the therapy.



**Figure 4.8: Participant B: feedback loop 2- 'Expectation alteration cycle'**

As also indicated in the literature (Russell, 2003, pp.144-146), the direct communication that parents have with helping professionals can also help them to develop their expectations of their child, ideas of the role that they have to play as a parent as well as the role others will fulfil for learning support of their child. This development of expectations is reflected in the further route of feedback loop 2.



The **Professional approach** in learning support will influence **The helping process** that is undertaken to assist a child for learning support purposes which, if we follow the path of influence again, will then affect **Parents role**, impacting on **Parents personal experiences** and **Stigma** resulting in **Parents emotions** which then influence **Parents expectations**. As Participant B stated, in reflecting on the relationship between **The helping process** and **Parents expectations**, the “ *Process changes expectations.... because they [helping professionals] are helping you and dealing with that and what you expected no longer has to be what you expected. You got to know your limitations because they’ve given you advice and they’ve helped you basically*”.

#### 4.3.4 Presentation and Discussion of Participant C’s SID

Figure 4.8 on the following page illustrates Participant C’s social representation of the role of the helping professional. For Participant C, **Professional characteristics** are the primary driver of the system. Although there are no primary outcomes in Participant C’s system of meaning, the affinity with the lowest delta value of all the affinities that constitute the system is **The helping process**. There are also two feedback loops in Participant C’s social representation.

Participant C thinks that **Professional characteristics** impact on the **Expertise of the professional** as substantiated by her personal hypothesis that “*If the personal characteristic is to be able to communicate well with children, field of expertise will probably be to work with children*”. It appears that, for this participant, a person’s personality determines the area of professional expertise that they specialise in.

This viewpoint is indeed apparent in Holland’s career choice theory (in Nel, 1999, pp.47-48) of career development that postulates that a person’s career choice is an expression of his or her personality. Participant C’s consideration of this relationship also perhaps suggests that the personalities of professionals will influence how they act in terms of their professional being. The **Expertise of the professional** is viewed as important for a child’s **Assessment** and this **Assessment** will then influence the **Parents expectations**. For Participant C then **Assessment** plays a crucial role in learning support, as it will determine the **Parents expectations** and thus the **Parents role**.

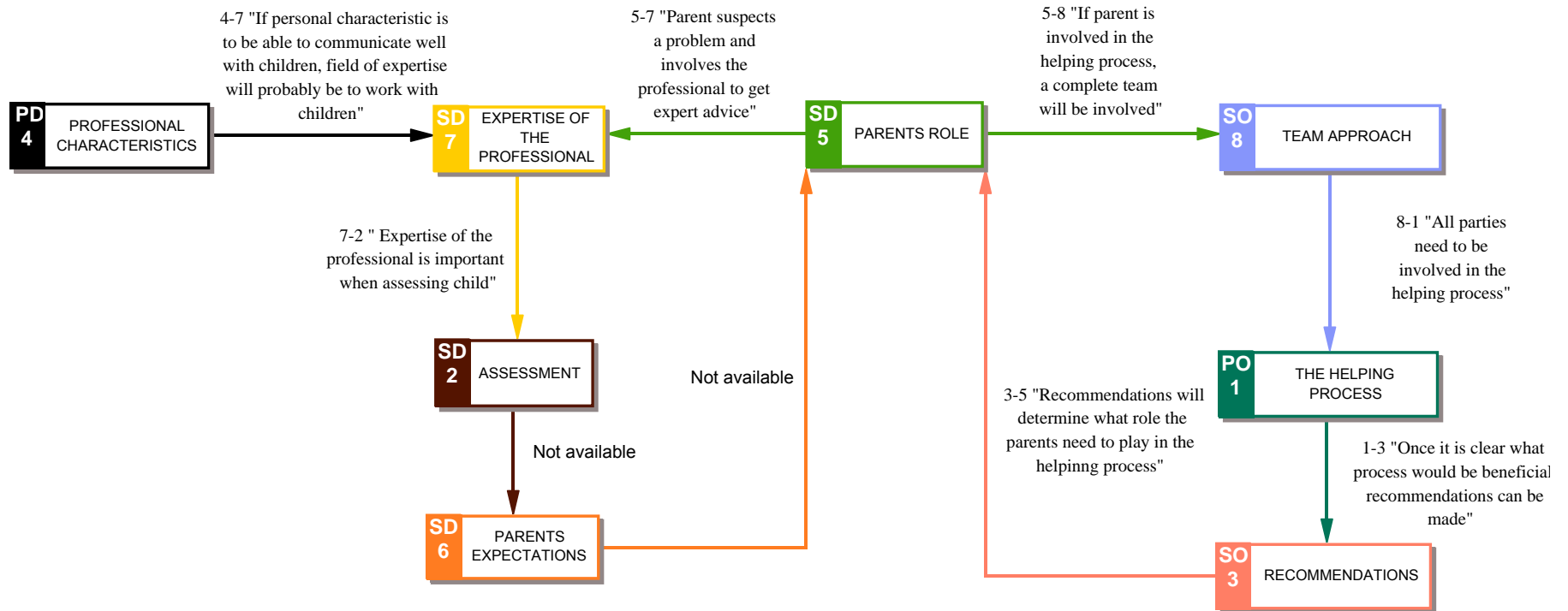
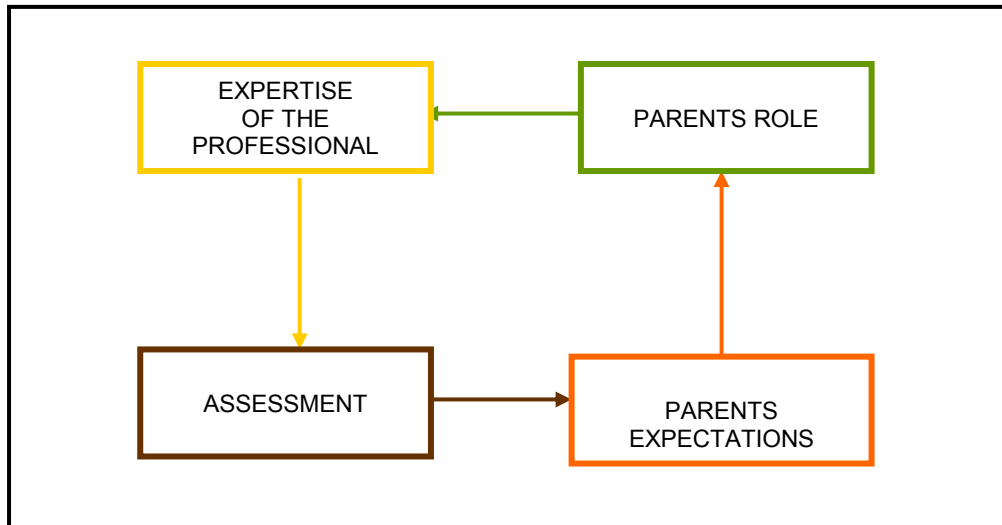


Figure 4.9: Participant C's social representation of the role of the helping professional in learning support

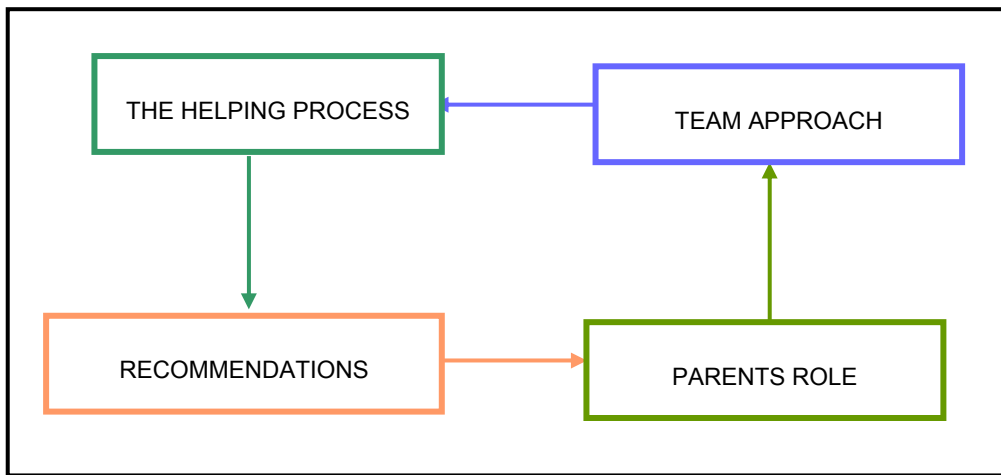
Although these first four affinities influence her view of the **Parents role**, Participant C also thinks that the **Parents role**, in seeking assistance for a problem their child may be experiencing will lead them to seek out the **Expertise of the professional**. This begins a subsystem- '**Parent initiated professional assessment process outcomes**' [Figure 4.10]- in her overall system of meaning and leads to **Assessment** and the **Parents expectations** of the **Parents role**.



**Figure 4.10: Participant C: '**Parent initiated professional assessment process outcomes**'**

For Participant C, the **Parents role** will thereafter have an influence on a **Team approach**. Furthermore, if a **Team approach** is initiated with multiple professionals and the parent working collaboratively this will then influence the nature of **The helping process** altogether. The helping process can lead to recommendations.

The only feedback loop in the system- '**Professional recommendation outcome effects**' [Figure 4.11, p.126] - begins at **Recommendations**. These **Recommendations** will then impact further on the **Parents role** in assisting her child and this role would then influence the dynamics of a **Team approach** which impacts on **The helping process**. To Participant C, once it is clear to all involved what processes will be beneficial to her child then **Recommendations** can be made. Due to the link of the parent's ideas of the **Parents role** within the second feedback loop, it is apparent that the first feedback loop will effect the second and vice versa.



**Figure 4.11: Participant C: feedback loop 1- ‘Professional recommendation outcome effects’**

It appears that Participant C views helping professionals as experts with certain characteristics that have led them to choose their career path. The parent relies on the outcomes the helping professional’s expert assessments to determine what she expects of the professional, of her child and most definitely what the results will mean for her role in assisting her child. Initially it appears that she sees her role in assisting her child as that of finding the experts who can shed light on the issue for her through assessment. The parent also believes that her involvement will lead to a complete team in the actual process.

#### **4.4 Concluding remarks**

This chapter presented the affinity descriptions generated with the participants during the study. The participants’ social representations of the role of the helping professional in learning support that comprised their views of the relationships amongst their personal affinities were also illustrated. A recursive literature review was initiated in contemplation of these findings for the study. In the final chapter of the study, a summary of the findings presented in this chapter via an analysis of the research questions will be undertaken. Thereafter, the implications of the study findings and the overall limitations of the study will be pondered. My final personal representation of my own construction of meaning with regards to the research issue will be presented too.