

PARENTS' CONSTRUCTIONS  
OF THE ROLE OF THE HELPING PROFESSIONAL  
IN LEARNING SUPPORT

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**PARENTS' CONSTRUCTIONS  
OF THE ROLE OF THE HELPING PROFESSIONAL  
IN LEARNING SUPPORT**

*by*

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## DECLARATION

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I, Lisa Zimmerman (9812347), hereby declare that all the resources that were consulted are acknowledged in the reference list and that this study, entitled “Parents’ constructions of the role of the helping professional in learning support”, is my original work.

L. Zimmerman

July 2006

**SUMMARY**

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**PARENTS' CONSTRUCTIONS OF THE  
ROLE OF THE  
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*By*

**Lisa Zimmerman**

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**Degree** : MEd (Educational Psychology)

**KEYWORDS**

- Social constructionism
- Social representations
- Parents
- Helping professionals
- Parent-professional interaction
- Role expectations
- Modern, needs-based approaches
- Postmodern, strengths-based approaches
- Learning support
- Interactive Qualitative Analysis

Within the helping professions there are contrasting epistemological views regarding the role of the helping professional, which have direct influences on learning support practices. Despite these views, it remains unclear what parents expect when seeking learning support for their children. This qualitative study explored parents' constructions of the role of the helping professional in learning support. It specifically addressed parents' expectations of the helping professional, what they value in their interactions with helping professionals as well as their understandings of their own roles in consultation and intervention for learning support.

A case study approach was employed to gain access to participants. Specifically, three parents of children attending a school for Learners with Special Educational Needs [LSEN] were included as participants. These parents had had experiences with various helping professionals, both at the school and in private practice settings, in the course of seeking assistance for their children. It was thus thought that they would be able to provide in-depth perspectives as to their ideas of the role of helping professionals who assist children experiencing difficulties due to their exposure and experiences with helping professionals. Initial data collection was undertaken via semi-structured interviews with the participants. A content analysis of the interviews was subsequently employed to elicit affinities for use during a further modified form of Interactive Qualitative Analysis [IQA] with the contributors to the study. In total, fourteen affinities were generated and included *Parental expectations, Professional characteristics, The helping process, Parents' role, Status of the helping professional, Professional approach, Parents' personal experiences, Parents' emotions, Assessment, Recommendations, Stigma, a Team approach, parent-professional Interaction* and *Values*.

These affinity descriptions were corroborated and expanded on with the participants and the relationships amongst the affinities were then hypothesised by the participants themselves. A central outcome of the study was the research participants' social representations of helping professionals. These representations comprise the thematic elements representing the participants' discourse about the role of helping professionals in learning support and provide the participants' in-depth ideas of the relationships amongst these elements.

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## TABLE OF CONTENTS

---

### CHAPTER ONE

MOTIVATION FOR AND OVERVIEW OF THE STUDY

---

	Page
<b>1.1 A PERSONAL REFLECTION OF THE RESEARCHER’S EXPERIENCES AS A TRAINEE HELPING PROFESSIONAL</b>	1
<b>1.2 BACKGROUND</b>	3
<b>1.3 CONCEPTUAL OVERVIEW BASED ON A LITERATURE INFORMED CLARIFICATION OF THE CONSTRUCTS</b>	7
1.3.1 Introduction	7
1.3.2 Social constructionism	8
1.3.3 Learning support	9
1.3.4 Parents	11
1.3.5 Helping professionals	12
<b>1.4 VISUAL REPRESENTATION OF THE RESEARCHER’S DEVELOPING UNDERSTANDING OF THE RESEARCH</b>	13
<b>1.5 STATEMENT OF THE RESEARCH PROBLEM</b>	15
<b>1.6 AIM OF STUDY, RESEARCH QUESTIONS AND OUTCOME GOALS</b>	17
1.6.1 Aims	17
1.6.2 Research questions	17
1.6.2.1 <i>Central research question</i>	17
1.6.2.2 <i>Sub questions</i>	18
1.6.3 Outcome goals for the study	18
<b>1.7 RESEARCH DESIGN</b>	18
1.7.1 The case study as research design	18
1.7.2 Participant selection	19
1.7.3 Data collection and data analyses	20

1.7.3.1 Phase one: Semi-structured interviews and content analysis	20
1.7.3.2 Phase two: Modified Interactive Qualitative Analysis (IQA)	20
<b>1.7.4 Rationale for the research methodology instituted during the research</b>	21
<b>1.7.5 Ethical considerations</b>	22
1.7.5.1 The cardinal importance of ethical conduct in research	22
1.7.5.2 Informed consent	23
1.7.5.3 Confidentiality and anonymity	24
1.7.5.4 Protection from harm	24
<b>1.8 POTENTIAL SIGNIFICANCE OF THE STUDY</b>	25
<b>1.9 DELINEATION OF THE STUDY</b>	25
<b>1.10 CONCLUDING COMMENTS</b>	26

-iji-

## CHAPTER TWO

### A LITERATURE REVIEW

---

	Page
<b>2.1 INTRODUCTION</b>	27
<b>2.2 THE THEORETICALLY BASED TRAINING PROCESS</b>	27
<b>2.2.1 Modern, needs-based approaches</b>	29
2.2.1.1 <i>The role of power and expert status</i>	29
2.2.1.2 <i>Remediation as a representative of a modern, needs-based approach to practice</i>	30
<b>2.2.2 Postmodern, strengths-based approaches</b>	31



2.2.2.1 <i>Collaboration and power sharing</i>	31
2.2.2.2 <i>Learning support from the strengths-based perspective</i>	34
<b>2.3 PARENT-PROFESSIONAL INTERACTION</b>	<b>35</b>
2.3.1 <b>The significance of the parent-professional relationship</b>	<b>35</b>
2.3.2 <b>Collaborative partnerships</b>	<b>36</b>
2.3.3 <b>Therapeutic alliance</b>	<b>37</b>
2.3.4 <b>Benefits and potential barriers in parent- professional partnerships</b>	<b>38</b>
<b>2.4 PARENTS' CONSTRUCTIONS OF THE ROLE OF THE HELPING PROFESSIONAL</b>	<b>39</b>
2.4.1 <b>Social constructionist underpinnings</b>	<b>39</b>
2.4.2 <b>The constitution of constructions</b>	<b>41</b>
2.4.2.1 <i>Reality representations</i>	41
2.4.2.2 <i>The role of language in constructions</i>	41
2.4.2.3 <i>Representational frameworks</i>	42
2.4.3 <b>Social context, interactions and experiences</b>	<b>44</b>
2.4.4 <b>Factors that impact on parental views of the helping professional</b>	<b>45</b>
2.4.4.1 <i>Parents' experiences of having a child with a barrier to learning</i>	45
2.4.4.2 <i>Parents' expectations</i>	46
2.4.4.3 <i>The role of the medical-deficit model</i>	47
<b>2.5 CONCLUDING REMARKS</b>	<b>48</b>
2.5.1 <b>Review of study exposition progress</b>	<b>48</b>
2.5.2 <b>Updated visual representation of researcher's progressive understanding of the research phenomenon</b>	<b>48</b>
2.5.3 <b>Researcher's reflection on the updated visual representation</b>	<b>50</b>

**CHAPTER THREE**  
**RESEARCH DESIGN AND METHODOLOGY**

---

	Page
<b>3.1 INTRODUCTION</b>	51
<b>3.2 RESEARCH PARADIGM</b>	51
<b>3.3 METHODOLOGICAL ASSUMPTIONS</b>	53
<b>3.3.1 Association with ontology and epistemology</b>	53
<b>3.3.2 Basis in dialectical thinking</b>	54
<b>3.3.3 The complementary usage of quantitative methods within a qualitative study</b>	55
<b>3.4 RESEARCH DESIGN</b>	57
<b>3.4.1 Preamble</b>	57
<b>3.4.2 The case study as research design</b>	57
<i>3.4.2.1 Grounds for usage</i>	57
<i>3.4.2.2 Case description: Issues of sampling</i>	59
<i>3.4.2.3 The strengths and challenges of case studies</i>	61
<b>3.4.3 Rigour</b>	64
<b>3.4.4 The research setting and the roles of those involved</b>	66
<i>3.4.4.1 The context of the enquiry</i>	66
<i>3.4.4.2 The role of the researcher</i>	66
<i>3.4.4.3 The envisioned role of participants</i>	67
<b>3.4.5 Research methodology</b>	68
<i>3.4.5.1 Research methodology objectives</i>	68
<i>3.4.5.2 Data collection and data analyses</i>	69
<b>3.5 CONCLUDING REMARKS</b>	74

**CHAPTER FOUR**  
PRESENTATION AND DISCUSSION OF FINDINGS

---

	Page
<b>4.1 INTRODUCTION</b>	75
<b>4.2 PHASE ONE: AFFINITIES GENERATED FROM THE SEMI-STRUCTURED INTERVIEWS</b>	75
<b>4.2.1 Parents' expectations</b>	77
4.2.1.1 <i>Participant A</i>	77
4.2.1.2 <i>Participant B</i>	78
4.2.1.3 <i>Participant C</i>	78
4.2.1.4 <i>Contemplations for the affinity: Parent expectations</i>	79
<b>4.2.2 Professional characteristics</b>	83
4.2.2.1 <i>Participant A</i>	83
4.2.2.2 <i>Participant B</i>	83
4.2.2.3 <i>Participant C</i>	84
4.2.2.4 <i>Contemplations for the affinity: Professional characteristics</i>	84
<b>4.2.3 The helping process</b>	86
4.2.3.1 <i>Participant A</i>	86
4.2.3.2 <i>Participant B</i>	86
4.2.3.3 <i>Participant C</i>	87
4.2.3.4 <i>Contemplations for the affinity: The helping process</i>	87
<b>4.2.4 Parents' role</b>	89
4.2.4.1 <i>Participant A</i>	89
4.2.4.2 <i>Participant B</i>	89
4.2.4.3 <i>Participant C</i>	90
4.2.4.4 <i>Contemplations for the affinity: Parents' role</i>	91
<b>4.2.5 Status of the helping professional</b>	93
4.2.5.1 <i>Participant A</i>	93
4.2.5.2 <i>Participant C</i>	94
4.2.5.3 <i>Contemplations for the affinity: Status of the helping professional</i>	94

<b>4.2.6 Professional approach</b>	96
4.2.6.1 <i>Participant A</i>	96
4.2.6.2 <i>Participant B</i>	96
4.2.6.3 <i>Contemplations for the affinity: Professional approach</i>	97
<b>4.2.7 Parents' personal experiences</b>	99
4.2.7.1 <i>Participant A</i>	99
4.2.7.2 <i>Participant B</i>	99
4.2.7.3 <i>Contemplations for the affinity: Parents' personal experiences</i>	100
<b>4.2.8 Parents' emotions</b>	101
4.2.8.1 <i>Participant A</i>	101
4.2.8.2 <i>Participant B</i>	102
4.2.8.3 <i>Contemplations for the affinity: Parents' emotions</i>	102
<b>4.2.9 Assessment</b>	104
4.2.9.1 <i>Participant C</i>	104
4.2.9.2 <i>Contemplations for the affinity: Assessment</i>	104
<b>4.2.10 Recommendations</b>	105
4.2.10.1 <i>Participant C</i>	105
4.2.10.2 <i>Contemplations for the affinity: Recommendations</i>	106
<b>4.2.11 Stigma</b>	106
4.2.11.1 <i>Participant B</i>	106
4.2.11.2 <i>Contemplations for the affinity: Stigma</i>	107
<b>4.2.12 Team approach</b>	107
4.2.12.1 <i>Participant C</i>	107
4.2.12.2 <i>Contemplations for the affinity: Team approach</i>	108
<b>4.2.13 Parent-professional interaction</b>	108
4.2.13.1 <i>Participant A</i>	108
4.2.13.2 <i>Contemplations for the affinity: Parent-professional interaction</i>	109
<b>4.2.14 Values</b>	110
4.2.14.1 <i>Participant A</i>	110
4.2.14.2 <i>Contemplations for the affinity: Values</i>	110
<b>4.2.15 Updated visual representation of the researcher's progressive understanding of the research phenomenon</b>	111
<b>4.2.16 The utility of the affinity descriptions for phase two of the research</b>	113

<b>4.3 PHASE TWO: MODIFIED INTERACTIVE QUALITATIVE ANALYSIS</b>	113
<b>4.3.1 Nota Bene</b>	113
<b>4.3.2 Presentation and discussion of Participant A's SID</b>	113
<b>4.3.3 Presentation and discussion of Participant B's SID</b>	118
<b>4.3.4 Presentation and discussion of Participant C's SID</b>	123
<b>4.4 CONCLUDING REMARKS</b>	126

**CHAPTER FIVE**

**SUMMATION OF FINDINGS AND IMPLICATIONS OF THE STUDY**

---

	Page
<b>5.1 INTRODUCTION</b>	127
<b>5.2 THE RESEARCH QUESTIONS REVISITED</b>	129
<b>5.2.1 Research questions</b>	129
<i>5.2.1.1 Central research question</i>	129
<i>5.2.1.2 Sub questions</i>	134
<b>5.3 LIMITATIONS OF THE STUDY</b>	138
<b>5.4 CONTRIBUTION OF THE STUDY</b>	140
<b>5.4.1 Implications for helping professional praxis</b>	140
<b>5.4.2 Further research possibilities</b>	141
<b>5.5 CONCLUSION</b>	142
<b>5.5.1 Final visual representation of the researcher’s growing construction of meaning</b>	142
<b>5.6.2 Closing remarks</b>	144
<b>LIST OF REFERENCES</b>	145

-iji-

**LIST OF APPENDICES**

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---

	Page
<b>APPENDIX A : PARTICIPANT LETTER OF CONSENT</b>	158
<b>APPENDIX B : LETTER OF CONSENT FOR SCHOOL MANAGEMENT</b>	159
<b>APPENDIX C : LETTER OF CONSENT FOR SCHOOL GOVERNING BODY</b>	160
<b>APPENDIX D : LETTER OF CONSENT: GAUTENG DEPARTMENT OF EDUCATION</b>	161
<b>APPENDIX E : SEMI- STRUCTURED INTERVIEW SCHEDULE</b>	163
<b>APPENDIX F : PHASE ONE: SEMI-STRUCTURED INTERVIEW EXCERPT</b>	165
<b>APPENDIX G : IQA DATA</b>	167
<b>PARTICIPANT A</b>	168
1. Detailed Affinity Relationship Table (DART)	168
2. Tabular Interrelationship Diagram (IRD)	169
3. Tabular Interrelationship Diagram in descending order of delta	170
4. Cluttered Systemic Interrelationship Diagram	171
5. Rationalisation Process table	172
6. Uncluttered SID- redundant links retained	174
7. Uncluttered SID- redundant links removed	174
8. Clean SID	175
<b>PARTICIPANT B</b>	175
1. Detailed Affinity Relationship Table (DART)	175
2. Tabular Interrelationship Diagram (IRD)	176
3. Tabular Interrelationship Diagram in descending order of delta	177

4. Cluttered Systemic Interrelationship Diagram	177
5. Rationalisation Process table	178
6. Uncluttered SID- redundant links retained	179
7. Uncluttered SID- redundant links removed	179
8. Clean SID	180
<b>PARTICIPANT C</b>	180
1. Detailed Affinity Relationship Table (DART)	180
2. Tabular Interrelationship Diagram (IRD)	181
3. Tabular Interrelationship Diagram in descending order of delta	181
4. Cluttered Systemic Interrelationship Diagram	182
5. Rationalisation Process table	182
6. Uncluttered SID- redundant links retained	183
7. Uncluttered SID- redundant links removed	184
8. Clean SID	184
<b>RESEARCHER</b>	185
1. Affinity Relationship Table (ART)	185
2. Tabular Interrelationship Diagram (IRD)	187
3. Tabular Interrelationship Diagram in descending order of delta	187
4. Cluttered Systemic Interrelationship Diagram	188
5. Rationalisation Process table	188
6. Uncluttered SID- redundant links retained	191
7. Uncluttered SID- redundant links removed	191
8. Clean SID	192

-iji-

## LIST OF FIGURES

---

Page

Figure 1.1 : Visual representation of the researcher's assumptions of the



relationships amongst constructs for the study	14
Figure 2.1 : Visual representation highlighting the areas of focus for Section 2.2	28
Figure 2.2 : Visual representation highlighting the area of focus for Section 2.3	36
Figure 2.3 : Visual representation highlighting the areas of focus for Section 2.4	40
Figure 2.4 : Literature informed update of the visual representation of the researcher's further understanding of the constructs for the study	49
Figure 4.1 : Affinity infused update of the visual representation of the researcher's further understanding of the constructs for the study	112
Figure 4.2 : Participant A's social representation of the role of the helping professional in learning support	114
Figure 4.3 : Participant A: feedback loop 1 – <i>'Helping professional shaped assistance'</i>	116
Figure 4.4 : Participant A: feedback loop 2 – <i>'Helping professional influenced parent role expectancy outcomes'</i>	117
Figure 4.5 : Participant A: feedback loop 3 – <i>'Dynamics of parent and professional influences on the professional's approach to assistance'</i>	118
Figure 4.6 : Participant B's social representation of the role of the helping professional in learning support	119
Figure 4.7 : Participant B: feedback loop 1- <i>'Professional trait influences on parent's role consequences'</i>	121
Figure 4.8 : Participant B: feedback loop 2- <i>'Expectation alteration cycle'</i>	122
Figure 4.9 : Participant C's social representation of the role of the helping	

professional in learning support	124
<b>Figure 4.10 : Participant C: -</b> <i>'Parent initiated professional assessment process outcomes'</i>	125
<b>Figure 4.11 : Participant C: feedback loop 2-</b> <i>'Professional recommendation outcome effects'</i>	126
<b>Figure 5.1 : Visual representation of the researcher's assumptions of the relationships amongst constructs at the commencement of the study</b>	128
<b>Figure 5.2 : Final update of the researcher's construction of meaning for the study</b>	143

-iji-

## LIST OF TABLES

---

	Page
<b>Table 3.1 : Biographical details of research participants involved in the study</b>	61
<b>Table 3.2 : Example of possible affinity relationship choices between affinities A and B</b>	73
<b>Table 4.1 : Affinities generated for each participant during phase one of the study</b>	76
<b>Table 5.1 : Comparison of the properties of the affinities generated by each Participant</b>	133

**Table E : Breakdown of question target rationales**

164

-iji-

## CHAPTER ONE

### MOTIVATION FOR AND OVERVIEW OF THE STUDY

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*“Those who create something have some sort of privileged access to their own creations. They are able to understand in ways other people cannot”*

Hosking and Morley (2004, p.320).

#### **1.1 A PERSONAL REFLECTION OF THE RESEARCHER’S EXPERIENCES AS A TRAINEE HELPING PROFESSIONAL**

This research undertaking has been shaped by my thoughts and observations as a researcher and as a recently trained educational psychologist involved in learning support. In my theoretical training I was exposed to philosophically based debates regarding optimal practice for helping professionals, which continue to shape my personal constructions of my role as a helping professional. I was specifically confronted with the postmodern notion that helping professionals are required to work in close collaboration with parents by means of shared planning, decision-making and problem solving to reach a common goal (Engelbrecht, 2001, p.23). Consequently, I have come to understand collaboration as a greater level of partnership between parents as my clients and myself. I have also come to believe that parents who enter into a counselling relationship with me for learning support purposes are highly capable of initiating their own solutions. The recognition that parents can initiate their own solutions has been strongly influenced by my acknowledgment of postmodern, strengths-based approaches that focus on parents’ strengths and capacities rather than deficits and problems.

Throughout my training, I have noticed that the strengths-based theoretical approaches that I was exposed to, may perhaps lead to an idealistic notion of the parent as an actively engaged partner in collaboration with the helping professional. The parent is merely guided in the right direction as they set their own goals, generate their own solutions, and implement interventions during this collaboration. I have also noted a distinct gap in that these policies and theories seem to fail to consider parents’ expectations of helping professionals. While I have to acknowledge that I find the terminology associated with strengths-based approaches inspiring, I have simultaneously been rather perplexed by the insufficiency of the language to provide any practical indication of how the counselling relationship with parents is supposed to occur. Terms such as “empowerment”, “enablement”, “partnership” and “collaboration” are abundant in the literature on parents and professionals but these words remain somewhat vague to me, in the sense that, although they imply practical action, it is not apparent what actions will result in the

practical manifestation of these terms in practice. There seem to be no tangible illustrations from parents' perspectives of what actually needs to take place in the counselling relationship for my clients and I to feel that we have achieved a collaborative partnership in which my clients feel empowered and enabled.

In both my therapeutic work and in my current observations as researcher, I feel that helping professionals are seemingly trying to distance themselves from the notion of having absolute power and of giving expert designed solutions to parents in learning support initiations. This appears to me to be as a direct result of the critique levelled against the traditionally dominant needs-based approaches associated with the medical-deficit model that continue to be applied within the helping professions. It would seem that, in reaction to the critique of needs-based approaches, there is a trend for helping professionals to try to make use of recent strengths-based approaches in consultation so as to subtly try to guide the process according to what they now think is in parents' best interests. However, if this is so, then I have a number of questions. I wonder, are parents aware of the development of strengths-based approaches in reaction to the criticism of needs-based approaches? As such, are parents informed about my strength-based role as a helping professional? Consequently, are parents aware of the 'new' role that they are expected to play from my strengths-based perspective? Moreover, can we be sure that parents come prepared to engage actively in exploring their strengths and their self-generated solutions?

Thus, regardless of my training in empowering and enabling views of counselling practice, and notwithstanding my best [theoretically influenced] intentions to implement a strengths-based approach to counselling in learning support, I have increasingly pondered whether there may be a possibility that my clients may have other expectations of my role. It has occurred to me that my clients may be caught unaware if I invite them to become more active in constructing a counselling relationship in which their input and knowledge is valued and which requires them to play a more active role in finding solutions.

Furthermore, it is my current conviction that my view of counselling practice in the context of learning support is constructed in a societal realm that appears to be dominated by a kind of reverence that is afforded to the "expert" opinions and advice of professionals. In many ways, I think the society that we live in may still be focused on the importance of expert knowledge and the value of expertise as opposed to the knowledge and skills of "laypeople". I also believe that it is important to establish to what extent parents' expectations of the counselling relationship mirror those of the helping professionals from whom they seek support. Perhaps parents are not

necessarily aware of the theoretical motives of helping professionals, but to me it seems plausible that they develop expectations about helping professionals and that these expectations can influence parents' experience of counselling for learning support as being effective or not. In my opinion, this may lead to helping professionals and parents having different implicit agendas that each party wishes to pursue during their interactions. I think that parents' agendas may be motivated by their socially constructed view of helping professional practice, which may not accommodate parents' recognition of the central role that they will play during the generation and implementation of solutions. Thus, any constructive interaction between the strengths-based helping professional and the parent may immediately be negated due to parents' possibly contrasting ideas of what must occur during the interaction.

To me, partnership implies a level of mutual understanding rather than one party- the helping professional- having an upper hand in terms of a theoretical basis for knowing exactly how she will lead the client or parent to where she thinks is the right place for the parent to be in the process. This has led me to want to investigate what parents' view the role of helping professional to be; how they have come to construct these roles and the potential influence on helping professional practice. A starting point for this investigation into parents' constructions of the role of the helping professional in learning support will be the initial literature informed exploration of the background and the constructs associated with the study in the next sections.

## **1.2 BACKGROUND**

Debates surrounding children's learning support have brought the role of supporters such as parents and helping professionals as well as the nature of support within the context of learning to the fore. The idealised characteristics of the parent-professional relationship in the form of expectations for interaction between these parties have been and continue to be at the forefront of these ongoing deliberations (Engelbrecht & Green, 2001; Fylling & Sandvin, 1999; Ramaekers, 2005; Russell, 2003; Weatherly Valle & Aponte, 2002). Furthermore, growing dissatisfaction with the past roles of helping professionals has led numerous theorists to call for the task of helping professionals to be reconceptualised (Boyd, 1998; Cameron & Orr, 1991; Case, 2000; Engelbrecht, 2001; Russell, 2003; Weatherly Valle & Aponte, 2002). Recently, the fields of counselling, psychotherapy and educational support have shown a significant shift in approach from a problem focused, needs-based approach in which professionals see themselves as all-knowing experts, towards more postmodern, health promoting, developmental approaches in which the professional takes on a more collaborative role (Donald, Lazarus & Lolwana, 2002; Ebersöhn & Eloff, 2003; Engelbrecht, 2001, pp.17-18).

Specifically, recent postmodern, strengths-based methodologies have emerged that advocate the use of the positive resources that parents and families possess in tackling learning related difficulties. Some of the methodologies that have emerged include the asset-based approach (Kretzmann & McKnight, 1993), the positive psychology movement (Snyder & Lopez, 2002) and individual counselling approaches that emphasise a solution oriented (Metcalf, 2001) and narrative approach to therapy (White & Epston, 1990). These postmodern methodologies are a response to those forms of helping practice that focus on professionals as “experts” who use their “expert status” to “decide and prescribe” what “treatments” they consider to be best.

Hodges and Clifton (2004, p.265) report that recognition and development of strengths in the therapeutic process is envisioned to culminate in individuals’ integration of these strengths into their view of themselves, which is believed to result in changes in their behaviour. According to Neuberger (2000, p.9), and reflecting the turn to these more postmodern, empowering approaches, professionals:

*...need to redefine their role as professionals, which is to assist people to make effective treatment choices for themselves within available resources. The role of the professional is to guide people towards courses of action which are in their best interests by trying to understand how they feel; investigating the cultural, economic and social factors that will affect them; and exploring with them the consequences of the courses of action they might take.*

In the application of postmodern methodologies to professionals’ interactions with parents, one of the primary goals appears to be the development of authentic, collaborative relationships between helping professionals and clients [and in the case of this study, parents] in which “...parity, reciprocity, and mutual problem-solving...” are achieved and empowerment of parents is attained (Heron & Harris, 1993, pp.2-3). The pursuit of such a “partnership” relationship between parents and helping professionals implies that parents’ input is sought, respected and used as an important contribution to the planning and implementation of supportive services (de Geeter, Poppes & Vlaskamp, 2002, p.444). Thus, partnership implies an egalitarian relationship between the helping professional and the parent and a division of power that leads to involvement of parents in decision-making and that goes beyond the giving of help and information by the helping professional (Morrow & Malin, 2004, p.164).

However, Weatherly Valle and Aponte’s (2002, p.470) review of learning disability literature points to the “...routine disqualification of parents’ voices by professionals as a major obstacle to authentic collaboration...” which has frequently been linked to modern, needs-based approaches that are thought to support the expert superiority of the professional (Eloff, 2003).

The illness-centred, pathological focus of these needs-based approaches is sometimes criticised for guiding professionals' towards a narrow focus on what is dysfunctional, weak and defective about people. The ideology and language associated with needs-based approaches are often viewed as portraying people who seek help as passive victims of intra-psychic and biological forces that are beyond their direct control and they are then relegated to the position of being a passive recipient of an expert's care (Maddux, Snyder & Lopez, 2004, pp. 322).

On the contrary, postmodern approaches to learning support aim to prevent the disqualification of parents' voices by encouraging helping professionals to develop collaborative relationships with their clients and to capitalise on the strengths and resources that clients bring to the counselling relationship. Strengths-based helping professionals emphasise the competencies of those who seek assistance rather than their weaknesses, and, these professionals think that the focus on strengths allows for the exploration of potential and existing resources that are available to individuals to address difficulties. This is instead of a drive by the professional to identify what is pathological or abnormal about the person (Metcalf, 2001, p.647).

As evidenced by the proliferation in counselling applications focusing on strengths (O'Hanlon & Weiner- Davis, 1988; White & Epston, 1990; Losoncy, 2001; White, 2002; Akin- Little, Little & Delligatti, 2004) and works on collaborative endeavours between parents and helping professionals (Davis & Spurr, 1998; Glogowska & Campbell, 2000; Case, 2001; Gergen & Warhus, 2001; Swain & Walker, 2003) there appears to be a move towards the use of more postmodern, strengths-based approaches in the helping professions, specifically in the field of psychology. Strengths-based approaches are generally advocated as providing a more proactive, empowering and positive approach to intervention in the helping professions. The emergence of strengths-based considerations for practice is consequently contributing towards a challenging of the status quo- the sole focus on needs-based approaches. It seems that the emphasis is increasingly on facilitating those seeking supportive services to become self-empowered and to play a far more active role in their destinies within the consultative process (Watson & Stead, 2002, pp.26-27).

At a practical level, helping professionals implementing strengths-based approaches expect to mediate parents' recognition of strengths and capacities to address difficulties proactively and to encourage parents' active participation in generating and implementing solutions. However, in doing so, the question arises as to whether parents are aware that helping professionals may expect their active participation in learning support. Despite the laudable theoretically based intentions that frame this postmodern, practical drive for collaboration, we can enquire whether



helping professionals risk inadvertently disempowering parents in the process. This may be accomplished by following postmodern approaches blindly and, in the process of doing so, unintentionally ignoring parental expectations that may not be congruent with the helping professional's approach. As a result, parents may be left feeling puzzled and disenabled.

It may indeed be noble for the helping professional to make a commitment to promote the goals of strengths-based approaches during consultation with parents for learning support. The assumptions regarding the peril of following needs-based approaches may be of value too. However, from the literature available, it appears that parents' actual expectations of helping professionals have not been investigated very extensively. More specifically, it seems that there is a lack of empirical investigation of parental perspectives in the context of strengths-based approaches to counselling. Additionally, assumptions regarding how parents become disempowered by modern, deficit-based approaches, the purported problems inherent in these interactions and even the proposed benefits of postmodern approaches may amount to theoretical hearsay (Freeman, 1988; Russell: 2003; Solas, 2000; Weatherly Valle & Aponte, 2002).

The apparent lack of research into parents' expectations of helping professions can be contemplated in relation to Katzko's (2002, pp.671-683) commentary about first- order theories, considered to be strengths-based theoretical approaches for this study, and second order movements, regarded as the move towards the implementation of strengths-based approaches in practice. To quote Katzko (2002, p.672) at length, his contention is that:

*In extreme instances, a first order theory's primary function is not so much a means for understanding some phenomenon as it is a way of drawing attention to the movement. Analysts [or, in this instance, helping professionals] may address the second-order texts of movements as if they were first order doctrine.*

Katzko (2002, p.672) maintains that analysis of any first-order theoretical approach is necessary to accomplish. However, one is faced with a practical problem when trying to ascertain how the second-order character of a movement associated with the first order approach may be manifested in parents' discourse. This scrutiny is for the purpose of engaging the first order theoretical approach directly or for addressing its discrepancies in relation to those it claims to represent. As evidence of the dilemma of application of first-order theories, in specific reference to strengths-recognising, proactive conceptual frameworks such as "positive psychology", Cowen and Kilmer (2002, pp.449-450) remind us of a very real "tendency of people to jump aboard the 'bandwagon' before the new concept is clearly defined or well understood". As

Cowen and Kilmer (2002, p.450) highlight, new concepts such as “positive psychology” tend to emerge in “somewhat fuzzy ways, often in protest against the perceived insufficiencies of an existing order”. The concept may be attractive as an abstraction, possessing qualities that entice people to identify with it as an “up-and-coming movement” (p.450). They further note that “even though there may be good agreement about the pristine beauty and promise of the new concept as an *abstraction* [authors’ emphasis], people may diverge substantially in how, concretely, its operations are best understood and implemented” (p.450).

Hodgson, Mattison, Phillips and Pollack (2001, p.263) have suggested that we need to pay closer attention to the views of parents as consumers if we want to ascertain the quality of the counselling services that are rendered by helping professionals. Thus, it may be necessary to develop a clearer understanding of parents’ expectations of helping professionals in the context of learning support to contribute to the quality of services rendered to parent consumers of helping professional assistance in the application of first-order strengths-based approaches.

In this study, I examine the ways in which parents construct the role of the helping professional and I explore in what ways, if at all, parent’s constructions differ from the ways in which helping professionals construct their own roles. In the following section, the constructs that are associated with the study will be explored for introductory purposes.

### **1.3 CONCEPTUAL OVERVIEW BASED ON A LITERATURE INFORMED CLARIFICATION OF THE CONSTRUCTS**

#### **1.3.1 Introduction**

Generally, the function of a literature review is to provide the conceptual framework for the study and to show how the research questions flow logically from an understanding of the current state of theory. Such an approach to the literature review is consistent with the positivist premise that research is primarily deductive in nature (Northcutt & McCoy, 2004, p.308). In this study however, the purpose of the literature review is aligned with a more inductive approach to research in so far as this study deals with the emergent theory of parents’ constructions of the role of helping professionals in learning support. Thus, in Chapter One the literature review will inform a clarification of the main constructs of the study while a further exploration of the central constructs via an in-depth literature review in Chapter Two will offer the context and rationale for the formulation of the research questions. A second literature review in Chapter Four will present the context for the interpretation of the interview data.

As Northcutt and McCoy (2004, p.308) recommend, the form and function of the literature review will therefore be consistent with the nature and purpose of the study. The literature review in this study is for this reason recursive rather than linear as the interpretation of the research data will lead to a reconsideration of the literature that is presented in this chapter and Chapter Two. The interpretation of the data is also expected to lead to a search for additional literature that may become relevant in light of the findings of the study (Northcutt & McCoy, 2004, pp.311-313).

As informed by Berg (1998, p. 26), the intention of the research is to investigate spontaneously emerging meanings amongst research participants regarding their constructions of the role of the helping professional for learning support. Within the exploratory scope of this study, the operationalisation of constructs traditionally presented in the first chapter is regarded as inappropriate. However, formulating the central constructs in a study is nevertheless important as a means of orienting the reader. Thus, preference is given to the objective of sensitising the reader to the meanings of constructs as reflected in the literature, rather than narrowly operationalising constructs with the objective of limiting their meaning. As a result, instead of prescribing a fixed and non-malleable conceptual viewpoint at the beginning of the study, I aim to offer a tentative description of the constructs to form the initial foundations of the study. This is to shed light on the constructs that have assisted in shaping the research focus as a whole and to provide initial views of the constructs, which will be further explored via the practical research exercise with parents. The actual research process is envisaged to lead to the enhancement of the constructs from the perspectives of the parents involved in the study (Bryman, 2004, p.271; Maxwell, 2005, p.33).

Additionally, in line with the constructive focus that directs this inquiry, concepts will be referred to as constructs [as is the general practice in much psychological literature] because meaning-in-context is considered to be constructed and negotiated rather than being discovered or revealed (Maddux *et al.*, 2004, p.326).

### **1.3.2 Social constructionism**

In this study, the primary focus is on how parents who have sought the services of a helping professional for learning support make sense of their experiences by means of their constructive representations of the helping professional as well as the counselling relationship in the context of learning support. Gergen (in Maddux *et al.*, 2004, p.325) suggests that social constructionism involves “elucidating the process by which people come to describe, explain or otherwise account for the world in which they live”. Social constructionism is not viewed as a singular and

unified theoretical construct, however, a unifying aspect of the views it comprises are its central precept that people make sense of their experience via the construction and representation of meaning (Gergen, Lightfoot & Sydow, 2004, p.389; Maddux *et al.*, 2004, p.325). These constructions can be referred to as personal “theory”, “knowledge”, “world view”, “beliefs” or as “discourse” and the commonality of these terms is viewed to be the acknowledgement that they are all methods of making sense of all aspects of human experience (White, 2004, p.8).

Both social constructionism and social constructivism as theoretical constructs share an emphasis on the importance of the social sphere to the extent that both view human knowledge as being a product of that which is social in nature. Nonetheless, subtle differences in each theory's focus are apparent. Whereas the social constructivist tends to focus on the personal, mental process of knowledge acquisition as a major point of investigation, the social constructionist will direct more attention to conjoint meaning making and discourse (Gergen & Wortham, 2001, pp.123-124). Essentially this means that the social constructionist theorist will place more emphasis on the socially influenced, relational construction of personal meaning.

The theoretical notion of the social construction of personal knowledge by means of discourse and interaction is considered especially appropriate in relation to this study. This is because a central assumption in this study is that the societal context in which parents participate in may contribute significantly to their views of the role of the helping professional in terms of learning support. In this study, the theoretical association between language and the social construction of meaning is thought to be specifically pertinent to the exploration of parents' constructions of the role of the helping professional. Social systems are thought to be concept dependent or linguistically constructed. Therefore, social systems are defined by how human communities describe these social systems (Hosking & Morley, 2004, pp. 319-320). In this instance, the social system is regarded to encompass helping professional assistance, and the role of the helping professional for assistance is then thought to be constructed by means of the language concepts that the parental community seeking learning support use to discuss what they think the role of the helping professional is in learning support.

### **1.3.3 Learning support**

Learning or educational support is commonly described as being in the service of the goal for learning and educational development to take place (Green, Forrester, Mvambi, Janse Van Vuuren & Du Toit, 1999, p.130). Learning support is not confined to a single activity and can be initiated in a number of different ways to fulfil a variety of different purposes (Tennant, 2001,

p.186). For example, learning support activities may include, but are not limited to, the planning for and implementation of individualised educational programmes, therapeutic undertakings, parent counselling and collaboration between various role players involved with a child for the purpose of assisting in meeting the unique cognitive, emotional and social requirements of the child.

It is often regarded as an undertaking that aids clients to better negotiate and cope with their own learning process within a particular context. Professional learning support initiatives frequently entail the involvement of a variety of helping professionals such as educational psychologists, occupational and speech and language therapists. Generally, it is assumed that learning support can be more effective if the difficulties children experience are addressed and dealt with by multiple role players, each with specific skills for learning support. Indeed, learning support relies on the active engagement and collaboration of people from the context in which the child lives and learns (Bouwer, 2005, p.48) and it therefore does not preclude the involvement of parents.

Vandemeulebroecke and Nys (as translated by Ramaekers, 2005, p.151) describe learning support broadly as:

*the policy and the practice, aimed at addressing and improving the context of child-rearing, at rebalancing risk factors and preserving protective ones, and at receiving, referring and orientating [parents or families] towards intensive, specialized guidance.*

Vandemeulebroecke is further quoted (in Ramaekers 2005, p.151) as suggesting that learning support can be viewed as "...the set of measures, services, structures and activities which are aimed at addressing the possibilities of the educational context, enriching and/ or optimizing it, for the purpose of offering children and youngsters optimal educational and developmental opportunities". Helping professionals' understandings of the nature and purposes of learning support direct what they view the purpose of assessment to be, how they go about choosing assessment strategies and techniques as well as the questions that are addressed during the process (Bouwer, 2005, p.47). Additionally, if one recognises the central role of parents for this assessment and, indeed, the support that takes place on the basis of this assessment, then it can be argued, as it is for this study, that helping professionals' views of learning support guide the nature of their interactions with parents.

Learning support can include sharing ideas; skills training; emotional and instrumental support; assisting with social networking and stimulating informal self-help. Ramaekers (2005, pp.151-152) suggests that learning support is “an alternative to the traditionally paternalistic, anti-empowering” nature of needs-based approaches. A paternalistic approach by the professional may lead to the professional, as a protective authority, taking responsibility for the needs of the child and parent (Deeley, 2002, pp. 19-20). The pathological focus of needs-based “paternalistic, anti-empowering approaches” (Ramaekers, 2005, pp.152-153) may result in the view that barriers to learning reside purely within the individual. From a needs-based approach, the professional therefore undertakes an expert focused remedial effort to remedy the child’s problems. The context and the roles of others in addressing the barrier are generally less emphasised due to the focus on the remediation of the within-person pathology of the child (Dudley-Marling, 2004, p. 482).

As an alternative to the needs-based approach, learning support can be viewed as an empowering approach that is aimed at supporting families to work for each other by seeking and mobilising personal or contextual resources available to them, as explored by them and facilitated by the professional. Parents are regarded as participants who can choose to use services that are offered to them rather than feeling obligated to accept what is imposed on them. Accordingly, in learning support parents can determine their inputs, their participation and are in a stronger position to influence outcomes. The support of the helping professional is taken literally to mean providing support to parents who express doubts and questions about child rearing or who have difficulty in the process of raising their children. Learning support is offered to parents rather than being enforced upon them. Parents’ strengths and potential for development [as opposed to their deficiencies] are the focus (Ramaekers, 2005, pp.152-153). Learning support and its associated view of practice for helping professionals consequently support an inquiry into parents views of the outlook associated with this construct; if or how they do experience learning support as an approach; and if indeed this is what they want from the process.

#### **1.3.4 Parents**

The term ‘parents’ is utilised in this study to signify its broadest possible definition. Thus, parents are viewed to be the primary caregivers, whether biologically or socially designated, in relation to a child (Donald *et al.*, 2002, p.290). Case (2000, p.275) proposes that a parent is a layperson with parental and legal responsibility for the care and upbringing of their child. The child –rearing task of the parent is undertaken to be a continual, reciprocal interaction between parents and

children that is embedded in a wider social context (Ramaekers, 2005, p.152). In terms of their interaction with helping professionals for assistance of their children, parents are not only considered to be the “agents of change” for their children but they may also seek direct assistance for themselves as parents in the form of counselling, support or therapy (Hodgson *et al.*, 2001, p.264).

### 1.3.5 Helping professionals

There is widespread recognition of the central role that helping professionals<sup>1</sup> can play in meeting the needs of those seeking learning support (Engelbrecht, 2001, p.17). For the purposes of this study, the term ‘helping professional’ will denote the multiple sources of professional support that parents may consult when seeking learning support for their children (Donald *et al.*, 2002, p.19). Due to its linkages with the construct ‘learning support’ for this study, the term ‘helping professional’ is analogous to “educational support professional”, which is often used in the context of learning and/or educational support (Engelbrecht, 2001, p.17; Ramaekers, 2005). In this study, I will focus on helping professionals who, through their professional activities with children, can be designated as child therapists or “workers for the child” (Sutton & Hughes, 2005, p.171). These helping professionals may include, but are not limited to, occupational therapists, speech therapists, psychiatrists or psychologists who have been involved in specialised support provision from within the school context as well as outside the school environment (Donald *et al.*, 2002, p.19).

Any professional involvement with children generally includes some kind of interaction with their parents too. Sutton and Hughes (2005, p.170) propose that the helping professional’s interaction with parents rests on two foundations, namely, (1) assisting parents in childcare so that there are reasonable expectations of the parents and the child according to the child’s emotional state and stage of development and (2) providing some form of support to the child that the parent has been unable to provide. Yet, these two foundations give no indication of whether parents and helping professionals will be involved in any form of collaborative partnership with each other during support or whether the capacity of the parent will be recognised. When one considers that some (Case, 2000; Russell, 2003) consider partnership between parents and professionals

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<sup>1</sup> The shift away from needs-based approaches towards strengths-based approaches appears to be associated with the psychology field and related professions rather than with medically related professions. Although it seems that medical practitioners are also beginning to question the roles of their patients’ viewpoints in making treatment choices when facing a medically related illness (Neuberger, 2000; Honeycutt, Sleath, Bush, Campbell & Tudor, 2005; Zaffani, Cuzzolin, Meneghelli, Gangemi, Murgia, Chiamenti & Benoni, 2005) medical practitioners are not the overall focus of this study.



to be a fundamental necessity for change then this lack of consideration for the role of parent-professional partnership in these foundations becomes a significant omission.

Traditionally, professionals are viewed as those who are trained and qualified to take responsibility for a child's welfare. By virtue of their training and qualifications, they are recognised as possessing a specialised corpus of knowledge and skill. Consequently, they are viewed as professionals who provide specific expertise through their professional practice (Case, 2000, p.275), which is regulated by their accepted codes of practice as well as their membership of professional bodies (Freeman, 1988, p.80).

In this study, an ideology of professionalism is regarded as a broadly interlinked set of ideas and beliefs that cause professionals demonstrating these beliefs to initiate behaviour, methods and conversational practices as informed by their professional training (Engelbrecht, 2001, p.18). Thus, it is thought that helping professionals' roles as professionals may lead them to educate or give directions to parents on the basis of their beliefs about their role as a professional and their training informed, disciplinary knowledge rather than working alongside parents (Clear, 1999, p.2) in an equitable partnership relationship.

As the afore-mentioned exploration of the construct "helping professionals" was the final construct for initial consideration in this section, I consider it appropriate, in the interest of adding to the transparency of my influence as the researcher, to now reflect personally on the significance of all the constructs for the study. I will accomplish this by providing an initial visual representation of my emerging construction of personal meaning for the research in the next section, which shows my understanding of the relationships between the constructs that have just been explicated.

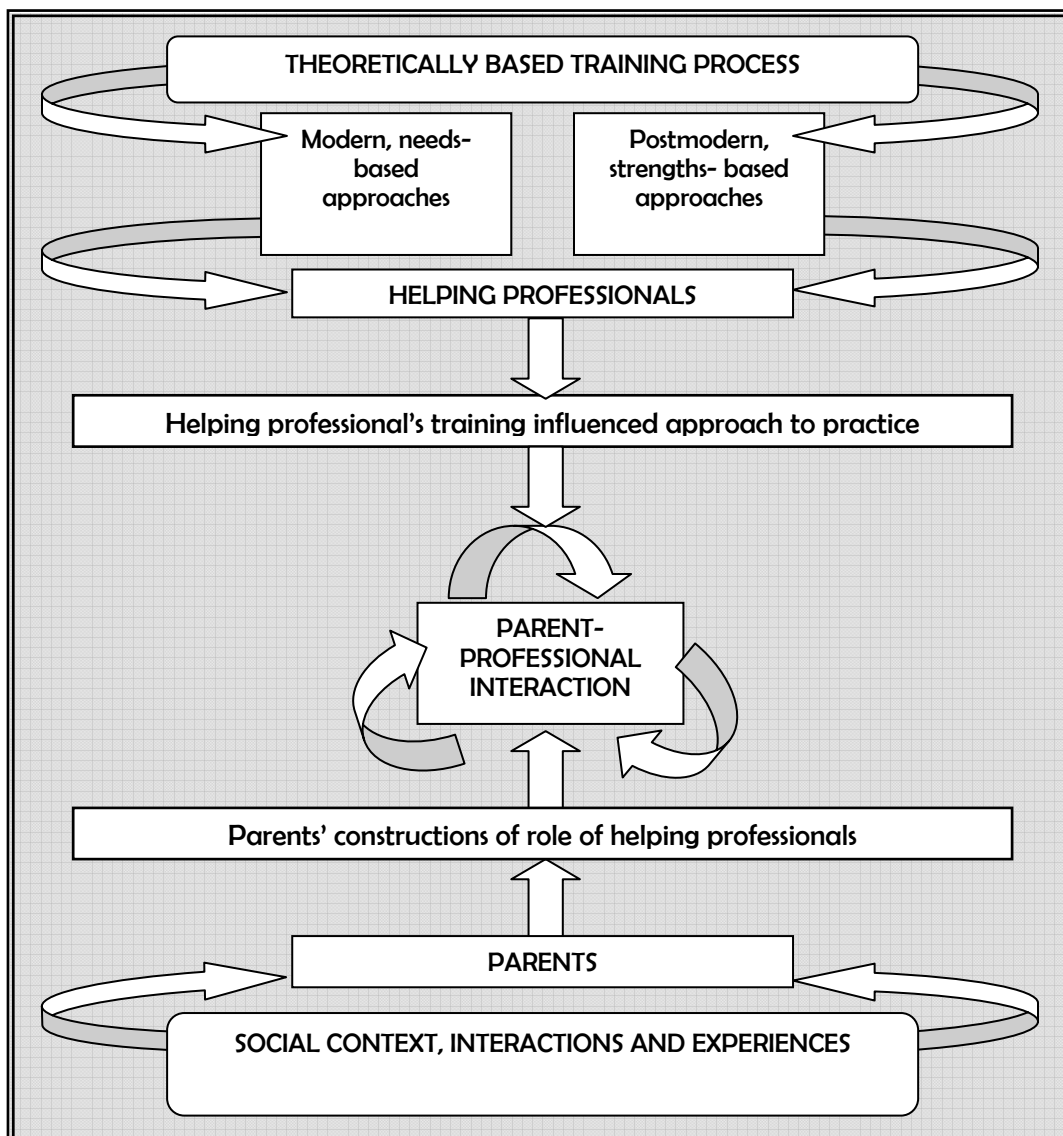
#### **1.4 Visual representation of the researcher's developing understanding of the research**

The visual representation [Figure 1.1 which follows on the next page] is intended to illustrate my initial construction of meaning for the study. It is indicative of my assumptions about the associations between the constructs for the study<sup>2</sup>, particularly, in terms of what may possibly influence the relationship between parents and helping professionals for learning support.

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<sup>2</sup> The visual representation reflects my emerging understanding of the relationships between and meaning of the constructs for the study. Therefore, of necessity, it may not appear complete and may lack detail at this point.





**Figure 1.1: Visual representation of the researcher’s assumptions of the relationships amongst constructs for the study**

I recognise that it is almost impossible for myself as the researcher to remain detached from my research undertaking. Thus, since my detachment from the research is regarded as unfeasible, along with other strategies to address the authenticity of the research outcomes to be addressed in Chapter Four, my influence must be taken into account and my position within the research needs to be acknowledged (Taylor, 2001, pp.16-17). Consequently, in each subsequent chapter in this study, I will update the visual representation to indicate how my construction of meaning in association with the emergence of a greater depth of understanding of the relationships between these constructs has developed. It is anticipated that the visual representation of my personal meaning making and my associated reflections will offer transparency as to my personal understanding of the research issue and the beliefs, values and assumptions that

underlie my construction of meaning in relation to the understanding afforded by the participants (Creswell, 2003, p.184).

The visual representation in Figure 1.1 indicates my view of the backgrounds that helping professionals and parents bring to their interaction for learning support. I propose that helping professionals' theoretical training, as informed by modern, needs-based approaches or postmodern, strengths-based approaches, will direct both their ideas of the parent-professional interaction, their view of their role and the role of the parent in learning support. The representation also supports my recognition that parents' constructions of the role of the helping professional and their roles in interaction with these professionals may be influenced by their experiences and interactions in their social context. At this stage, I am not aware of how parents' context may construct their view of the role of the helping professional. However, I surmise that, if helping professionals practice is informed by a postmodern strengths-based approach to practice, then this may be in conflict with parents' context informed views of the role of the helping professional, which, in my view, may be orientated to a needs-based construction of the role of the helping professional.

Both my afore- mentioned personal ruminations of which factors may influence the interaction between helping professionals and parents and the literature informed observations shared in the background and construct clarification sections, provide the backdrop to the formulation of the research problem for the study. The research problem for the study will now be revealed in the following section of this chapter.

## **1.5 STATEMENT OF THE RESEARCH PROBLEM**

The main issue that frames the inquiry in this study concerns the shift from modern, needs-based approaches towards postmodern, strengths-based approaches to learning support. I am particularly interested in examining to what extent strengths-based approaches can contribute towards enhancing parents' participation, and to what extent parents are aware of the shift in power relations between themselves and the professional. Parents automatically generate expectations of people delivering the services that they seek. Expectations can be described as personal predictions about what may happen in future, and which originate from a person's beliefs, knowledge and experiences. As well as being influenced by social context, expectations have an impact on people's interactions across their social context. People often only become attentive to reflecting on their expectations, if they are not met (Russell, 2003, pp.145-146).

The shift away from expert designed solutions in learning support has led to some professionals being trained in postmodern, strengths-based approaches to assist parents in utilising their personal resources for making effective and informed decisions. In this study, I will explore whether parents' constructions of the helping professional reveal a tendency on the part of the helping professional to focus on theoretical prescriptions that favour a particular [strengths-based or deficit-based] orientation towards learning support. I contend that much of what is expected of parents during the helping process may remain implicit in professionals' actions and communications with parents. As Case (2001, p. 837) reports, service provisions using any theoretical approach to practice are more likely to reflect the needs and agendas of the professional him- or herself rather than those of the client. Therefore, it seems plausible to assume that helping professionals may not focus sufficiently enough on what parents' expect of them in the process and how parents' then view their own roles as a result of their expectations of the helping professional.

Katzko's (2002, pp.671- 683) comments about first-order theories and second-order movements are of particular relevance to the study. According to Katzko (2002, pp. 671-672), first order theories are focused on a phenomenon or theory of a phenomenon. In the case of this study, the strengths-based theoretical approaches are viewed as first order theory because they introduce the phenomenon of strengths-based practice. Katzko (2002, p. 674) suggests that a movement is revolutionary in the sense that it is the process of change and the change often necessitates opposition to that which has gone before. In terms of helping professional practice, the implementation of postmodern, strengths-based approaches reflect the revolutionary movement or process of change away from needs-based approaches.

Katzko's (2002, pp.671-683) observations can perhaps be extended to an argument that the risk with any first-order theory is that it may not have been subjected to rigorous research with its intended population to examine the conjectures it is based on. As it appears that there is a lack of empirical investigation into the client populations who will be influenced by the application of strengths-based theories, one can question the applicability of these theories with the clients they purport to represent. Whilst, from an emotive perspective, it seems that focusing on strengths rather than deficits is the best way of going about practice with clients, there appears to be little evidence that a) clients prefer this approach and b) that it is a more appropriate way of engaging with clients. Consequently, the second order practical "movement" crafted on the initial first order theory of strengths-based practice, which in the case of this study would be the implementation of strengths-based approaches in helping professional practice with parents, tread the proverbial 'thin ice' in terms of their applicability in the public domain.

Until helping professionals engage with parents' possible indoctrination to the modernistic expert role of the helping professional, they may not be successful in meeting their goals in the second order implementation of an alternative strengths-based, first order theoretical approach to practice. As such, in supporting parents towards a presumed new understanding of their role in initiating solutions to their difficulties, helping professionals need to have an understanding of the current socially influenced expectations parents have of helping professionals. These personal constructions of helping professionals and their roles need to be explored so as to take a closer look to see if the movement towards strengths-based approaches is manifested in parents' constructions of the role of the helping professional. Ultimately, the question arises as to whether the shift towards a second order strengths based practice reflects the wishes of clients or the first order theoretically driven views of the helping professional as postmodern practitioner.

## **1.6 AIM OF STUDY, RESEARCH QUESTIONS, AND OUTCOME GOALS**

### **1.6.1 Aims**

The aim of this qualitative research study is to explore parents' constructions of the helping professional in learning support. As such, the primary aim is to explore how parents view helping professionals who have been involved in learning support of their child. Ideological notions about parent-professional relationships and the theoretically driven nature of learning support provide the impetus and context for this research exploration. Underlying the central aim of exploring parents' views of helping professionals is the secondary aim of exploring the discourses that contribute to parents' construction of their own roles and those of the helping professional during learning support. Specifically, it may be useful to explore parental discourses about helping professionals and any associated discourse that detracts from helping professionals' collaborative, strengths-based goals. The need to explore whether conflict exists between the expectations of the professional and the parent as well as its implication for training in practice provides the context and rationale for the formulation of the research aims and questions.

### **1.6.2 Research questions**

#### *1.6.2.1 Central research question*

- How do parents construct the role of helping professionals in learning support?

### 1.6.2.2 Sub questions

- What are parents' expectations of the helping professional in learning support?
- What do parents value in their interactions with helping professionals?
- What are parents' understandings of their roles in learning support?
- What are the discourses that may influence parents' views of their own roles and those of the helping professional in learning support?

### 1.6.3 Outcome goals for the study

A central outcome of the study will be the presentation of the research participants' social representations of the roles of helping professionals in learning support. This will be in the form of mind maps consisting of the abstract and concrete elements of the participants discourse about the role of helping professionals in learning support and how this influences their interactions with helping professionals. A further outcome of the study will be the visual representation of my own construction of meaning about parents' constructions of the role of the helping professional in learning support, as informed by my reflections throughout the research process. The research design and methodological considerations that aim to access parents' constructions of the role of the helping professional in learning support will now be highlighted.

## 1.7 RESEARCH DESIGN

### 1.7.1 The case study as research design

A research design is an underlying scheme that guides the functioning, development and emergence of the different components of the research in relation to each other (Maxwell, 2005, p.1). A case study research design is useful when undertaking research that is envisioned to lead to insight, discovery and interpretation in context (Merriam, 1998, pp.27-28). Case studies are especially suited to situations in which it appears impossible to separate a phenomenon's variables from their context. For the purposes of this study, a case study design is considered suitable for exploring parents' constructions of the role of the helping professional in the context of learning support. A more in-depth exposition for the choice of a case study design will be furnished in Chapter Three.

### 1.7.2 Participant selection

Decisions about which location to conduct one's research in and whom to include as participants are a fundamental part of the research undertaking (Maxwell, 2005, p.87). In this study, participants will be selected who are regarded as "information rich" in that they will each possess knowledge of and experience with helping professionals for learning support of their child (Northcutt & McCoy, 2004, p.87). Specifically, parents of children in a school for Learners with Special Educational Needs [LSEN] who have had experience with various helping professionals, both at the school and in private practice settings, in the course of seeking assistance for their children, will be included in the study.

The research is, as such, not aimed at investigating the influence of this school environment on parents' constructions of helping professionals but rather parents' overall ideas of the role of any helping professional that assists children who experience difficulties and their parents. However, in line with a constructivist perspective, the schooling context needs to be acknowledged for its potential influence. It is therefore important to briefly describe the setting that was used to gain access to these parent participants. The LSEN school approached to assist with access to parents is situated in an urban setting in Gauteng, South Africa. Learners from diverse cultural, racial, language, social and economic backgrounds attend the school. Due to the small number of these LSEN schools in South Africa, most learners who have been recommended for placement at one of these schools do not have access to them. Referral for placement at the specific school is based on a team of school helping professional's deliberation of private practice helping professional assessment reports and/ or recommendation by the local district department of education, under whose jurisdiction the school falls. LSEN schools have traditionally assisted learners with organic, medically based impairments and the professionals at these schools have historically subscribed to a medical-deficit model of practice. In the movement towards a more inclusive education system in South Africa (DoE, 2001, p.21) it is envisaged that these schools will have a "new role in providing particular expertise and support, especially professional support in curriculum, assessment and instruction, as part of a district support team to neighbourhood schools...". As such, it can be argued that the abilities of the helping professionals at such schools to collaborate with and act in ways which empower others in local schooling contexts will become even more important in South Africa.

It also has to be noted that the helping professionals the parents in this study consulted in private practice settings may also have been trained in the medical-deficit tradition of helping

assistance. This not an unanticipated scenario for this research, as the move towards strengths-based models has only been a recent development in the helping professions.

### **1.7.3 Data collection and data analyses**

#### *1.7.3.1 Phase one: Semi-structured interviews and content analysis*

Data collection and analyses will take place in two phases. For phase one of this study, semi-structured interviews were chosen because they allow flexibility in the interview process and allow for an in-depth description of the phenomenon under investigation (Cohen, Manion & Morrison, 2000, pp.146-147). The questions guiding this phase of the research will focus on the follow aspects:

- What do parents see as the role of the helping professional in learning support?
- What do parents expect from helping professionals in learning support?
- What do parents value in their interactions with helping professionals?
- How do parents view their own roles in learning support?
- What do parents think they need from helping professionals in order to fulfil their roles in learning support?

The data will be analysed through a process of open, inductive coding or content analysis. During the content analysis, verbatim transcriptions of the interviews will be examined and units of meaning or codes will be identified and labelled. Thereafter, related codes will be grouped or categorised together into themes (Henning, van Rensburg & Smit, 2004, pp.104-105). The goal of a case description allows for analysis that encompasses all the nuances of the phenomenon contained in the cases of parents' constructions of the role of the helping professional (Yin, 2003, pp.109-114). The outcome of this phase is to identify and describe preliminary themes, which will be used in phase two of the study.

#### *1.7.3.2 Phase two: Interactive Qualitative Analysis [IQA]*

Phase two encompasses a modified Interactive Qualitative Analysis [IQA] method as described by Northcutt and McCoy (2004). IQA is a social constructionist approach to data collection and analysis which addresses power relations between researcher and participant by encouraging greater participation of participants in the (1) *elicitation of themes* via collaborative axial coding

and the creation of theory and in (2) *data analysis* via the use of Affinity Relationship Tables [ARTs] so that participants can record their view of the possible relationships amongst themes.

IQA rests on the assumption that people build their own internal representations of their world, which can be likened to systems of meaning. Thus, the purpose of IQA is to draw up a visual representation of the participants' systems of meaning (Northcutt & McCoy, 2004, pp.147-149). The participants' representation is not assumed to form a map of reality but rather a representation from each individual's perspective of the discourse that is used to represent the reality. These representations can be considered as networks of concepts, with language being the key for accessing the formation of an understanding of these representations (Northcutt & McCoy, 2004, pp. 40; 147-149).

Thus, during an interview in this phase, parents will be encouraged to peruse the preliminary themes as well as their corresponding descriptions elicited via content analysis by the researcher and asked to add to or modify these themes. Parents will also be invited to provide further commentary on their experiences with each of the themes. After the preliminary themes have been discussed and clarified with the participants, parents will use them to record their understanding of the relationships between the themes. For this purpose, an Affinity Relationship Table [ART]<sup>3</sup> is used to draw up a mind map indicating how parents structure their understanding of the role of helping professionals in learning support.

#### **1.7.4 Rationale for the research methodology instituted during the research**

Russell (2004, p.75) states that "...although parental involvement and the notion of partnership in education are a prime focus for many policies and initiatives, this is not replicated in educational research, where traditionally the imbalance of power between the researcher and the researched persists". Earlier, Wolfendale (1999, pp.164-169) already suggested that researchers involved in enquiry that centres on the scrutiny of partnership initiatives with parents have been guilty of paying little attention to the associated methodological and ethical issues, which she regards as especially relevant since research initiatives are generally based on principles of partnership with parents, rights, equality, reciprocity and empowerment. She notes that research into "parents as partners" is sometimes initiated because of ideology and rarely takes place from neutral, value-free bases (p.164).

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<sup>3</sup> The IQA data analysis process, including the use of the ART will be described in detail in Chapter Three and the appendix associated with Chapter Four.



To counteract the apparent lack of equal partnership between parents and the researcher during the research process, the specific qualitative method to be used, IQA, mirrors postmodern notions of partnership and expertise in that the participants will be viewed as those most qualified to generate and interpret their own data through collaboration with the researcher. It is considered to be plausible that IQA data collection and analysis methods will be more likely to contribute to parents' partnership with the researcher during the research. Specifically, parents in this study will be recognised for their own ability to generate and give meaning to research data rather than relying on myself as the researcher being the only expert capable of subjectively interpreting the data. It is felt that the implementation of IQA methods as well as ethical undertakings will contribute to the four key areas for partnership in research, namely rights, equality, reciprocity and empowerment as identified by Wolfendale (1999, p.167), so as to increase the likelihood of parents' sense of participative partnership with the researcher throughout the researcher.

To contribute to a sense of equality, the parents will be encouraged to become equal partners in the research process. Ensuring reciprocal involvement of the parents involved in the study means that their contribution of information and expertise will be valued in the process. Their capability to share the responsibility of co-analysis of the data will also be recognised. Empowerment in research involving parents entails that parents' voices constitute an influential presence in the data. IQA as a research methodology is considered to be a suitable means for parents to be able 'express their views, and constructively influence' the data collection and analyses processes to be undertaken with them during the research process (Wolfendale, 1999, p.167). Furthermore, parents involved in the study will be encouraged to exercise their rights during the research by means of a number of ethical actions, which will be considered in the next section.

### **1.7.5 Ethical considerations**

#### *1.7.5.1 The cardinal importance of ethical conduct in research*

Ethics is a critical part of the research process from the initial formulation of the research issue to the interpretation and reporting of the research findings. Thus, it is relevant to thoroughly stipulate the ethical considerations that will guide the research in this chapter. The guiding ethical principle for this study is respect of the rights of research participants to safeguard their integrity (Hesse- Biber & Leavy, 2005, pp. 86-87). As researcher, I undertake to adhere to the principle of respect for participants' integrity by ensuring their informed consent, confidentiality and anonymity and by undertaking to protect them from any harm during the research process.

### 1.7.5.2 *Informed consent*

Informed consent involves providing information about the research to assist potential participants in their decisions about whether or not they want to participate in the research. By providing explanatory written information that is accessible to participants and not written in academic jargon, I intend to assist potential participants towards a full understanding of this information (Silverman, 2005, p.258). The ultimate guiding ethical consideration for informed consent is my acknowledgement that participants have the right to know that their viewpoints are being researched. Furthermore, participants are entitled to be informed about the nature of the research and that they can withdraw from the research at any stage (Ryen, 2004, p.231). It is necessary to obtain written consent from participants so as to provide documentary evidence that their participation is voluntary and that they understand what the research entails as well as what it will be used for (Silverman, 2005, p.258).

The following steps will be taken to ensure that the participants are informed about the nature of the research as well as their rights in the research process:

- The expectations for participation in the research and all ethical issues will first be explained to potential participants telephonically.
- A letter of informed consent seeking participation and outlining the nature of the research will be sent to potential participants so that they can make an informed decision as to whether they want to participate or not. The letter to the parents will deal with the written clarification of the research purpose and process; explanation that they can discontinue their participation in the research at any time during the process and the assurance that their confidentiality will be ensured at all times. The parents will also need to give permission for their interview responses to be recorded using an audiotape recorder. At the commencement of the first data collection with those who agree to participate, the letter of informed consent will be signed [see **Appendix A**].
- During all phases of data collection, the process will be explained, participants will be reminded of their right to withdraw from the research at any time and all other ethical aspects will be reiterated.

Written consent is also required from any site which will be used to gain access to research participants (Henning *et al.*, 2004, p.73). Written consent will be sought from:

- Letters granting permission to approach parents of children with learning difficulties at a LSEN school in Johannesburg will be signed by the management of the school as well as the School Governing Body [see **Appendices B** and **C**].
- Written permission will be obtained from The Gauteng Department of Education, as the school chosen to provide participants falls under this governmental department's jurisdiction [see **Appendix D** for the letter of permission].

#### *1.7.5.3 Confidentiality and anonymity*

According to Ryen (2004, p.233), researchers are obliged to protect participants' identity and the location of the research. The name of the location that will be used to gain access to participants for the research will be protected. To protect research participants from any potential invasion of their privacy, I undertake to guarantee the anonymity of research participants by assigning aliases to these individuals (Creswell, 1998, p.132; Cameron, 2001, p.23). The conditions of anonymity apply to data collected through the usage of voice recording devices as well as through face-to-face interactions (Mouton, 2001, p.243). Therefore, real names will not be furnished and any information provided that may lead to the identification of the participant will be removed. When a form of distinction is needed between different research participants for discussion purposes, pseudonyms will be used. Participants will also have the opportunity to seek exclusion of information from their replies to the interview data upon completion of the interviews to ensure that any information that they do not want reported is excluded (Taylor, 2001, pp.20-21; Mouton, 2001, pp.238-246).

#### *1.7.5.4 Protection from harm*

In interacting with the participants in this study, I am committed to non-maleficence and undertake to do no harm to them (Ryen, 2004, p.233). Instead, I will seek a beneficial experience for participants by addressing any potentially harmful aspects associated with the research. In an interview-focused study, researchers must use their sensitivity to judge how far to take questioning of a personal nature due to the potential negative effects (Kvale, 1996, p.116). The personal being of the research participant must therefore be respected at all times. I undertake to anticipate the possibility of negative outcomes associated with the research and to

take steps to protect participants in the research based on these anticipations, as recommended by Taylor (2001, p.20). Rapley (2004, p.26) sums up ethical considerations for research participants concisely and expressively when he writes that “Above all, treat them with respect, they are never just ‘more data’ “.

## 1.8 POTENTIAL SIGNIFICANCE OF THE STUDY

It is anticipated that the findings of this study may be useful to:

- Interrogate theoretically based assumptions concerning the postmodern, strengths-based approach to consultation in relation to a modern, needs-based approach from the perspectives of parents as clients who are affected by the practical application and implications of these approaches.
- Help enrich helping professionals understanding of parents expectations of helping professionals to inform their praxis in learning support consultation with parents.
- Provide exploratory research into parents’ constructions of the role of the helping professional that may be used for further research into clients’ perspectives in strengths-based practice and parent-professional partnership research.
- Explore a collaborative approach to research- IQA- that may be useful for assisting in partnership between researchers and parents.

## 1.9 DELINEATION OF THE STUDY

**Chapter One** has aimed to present the background to the study as well as its aims and focus. The research questions addressed during the research process were highlighted too. The researcher’s initial understanding of the central constructs to be utilised and elaborated on during the study have also been presented. Furthermore, the design considerations for the study were touched on briefly.

**Chapter Two** provides an in-depth literature based overview of the epistemological bases that impact on helping professionals’ views of optimal practice for learning support. The nature of these theories as well as their impact on views of practice will be considered. Furthermore, indications of the literature-based ideologies for parent-professional relationships as well as parental perspectives on this will be provided.

**Chapter Three** offers a comprehensive account of the ontological and epistemological underpinnings of the research as well as an explication of the research design and methodological plan for the practical research exercise in its entirety. The philosophical paradigms, which acted as an overarching interpretative basis for the research, will be represented. Thereafter, the methodological assumptions and research design that guided the research methodology will be illustrated. The context of the study and the roles of those involved in the research will be furnished as well. An exposition of the data collection and data analysis process will then be undertaken. Finally, a discussion of the trustworthiness of the exploration will be conducted.

**Chapter Four** presents a discussion of the research outcomes, particularly focusing on the participants' representations of the role of the helping professional in learning support. A recursive reflection about the first literature review in Chapter Two as well as the consideration of a second literature review will be provided in exploration of the findings of the study.

In **Chapter Five** a summation of the findings of the study and an investigation of their relevance to the research questions posed will be initiated. The limitations of the study as well as recommendations for helping professional practice and further research will be offered as a conclusion to the study.

## **1.10 CONCLUDING COMMENTS**

Although there are many burgeoning theoretical views of optimal helping professional practice (Engelbrecht & Green, 2001; Snyder & Lopez, 2002; Ebersöhn & Eloff, 2003), the current literature (see Fylling & Sandvin, 1999; Case, 2001; Weatherly Valle & Aponte, 2002; Russell, 2003; Sutton & Hughes, 2005, as examples) provides little indication of what parents may actually want from helping professionals for learning support of a child.

In this study I attempt to explore parents' views of the role of the helping professional as formed by their experiences of and interaction with professionals in the course of their child's learning support. The exploration of the factors that parents view as assisting in their constructions of the role of the helping professional and as influencing their interactions with helping professionals will be especially important in this regard.

## CHAPTER TWO

### A LITERATURE REVIEW

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*“It is the conventions of intelligibility shared within one’s professional enclave that will determine how we interpret the observational world”*  
Gergen and Warhus (2001, p.98).

#### 2.1 INTRODUCTION

The first phase literature review presented in this chapter is focused on sensitising the reader to constructs that are likely to be associated with the research question, namely parents’ constructions of the role of the helping professional in learning support. As a first step, major influences in the shaping of the training and praxis of the helping professional especially in the context of psychology, will be discussed in detail. Views on parent-professional interaction as well as the factors that may influence the interaction of parents and professionals will then be offered. Thereafter, the role that language-influenced social representations are theorised to play in parents’ constructions of the role of the helping professional will be considered in conjunction with ideas about factors throughout society that may contribute to constructions of helping professionals.

The visual representation of my assumptions of the relationships between the constructs for the study [see Figure 1.1 in Chapter One] will be used to highlight the constructs that will be explored further in this chapter. An updated visual representation of my literature review informed construction of meaning will be presented at the end of the chapter, along with my personal reflection of its significance.

#### 2.2 THE THEORETICALLY BASED TRAINING PROCESS

Many theoretically based approaches direct helping professionals’ interactions with their clients. Approaches to practice are generally driven by philosophical paradigms; the prevailing sense in the academic community of what constitutes the most advanced thinking as well as what the political realm and society at large dictate to be valid for mass utilisation (Gergen & Warhus, 2001, p.98; Pinkus, 2005, p.184). The most influential determinant of helping professional training and practice appears to be underlying philosophical paradigms. Opposing philosophical paradigms, specifically the traditional, modern paradigm [also described as needs-based] and the postmodern paradigm [also described as strengths-based], indicate what constitutes reality

in the world and consequently what knowledge entails within the practices of helping professionals for learning support. Swart and Pettipher (2005, p.5) propose that professionals use models of practice as explanatory frameworks that direct their ideas and beliefs, which they subsequently demonstrate in their methods, actions and discourse. The needs-based and strengths-based approaches as models of practice provide a central line of inquiry from which to explore parental constructions of helping professional practice. Each approach offers ideological viewpoints from which helping professionals may conduct their professional undertakings (Maddux *et al.*, 2004, p.330). As indicated in Figure 2.1, the theoretically based training process as reflected in the influence of needs-based and strengths-based approaches on helping professionals' praxis and the implications of each for a child's assistance will be addressed in this section.

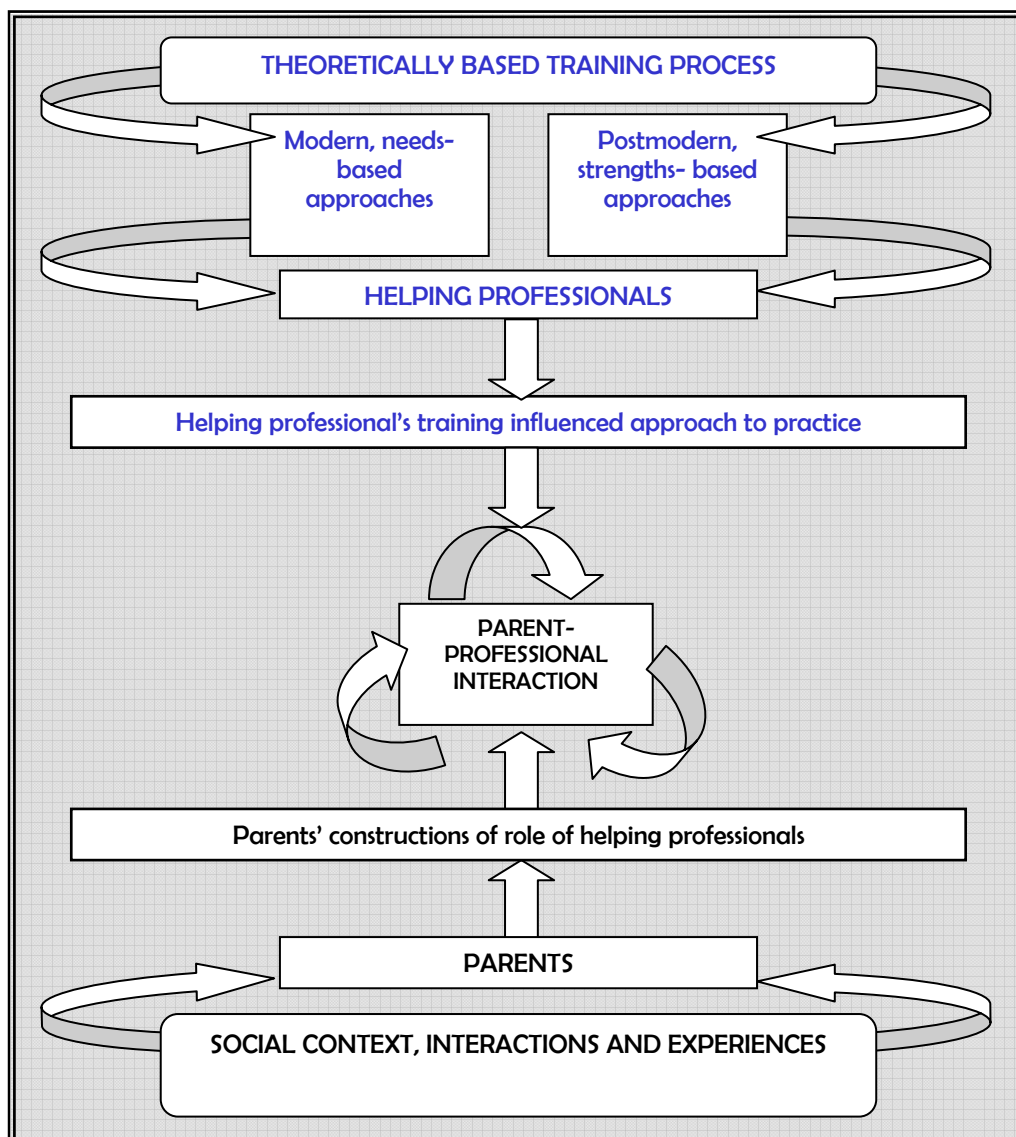


Figure 2.1: Visual representation highlighting the areas of focus for Section 2.2

## **2.2.1 Modern, needs-based approaches**

### *2.2.1.1 The role of power and expert status*

Modern, needs-based approaches to practice have tended to focus on the expert solutions that helping professionals provide to parents in a predicament, using the expert, scientific knowledge that they have presumably accumulated during their training (Watson & Stead, 2002, p.26). By subscribing to the modern perspective, Snyman and Fasser (2004, p.74) report that helping professionals involved in therapeutic undertakings favour a clinical, detached “expert” position. From this expert position, the assumption is that the helping professional can uncover the “truth” about the origins of a client’s problem and thereafter “prescribe” the applicable solution[s] for the problem. All of which is primarily based on what the professional decides is needed for a particular client. The existence of this discoverable truth, together with the professional’s skill at discovering it, has led to an almost blind and unquestionable acceptance of the expert position of the professional in helping consultation (Snyman & Fasser, 2004, pp.72-83). One can therefore surmise that the professional’s expertise takes precedence over the knowledge and experience of parents as clients (Alexander & Morrison Dore, 1999, p.255).

Needs-based approaches are considered most prominent within the helping professions (Eloff, 2003, pp.3-5). The approaches have been thought to assist parents to cope with adverse circumstances but the methods used to address issues are criticised for a number of reasons. Needs-based approaches are thought to be more reactive than proactive (Watson & Stead, 2002, p.26), and, detractors from the needs-based view of practice criticise it as deficit focused and problem saturated as it leads to a focus on problems and pathology (Engelbrecht, 2001, pp.18-19; Eloff, 2003).

Within helping professional fields, needs-based approaches are further referred to as the medical-deficit model to practice. This model is based on the premise that people are like sophisticated biological machines that can be fixed by those with the expertise to do so (Prins & van Niekerk, 2001, pp.21-22). The medical-deficit model of practice ordains that professionals treat the symptoms of a difficulty or disability rather than addressing the needs or concerns of the child or the parents. Critics think that the unquestionable expert position of the helping professional may lead parents to feel that they are unable to effectively negotiate on their child’s behalf. Needs-based approaches have also been accused of being employed by professionals in order to maintain power and thus dominance in the parent-professional relationship (Case, 2001, p.838).



The pathological, medical-deficit emphasis of needs-based approaches is further accused of directing professionals' attention to that which is dysfunctional and weak about people. Needs-based approaches have also been criticised for creating and promoting dichotomies between normality and abnormality and are thought to place human adjustment and maladjustment within the individual rather than considering the additional influence of their interactions with their environment. The ideology and language associated with needs-based approaches portray people who seek help as passive victims of intrapsychic and biological forces that are beyond their direct control and clients are subsequently relegated to the position of being a passive recipient of an expert's care (Maddux *et al.*, 2004, p. 322).

Lopez, Snyder and Rasmussen (2003, p.3) maintain that the focus on problems has presumably led helping professionals to prescribe solutions based on the needs that they feel clients have. From a needs-based view of practice, it is argued that parents have been chiefly treated as "problems" (Todd, 2003, p.282). The perception of clients as being in need of the professional's expert care has meant that clients are seen by professionals as unable to find their own solutions and thus as reliant on the expertise of professionals when they face a personal predicament. As such, the abilities and capacities of the parent as a generator and initiator of solutions in learning support have remained untapped (Engelbrecht 2001, pp.18-19; Eloff, 2003).

In relation to learning support, modern, needs-based approaches have led to interventions that focus on the remediation of deficits and problems inherent in the child who faces obstacles to learning whilst placing less emphasis on actively promoting their strengths and utilising their capacities.

#### *2.2.1.2 Remediation as a representative of a modern, needs-based approach to practice*

Remediation can be considered as a process during which the helping professional mainly focuses on the assessment and diagnosis of a child's developmental, cognitive and academic weaknesses with a view to prescribing intervention steps aimed at ameliorating or dissipating the symptoms of a problem (Ramaekers, 2005, p.153). Remediation thus involves specialised, corrective intervention for difficulties that create a barrier to the "normal" development and functioning of the child from whichever source these difficulties may originate from (du Toit, 1991, p.53). As linked to the needs-based, medical-deficit model of practice, the contention is that professionals who focus on remediation tend to follow a "find-what's-wrong-and-cure-it" approach to working with children with difficulties (Swart & Pettipher, 2005, p.5). In line with the assumption that learning disabilities are a pathology that reside within individuals, remedial

efforts focus on “what is wrong” with the individual. The fundamental response to the appearance of a problem is to find out what is “wrong” with the individual, which leads to a series of recommendations and interventions aimed at “fixing” the individual’s problem (Dudley-Marling, 2004, pp.482-488).

As Prezant and Marshak (2006, p.32) suggest, professionals have assumed that their professional training allocates them the best position to decide what help is needed for the child with difficulties. The expert role that may be assumed by the professional lends itself to an “authoritative style of imparting the findings (about what is wrong with the child or parents) and making recommendations” which is thought to lead to a disempowering perception that the child and parents are dependent on the professional for guidance and help (Bouwer, 2005, pp.47-48).

Parents’ input is generally considered secondary to the viewpoint of the professional, whose expert knowledge is taken to be almost sacrosanct during the entire process of assessment and intervention. The parent is perceived to be the mere implementer of the helping professional’s recommendations for remediation to fix or alleviate the deficit of the child or to amend the problems inherent in the child’s educational situation. The role of the helping professional is to enforce their expert solutions onto parents and to emancipate them from their ineptitudes, as parents are viewed as incompetent due to a lack of skills and knowledge about effective child-rearing practices (Ramaekers, 2005, p.153).

The manifestation of postmodern views in the helping professions and the criticism of needs-based approaches have channelled helping professionals to begin to question whether modern, needs-based notions of practice can be accepted unequivocally. The advent of a world that is diverse, pluralistic, ever changing and difficult to predict, means that the assumptions of modern tradition and its associated needs-based approach are conceptualised as being gradually less suitable to everyday helping professional practice. Hence, the present interest in the opposing postmodern paradigm (Snyman & Fasser, 2004, pp. 72-83).

## **2.2.2 Postmodern, strengths-based approaches**

### *2.2.2.1 Collaboration and power sharing*

Postmodernists assert that the science, reason and know-how as espoused by expert-defined, modern views cannot “fix” all in the world of the human being (Higgs & Smith, 2000, p. 140). Postmodern approaches include cultural, philosophical, and clinical contributions that challenge the science and tradition of modern practice (Sandage & Hill, 2001, p.250) and are slowly

beginning to infiltrate the everyday professional practices of helping professionals, including those involved in learning support.

Nascent, postmodern methodologies are leading to increasing deliberation about what the role of the helping professional should be. As conceptions of what constitutes knowledge and effective practice changes, the view taken by postmodern orientated professionals is that conceptions of what it means to be “professional” and “expert” are bound to change. Increasing emphasis is being placed on the benefits of focusing on human relationships in professional undertakings and on the knowledge that is generated in working directly with clients in a positive, proactive manner (Boyd, 1998, pp.307-314).

Termed “affirmative postmodernism” by Sandage and Hill (2001, p.251) this paradigm is viewed to involve more optimistic efforts to construct alternative representations of identity, knowledge, and community so as to challenge modern hierarchies that are viewed as exploitative and to promote empowerment. This challenge of modern hierarchies presumably includes the confrontation of the expert orientated hierarchy long established by modern views of practice (Sandage & Hill, 2001, p.251). Overall, there appears to be a steady movement towards approaches to practice that embrace affirmative or positive ideas, emphasising collaboration and power sharing.

Affirmative postmodernism as discussed by Sandage and Hill (2001, p.251) has been propelled by the work of Seligman, a former president of the American Psychological Association (Seligman, 2002). His work has catapulted to the fore the theory and praxis of a postmodern, positive psychology that focuses on human strengths as a means of understanding and dealing with the problems that clients present with. As Seligman (2002, p.3) notes, the emphasis of positive psychology is to “catalyze a change in psychology from a preoccupation only with repairing the worst things in life to also building the best qualities in life”.

The victim mentality that is promoted by needs-based practice is rejected as it is thought to lead to pathologising of people, a denial of their personal responsibility and the ability of clients to deal effectively with the difficulties that they experience (Vitz, 2005, p.19). A postmodern psychology is viewed to be a psychology of practice that involves pragmatic action in service of people rather than the discovery and application of general laws pertaining to human behaviour to all (Boyd, 1998, pp.307-321).

Instead of fixating on the “disorders that plague us”, with positive psychology the goal is to understand those “qualities that strengthen, build, and foster us” (Fineburg, 2004, p.197). Positive psychology is specifically described as the study of (a) positive subjective experience (b) positive individual traits such as optimism, perseverance, motivation and feelings of contentment and (c) specific programs that contribute towards improving the individual's quality of life whilst preventing or reducing psychopathology (Seligman, 2002, pp.6-7; Akin-Little *et al.*, 2004, p.157).

Affirmative postmodernism has given rise to a group of approaches that emphasise strengths- and asset-based, as well as solution-focused principles that centre on competencies, strengths and self-identified goals (Losoncy, 2001, p.185). Examples include asset mapping in the context of community intervention (Kretzmann & McKnight, 1993), as well as brief solution focused and narrative approaches in the context of individual psychological counselling (O'Hanlon & Weiner-Davis, 1988; White & Epston, 1990). Earlier, feminist approaches to therapeutic intervention also contributed to our understanding of the existence of a power differential between counsellors and clients. Feminist approaches have particularly heightened our awareness of the need for professionals and clients to work collaboratively in a process of shared dialogue that recognises the client as “her or his best expert”, acknowledging clients' strengths and resiliencies (Evans, Kincade, Marbley & Seem, 2005, p.271).

Strengths-based approaches are generally viewed as requiring a more proactive, empowering and positive approach to intervention in the helping professions. The emergence of strengths-based approaches appears to place the focus on needs and problems in psychology under escalating pressure. The emphasis is increasingly on facilitating clients who are seeking supportive services to become self-empowered and to encourage clients to play a more active role in shaping their destinies (Watson & Stead, 2002, pp.26-27). The helping professional is available to encourage the client to explore and make the alterations that they want to make in their lives and problems are also considered from a positive perspective so as to support the client to arrive at solutions using both the personal and contextual input and resources of the client. The professional and the client engage in a collaborative process aimed at encouraging clients to access and use their personal resources and the professional does not direct but serves to mediate the process (Losoncy, 2001, p.185). A postmodern foundation for practice thus sprouts approaches that share two essential premises, (i) the primacy of human relationships and (ii) the benefits of non-pathologising as well as the definition of expertise in terms of knowledge generated in the process of working with clients (Boyd, 1998, pp.307-321).

If helping professionals are to institute positive, strengths-based approaches in their everyday professional undertakings with clients, it has been remarked they not only need to adopt the associated ideology but also a new language for talking about human behaviour (Maddux *et al.*, 2004, p.330). This observation about the personal changes that helping professionals will need to undertake does not attempt to address the need for parents to become aware of the ideologies associated with the shift in practice towards strengths-based approaches. It becomes apparent that there is a risk that the views of parents may be negated by the implementation of strengths-based approaches without any attempts to share the premises of the movement with clients.

Alongside the growing emphasis being placed on strengths-based approaches in psychology there appears to have been a comparable shift in the way that learning and consequently learning support are viewed.

#### *2.2.2.2 Learning support from the strengths-based perspective*

Increasingly, learning is recognised as more than just a scholastic, academic process and is acknowledged as being a cognitive, behavioural, social, emotional and physical task that takes place in contexts where various role-players have an influence (Donald *et al.*, 2002). In resistance to traditional models, learning support is increasingly viewed as beyond just an individualised, one-dimensional process wherein the helping professional provides solutions to the difficulties of the parent and child (Engelbrecht, 2001). Support does not just come from those trained to address learning problems but rather comes from any positive source of learning available to the child (Bouwer, 2005).

As Bouwer (2005, p.48) outlines, in initiating learning support, the potential of children to develop at their own pace according to their unique abilities is recognised. Collaboration from and participation of role-players involved in the life world of children is viewed as fundamental in the process of the child's development and learning. Bouwer (2005, p.51) further argues that seeking to understand the strengths and assets that can be utilised in the process of supporting a child can be considered as an effective focus in undertaking learning support assessment and, as a result, intervention too.

Parents are regarded as having a greater level of expertise in determining what is fundamental for optimal learning to take place within their child's educational context. They are seen as 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). The helping professional can support parents to use the personal and contextual strengths and capacities available to them in the process of maximising their child's holistic learning process and, instead of just addressing barriers to learning, the focus is on promotion of growth and optimal learning development. The literature on strengths-based practice is notable for its focus on professional practice and the development of the helping professional's approach to interaction with clients who seek their assistance (Snyman & Fasser, 2004; Ebersöhn & Eloff, 2003; Watson & Stead, 2002).

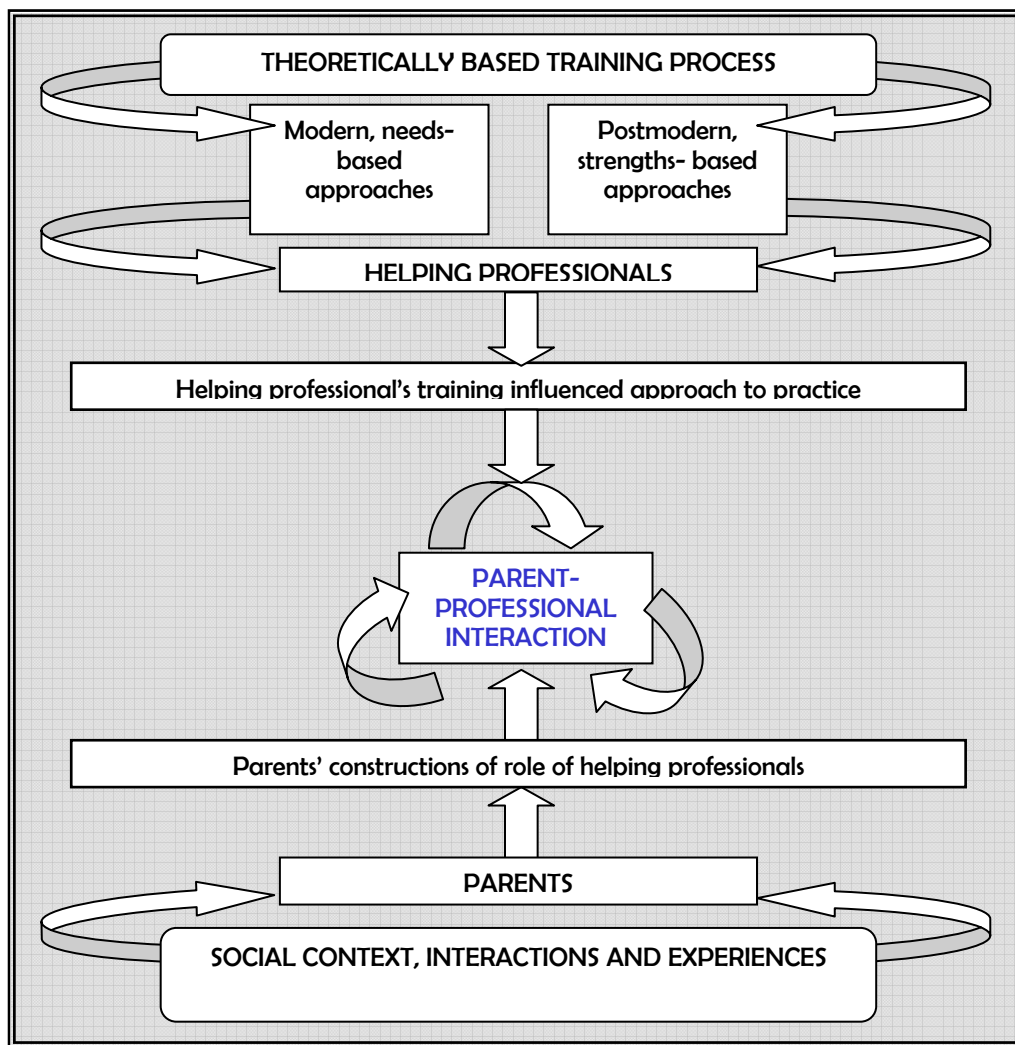
As evident from the discussion in this section on the impact of needs-based and strengths-based approaches to practice and as Maree (2004, p.388) affirms, the professional's training and allegiance to certain theoretical approaches has a major influence on the manner in which they attempt to provide assistance to others and hence their interactions with parents as their clients. Section 2.3 provides some insights into views of the parent-professional interaction specifically as this interaction pertains to views on the therapeutic alliance, partnership and the nature of consultation between the helping professional and the parent. The proposed benefits of the parent-professional partnership will also be discussed.

## **2.3 PARENT-PROFESSIONAL INTERACTION**

### **2.3.1 The significance of the parent-professional relationship**

Some scholars (Todd, 2003; Morrow & Malin, 2004, for example) argue that it is the quality of the parent-professional partnership in the process that will most significantly affect the nature and outcomes of the parent-professional interaction. The therapeutic alliance between the parent and helping professional is considered especially pertinent to the outcomes of the interaction between clients and helping professionals (Alexander and Morrison Dore, 1999).

As indicated by Figure 2.2 that follows, this section will focus on the nature of parent-professional interactions when a parent has made the decision to consult with a professional with a view to addressing an existing predicament. As also denoted by Figure 2.2, the parent-professional interaction is viewed as a dynamic process which reflects the coming together of these two parties, with each party bringing to the process their own beliefs, expectations, values and opinions about what will occur both during and as a result of their interaction.



**Figure 2.2: Visual representation highlighting the area of focus for Section 2.3**

### 2.3.2 Collaborative partnerships

Alexander and Morrison Dore (1999, p.257) state that “Traditional practice assumes a potentially collaborative but inherently unequal relationship between the parent and clinician, resulting from the power, authority, and presumed expertise integral to the professional role”. Partnership with parents is thought to signify a movement away from traditional practices which imply that professionals have to compensate for parents’ deficiencies towards a relationship that seeks equality with parents and draws them into decision-making (Morrow & Malin, 2004, p.164).

The notion of working with parents in parent-professional interactions thus presupposes the ideal of a co-operative, collaborative endeavour between parent and professional (Sutton & Hughes, 2005, p.169). Collaborative relationships involve human interactions and relations built upon shared power and trust. To be successful, Olson (2003, pp.236-237) suggests that mutual



understanding needs to be formed of each collaborator's differences and commonalities, and, participants involved must skilfully find ways of working across role boundaries during the process. The collaborative undertaking's goals must also align with the individual participants' objectives (Olson, 2003, pp. 236- 237). Indeed, 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).

Despite an increasing expectation for parents and professionals to work in partnership with each other (Alexander & Morrison Dore, 1999; Fylling & Sandvin, 1999; Morrow & Malin, 2004, p.163, Pinkus, 2005), Case (2000, p.271) contends that parents rarely enjoy an equal partnership with professionals. Furthermore, Todd (2003, p.282) indicates that authentic partnerships between parents and professionals have been difficult to achieve and further refers to research over the past three decades that suggests that differences between professionals' and parents' priorities and assumptions about the nature of their relationship remain commonplace as does the dissatisfaction of parents with professionals. Swick (2004, p.217) observes that helping professionals in early childhood educational settings in particular have long recognised the need for having effective and meaningful partnerships with parents. They have also noted that parents are not always forthcoming in their willingness to get involved resulting in a limitation of the achievement of power and authenticity in the interaction of helping professionals and parents.

Both Swick (2004, p.217) and Todd's (2003, p.282) commentaries hint that parents and professionals may not have a mutual understanding of each other's objectives. Some scholars (Sutton & Hughes, 2005, p.169) advocate that professionals need to know their roles as well as the role of the parent, however, they fail to initiate any consideration for what a parent may actually want from the professional and what they view their own role to be in light of this.

A lack of agreement about the purpose of their partnership, accompanied by confusion about the roles of each of the partners has been identified as the main inhibitors in collaboration between parents and professionals (Pinkus, 2005, p.185). As Swain and Walker (2003, p.559) point out, the starting point towards the establishment of a partnership between parents and professionals appears to be the "mutual recognition of each other's different standpoints".

### **2.3.3 Therapeutic alliance**

Alexander and Morrison Dore (1999, p.256) refer to the quality of the relationship between parents and professionals as the "marrow" of mental health services for children. The so-called



“therapeutic alliance” between helping professionals and clients is indicative of the extent to which they collaborate to decide the goals for therapy and how they will achieve them. It is also about the quality of the bond or sense of warmth and understanding that they share (Thomas, Werner-Wilson & Murphy, 2005, p.20).

The alliance is thought to facilitate the enhanced application of interventions as well as being 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. Collaboration between the helping professional and the parent involves both affective and instrumental involvement (Alexander & Morrison Dore, 1999, pp. 262-263).

The foundation for collaboration between the therapist and the client 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” (Alexander & Morrison Dore, 1999, p.263). 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.

#### **2.3.4 Benefits and potential barriers in parent-professional partnerships**

Both scholars and practitioners agree about the benefits of parent- professional partnerships, especially, in terms of the well being of children, their parents, and the family unit as a whole (Pinkus, 2005, p.184). The parent-professional relationship is thought to contribute to the increased accuracy of professionals in understanding children with a barrier to learning and development (Pinkus, 2005, p.184). The interaction of the helping professional and the parent as equal partners is considered fundamental to the mutual exploration of the child’s educational context for its possibilities. To achieve a sense of partnership, it is proposed that parents determine the inputs into the learning support process as they participate in the process and can thus have a direct impact on the outcomes (Ramaekers, 2005, p.153).

Regardless of this proposal, there is no apparent indication of the quality of what actually occurs in the course of parent-professional interactions (Sutton & Hughes, 2005, p.169). As parents try their utmost to assist their child, Prezant and Marshak (2006, p.33) indicate that their experiences in obtaining help from a wide range of professionals have often been reported as being less than satisfactory. As Prezant and Marshak (2006, p.32) argue, a difficulty that occurs in determining what is helpful for parents of children with difficulties in their interactions with helping professionals “is that it often depends on whether or not you are the helper or the recipient of the ‘helpful’ action”. Without the parental perspective, Prezant and Marshak (2006, p.32) determine that professional training programmes may promote ideas about working with parents and children with difficulties that are not necessarily considered helpful by those that they intend to help.

Overall, what remains unclear is whether the shift towards more collaborative strengths-based approaches to learning support can contribute towards enhancing parents’ participation, and whether or not parents are aware of the shift in power between themselves and the professional. Thus, if indeed parents are at times reluctant to get involved in partnership with the helping professional, it has not been explored whether this is because they have possibly contrasting expectations of the helping professional rather than a diminished willingness to participate in the process. It is therefore important to explore how parents may construct the role of the helping professional.

## **2.4 PARENTS’ CONSTRUCTIONS OF THE ROLE OF HELPING PROFESSIONALS**

### **2.4.1 Social constructionist underpinnings**

The study of professional practice necessitates the analysis of the application of “scientific or expert knowledge” and it also demands that the beliefs, values, experiences, and commonsense explanations of the helping professional involved in assistance are recognised (Walmsley, 2004, p.2). However, although the problem-solving strategies of the helping professional may arise from their subjective personal position of understanding, it is assumed that professional practice generally functions predominantly under the guidance of scientific knowledge (Walmsley, 2004, p.2).

As Linley and Joseph (2004, p.714) maintain, any practice of psychology rests on fundamental assumptions about human nature. Oftentimes, as these assumptions are implicit within a particular theory, they go unquestioned by the practitioners that are trained in a particular associated model of practice. Moreover, just as helping professionals will have certain

theoretically- based constructions of what they view is the best manner to assist others (Maree, 2004, p.388), it seems possible that parents will develop their own constructed expectations of what the role of the helping professional should be. In this study, parents’ constructions of the role of the helping professional will be explored from a social constructionist theoretical framework.

The visual representation [Figure 2.3] demonstrates the areas of focus for this section. Elaborating on the social constructionist theoretical framework for the study presented in Chapter One, a theoretical perspective of how parents’ may construct their ideas of helping professionals will be outlined; the concerns of parents who are involved with helping professionals; and the social context, interactions, and experiences that may influence parents’ constructions will be shared too.

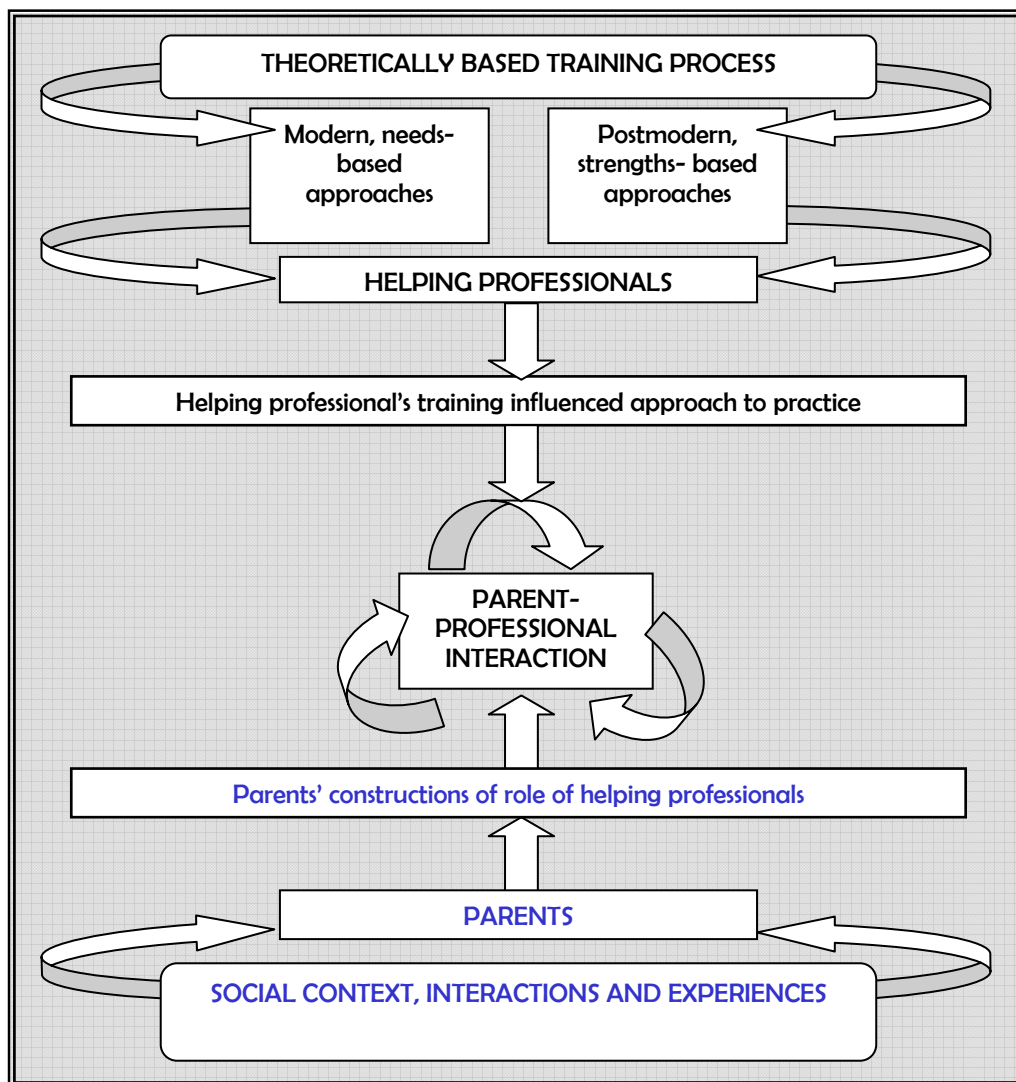


Figure 2.3: Visual representation highlighting the areas of focus for Section 2.4

## **2.4.2 The constitution of constructions**

### *2.4.2.1 Reality representations*

The constructions that parents have do not represent “the way things are” but rather the ways parents think about and try to make sense of their world, and, are generally thought to be informed by their personal, social, and cultural values (Maddux *et al.*, 2004, pp.325-326). As such, social constructionist studies emphasise individuals’ interactions with their world and the way in which they construct, modify, and maintain what is held to be true, real, and meaningful in a particular society (Zeeman, Poggenpoel, Myburgh, & Van Der Linde, 2002, pp.2-4).

As Reznick (in Maddux *et al.*, 2004, pp.320-321) suggests, how people conceive or construct their world carries important implications for the way they behave or act. The way we talk about our world is thought to inform the nature of our actions in relation to the world (Potter & Wetherell, 1987, p.21; p.182). The language we use to talk about our world is specifically regarded as a manifestation of our constructions of the world and, therefore, the role of language in our constructions of meaning is essential to consider.

### *2.4.2.2 The role of language in constructions*

The study of social constructions commonly involves the study of language in use (Wetherell, Taylor & Yates, 2001, p.3). The language we use to represent our view of the world is not a mere reflection of the world but rather a construction of the world as we assign meaning to our experiences (Gergen, 2001, p.158; Wetherell, 2001, p.16). As such, our talk about the world involves the construction of unique narratives about the way in which we experience it (Edley, 2001, pp.433-437). From a constructionist point of view, language does not serve to provide “a picture or a map” of what really exists in reality. Rather, language acquires meaning in the process of “human interchanges’ during which people may provide descriptions or constructions of reality (Gergen, 2001, p.26). In other words, when we interact through language this is thought to shape the way we think about and see the world (Donald *et al.*, 2002, p.104).

In the context of this study, language is thus assumed to function partially as a tool for representation in a specific setting. Consequently, Cameron’s (2001, p.13) suggestion that our language may have a direct influence on what we do in a specific setting, is applicable to the context of the present study. Different discourses or “voices” of meaning surround us and these discourses not only involves ways of speaking but also reflect our underlying values, assumptions, and understandings of the world as experienced in our contexts (Donald *et al.*

2002, p.104). Thus, it seems feasible that the language that parents use to formulate their attitudes and expectations about the helping professions and helping professionals in particular, can shape interactions between parents and helping professionals in the context of learning support.

Although not specifically related to parents language- based constructions of the role of the helping professional in learning support, Weatherly Valle and Aponte's (2002, p.474) comments about the "authoritative discourse" of professionals in the specific context of decision-making processes with parents in special education is considered relevant. The commentary provides an appropriate example of how language is thought to play a role in the interactions between parents and professionals. Weatherly Valle and Aponte (2002, p.474) argue that the "professional dominates with the authoritative discourse of psychoeducational reports and behavioural objectives, in stark contrast to the parent's everyday, informal language".

The discourse that surrounds parents' informal meaning-giving to their interactions with helping professionals is specifically thought to constitute their representations of helping professionals as produced and maintained by the societal context they participate in. These representations are thought to guide the interactions and actions that they expect and initiate during learning support consultation with helping professionals. The role of representational frameworks provides a proposition for how this development and maintenance of language-influenced constructions may occur and will now be discussed further.

#### *2.4.2.3 Representational frameworks*

The terms 'discourse' or 'construction', as connected with social constructionist theorising, are used to refer to a particular conceptual framework, a way of understanding or, for this research endeavour expressly, as a social representation that parents may have about the role of the helping professional (White, 2004, pp.8-9). Multiple modes of representation are constructed according to various perspectives, and, the language-based perspectives of institutional officials, possibly such as helping professionals, may reveal a technical vocabulary that is associated with their professional expertise. In contrast, ordinary people, perhaps such as parents, are thought to share a common vernacular developed through personal experiences (Mehan, 2001, pp.360-361).

Morrissey-Kane and Prinz (1999, p.191) point out that the majority of studies demonstrate that parent's cognitions, particularly their expectations and attributions, influence their engagement in

the therapeutic process for a child. When connected to the purposes of this research, parents' personal experience based, common vernacular can be equated with the theory of social representation. Social representations are conceptualised as hierarchical, mental networks that are organised by a limited set of relevant categories (Van Dijk, 1990, p.166). Potter and Wetherell (1987, pp.138- 141) add that social representations are allocated as mental schemata, made up of abstract as well as concrete elements, which people use to make sense of the world and to communicate with each other.

Social representations are considered social because they are cognitions of social groups, classes, structures, or social issues and also due to the conception that they can be acquired, changed, used in interaction, and used in social situations. Social representations have, as such, been abstracted from personal knowledge, contextually bound opinions, or unique situations, and, they have then subsequently undergone a process of generalisation, adaptation, and normalisation (Van Dijk, 1990, p.166). Social representations are further designated as "social images, ideas or theories of the world", in addition to their premise that knowledge has a social basis and that this knowledge is organised "on the level of a social system, concerning a certain topic" (von Cranach, 1992, p.10). As such, the social world is considered to be more of a fundamental element that plays a part in the construction of personal cognitive processes instead of being "an object of knowledge" (de Rosa, 1992, p.121).

Therefore, it is argued that everyday understanding is "a social rather than a biological act" and for this reason the personal creation of cognitive categories cannot be separated from one's socio-cultural context (Gergen & Semin, 1990, p.10). Social representations thus differ from social cognition models that adopt an individualistic view of meaning making that centres on social behaviour being a result of individual cognitive processing. Social representations are rather theoretically centred on the idea that social concepts are "socially transmitted sets of information, re-elaborated through interaction between individuals and groups and reconstructed...on the basis of social experience" (de Rosa, 1992, p.120). A social representation is thought to consist of a set of rational or irrational, logical or emotional, as well as, normative and evaluative components that can have action- influencing worth. This is instead of being viewed to consist of purely formal, logical structures, as is the case with social cognitions (de Rosa, 1992, p.126).

The social constructionist theory of social representation subsequently seems to be applicable as a means of gaining an understanding of parents' constructions of the role of the helping

professional. It appears viable that parents as a social grouping may construct, generalise, adapt, and normalise their personal knowledge as well as opinions of helping professionals as a social grouping both through their social interactions in their context as well as through exposure to the social situation that involves learning support consultation with helping professionals.

To summarise, the argument put forth in this section is that people naturally transform their reality into a simplified and easily incorporated form. Questions arise as to the nature of the social representations parents have incorporated and constructed of helping professionals on the basis of their social interactions and socially influenced perceptions, and, what affect this has on their observations and understandings of their interactions with helping professionals for learning support (Potter & Wetherell, 1987, p.116). If we are to acknowledge the role of parents' social interactions as well as the role society at large play in parents' language-influenced social representation of meaning, then it is now appropriate to discuss the factors in societal context that may play a role in parents' constructions of the role of the helping professional.

#### **2.4.3 Social context, interactions and experiences**

Within society, professionals are traditionally viewed as those who are trained and qualified in various spheres to take responsibility for others' welfare and are seemingly regarded as possessing a specialised corpus of knowledge as well as skill into a specific area due to training and qualification. Using this consideration, it may then be feasible that helping professionals are perhaps seen to provide specific expertise through their professional practice (Case, 2000, p.275). As Clear (1999, p.2) reports, professionals have been viewed to be the professionals they are because of the particular disciplinary knowledge interests that produce them. The training that helping professionals receive along with the qualifications and credentials that result from this process distinguish them from the 'layperson' and usually strengthen their roles as experts.

Thus, parents may view helping professionals as experts with the power to identify needs and plan interventions based on specialised knowledge frameworks (Gilbert, 2005, pp.569-570). Herein may lie a predicament in the path of the fulfilment of the empowering goals of the strengths-based practitioner. As Freeman (1988, p.80) pointed out, nearly two decades ago:

*Professionalism signals [read- is possibly construed as] power, and it is expected that professionals will get things done, since they have power and access to do so. It would clearly be foolish to behave as if this were not the case, since the parents would not have gone to the trouble of meeting unless this were so.*



Even Freeman (1988, pp.80-81) commented that the term 'expert' [which has been associated with professional status] is denoted as a derogatory term with assumptions of increased sanctity and protectionist practices. In this sense, professionals who took, and may continue to take this stance to professional practice may have used their officially vested power to exert moral pressure on parents rather than leaving parents to make their own decisions based on the assistance that they receive from professionals (Freeman, 1988, pp.80-81). Even today, despite a considerable passage of time, it remains unclear if this is still how parents view helping professionals- as an expert capable of exerting influence on their predicament- or if they too have been influenced by the turn to strengths-based views of the role of professionals.

The worldwide focus on economically viable, cost-effective, and even profitable healthcare provision is another relevant factor that may detract from strengths-based learning support. Any form of helping professional consultation needs to be accounted for in terms of its necessity. Practitioners need to prove to health care financiers that their proposed consultations and interventions are needed. The majority of people cannot afford these consultations without medical aid and governments cannot generally provide assistance for these specialised consultations either.

The general standards of determining whether or not professional assistance is necessary are worldwide criteria for the diagnosis of pathology and problems. Two such criteria-based references are the *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders [DSM-IV-TR]* and the World Health Organisation's *International Statistical Classification of Diseases and Related Health Problems [ICD-10]* (Sadock & Sadock, 2003, p.vii). Again, there is no apparent indication of whether this consideration has an influence on parents' constructions of the role of the helping professional. However, there are indications in the literature in terms of parents who need to consult with helping professionals for assistance of a child regarding what factors may possibly impact on their views of professionals.

#### **2.4.4 Factors that impact on parental views of the helping professional**

##### *2.4.4.1 Parents' experiences of having a child with a barrier to learning*

Parents of a child experiencing a barrier to learning have personal experience of their child and of their parental role in supporting a child with differing needs. These parents have direct communication with professionals such as doctors, therapists and teachers and it is through these experiences that they will begin to develop expectations of their child, ideas of the role that they have to play as a parent as well as of the roles that others will fulfil for learning support of



their child (Russell, 2003, pp.144-146). Parents of a child with a barrier to learning face the continual challenge of balancing the everyday tasks of parenting with therapeutic programmes, additional physical duties and the need to adjust emotionally to their child's difference from their expectations (Pain, 1999, p. 299).

As Case (2001, p.841) proclaims, parents of a child with a difficulty are consistently viewed to lack the knowledge, experience, and power to influence decisions, participate in support provision as well as negotiate the nature of the services that their child receives. He further contends that professionals often prescribe parental needs and issues. This is thought to marginalize the parent and reduce the opportunity for the parent to participate in and contribute towards an equitable parent- professional partnership in the process. As such, although parents may not necessarily experience a difficulty themselves, they too are thought to be subject to disabling barriers and attitudes in the professional world (Russell, 2004, p.76).

Parents of a child with a barrier to learning are perceived [mostly likely from a needs-based perspective] as being different from the main population of parents and in need of support to fulfil their role as a parent because of their child's difficulty. These parents are also assumed to have specific needs during the assessment and assistance of their child and much investigation has been undertaken into what parents need in order to support a child with difficulties. However, there appears to be little exploration of what parents actually expect from services that are designed to support a child with difficulties (Russell, 2003, p.144; Prezant & Marshak, 2006). One aspect of these expectations may be what parents expect the role of the helping professional in learning support.

#### *2.4.4.2 Parents' expectations*

Expectations refer to 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 (Nock & Kazdin, 2001, p.155). Expectations originate from people's social environment and are thought to have an impact on their interactions in that environment (Russell, 2003, p.145). Research initiated by Nock and Kazdin (2001, p.175) suggests that "parents who did not expect therapy to be effective and who had inaccurate beliefs about the structure of therapy experienced greater barriers to treatment participation". These barriers include feelings that therapy is too demanding or not relevant and a poorer relationship with the therapist (Nock & Kazdin, 2001, p.175). Morrissey-Kane and Prinz's (1999, p.188) review of literature on parental expectations and parents' engagement in treatment of a child's difficulties,

reveals that the expectations that a parent holds about treatment can influence their willingness to participate in the process. Specifically, if a parent believes that treatment should be focused just on the child identified as having a problem then the parent may be reluctant to participate in the process (Morrissey-Kane & Prinz, 1999, p.188).

In survey research conducted by Prezant and Marshak (2006, pp.31-45), parents generated data about the actions of professionals that they perceived as either helpful or unhelpful when interacting with a broad range of helping professionals for assistance with a child's disabilities. Parents also commented on what actions they would like professionals to take during their future interactions with these professionals. The findings of the research indicate that parents involved in the study found helping professionals' "poor performance of (their) job" and having "low expectations" of their child most frequently unhelpful. Those professionals who demeaned the parent and the child, ignored parental input, abused power, did not comply with regulations and recommendations, discouraged inclusion, recommended institutionalisation, or were physically abusive were also considered as unhelpful (Prezant & Marshak, 2006, p.38).

In contrast, Prezant and Marshak (2006, p.35) report that professionals' who "performed [their] job well" and "supported [the] parent and/child" were considered as most helpful by those parents surveyed in the study. Furthermore, these helpful professionals encouraged inclusion, enhanced the child's self-esteem, and had high expectations of the child. The helping professionals taught parents, went beyond their required job duties, made the necessary accommodations for the child, engaged in advocacy for the child, and learnt from parents too. Of those actions that parents wanted professionals to take in future, Prezant and Marshak (2006, pp.41-42) relay 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.

#### *2.4.4.3 The role of the medical-deficit model*

Ong-Dean (2005, p.142) is of the opinion that parents who, as a group, may develop an interest in disabilities as a result of personal circumstances [confrontation with a child's difficulties] are led by their interest to adopt a needs-based, medical model of disability. However, this is not to say that parents are necessarily forced by professional authorities to adopt a medical model. Rather, Ong-Dean (2005, pp.142-143) contends that parents may "advance a medical model of disability as a legitimate way of explaining and classifying a child's difficulties..." and he particularly argues that parenting literature [as one possible influence on parents constructions

of their parenting role] is focused on assisting parents to identify and classify children's difficulties actually gives parents a way of explaining their children and advocating for them.

When a child faces a difficulty, Belknap, Roberts, and Nyewe (1999, p.174) mention that parents are confronted with the intervention of medical and paramedical professionals such as psychologists, occupational and speech and language therapists. They suggest that this intervention can be highly daunting for parents and that the terminology used by professionals can be incomprehensible, leaving parents totally alienated from the process. They maintain that, to date, this intervention has largely ignored the capabilities of the parent as a primary caregiver, therapist and educator of the child. Needs-based approaches used in the professional world have been criticised for their alleged negative influence on parents in that they are presumed to lead them to feelings of disempowerment and dissatisfaction in the therapeutic process. Professionals using these approaches are negatively seen to act as all-knowing experts and are then purportedly viewed by the general public as those with all the answers, encouraging parents to rely on others to wrongly provide solutions to their issues and, as a result, disempowering them in the process (Ebersöhn & Eloff, 2003, pp.x- 6). The focus on identification of problems is viewed to be more likely to create needs in clients such as parents and they are subsequently perceived to be dependent on help to fulfil their roles and address their deficits (Russell, 2003, p.144).

## **2.5 CONCLUDING REMARKS**

### **2.5.1 Review of study exposition progress**

This chapter has sought to shed light on the theoretical as well as conceptual constructs that have acted as a guide to this study and that led to the formulation of the research questions to be explored via the practical research exercise. Chapter Three will present a more in-depth exposition of the philosophical underpinnings of the research process, the methodological assumptions for the research as well as the research design considerations. The data accumulated during the research will also be shared.

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

The visual representation [Figure 2.4] that follows gives an indication of the researcher's updated construction of the research issue as informed by her integration of the literature-based commentary regarding the central constructs of the study.

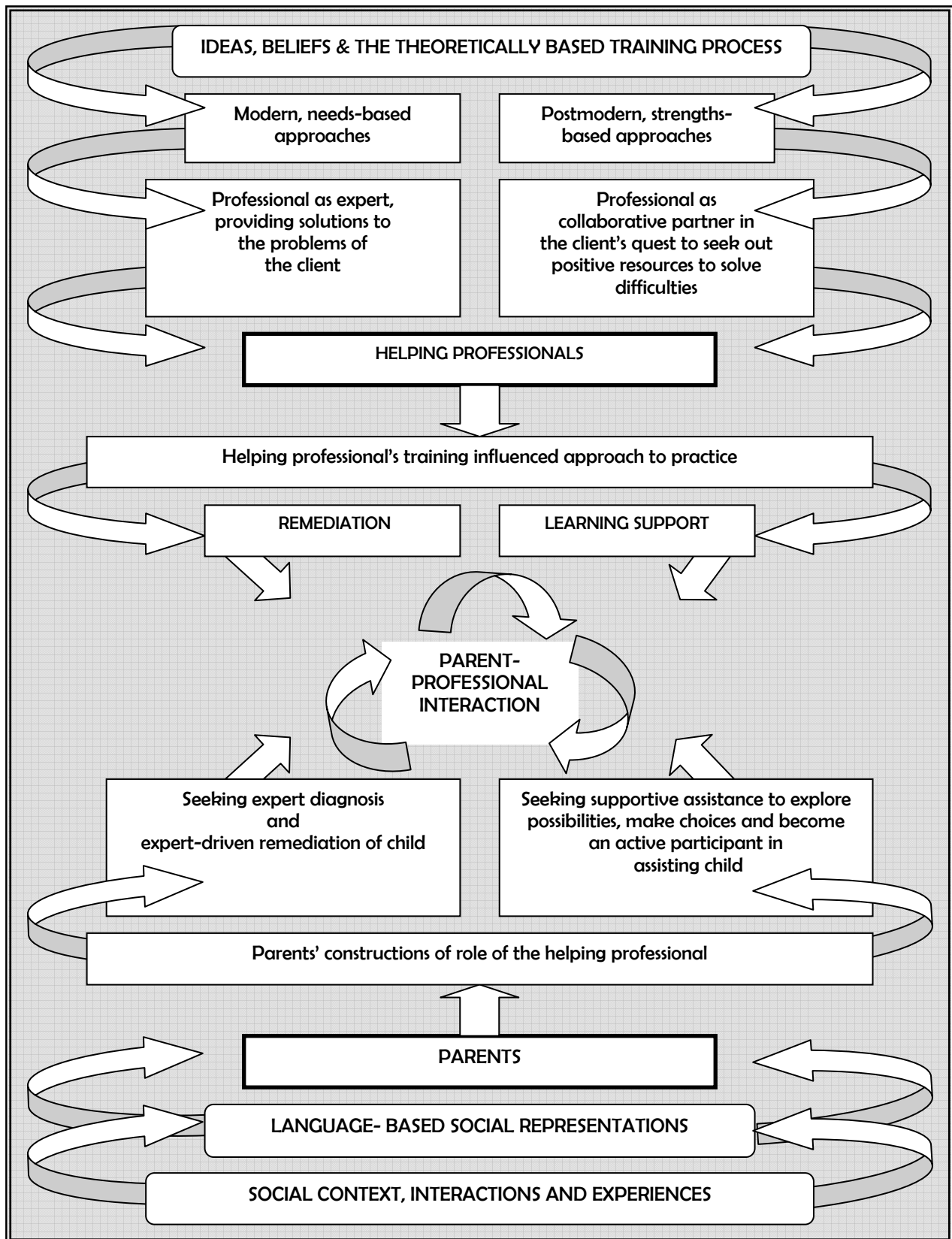


Figure 2.4: Literature informed update of the visual representation of the researcher's further understanding of the constructs for the study

### **2.5.3 Researcher's reflection on the updated visual representation**

The literature review that led to my updating of my visual representation of the relationships of the constructs for the study [Figure 2.4], has still left me with queries as to whether parents constructions of helping professionals are similar to a needs-based approach to helping professional practice or whether parents are actually familiar with and supportive of a strengths-based approach to practice that seeks parents' collaboration with the helping professional and parents' recognition of their strengths and capacities for learning support.

The review of theoretical literature on social constructionism has led to my further understanding of how parents may be influenced by their context and experiences to form certain views or social representations of what they view the role of the helping professional to be. I now recognise that how parents in this study talk about helping professionals will provide significant insights into their personal constructions of the role of the helping professional and will provide an indication of their social representations of helping professionals. As helping professionals' training in approaches to practice will also have an influence on how they go about interacting with parents, I now recognise that parent-professional interaction is certainly a very dynamic process in which both the parents and the professionals ideas or constructions of the role of each other will have an impact on the outcomes and process of the interaction.

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## CHAPTER THREE

### RESEARCH DESIGN AND METHODOLOGY

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*“... a tension will quickly be revealed between contrasting modes of thought. But this does not mean that one is absolutely right and the other totally wrong. It is possible that they are both partly right and partly wrong. And as the argument evolves, the best of both arguments will often crystallize”*

Gaarder (1995, p.304).

#### **3.1. INTRODUCTION**

The objective of this chapter is to describe the ontological and epistemological underpinnings of the research as well as to explicate the research design and methodological plan for the practical research exercise in its entirety. The goal of the research methods used has been to ensure the rigour of the research, particularly, in terms of allowance for greater participant contribution to the research undertaking. This was in recognition of the ability of research participants to be the central analysers of their self-generated data as the experts regarding their own views, ideas, and constructions. The philosophical paradigms, which acted as an overarching interpretative basis for the research, will now be represented. Thereafter, the methodological assumptions and research design that guided the research methodology will be illustrated. A discussion of the trustworthiness of the exploration, the context of the study and the roles of those involved in the research will be furnished as well. An exposition of the data collection and data analyses process will then be undertaken.

#### **3.2 RESEARCH PARADIGM**

There are contradictory paradigmatic vantages regarding what reality or ontology entails and hence what knowledge or epistemological content constitutes. According to Denzin and Lincoln (2000, p.19), “the net that contains the researcher’s epistemological, ontological, and methodological premises may be termed a paradigm or an interpretive framework”. Research is guided by a set of beliefs and feelings about the world as well as the nature of the research enquiry that leads one to decide how it should be understood and investigated (Denzin & Lincoln, 2000, p.19). The qualitative focus of this research is based on interpretivist and constructivist paradigmatic theories of reality and knowledge.

Constructivism rests on the philosophical assumption that, although there may be a singular reality, people interpret reality. This means that there are, in effect, multiple interpreted points of

view about reality as subjected to personal interpretation by individuals. From a constructivist vantage point, the positivist view of a singular reality is thought to be but one construction of what reality is. Reality is consequently viewed to be consciously and actively created within the minds of individuals (Hayes, 2000, p.8). As such, the ontological position that is described as “constructivist” implies that the constituents of social meaning are outcomes of interaction between individuals and their context. Individuals are therefore perceived to be interpreting reality through “a pair of conceptual glasses” that are tinted according to their goals in situations, their past experiences, values, attitudes as well as the knowledge trends in their context (Holt, 2002, p.264). Instead, a positivist view assumes that phenomena are detached and external to those involved in their construction (Bryman, 2004, p.266). Constructivism emphasizes a phenomenological approach to understanding people and thus, in order to capture the meaning of a social event, such as the helping relationship between the helping professional and the parent, it needs to be investigated in interaction with those who are actively involved so as to see the event as the participants, in these cases parents, in that scenario see it (Hayes, 2000, p.8).

The questions “what kind of research is this?” or “what kind of knowledge does this research produce?” direct a query into the status of knowledge or epistemology for the research as a whole (Taylor, 2001, p.11). Hesse- Biber and Leavy (2005, p.12) suggest that we research what we believe to be knowable and do so in ways that we believe will be effective in gaining access to this knowledge, both of which are reflections of our epistemological position. The epistemological position that is described as interpretivist emphasises knowledge gathering that rests on understanding the social world through an exploration of the interpretation of that world by its participants (Bryman, 2004, p.266). Epistemic content from the interpretivist perspective is composed of representations of people’s mental processes of understanding as influenced both by and during interaction with social contexts (Henning *et al.*, 2004, p.20). Human beings do not find or discover knowledge in the world but rather actively construct it. People invent their own “models or schemes so as to help them make sense of experience” (Schwandt, 2000, p.197). Researchers, who take this epistemological stance for their research undertakings, inquire into the manner in which social meaning comes about in discourses and how these discourses, the knowledge frameworks or meaning systems that drive society, are maintained (Henning *et al.*, 2004, pp.19-20).

In light of the aforementioned discussion, it would appear that the constructivist and interpretivist paradigmatic perspectives amalgamate well with each other. Reflecting on the anti-positivist social science research traditions customarily associated with the constructivist and interpretivist

perspectives, Beck (in Cohen *et al.*, 2001, p.20) maintains that their purpose is to gain an understanding of social reality as different people see it. This is to demonstrate how these views shape the actions that people take within that reality. Research associated with constructivist and interpretivist underpinnings is meant to offer explanatory elucidation of the social forms that people create around themselves. Therefore, the object of the research is to explore “reality in consciousness rather than reality itself” (Northcutt & McCoy, 2004, p.16).

The interpretivist and constructivist paradigms, as foundational philosophical bases with practical ramifications for all aspects of the research process, were hence conducive to the goals of this research, which aimed to explore parents’ constructions of helping professionals, as part of their reality when they seek learning support for their children. Furthermore, the exploration of parents’ meaning making and interpretations by means of certain methodological undertakings allowed the researcher to gain access, through a mutual process of meaning sharing and interpretation, to the “knowledge systems” or personally assimilated discourse that may direct parental interactions and actions with helping professionals. Qualitative research methods thus provided the central mode for the delivery of this type of researchable content as well as access to interpretative analyses of this content. Despite the recognition that these philosophical bases are deemed to lead to a research design that uses qualitative methods, it is acknowledged that other research paradigms may be used to add rigour to the design as a whole (Tashakkori & Teddlie, 2003, pp. 22-23). This point will be expanded in the following section.

### **3.3 METHODOLOGICAL ASSUMPTIONS**

#### **3.3.1 Association with ontology and epistemology**

As highlighted in the previous section, the selection of research methods cannot be divorced from a researcher’s theoretical concerns as well as her conception of knowledge building (Hesse- Biber & Leavy, 2005, p.4). However, Bryman (2004, p.438) contends that although epistemological and ontological commitments may be associated with certain research methods, the connections are not necessarily deterministic in nature. Brannen (2004, p.313) agrees that there is not an inevitable link between ontological and epistemological assumptions on the one hand and methodological approaches on the other.

As such, although certain data collection and analyses methods may show an apparent allegiance to an underlying interpretivist or constructivist position, this does not always have to be the case. The links forged between ontology, epistemology and methodological choices are at best tendencies rather than definitive connections. Instead of concentrating on an inextricable



enmeshment between certain epistemological, ontological, and methodological choices, it is claimed that research methods should be considered as autonomous in nature (Bryman, 2004, pp.438; 454).

Thus, my aim as the researcher was to select research methods that were best suited to interrogating the questions that I wished to address rather than selecting methods that purely paid homage to their presumed link to the epistemological and ontological position for the research. The zealous following of a singular research paradigm may lead to a warped sense of its value in the research process with a failure to engage pragmatically with those aspects that it cannot, by its makeup, address. Specifically, the qualitative and quantitative research methodologies are represented by as two essentially different, mutually exclusive paradigms through which to study the social world. Regardless, a case has been made against the separate paradigms outlook (Brannen, 2004, p.312). Indeed, Northcutt and McCoy (2004, p.4) call for reconciliation between quantitative and qualitative paradigmatic views to utilise the strengths of both to the benefit of the research undertaking as a whole.

In the current study, it is therefore argued that, although the research developed from an interpretivist and constructivist ontological and epistemological basis and was ultimately interpreted accordingly, this did not necessarily demand that purely qualitative methods be used during the data collection and analyses process. In the next section as well as in Section 3.3.3 further ideas associated with the use of both qualitative and quantitative methods within a research undertaking will be provided so as to advance the exposition of the thinking that has assisted towards the decision to integrate quantitative methods into this research.

### **3.3.2 Basis in dialectical thinking**

To extend the argument presented thus far, some philosophical perspectives view human existence as being constituted by basic dialectics that, by their very definition, are dependent on each other (Aspinwall & Staudinger, 2003, p.15). For example, one cannot refer to something positive without considering the negative, or think of autonomy without considering its opposite, dependency. It is part of the nature of such pairs that one component cannot exist without the other. Thus, it is seen as important to achieve a sense of equilibrium between one's representations of these pairs. This representation must be to such an extent that balance between the two components of a dialectical pair is optimised within the specific circumstance wherein the dichotomy plays a role (Aspinwall & Staudinger, 2003, pp.15-16).

Dialectical thinking therefore involves the dynamic integration of opposing perspectives. In dialectical thinking, the goal is to construct knowledge by finding a resolution to contradictions (Reznitskaya & Sternberg, 2004, p.188). It entails inviting the juxtaposition of contradictory or opposed ideas. When dialectical thinking is applied to the research realm, some scholars propose a dialectical stance when reasoning for the use of multiple paradigms when doing research. These theorists believe that all paradigms are valuable albeit that each offers only a partial worldview and therefore, from a dialectic stance, the assumption is that all paradigms have something to offer to the research process and the use of multiple paradigms affords a greater understanding of the issue under empirical scrutiny (Tashakkori & Teddlie, 2003, pp. 18; 22; 96).

Against the background of Bryman's (2004), Tashakkori and Teddlie's (2003) as well as Brannen's (2004) arguments for the usage of methods that are best suited to the research undertaking, and, favouring the argumentation for a dialectical outlook on qualitative and quantitative methods, I have used a predominantly qualitative methodology that incorporates quantitative aspects for the strengths that each can bring to a research undertaking. The current research undertakings foundation in dialectical argumentation has both theoretical and practical implications. The research approach aims to initiate a dynamic integration in the ideological dimensions of research paradigms, the qualitative and quantitative research paradigms specifically (Northcutt & McCoy, 2004, p.15). Quantitative methods were used to enhance and complement the qualitative data afforded by the participants in the study.

### **3.3.3 The complementary usage of quantitative methods within a qualitative study**

Brannen (2004, p.314) suggests that it may be best to treat qualitative and quantitative data as being complementary in nature, although not necessarily at ontological, epistemological, and theoretical levels. Hammersley (in Brannen, 2004, p.314) proposes that complementarities occur when two different sets of data are utilised to address complementary but different aspects of the research. Whereas, a purely quantitative study can fail to explain the relationships amongst variables, an exclusively qualitative study is generally unable to provide an indication of the relative weight afforded to the themes that are identified by participants (Bryman, 2004, p.460).

Mixed methods research specifically incorporates the use of both qualitative and quantitative data sets in a single study. The purpose is to expand an understanding from one method to another, to converge or confirm findings from different sources of data. The two data sets can be collected concurrently or sequentially and the research findings integrate both broad numeric

trends and detailed views with regards to the research phenomenon (Creswell, 2003, pp.15, 100,210).

The specific research methods employed for this research undertaking aimed to engage the two afore-mentioned shortcomings of qualitative and quantitative methodologies by employing Interactive Qualitative Analysis (IQA) as described by Northcutt and McCoy (2004). IQA allowed both of these shortcomings to be addressed via a merger of quantitative processes into this qualitative study during data collection and analyses from the perspectives of the research participants themselves. IQA incorporates the qualitative generation of affinities that are used by the participants themselves to make personal inferences regarding the causal relationships amongst these affinities. In this way both induction and deduction are integrated into the data analysis process with theory generation and testing being driven by the participants themselves (Northcutt & McCoy, 2004).

The particular properties that make qualitative research methods apt for this research are their purported emphasis on the qualities of phenomena and their focus on processes and interpretations that are not experimentally examined or measured in terms of quantity, frequency, or intensity. As already highlighted, the focal point is rather on the socially constructed nature of reality (Denzin & Lincoln, 2000, p.8). Qualitative research undertakings seek elucidation of research questions by examining social settings and the people that are part of these settings. The researcher interprets phenomena in interaction with participants according to the representations of meaning that they afford to them. In so doing, the researcher seeks to build a holistic picture with detailed descriptions of the participants' perspectives. The researcher is able to share in the understandings and perceptions of others, the social shaping and processes that people use to create meaning in their lives and maintain their social realities (Berg, 1998, pp.6-7; Macmillan & Schumacher, 2000, pp.16-17; 35; 41; 395).

The exploration of parents' constructions by means of a predominantly qualitative research methodology allowed for access to the knowledge systems' or personally assimilated discourse that may direct parental interactions and actions with helping professionals. This exploration was through a mutual process of meaning sharing and interpretation between the researcher and participants. Qualitative research, as such, allowed admission to a greater depth of understanding of parental constructions of the helping professional in learning support consultation especially in terms of how these constructions shape their actions with helping professionals (Berg, 1998, p.2). I, as the researcher, sought an understanding of how their social experience of helping professionals is created and given meaning (Denzin & Lincoln, 2000, p.8).

The application of quantitative methods to the qualitative research allowed for the establishment of a “meeting ground” between the two research strategies (Bryman, 2004, p.447). Silverman (in Bryman, 2004, p.445) warned that this quantification of qualitative data should be a reflection of participant’s own ways of understanding their social world. The cause-and-effect analysis that formed a part of the participant driven process of IQA addressed this concern. This quantitative analysis provided an indication of the relative weight afforded to the affinities that were identified qualitatively (Bryman, 2004, p.460).

The methodological plan of action for the research that has been shaped out of these methodological underpinnings and which led to the usage of quantitative and qualitative aspects will now be addressed.

### **3.4. RESEARCH DESIGN**

#### **3.4.1 Preamble**

A research design is the “plan” or “blueprint” for how the researcher intends to conduct the research (Mouton, 2001, p.55). The particular design type chosen is the “descriptor” of the manner in which the study was developed and gives an indication of the way the research findings will be presented to others (Henning *et al.*, 2004, p.32).

#### **3.4.2 The case study as research design**

##### *3.4.2.1 Grounds for usage*

In the current research, a case study research design was considered useful as it was envisioned to lead to detailed illustration, insight, discovery and interpretation of parents’ constructions of the role of helping professionals in the context of consultation for learning support purposes (Merriam, 1998, pp.27-28).

Many qualitative researchers are committed to a case-based, insider’s perspective of a phenomenon. This position directs their attention to the specifics of particular cases (Denzin & Lincoln, 2000, p.10). Case studies provide a comprehensive examination of a single example and in so doing they deliver a unique illustration of real people in real situations (Cohen *et al.*, 2000, p.181; Flyvbjerg, 2004, p.420). Case-based research leads to detailed data about the phenomenon being studied; no matter what particular research methods have been used (Henning *et al.*, 2004, pp.32-33). A case study is particularly useful when one is trying to provide a wealth of details and a nuanced view of participants’ experiences in a particular context,

especially, when the research rests on the premise that parents' views cannot be understood by theory alone, as it does for this research (Flyvbjerg, 2004, pp. 421-423).

Yin (2003, pp.13-14) refers to the case study as an empirical inquiry that allows for investigation of a contemporary phenomenon within its real-life context when the boundaries between the phenomenon and the context are not clearly evident and in which multiple sources of evidence are used. Case studies are thus suited to situations in which it is impossible to separate a phenomenon's variables from their context. In the case of my research, parental viewpoints of helping professionals as phenomenon within the context of learning support consultation will be offered. A case study design is well suited to explore parents' constructions of the role of the helping professional in learning support, as a social –contextual phenomenon. It is thought that parenting and learning support are social-contextual undertakings and the meaning that parents attach to the role of the helping professional is bound to their own social context too (Merriam, 1998, pp.27-40; Flyvbjerg, 2004, pp.425-426).

A case can be additionally described as a specific example that is used to illustrate a more general principle (Cohen *et al.*, 2000, p.181). A case study is further delineated as being composed of any social entity that can be restricted by parameters and that uncovers a specific dynamic and relevance, revealing information that can be captured within its realms (Henning *et al.*, 2004, p. 32). A case study as such serves to highlight an instance drawn from a class, a so-called “bounded system” (Merriam, 1998, pp.27-28)

In the current study, the bounded system encompassed, within its parameters, parents who had actually been in contact with helping professionals for assistance with learning support of their child. Information was being sought in relation to their thoughts about and experiences with helping professionals. What I, as researcher, was interested in were the systemic connections amongst the parent-generated elements of meaning within the case or system as a unity or totality with some kind of boundary or parameter (Henning *et al.*, 2004, p.32). A distinguishing feature of case studies is that they allow for accommodation of the recognition that human systems of meaning have a wholeness or integrity to them rather than just being a loose connection of traits. It is this recognition of the complexity of human meaning giving that calls for in-depth investigation of these systems (Cohen *et al.*, 2000, p.181), specifically, the meaning systems created and navigated by parents in their interactions were explored.

The type of case study design used was a critical case study with an interpretive focus. The critical case study involves choosing a representative case study that is most likely to represent

the phenomenon under exploration. The main argument for the use of this type of case study is that what is valid for these participants are more likely to be valid for others too (Merriam, 1998, pp.27-40; Flyvbjerg, 2004, pp.425-426). The descriptive data of interpretative case studies are used to illustrate, support, or challenge the theoretical assumptions held prior to the data gathering process, and, as such, fit well with the purpose of the research which is to allow for practical investigation into the applicability of the strengths-based approach to practice, in terms of parents' perspectives. This is specifically in terms of the theoretical premise that clients must be assisted towards the utilisation of their own strengths and capacities for their own self-empowerment during the process of learning support instead of a focus on expert-driven problem-saturated view of practice. The outcomes of a case study can therefore assist towards the highlighting of parents ideas in association with these theories that may not previously have been hypothesised (Hayes, 2000, p.133).

#### *3.4.2.2 Case description: Issues of sampling*

Three cases were included in the study. The inclusion of multiple cases is a common strategy used to increase the credibility of the findings in the analysis of these cases (Merriam, 1998, pp.27-40). In these instances, it also provided for opportunities to lead to a depth of perspectives regarding parental constructions of helping professionals. Participants were chosen that were considered to be "information rich" in that each possessed knowledge of and experience with the issue under investigation (Northcutt & McCoy, 2004, p.87). Each of the case studies therefore included parents who were thought to have special knowledge of the research question in this study, namely "How do parents construct the role of the helping professional in learning support?". All the participants in the study were interacting with or had previously approached a helping professional to initiate learning support for their child. Their views of helping professionals were seen as relevant to the research elements under exploration due to their contact with helping professionals and it was thought that they would be in a position to render an "insider's perspective" in relation to the research question, as suggested by Denzin and Lincoln (2000, p.10).

As is typical in case study research, non-probability sampling, also referred to as purposive sampling, was used. Non-probability sampling is used in case study research because it entails the deliberate selection of a particular section of the population to include in the study for the purpose of fulfilling the criteria for participants as set forth by the research question[s]. Parents of children in a school for Learners with Special Educational Needs [LSEN] were approached for participation in the study due to their proximity with helping professionals as a result of seeking

assistance for their child's difficulties. It was surmised that they were more likely to have been in contact with helping professionals due to the necessity of addressing their child or children's learning difficulties. This meant that they were able to answer the research questions to be explored (Cohen *et al.*, 2000, pp.102-104). The sample of participants was chosen to elicit a close-up and detailed view of particular individuals in a particular setting and was not random but rather theoretical in nature (Silverman, 2005, pp.130-132).

After written permission had been obtained from the school's management as well as the provincial department of education involved, the research questions were shared with the head of department of psychology at the selected school. This psychologist was informed of the need to approach participants who had had contact with helping professionals for their child's learning support. The psychologist provided a list of eight telephone numbers of parents who could possibly participate in the study due to the contact that the psychologist was aware of them having with helping professionals for their children. Initially, five parents were contacted telephonically [the other parents could not be reached telephonically at that time]. The research purpose and subject was explained to these parents and they were asked to consider participating in the study after perusing a written explanation of the research undertaking to be sent to them. After receiving this written explanation, four parents agreed to participate in the research. The first three parents to respond were then chosen to participate. The biographical details of the parents that participated in the study are set out in Table 3.1. Pseudonyms are provided to maintain their confidentiality.

<b>BIOGRAPHIC DETAILS</b>	<b><i>PARTICIPANT A</i> (MOTHER)</b>	<b><i>PARTICIPANT B</i> (MOTHER)</b>	<b><i>PARTICIPANT C</i> (MOTHER)</b>
<b>AGE</b>	38	39	33
<b>OCCUPATION</b>	<b>Secretary</b>	<b>Home executive</b>	<b>Teacher</b>
<b>CHILDREN</b>	<b>2 sons (ages 7 and 12):</b> Youngest son Grade 1, LSEN school	<b>2 sons (ages 9 and 13):</b> Grade 2 and Grade 8, LSEN school <b>1 daughter (age 18):</b> Grade 12, LSEN school	<b>2 sons (ages 6 and 9):</b> Eldest son Grade 3, LSEN school
<b>CONTACT WITH HELPING PROFESSIONALS FOR LEARNING SUPPORT</b>  [For assessment and intervention prior to attendance of LSEN school(s)]	<ul style="list-style-type: none"> <li>• 1 Educational psychologist</li> <li>• 1 Occupational therapist</li> <li>• 1 Speech and language therapist</li> </ul>	<b>Grade 8 child:</b> <ul style="list-style-type: none"> <li>• 1 Educational psychologist</li> </ul> <b>Grade 2 child:</b> <ul style="list-style-type: none"> <li>• 1 Educational psychologist</li> <li>• 1 Speech and language therapist</li> <li>• 1 Paediatrician</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Educational psychologist</li> <li>• 1 Occupational therapist</li> <li>• 1 Speech and language therapist</li> </ul>

		<p><b>Grade 12 child:</b> Assessment and intervention centre attendance:</p> <ul style="list-style-type: none"> <li>• 1 Paediatrician</li> <li>• 1 psychologist</li> <li>• Speech and language therapy</li> <li>• Occupational therapy</li> </ul>	
<p><b>CONTACT WITH HELPING PROFESSIONALS FOR LEARNING SUPPORT</b></p> <p>[For assessment and intervention at LSEN school(s)]</p>	<ul style="list-style-type: none"> <li>• 1 Educational psychologist</li> <li>• 2 Occupational therapists</li> <li>• 2 Speech and language therapists</li> </ul> <p><i>(multidisciplinary teams)</i></p> <p>Parent has also consulted a helping professional for assistance with her eldest son:</p> <ul style="list-style-type: none"> <li>• 1 psychologist</li> </ul>	<p>All three children have attended LSEN schools (the present school and another LSEN school) since the start of formal schooling. Assessment and intervention has been ongoing in these scholastic environments:</p> <p><b>Grade 2 child:</b></p> <ul style="list-style-type: none"> <li>• Speech therapy (2 years)</li> <li>• Occupational Therapy (4 years)</li> <li>• 2 Educational psychologists</li> </ul> <p><b>Grade 8 child:</b></p> <ul style="list-style-type: none"> <li>• Occupational Therapy attendance (7 years)</li> </ul> <p><b>Grade 12 child:</b></p> <ul style="list-style-type: none"> <li>• Speech therapy (2 years)</li> <li>• Occupational therapy (4 years)</li> </ul> <p>Parent has had both informal and therapeutic contact with educational psychologists in her children's present school.</p>	<ul style="list-style-type: none"> <li>• 2 Educational psychologists</li> <li>• 3 Occupational therapists</li> <li>• 3 speech therapists</li> </ul> <p><i>(multidisciplinary teams)</i></p>

**Table 3.1: Biographical details of research participants involved in the study**

3.4.2.3 *The strengths and challenges of case studies*

▪ Strengths

The specific strengths of case studies are that they provide illustrations of effects of phenomena in real-life contexts, especially, as context is recognised as a powerful determinant of both the cause and effect of phenomena and understandings of phenomena. Moreover, the illustrative,



in-depth description that a case study provides helps to report on the complex dynamics of parents' constructions of the role of the helping professional (Cohen *et al.*, 2000, p.181).

Case studies also allow for the presentation of research in a more publicly accessible format that is capable of serving multiple audiences. The research process itself is thought to be more accessible and, as such, is argued to aid in the democratisation of decision-making and knowledge (Cohen *et al.*, 2000, p.184). Associated with this strength is the recognition that the concrete, practical, context bound knowledge, as produced by a case study, is capable of contributing to the learning process of others who can use it to aid in their understanding of the issue that is illustrated. As the research has aimed to be praxis enriching, the case study approach taken provides an avenue for learning about the practical manifestations and implications of parents' views through case studies (Flyvbjerg, 2004, pp. 421-423). These case studies therefore begin in the practical world of parents' experiences and expectations of helping professionals but the knowledge generated in terms of these cases are considered as capable of contributing to practical situations and theory building (Cohen *et al.*, 2000, p.184).

- Challenges

Some challenges are posed by the use of case studies. Case studies can be complex in that they involve large amounts of data. This can become a downfall in that any attempts to summarise them can result in the leaving out of data through a process of subjective bias by the researcher. Additionally, it is argued that the biggest downfall of the case study is that it is impossible to generalise from the results (Hayes, 2000, pp.140-141). The next section provides some methodological as well as literature-based commentary to reveal how these challenges are approached for this research.

- How the challenges were approached by the researcher

In addressing the central criticism of a case design as not being generalisable, Hayes (2000, pp.140-141) counteracts that case studies are deliberately idiographic, that is to say, the purpose is never to identify general laws<sup>4</sup> pertaining to all but rather to chart and provide an in-depth illustration of unique aspects (Hayes, 2000, pp.140-141). As well as sharing the argument

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<sup>4</sup> The application of "general laws" to all is in any case associated with the contentious positivist premise that human behaviour is mechanistic in nature and governed by general, universal laws (Cohen *et al.*, 2000, p.19) and, as such, is not an objective that is sought for this research undertaking.

of Hayes (2000), I share the ideas of Flyvbjerg (2004), Cohen *et al.* (2000), and Bryman (2004) in terms of the generalisability of this research.

Flyvbjerg (2004, p.424) argues that formal generalisation via quantitative measures is just one way in which knowledge can be accumulated. He maintains that even if knowledge cannot be formally generalised this does not mean that a descriptive case study cannot contribute to “the collective process of knowledge accumulation in a given field or in a society”. Furthermore, those who read case study based research findings have the opportunity to decide for themselves what knowledge is applicable to their own unique circumstances. Readers of case study research can judge the implications of this type of study for themselves (Cohen *et al.*, 2000, p.184). The illustrative, in-depth description that is afforded by the qualitative case study thus offers “others... a database for making judgements about the possible transferability of findings to other milieus” (Bryman, 2004, p.275; Cohen *et al.*, 2000, p.181).

The selected data collection and analyses methods in this study are thought to have aided in circumventing the challenge posed by my own bias in selecting relevant data and interpreting this data. Ensuring more involvement of participants in the data analysis process may have allowed them to monitor my analysis and choice of most pertinent data and, hence, allowed for monitoring of the influence of the researcher’s subjectivity. This was by means of the creation of opportunities to reflect on my initial analysis and to elaborate on their points of view in light of this. This was initiated via a multiple phase data collection and analysis that was not solely researcher directed. My provision of my own reflective account of my assumptions in terms of the topic of research during my reporting about the study is another strategy aimed at ensuring that my subjective assumptions will not influence the research unduly.

In addition to practical attempts aimed at addressing possible subjective bias, there is recent literature that provides an applicable argument to thwart the viewpoint that a qualitative case study can be problematic as it can be subjected to the bias of the researcher. In this literature, Flyvbjerg (2004, pp. 428-429) presents the argument that the case study contains no greater partiality in terms of a researcher’s bias towards verification of her pre-established ideas than other methods of enquiry. The difference is that it is more likely that the researcher’s initial ideas will be directly engaged as her subjective views can be tested in-depth, up close in relation to phenomena as they unfold in practice by means of a case study design. Thus, it is more plausible that a researcher’s preliminary ideas will be falsified in this way due to the allowance for the in-depth viewpoints of those who participate in her research (Flyvbjerg, 2004, pp.428-429).

Ultimately, the achievement of rigour in the study was considered the central means to address the validity and dependability of the research especially in terms of the influence of the researcher's personal influence on the research as a whole. The rigour of the study will now be discussed in detail.

### 3.4.3 Rigour

Taylor (2001, pp.320-321) maintains that academic analysis must involve a more systematic investigation. She points out that this criterion for the evaluation of research is sometimes referred to as rigour. She further proposes that there are different views for how rigour should be attained. Rigour can be correlated to the depth of detail present in both the data and the analysis that is presented. It can additionally be aligned to the explication of the process of analysis that is provided. She argues for the possibility of retaining a modified form of the criteria for evaluation associated with quantitative research undertakings for studies that are predominantly qualitative in nature. She believes that validity can be redefined in terms of "good practice".

Riessman (in Taylor, 2001, p.321) considers that the validation of research can be deliberated on in terms of the persuasiveness of the argument, correspondence, and pragmatic use. Silverman (2005, p.210) specifically relates validity as another word for the truth of the research interpreted as the extent to which an account accurately represents the phenomena to which it refers. For this research, it is recognised that parents' constructions of helping professionals are grounded in values and, as such, they cannot be proven true or false. Therefore, the research did not seek ultimate facts but rather it sought the "reality negotiations" that parents negotiate in society as a party interested in defining their interactions with helping professionals (Maddux *et al.*, 2004, pp.321; 326). As Maree (2004, p.402) explains:

*Inherent in every social system are values and norms that facilitate relationships and existence. The self and the concept of 'truth' are viewed as a manifestation of human interaction, which is constructed by communication [language] and relationship systems or discourse*

Therefore, my purpose was not to establish the ultimate truth regarding the actions, experiences, thoughts, and feelings of the participants but rather to search how specific and, at times, contrasting truths are produced, sustained, and negotiated (Rapley, 2004, p.26). These views are mirrored in the writings of Northcutt and McCoy (2004, pp.339-342). These two authors

assert that the rigour of a study reflects its truth-value and as such, the research was based on three theories of truth as discussed by Northcutt and McCoy (2004).

In terms of the **correspondence theory** of truth, this research is an empirical study and aimed to reflect the experiences of parents as grounded in a particular reality, in this case their involvement with helping professionals in learning support within the broader social context in which they function. In a related line of thinking, Bryman (2004, p.273) deems that a qualitative study should have internal validity. By this he means that there should be a level of congruence between researchers' observations and the theoretical ideas that they develop. Involvement of participants in theoretical coding meant that not only the researcher but the research participants had the opportunity relate their personal experiences in terms of a cause and effect characterisation of their experiences which provided the central tenets for the building of their own personal theory about their viewpoints.

However, truth is not only about correspondence between a statement and an external reality. The **coherence theory of truth** requires participants' narratives to have structural, referential and characterological coherence as far as their experiences have structure and fit into a larger structure of experiences. The participation of the parents in the thematic analysis of the results as well as indicating the relationships between the elements is expected to contribute towards the coherence of the findings.

The **constructivist theory of truth** reflects the pragmatic nature of research and requires the research findings to have some usefulness. Therefore, the value of any research is to solve some kind of problem (Northcutt & McCoy, 2004, pp.341-342). Similarly, Bryman (2004, p.277) speaks of the importance of ensuring the relevance of a study in terms of its importance within its field and in terms of the contribution it makes to the literature within that field. The expected contribution of the study is that it may highlight what parents expect of helping professionals to enrich current approaches of learning support with parents. It may also assist towards the deconstruction of parental discourses of helping professionals that may not be conducive to collaborative aims in learning support and may provide emerging themes that may be used for further research.

To achieve rigour in qualitative research, Northcutt and McCoy (2004, p.38) recommend data collection and analysis methods that are public and non-idiosyncratic and that do not depend on the nature of the codes themselves. Requiring the participants to create affinities and to indicate the relationships between affinities was envisioned to attain this. It also served as a member-

checking strategy because it was used as a means of consequent contact with the participants in the study to check whether they were in agreement as to the findings of the study. Member checking, as such, can also be referred to as “respondent validation” (Taylor, 2001, pp.321-322). Respondent validation was also used within the interview process as topics were confirmed, rephrased and probed to gain access to the holistic and subtle meanings of the participants (McMillan & Schumacher, 2000, p.410). The aim of respondent validation was to seek corroboration of the account that I arrived at. I sought correspondence between my findings and the perspectives and experiences of the participants involved in the research (Bryman, 2004, p.274).

### **3.4.4 The research setting and the roles of those involved**

#### *3.4.4.1 The context of the enquiry*

A school for Learners’ with Special Educational Needs [LSEN] was approached with the intent of obtaining access to parents who had consulted helping professionals for learning support purposes. The nature of the learning difficulties that the children at the school experience means that they and their parents have been in contact with helping professionals to identify and address the specific difficulties they are dealing with. This contact has in all cases also led to recommendations for placement in a school for learners’ with special educational needs, as per the specific school’s request so as to assist them with appropriate school placement decisions.

At the specific school approached, learners thus enter the school with comprehensive occupational, speech therapy, and psychological reports to aid in ongoing learning support initiations at the school itself. A team of helping professionals consisting of a social worker, psychologists, occupational and speech therapists, and school counsellors further support learners at the school. Contact between parents and the helping professionals involved in these teams is ongoing via informal discussions, parent meetings, and telephonic consultation. Some parents also arrange private consultations with paediatricians, psychiatrists, neurologists, speech therapists, occupational therapists, or psychologists to further assist the family in the course of their child’s school career.

#### *3.4.4.2 The role of the researcher*

As required by an interpretivist perspective, I entered the research process with the intention of being receptive to the participants’ own ideas and their personal explanatory frameworks for events and situations that they have been exposed to. Thus, I tried not to see myself as the

“expert” with superior knowledge of the research focus (Hayes, 2000, p.8). Rather, I was interested in the plurality of perspectives that research participants held about their experiences with helping professionals in the context of learning support. As such, understanding of the social phenomenon was sought from the participants themselves. My role was to become immersed in the research process as a curious, interactive observer to the phenomenon rather than a detached data gatherer. I deliberately tried to build a holistic picture with detailed descriptions of the participants’ perspectives (Macmillan & Schumacher, 2000, pp.16-17; 35; 41).

As suggested by Kvale (1996, p.31), I, as the researcher adopted a position of “deliberate naïveté” in that I undertook to exhibit openness to new and unexpected phenomena, rather than having preconceived categories and schemes of interpretation. As the facilitator of the participants’ contribution to the research outcomes, I undertook to be sensitive to what was said and what remained unsaid during the process as well as being critical of my own hypotheses and presuppositions throughout (Kvale, 1996, p.33).

#### *3.4.4.3 The envisioned role of participants*

Although one can never prescribe what participants actually experienced, it was certainly an explicit intention that parents who participated in this research felt that they were research partners rather than just “a vessel of information” (Henning *et al.*, 2004, p.68) to be tapped for meaning. My goal was to use a collaborative methodology that allowed parents to experience and understand that their initial understandings or answers were by no means meant to be used as the finalised research product.

I shared my understanding of the research process with them and explained that they would have opportunities to provide further commentary on my analysis as well as to provide alternatives should they feel that this analysis did not adequately reflect their “voices”. Therefore, these parents’ initial understandings were meant to serve as a further agenda for exploration. The findings of the research were thus envisioned as a “team effort” wherein the participants had a central role to play in providing guidance with the analysis of the data (Henning *et al.*, 2004, p.68).

### **3.4.5 Research methodology**

#### *3.4.5.1 Research methodology objectives*

It is said that in many ways, the research method used to collect data and the analytical method employed to make sense of this data are inextricably interlinked together in that the one influences the other (Hayes, 2000, p.167). Qualitative researchers seek descriptive data from research participants. These participants' perspectives are of utmost importance in that they are the origin of the data and they also have an extensive influence on where the emphasis will be placed during the data collection (Hesse- Biber & Leavy, 2005, p.7).

Qualitative research is generally a multi-method process as the researcher attempts to add depth to the mutual understanding of the phenomenon under exploration. The multi-method process is not to be viewed as an attempt to add validity but rather as a strategy "that adds rigour, breadth, complexity, richness and depth to the inquiry" (Denzin & Lincoln, 2000, p.5). In addition, many qualitative studies espouse a goal to capture the meaning of a phenomenon from the research participant's point of view. However, Northcutt and McCoy (2004, p.16) suggest that there may be grounds to question this and explain that most qualitative studies actually rely on methods that are truly positivist by design. To illustrate this point, Northcutt and McCoy (2004, p.16) explain that in many qualitative studies, the participant and the researcher are separated by means of the institution of a power-based hierarchy that favours the researcher's expert status as the role-player with the sole ability to generate data and analyse it. The ability of participants to add analytical value to the research is largely ignored and this leads to the questioning of the objectivity and accuracy of the research findings. Both Russell (2003) and Wolfendale's (1999) commentaries in Chapter One mirror the concerns about the previous lack of partnership between parents and researchers in research into parents' perspectives in interaction with professionals as well.

In contrast, the modified implementation of IQA used in this study, allowed participants to add analytic value to the research, and in so doing contributed to the overall rigour of the study. IQA, as described by Northcutt and McCoy (2004), is a dialectical approach to qualitative research that rests on systems theory. The main goal of this method is to represent the meaning of a phenomenon in terms of the elements it is seen by research participants to be composed of as well as providing their hypotheses of the relationships amongst these elements. IQA thus attempts to integrate and reconcile some of the inconsistencies that are apparent in the theorising about the purpose and methods of qualitative research (Northcutt & McCoy, 2004, pp. xxi-xxii).

Usually IQA involves a focus group that generate qualitative content in the form of codes, which the group then arrange into categories of meaning, providing a central affinity theme that binds each of the codes generated together into a category. Each individual will then provide indications of the relationships amongst these categories via a cause-effect analysis. Ultimately, after a quantitative analysis of the relative frequency of each possible relationship given by all the members of the group, a mind map of the group's system of meaning will be drawn up using this quantitative information as a guide. Thereafter, individual interviews will be conducted with group members to elicit each person's personal experience with the system of meaning that has been represented. The modifications I made meant that instead of a focus group, individual interviews were undertaken so I could conduct a content analysis of each to generate affinities for each participant. The participants were then able to review these affinities and could change or add affinities or modify the content of their affinity descriptions. Each participant then went about providing indications of the relationships amongst these affinities, which led to the drawing up of an individual mind map for each. The exact process and its purpose will be elaborated on in the next section.

#### *3.4.5.2 Data collection and data analyses*

- Phase one: semi-structured interviews and content analysis

Phase one comprised a semi-structured interview with the parent participants as well as an initial inductive analysis and axial coding of the data obtained from this interview. It was recognised that data collection and analyses are not separate in the research process. Analyses are ongoing processes that begin long before the specific data collection strategies are decided upon. As mentioned in Chapter One, the literature review provided an initial analysis into the phenomenon being researched. This then acted as an impetus to the formulation of research questions that were to be dealt with during interactions with research participants (Rapley, 2004, p.26). Data was collected and analysed in two main phases to interrogate these questions. The details of these phases will now be revealed.

#### ***- The semi-structured interview***

The main rationale for qualitative interviewing is that it assists the researcher to gather contrasting as well as complementary perspectives on the topic of research which leads to a depth in the understanding of the issue under investigation (Rapley, 2004, p.18). Kvale (1996, p.42) refers to the qualitative research interview as a "construction site of knowledge". Interview interactions are spaces in which both speakers are constantly doing analysis in that both



speakers are engaged and collaborating in producing knowledge and assigning meaning to the interaction (Gubrium & Holstein in Rapley, 2004, p.27). The goal of the qualitative research interview is to access descriptions of the lived world of the participants regarding their interpretations of the meaning of the described phenomena (Kvale, 1996, p. 30). The described phenomenon was in this instance helping professional consultation for learning support purposes.

Semi-structured interviews allowed flexibility in the interview process and provided a more in-depth description of the phenomenon under investigation. Their open-endedness allowed parents to provide discourse that 'project their own ways of defining their world' and, as such, this method was commensurate with the objectives of the study (Smith, 1995, p.3; Cohen *et al.*, 2000, pp.146-147). This type of interview further allowed for elaborate and detailed answers as well permitting for more in-depth investigation into parents' perspectives through the usage of probing (Rapley, 2004, p.15). The interview schedule that guided these interactions is situated in **Appendix E**. In **Appendix F**, an extract from one of the interviews is provided.

### **- Inductive coding**

The data obtained from the interviews were analysed through a process of open, inductive coding or content analysis. Preliminary affinities were identified and described for use in phase two of the collection and analysis<sup>5</sup> process. A qualitative researcher interprets data by looking for themes grounded in the participants' responses (Hesse -Biber & Leavy, 2005, p.8). Transcriptions were made of the parent interviews as captured on audiotape. Thereafter content analyses of these transcriptions were undertaken. The coding process associated with the analyses can be summarised as follows (Cohen *et al.*, 2000, pp. 284-285; Henning *et al.*, 2004, pp.104-109):

- The entire transcription was read to get an overall impression as to the emerging themes apparent throughout the text.

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<sup>5</sup> Computer-aided qualitative data analysis software [CAQDAS] was utilised to assist the coding and analysis process. This software has been specifically designed for the use of qualitative researchers, who tend to deal with large amounts of linguistic data. The specific software used- Atlas.ti™- does not do coding analysis for the research analyst but allows one to work interactively with the data and may lead to more varied representations of the data and coding. Atlas.ti™, as a CAQDAS tool, specifically allows the researcher to see their data and the coding associated with that data side-by-side on the computer screen and includes reorganisations of the data by codes as well as many other representative possibilities (Yates, 2001, pp.111-114).

- The transcript was read again. As this was done, units of meaning in the text were segmented out.
- Labels were attached to each of the units of meaning that were singled out from the transcript. These labels are referred to as codes. The process undertaken is called coding and the outcome was a condensation of what each participant originally said, using, to as large an extent as possible, the original words of the participant.

A kind of implicit quantification is present in this process, as a theme is more likely to be identified the more times the phenomenon it signifies is represented in the course of coding (Bryman, 2004, p.448). Potter and Wetherell (1987, p.167) note that coding is distinct from doing analysis itself. The goal of the initial selective coding is not to find results but rather to break down an “unwieldy” body of information into more manageable chunks. Open coding “fractures data into concepts and categories” (Henning *et al.*, 2004, p.131). It can be seen as the groundwork to analysis that prepares the way for a much more intensive study. The categories used for coding purposes flow from the research questions of interest. However, as coding has a pragmatic rather than an analytic function it is recommended that this process of collecting together information for analysis should be done as inclusively as possible. Therefore, all borderline information that seemed only vaguely implicated in the undertaking was incorporated (Potter & Wetherell, 1987, p.167).

### **- Axial coding**

Axial coding is the stage of the analytic process where traditionally the researcher puts the parts of the data that have been identified and separated during inductive, open coding back together in new ways so as to make connections between the categories (Henning *et al.*, 2004, p. 132). Once codes were identified, I sorted the codes into categories of meaning called affinities<sup>6</sup>. A name was given to each of these affinities to provide a label to give each affinity a form of identification. The affinity is defined by using the codes extracted during inductive analysis to capture its meaning. A descriptive paragraph that discusses the content of the affinity is written (Northcutt & McCoy, 2004, pp.98-100).

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<sup>6</sup> An affinity is part of the terminology associated with Northcutt and McCoy’s (2004) Interactive Qualitative Analysis method. An affinity or category is composed of a set of references or codes that have an underlying common meaning or theme (Northcutt & McCoy, 2004, p.81). Affinities are the elements that compose a system of meaning.

Contrary to qualitative methodology in general, I did not stipulate a presumed set of causal links amongst the affinities as is conventionally done to provide an explanation of the phenomenon being explored (Creswell, 1998, p.239; Yin, 2003, pp.120-122). Rather, the participants were requested to consider the affinities and to indicate links in the data. The research participants commenced this process during the second phase of the data collection and analysis process, discussed below.

- Phase two: modified interactive qualitative analysis

Phase two encompassed a modified Interactive Qualitative Analysis [IQA] method. In keeping with Interactive Qualitative Analysis's systems theoretical basis, I adopted a systems analysis perspective in the analysis of the parents' constructions as cases that were included in the study. This systems analysis, in its resonance with IQA, involves identifying and exploring the major dimensions of a system of understanding from the participants' perspectives. The major dimensions of a system are elements, order, processes, and functions. Every system is said to consist of elements that are unique in relation to each other and fulfil differing tasks and roles. There is also coherence amongst the elements in terms of the existence of some type of order that takes the form of patterned interactions within the system. In addition, each system involves processes that are generally developmental in nature involving change as a result of time and influences or specific types of interaction and exchange. A system also has functions and goals. Activities will take place because they produce particular outcomes and the character of these activities relate to the overall aims and goals of the system (Hayes, 2000, pp.135- 136).

***- The IQA interview process: collaborative theoretical coding***

The affinities created in the first phase analysis were the foundation for the interview that took place during the second phase. During a second interview, participant A and B had the chance to examine the initial affinities and descriptions elicited via inductive and initial axial coding by the researcher from the interview data. Participant C was unable to attend a second interview and instead examined a write-up of the affinities and gave written comments about them. All the participants had the opportunity to add to, modify, or rename the affinity names as well as the descriptions and to comment further on their experiences regarding each affinity. In all three cases the parents did not feel it necessary to change the names of the affinities. Comments were however given regarding their experiences in terms of the affinity descriptions.

Thereafter, the identified affinities were used by the parents so as to indicate their perceptions of the relationships amongst them. This was undertaken by completing a Detailed Affinity Relationship Table or DART. In this step, the theoretical coding 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. All possible pairings of the generated affinities were considered. Each parent participant systematically analysed the relationships amongst these affinities using the DART as a guide to this process. The DART was used to create an audit trail or record of the reasoning and actual examples taken from the experiences of the participants (Northcutt & McCoy, 2004, pp.149-167).

The cause-and- affect analysis that is resultant of this theoretical coding is not likened to a positivistic, post positivistic deductive research undertaking. Rather, IQA recognises that people naturally draw their own conclusions about issues, their composition and their interrelationships. The research was thus an inductive and deductive qualitative process in that participants gave their own analyses of the elements and relationships amongst these elements (Denzin & Lincoln, 2000, p.9; Northcutt & McCoy, 2004). The possible connections that could be produced for any two affinities during this process, using affinity A and affinity B as an exemplar, are provided in Table 3.2. Asking participants to provide commentary by stating why they see the relationship in the manner that they have stated, especially, in terms of their personal experiences, provided further insight into their reasoning as well as adding further depth to the study (Northcutt & McCoy 2004, p.151).

DART: POSSIBLE RELATIONSHIPS BETWEEN AFFINITIES	
A→B	A influences B
A←B	B influences A
A<>B	No relationship exists

**Table 3.2: Example of possible affinity relationship choices between affinities A and B**

This information was then utilised for the drawing up of Systemic Interrelationship Diagrams for each of the parents involved in the study. The details of the steps followed in drawing up these diagrams will be expanded on in an appendix associated with the actual IQA data presented in Chapter Four. For now, a brief outline of the steps in the process and their meaning for the research will be shared.

### **- The Systemic Interrelationship Diagram**

Once the second interview took place, the information contained in the DART was transferred to an Inter Relationship Diagram [IRD]. The relationships that the participant indicated between the affinities in the DART were entered into the IRD. The creation of this IRD was the first step in rationalising the participant's system of meaning. Thus, the DART's hypothesizing activity's output is summarised by means of this diagram, which shows all the participant's perceived relationships for a system of meaning. Thereafter, the relative influence of each of the affinities is calculated by evaluating which affinities have the most influence on the others and which have the least, as evidenced in the number of in and out arrows that have been indicated for the relationships amongst the affinities. Based on the determination of which affinities had the most influence and which affinities have the least, affinities were plotted in a specific pattern that led to the drawing up of the system. This **Systemic Interrelationship Diagram** or SID indicated how affinities were related to one another in a conceptual framework of cause-and-effect relationships of parents' understanding of the role of helping professionals in learning support. These diagrams were drawn up by utilising the theoretical codes that were produced by participants during a second interview (Northcutt & McCoy, 2004, pp.147-149). The conceptual framework indicates primary and secondary drivers [causes], pivots and primary and secondary outcomes [effects] in the system (Northcutt & McCoy, 2004, pp.168-174).

This concept map can be likened to Denzin and Lincoln's (2000, pp.4-6) metaphor for the descriptive outcome of a qualitative research undertaking- the *bricolage*. A *bricolage* is the composite set of representations that are fitted or aligned to the specifics of a situation such as the phenomenon under study. This quilt like set of fluid interconnected representations connects the parts [or affinities] in relation to each other as a whole phenomenon in order to provide a depth of description of this phenomenon.

### **3.5 CONCLUDING REMARKS**

Chapter Three presented a more thorough description of the guiding philosophical underpinnings of the research, methodological assumptions, the research design and the specific research methods employed for the study. In Chapter Four the data that were elicited via this data collection and analyses process are presented in detail, along with a more comprehensive description of the IQA process.

## 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 insets:

- *"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.

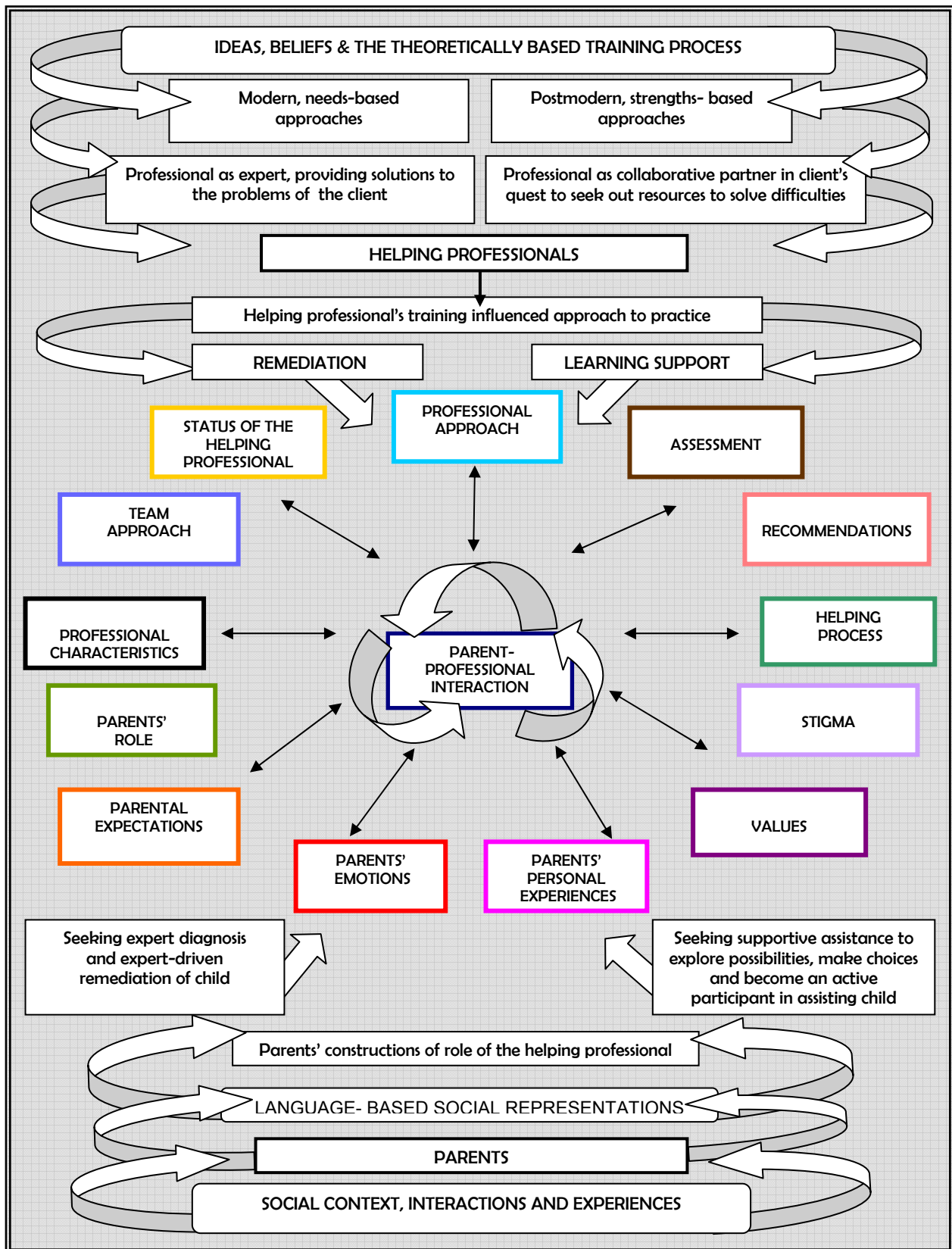


Figure 4.1: Affinity infused update of the visual representation of the researcher's further understanding of the constructs for the study

#### **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).

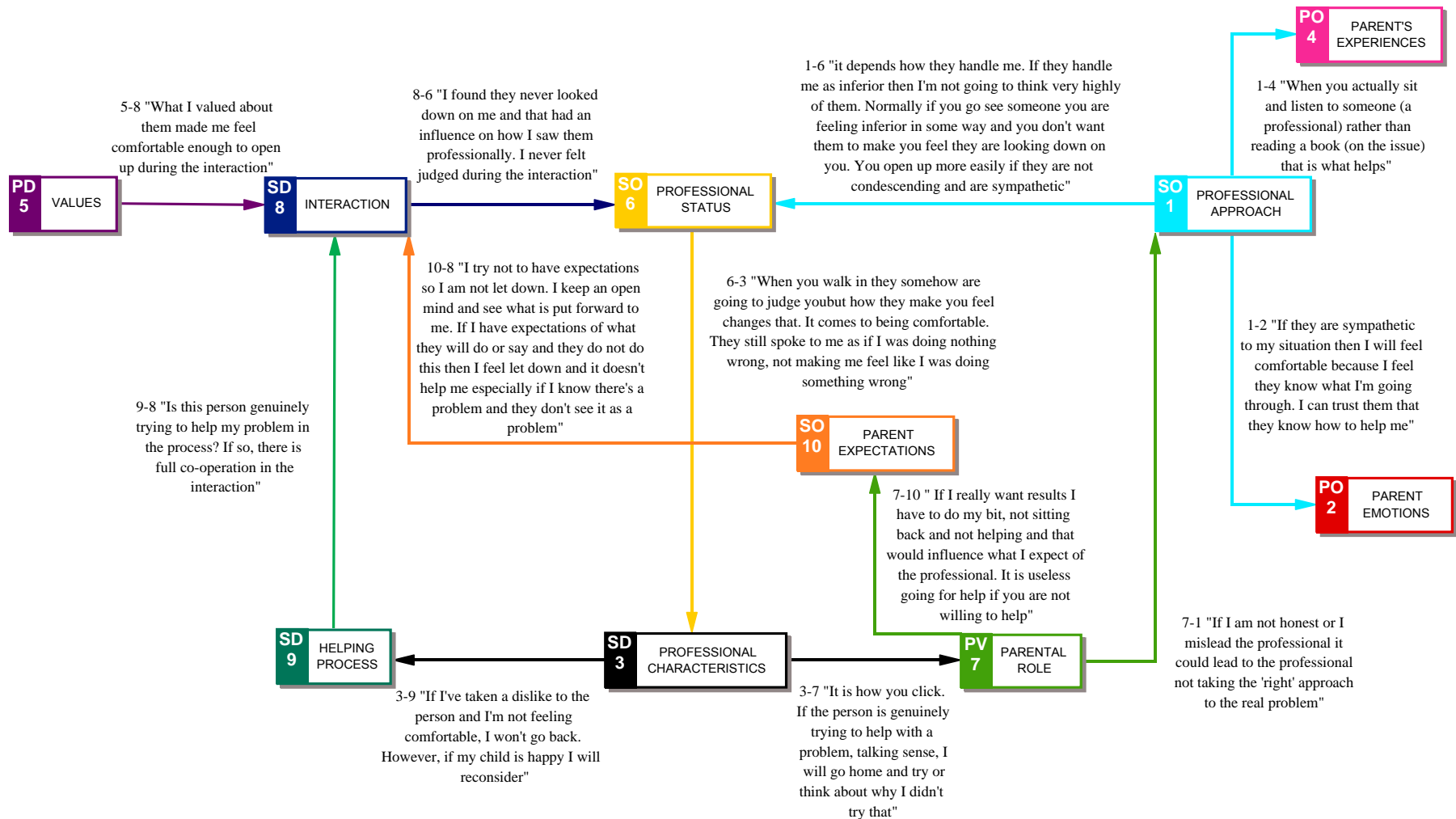


Figure 4.2: Participant A's social representation of the role of the helping professional in learning support<sup>10</sup>

<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.

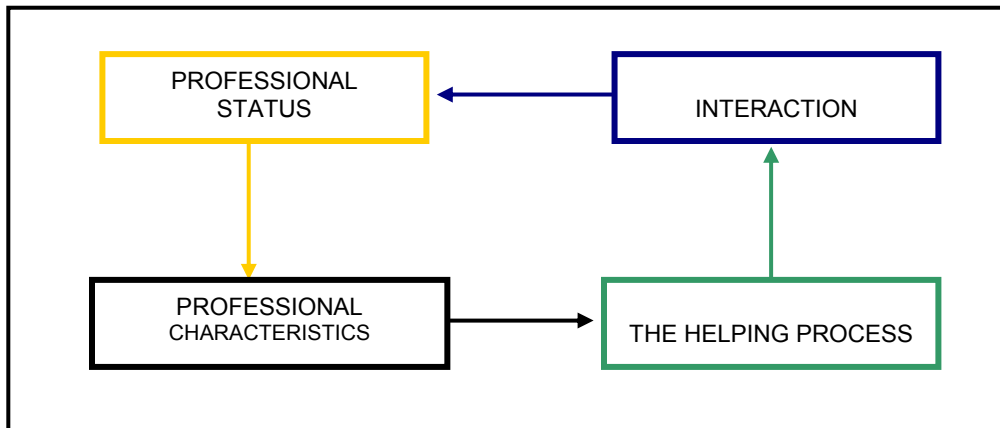
The idea of **Values** about helping professionals as a primary driver of Participant A's construction of the role of the helping professional endorses Maddux *et al's* (2004, pp.325-326) conjecture that our constructions are generally thought to be informed by our personal and social values. The **Values** 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).



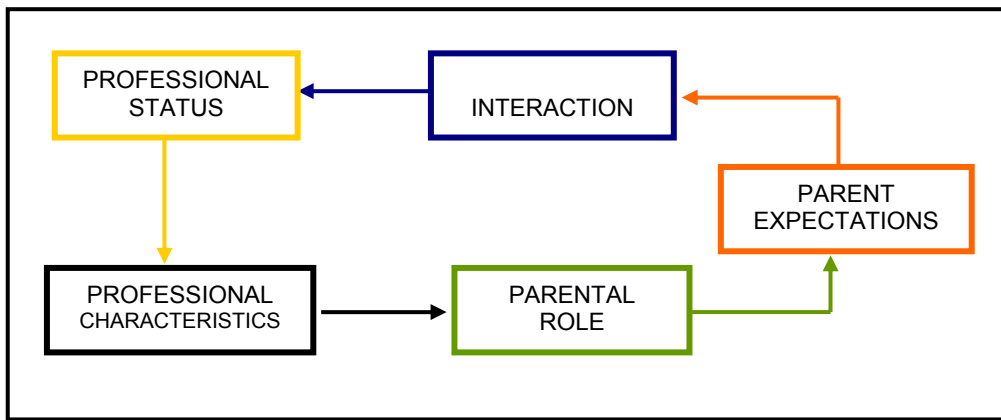
**Figure 4.3: Participant A: feedback loop 1- ‘Helping professional shaped assistance’**

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.





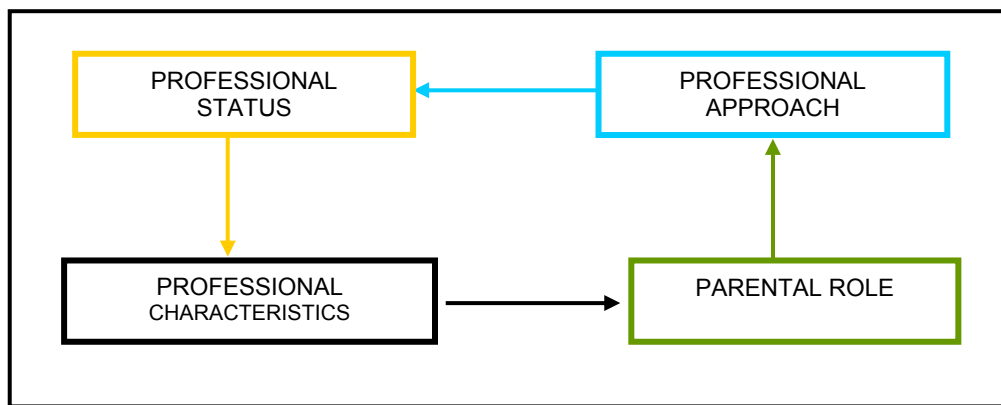
**Figure 4.4: Participant A: feedback loop 2- ‘Helping professional influenced parent role expectancy outcomes’**

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.

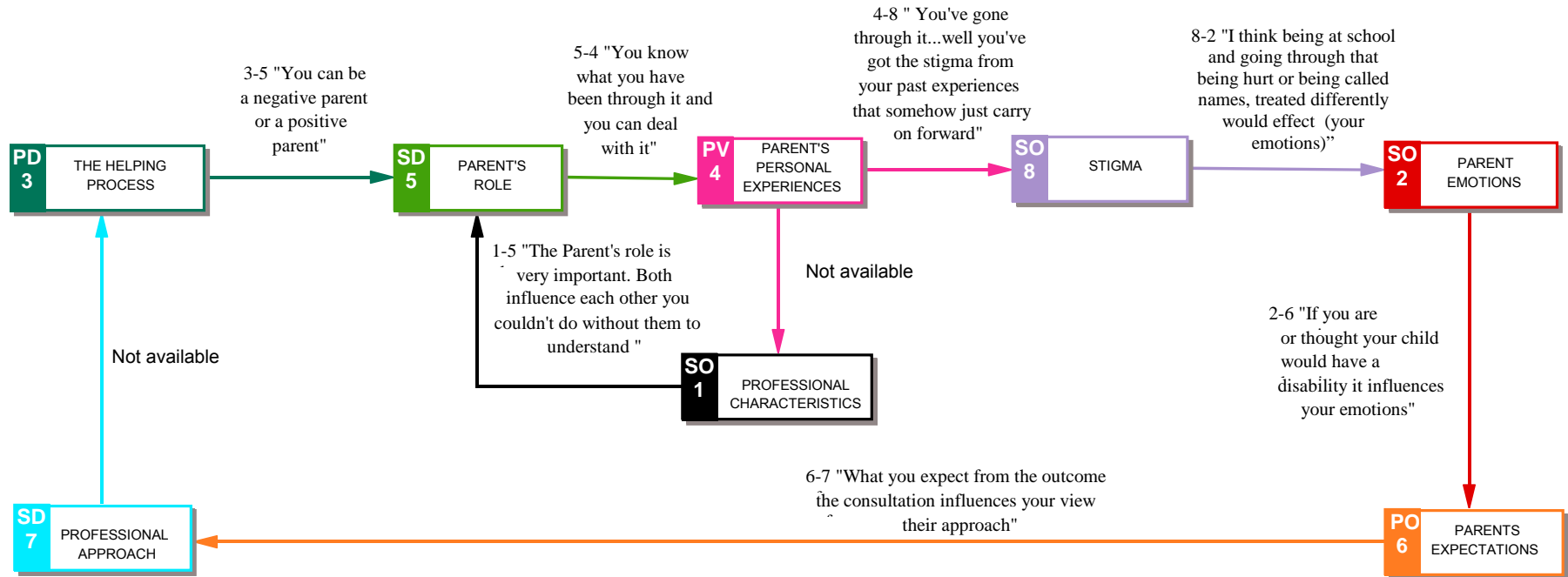


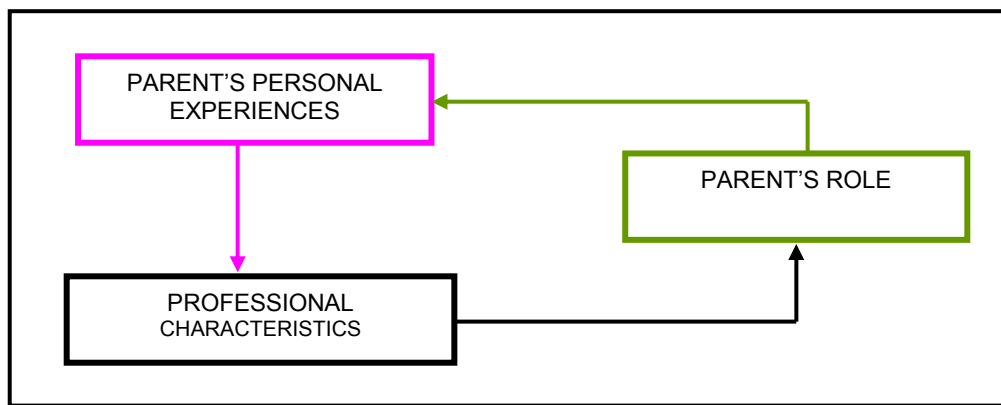
Figure 4.6: Participant B's social representation of the role of the helping professional in learning support

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".

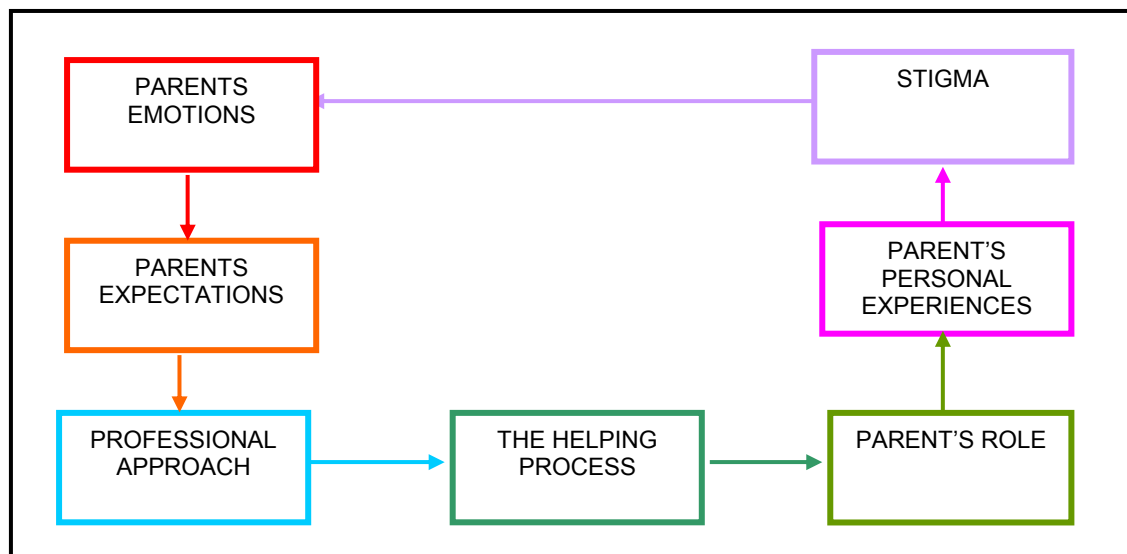
In considering the recurrent influence of all the affinities in Participant B's system, it may also be possible that the characteristics of the helping professional have the potential to reinforce negative outcomes from personal experiences and, as such, may lead to the creation or amplification of stigma 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**.

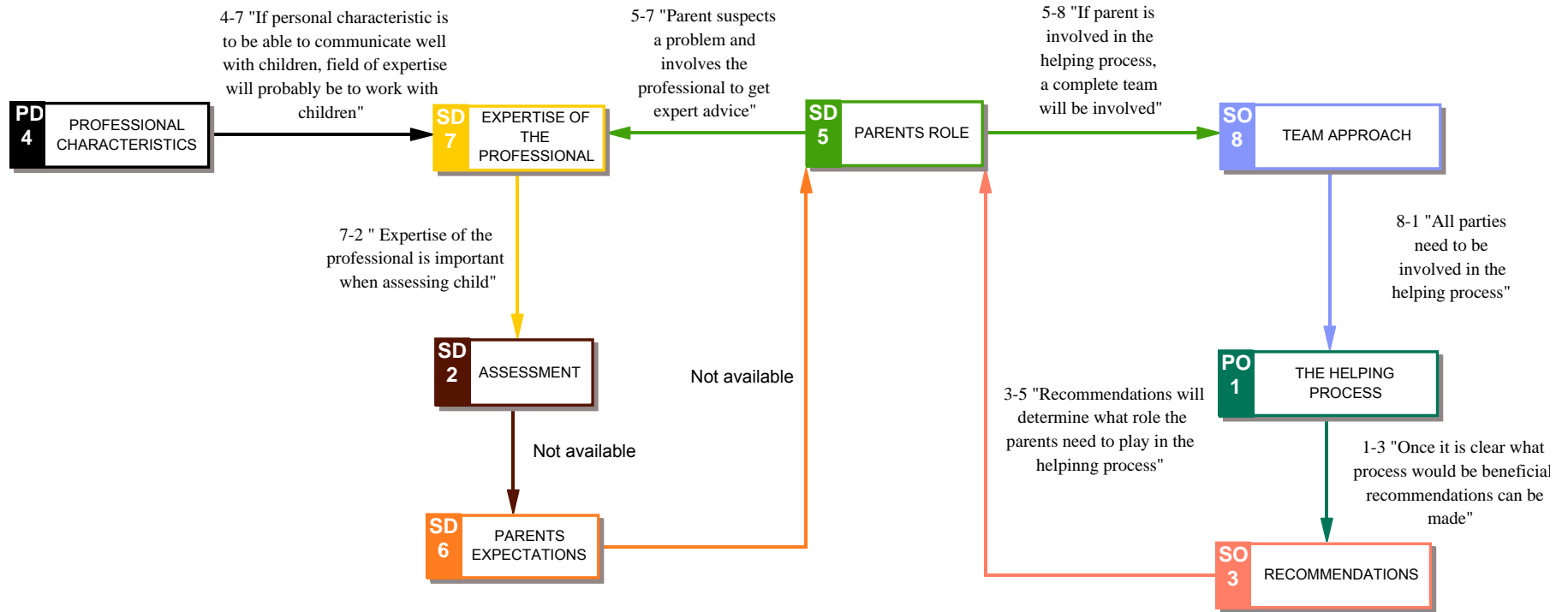
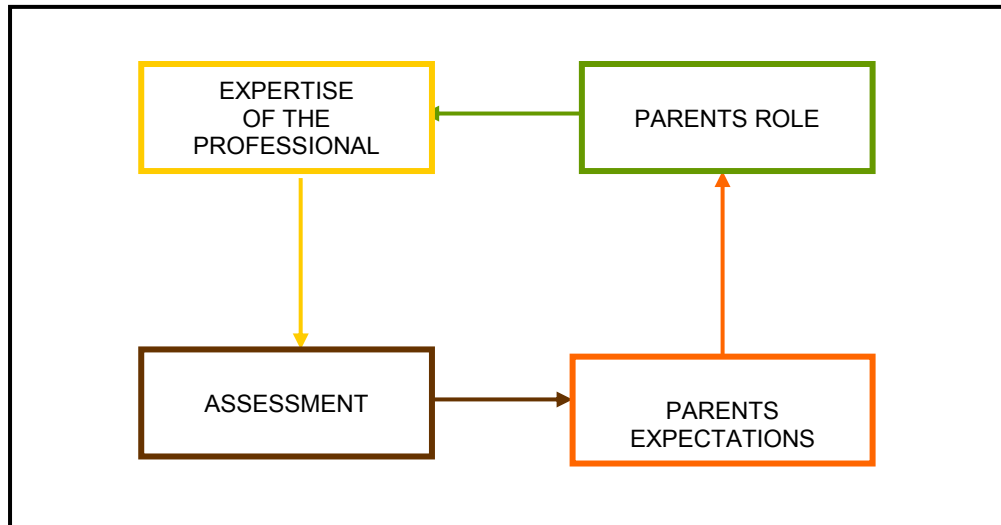


Figure 4.9: Participant C's social representation of the role of the helping professional in learning support

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**.

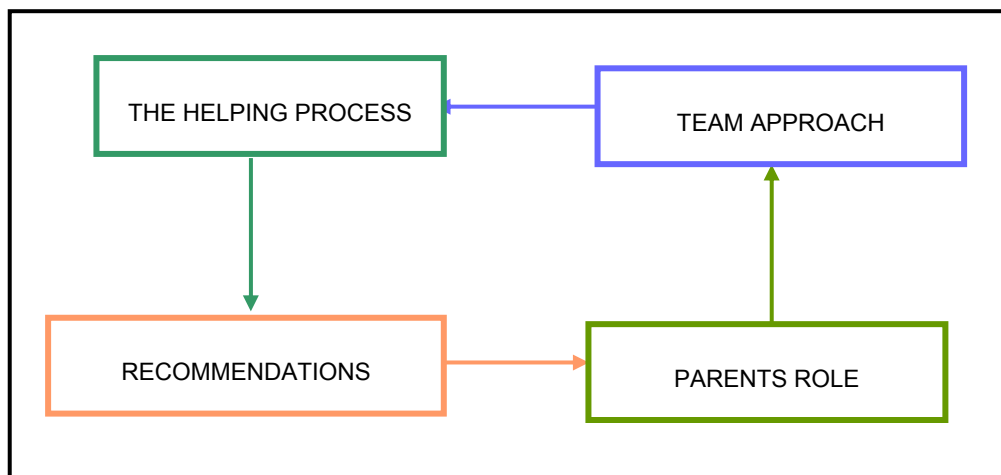


**Figure 4.10: Participant C: '**Parent initiated professional assessment process outcomes**'**

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.

## CHAPTER FIVE

### SUMMATION OF FINDINGS AND IMPLICATIONS OF THE STUDY

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*“...a great deal of power and social control is exercised not by brute force or even by economic coercion, but by the activities of the ‘experts’ who are licensed to define, describe and classify things and people”*

Cameron (2001, p.16).

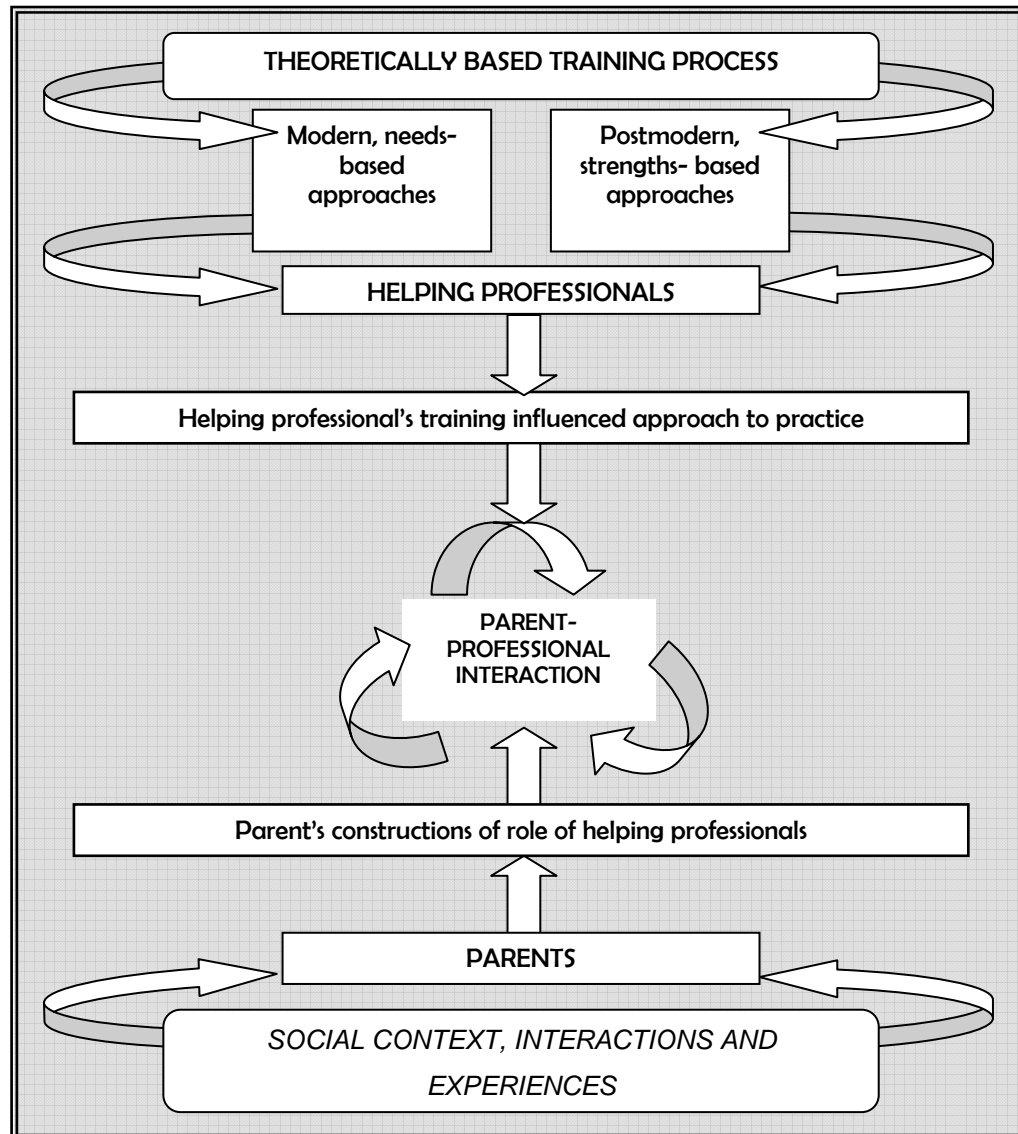
#### 5.1 INTRODUCTION

As reflected by my thoughts and observations of my own role as a trainee helping professional involved in learning support in Chapter One, the study was predominantly initiated as a result of my personal query into how parents’ construct the role of the helping professional in learning support. I was particularly curious as to whether parents’ were aware of the development of strengths-based approaches in reaction to the criticism of needs-based approaches, and, as such, wanted to explore whether parents’ were informed of my strength-based role as a helping professional. I also sought to delve into whether parents’ were *au fait* with the ‘new’ role that they might be expected to play when I initiate a strengths-based approach to learning support. I, therefore, wanted to investigate parents’ preparedness to engage actively in exploring their strengths and self-generated solutions during their interactions with myself.

The foundations for the central research question into parents’ constructions of the role of the helping professional in learning support also rested on apparent silences in the literature regarding parental views of helping professionals. It specifically appeared that greater emphasis is placed on the theoretically driven position of the helping professional and how theorists’ assume that clients such as parents should be enabled to interact with helping professionals (see O’Hanlon & Weiner-Davis, 1988; Davis & Spurr, 1998; White & Epston, 1990; Gergen & Warhus, 2001; Losoncy, 2001; White, 2002; Case, 2001; Swain & Walker, 2003; Akin- Little, Little & Delligatti, 2004; Pinkus, 2005, as examples).

As related to the central question for the study, questions about what parents may expect of the helping professional in learning support and what parents’ value about helping professionals also arose. Parents’ views of their own roles in learning support as associated with their constructions of the role of the helping professional were another line of inquiry to be broached along with a query into the discourses that might inform parents’ constructions of helping professionals.

Figure 5.1 [a replica of the one first presented as Figure 1.1 in Chapter One] shows my initial visual representation intended to illustrate my first personal construction of meaning for the study. It indicated my initial assumptions about the associations between the constructs for the study, particularly, in terms of what may possibly influence the relationship between parents and helping professionals for learning support.



**Figure 5.1: Visual representation of the researcher's assumptions of the relationships amongst constructs at the commencement of the study**

The visual representation particularly illustrated my assumptions of the backgrounds that helping professionals and parents bring to their interactions for learning support. I proposed that helping professionals' theoretical training, as informed by needs-based approaches or strengths-based

approaches, will direct both their ideas of the parent-professional interaction, their view of their role and the role of the parent in learning support. The representation also supported my recognition that parents' constructions of the role of the helping professional and their roles in interaction with these professionals may be influenced by their experiences and interactions in their social context.

To explore the assumptions that I held at the outset of the study and in an attempt to address the research question, a case study approach was employed to gain access to participants. Initial data collection was undertaken via semi-structured interviews with the participants and content analyses of the interviews was subsequently employed to elicit themes for use during a further modified form of Interactive Qualitative Analysis [IQA] with the contributors to the study.

In this chapter, the research questions posed at the beginning of the study will be revisited to consider the relevance of the findings in relation to these questions. A synthesis of the results of the study and their potential significance will also be addressed in this manner. Finally, the limitations of the study as well as suggestions for helping professional practice and propositions for further research will be offered as a conclusion to the study.

## 5.2 THE RESEARCH QUESTIONS REVISITED

### 5.2.1 Research questions

#### 5.2.1.1 Central research question

- How do parents construct the role of helping professionals in learning support?

The participants' social representations of the role of the helping professional in learning support both share themes and introduce differing elements in interaction that highlight each of their own unique constructions of the role of the helping professional in learning support.

A comparison of the participants' representations, as illustrated in Figure 4.2 on page 114, Figure 4.6 on page 119 and Figure 4.9 on page 124, reveals that Participant A's construction of the role of the helping professional in learning support is distinctive from the others as a result of the addition of the parent-professional *Interaction* and *Values* about helping professionals as affinities in her system of meaning. Participant B's representation presents the addition of the role of *Stigma*, and, Participant C's representation incorporates *Assessment*, *Recommendations* and a *Team approach* as affinities, all of which are not present in the other participants' SIDs. Moreover, both Participant A and C's SIDs share *Status of the helping professional* as an affinity, which Participant B's does not, and, Participant A and B's SIDs present *Parent's emotions* and *Parent's personal experiences*

within their representations, both affinities which are not apparent in Participant C’s representation. This is not to conclude that those affinity themes not present in an individual participant’s representation do not play a role in the construction for that particular parent. It may be possible that the theme just did not feature in the initial parental interview and the content analyses that took place as a result.

Table 5.1 below provides a breakdown of the properties of the affinities comprising the participants’ social representations in terms of their placement, relative impact and role in each of their representations.

Participant	PARTICIPANT A	PARTICIPANT B	PARTICIPANT C
<b>Affinity</b>	<b>Parental expectations</b>		
<i>Placement in SID</i>	<b>Secondary outcome</b>	<b>Primary outcome</b>	<b>Secondary driver</b>
<i>Direct impact</i>	Parent-professional interaction	Professional approach	Parents’ role
<i>Direct influence</i>	Parents’ role	Parents’ emotions	Assessment
<i>Potential role in parents’ constructions</i>	For those parents who participated in this study, <i>Parental expectations</i> can both influence their constructions of the role of the helping professional and be influenced by actual experiences in seeking helping professional assistance. As such, for participant A, a <i>Parent’s expectations</i> can influence their <i>Interaction</i> with the helping professional. For Participant B, <i>Parents’ expectations</i> influence their ideas of the <i>Professional approach</i> , which then impact on the <i>Helping process</i> . For Participant C a <i>Parent’s expectations</i> determine the <i>Parent’s role</i> , which then impacts on <i>The helping process</i> through the mediation of the parent’s involvement in a <i>Team approach</i> . As well as potentially influencing views of <i>Professional approach</i> , the actual <i>Interaction</i> with the helping professional or the <i>Parent’s role</i> , <i>Parental expectations</i> are also impacted on by other constructive variables in the participants’ representations. For Participant A, <i>the Parent’s role</i> , as an outcome of the influence of the <i>Interaction</i> with the helping professional, directly influences <i>Parental expectations</i> . For Participant B, the <i>Parent’s role</i> influences the <i>Parent’s personal experiences</i> and the <i>Stigma</i> associated with these experiences and, as a result, impacts on <i>Parent emotions</i> . <i>Parent emotions</i> about the possibility of their child having a learning difficulty then result in the <i>Parent’s expectations</i> of the helping professional. For Participant C, the <i>Parent’s role</i> leads to the seeking of the expertise of the professional resulting in an <i>Assessment</i> , which then influences <i>Parental expectations</i> .		
	<b>Professional characteristics</b>		
<i>Placement in SID</i>	<b>Secondary driver</b>	<b>Secondary outcome</b>	<b>Primary driver</b>
<i>Direct impact</i>	Helping process Parents’ role	Parents’ role	Status of the helping professional
<i>Direct influence</i>	Status of the helping professional	Parents’ personal experiences	None
<i>Potential role in parents’ constructions</i>	In all three SIDs the <i>Professional characteristics</i> , and, for Participants A and C, the <i>Status of the helping professional</i> , can possibly be considered as playing a key role in determining the <i>Parent’s role</i> for learning support. For participants A and B <i>Professional characteristics</i> have a direct influence on the <i>Parent’s role</i> in learning support. For Participant C, <i>Professional characteristics</i> will also influence the		

	<p><i>Parent's role</i> but through the mediation of the expert <i>Status of the professional</i>, the <i>Assessment</i> and the consequent influence on <i>Parent expectations</i>. <i>The Helping process</i> itself also leads to <i>Recommendations</i> from the helping professional that will determine the <i>Parent's role</i> too. As such, in all cases the helping professional plays a fundamental part in influencing the parent's ideas of their own role in learning support.</p>		
<b>Affinity</b>	<b>The helping process</b>		
<i>Placement in SID</i>	<b>Secondary driver</b>	<b>Primary driver</b>	<b>Primary outcome</b>
<i>Direct impact</i>	Parent-professional interaction	Parents' role	Recommendations
<i>Direct influence</i>	Professional characteristics	Professional approach	Team approach
<i>Potential role in parents' constructions</i>	<p><i>The helping process</i> can influence the <i>Interaction</i> of the helping professional and the parent determining the <i>Parental role</i> via the influence of <i>Professional status</i> and <i>Professional Characteristics</i>, as illustrated in Participant A's SID. In Participant B's SID, <i>The helping process</i> directly establishes the <i>Parent's role</i>. Participant C's SID indicates that <i>The helping process</i> will influence <i>Recommendations</i> to the parent regarding the <i>Parent's role</i> too. Therefore it is evident that the ongoing process that is initiated for learning support may continually affect the parent's ideas of their own role, through the mediation of the helping professional.</p>		
<b>Affinity</b>	<b>Parents' role</b>		
<i>Placement in SID</i>	<b>Pivot</b>	<b>Secondary driver</b>	<b>Secondary driver</b>
<i>Direct impact</i>	Parent expectations Professional approach	Parents' personal experiences	Status of the helping professional Team approach
<i>Direct influence</i>	Professional characteristics	The helping process	Parental expectations Recommendations
<i>Potential role in parents' constructions</i>	<p>For Participant A, the <i>Parent's role</i>, as an outcome of the influence of the <i>Interaction</i> with the helping professional, directly influences <i>Parental expectations</i>, which then, once again, impact on the parent-professional <i>Interaction</i>. For Participant B, the <i>Parent's role</i> influences the <i>Parent's personal experiences</i> and the <i>Stigma</i> associated with these experiences and, as a result, impacts on <i>Parent emotions</i>. For Participant C, the <i>Parent's role</i> leads to the seeking of the <i>Expertise of the professional</i> resulting in an <i>Assessment</i>, which then influences <i>Parents expectations</i>, and subsequently influences ideas of the <i>Parent's role</i>. The <i>Parent's role</i>, as decided by the <i>Assessment</i> process may then lead the parent to become involved in a <i>Team approach</i> to assistance of their child.</p>		
<b>Affinity</b>	<b>Status of the helping professional</b>		
<i>Placement in SID</i>	<b>Secondary outcome</b>	-	<b>Secondary driver</b>
<i>Direct impact</i>	Professional characteristics	-	Assessment
<i>Direct influence</i>	Parent-professional interaction	-	Professional characteristics
<i>Potential role in parents' constructions</i>	<p>Participant C's SID shows that the <i>Expertise of the professional</i>, as determined by <i>Professional characteristics</i>, drives <i>Assessment</i>. In Participant A's SID <i>Professional status</i> leads to <i>Professional characteristics</i> which then impact on <i>The helping process</i> and the <i>Interaction</i> of the parent and the helping professional.</p>		
<b>Affinity</b>	<b>Professional approach</b>		
<i>Placement in SID</i>	<b>Secondary outcome</b>	<b>Secondary driver</b>	-
<i>Direct impact</i>	Parents' personal	The helping process	-

	experiences		
	Parents' emotions		
<i>Direct influence</i>	Parents' role	Parental expectations	-
<i>Potential role in parents' constructions</i>	For Participant A, the <i>Professional approach</i> determines <i>Parent emotions</i> whereas for Participant B, <i>Professional approach</i> will influence <i>Parent emotions</i> as a result of <i>The helping process</i> influences on the <i>Parent's role</i> , the <i>Parent's personal experiences</i> , and <i>Stigma</i> associated with a <i>Parent's personal experiences</i> .		
<b>Affinity</b>	<b>Parents' personal experiences</b>		
<i>Placement in SID</i>	<b>Primary outcome</b>	<b>Pivot</b>	-
<i>Direct impact</i>	None	Stigma	-
		Professional characteristics	
<i>Direct influence</i>	Professional approach	Parent's role	-
<i>Potential role in parents' constructions</i>	In Participant A's SID, <i>Parent's experiences</i> are influenced directly by the <i>Professional approach</i> , which has been influenced by the <i>Parental role</i> . In Participant B's representation, <i>Parent's personal experiences</i> are influenced directly by the <i>Parent's role</i> which is determined by the <i>Professional approach</i> in <i>The helping process</i> . However, in Participant A's SID the <i>Professional approach</i> also directly influences <i>Professional status</i> and <i>Professional characteristics</i> , which determine the <i>Parental role</i> . Thus, it is feasible that for both participants the <i>Professional approach</i> is central in influencing <i>Parent's personal experiences</i> .		
<b>Affinity</b>	<b>Parents' emotions</b>		
<i>Placement in SID</i>	<b>Primary outcome</b>	<b>Secondary outcome</b>	-
<i>Direct impact</i>	None	Parental expectations	-
<i>Direct influence</i>	Professional approach	Stigma	-
<i>Potential role in parents' constructions</i>	In Participant A's SID, <i>Parent's emotions</i> act as any outcome of the interaction of all the other affinities. This suggests that the parent's overall experiences with the helping professional will impact on their personal emotional outcomes. For Participant B, <i>Parents' emotions</i> are directly determined by the <i>Stigma</i> that they experience as a result of either their own learning disabilities or as related to the difficulties their child experiences. The <i>Parent's emotions</i> then directly influence <i>Parental expectations</i> of the helping professional.		
<b>Affinity</b>	<b>Assessment</b>		
<i>Placement in SID</i>	-	-	<b>Secondary driver</b>
<i>Direct impact</i>	-	-	Parental expectations
<i>Direct influence</i>	-	-	Status of the helping professional
<i>Potential role in parents' constructions</i>	From participant C's perspective helping professional <i>Assessment</i> serves as a central determinant of <i>Parental expectations</i> in learning support. The Status of the helping professional will determine how they undertake the <i>Assessment</i> process, which suggests that the helping professional's actions in the assessment will influence the parent's expectations directly.		
<b>Affinity</b>	<b>Recommendations</b>		
<i>Placement in SID</i>	-	-	<b>Secondary outcome</b>
<i>Direct impact</i>	-	-	Parents' role
<i>Direct influence</i>	-	-	The helping process



<i>Potential role in parents' constructions</i>	Recommendations may be given during or as a result of <i>the helping process</i> . Professional Recommendations can then influence the parents' ideas of their own role in learning support.		
<b>Affinity</b>	<i>Stigma</i>		
<i>Placement in SID</i>	-	<b>Secondary outcome</b>	-
<i>Direct impact</i>	-	Parents' emotions	-
<i>Direct influence</i>	-	Parents' personal experiences	
<i>Potential role in parents' constructions</i>	The <i>Stigma</i> that parents' may associate with their child's difficulties as a result of the <i>Parents' personal experiences</i> may influence the <i>Parent's emotions</i> . For Participant A these affinities then impact on her expectations, her ideas of the professional approach and The helping process as a whole.		
<b>Affinity</b>	<i>Team approach</i>		
<i>Placement in SID</i>	-	-	<b>Secondary outcome</b>
<i>Direct impact</i>	-	-	The helping process
<i>Direct influencer</i>	-	-	Parents' role
<i>Potential role in parents' constructions</i>	A <i>Team approach</i> in which multiple professionals are involved will also be influenced by the <i>Parents' role</i> and, as such, both the involvement of the parent and a team of helping professionals together can directly influence <i>The helping process</i> .		
<b>Affinity</b>	<i>Parent- professional interaction</i>		
<i>Placement in SID</i>	<b>Secondary driver</b>	-	-
<i>Direct impact</i>	Status of the helping professional	-	-
<i>Direct influence</i>	Values	-	-
<i>Potential role in parents' constructions</i>	Participant A constructs the <i>Parent-professional interaction</i> as a driving influence in her construction of the helping professional. The parent's <i>Values</i> about helping professionals may play a role in this interaction, and, how the helping professional does act towards the parent during this interaction will then influence the parent's views of the <i>Status of the helping professional</i> and the helping professional's characteristics, feeding back into further interactions.		
<b>Affinity</b>	<i>Values</i>		
<i>Placement in SID</i>	<b>Primary driver</b>	-	-
<i>Direct impact</i>	Parent-professional interaction	-	-
<i>Direct influence</i>	None	-	-
<i>Potential role in parents' constructions</i>	The <i>Values</i> that a parent holds about helping professionals can impact on the <i>Parent-professional interaction</i> for learning support. These values may be held prior to or potentially as a result of consultations with helping professionals.		

**Table 5.1: Comparison of the properties of the affinities generated by each participant**

Although the participants' constructions revealed varying interactions and effects, broad trends are apparent in their representations. As evidenced by the content of Table 5.1, the role of the helping professional is constructed around interacting factors or affinities for each of the parents who



participated in the study. As related to the social constructionist theoretical insights conveyed in Chapters One and Two of the study, certain factors or affinities are seemingly broadly associated with the **circumstances** of the parent in their social context. These factors include *Parents' personal experiences* in their context; their *Values* about helping professionals, the societal *Stigma* that a parent may experience in association to their child's difficulties and the *Parent's emotions* about their child's difficulties. Specific contextual and experiential factors may also contribute to ideas of the kind of person and professional the helping professional will be.

Other factors that impact on constructions of the helping professional appear to be more closely related to actual **contact interactions** with helping professionals for learning support. These contact influenced factors may include *The helping process*, the *Professional approach*, *Professional characteristics* and *Status of the helping professional*, a *Team approach* to consultation and the dynamics of the *Parent-professional interaction*.

#### 5.2.1.2 Sub questions

- What are parents' expectations of the helping professional in learning support?

The expectations that the parents in this study hold can be positioned within two categories, namely (1) **prior expectations** and (2) **general expectations**. Prior expectations, which are generally present preceding consultation with the helping professional, may be modified as a result of interaction with the helping professional whereas it appears that the parents' general expectations of the helping professional are less yielding. The parents' in this study generated a number of scenarios for how these *Parental expectations* may both influence and be influenced by other factors, as indicated in Table 5.1.

#### - **Prior expectations**

The parents' prior expectations are based on the idea that the helping professional will be able to **identify** or **confirm** the nature of their child's difficulty. The parents also expect that, if their child does have a problem that requires professional learning support assistance, then the helping professional will be able to **solve** or **fix the problem quickly**. These prior expectations may require **adaptation** by the parent as they gain an understanding of the nature of their child's difficulty and what learning support for their child will entail. It would seem that the helping professional plays a central role in assisting the parent towards this understanding of their child's difficulty and also in explaining what support will involve to the parent. Ultimately, the parents' initial foci on having their

child's problem fixed by the professional could imply that their expectations of the helping professional are largely centred on the remediation of their child, and, possibly not aligned to their own interactive engagement with the helping professional and the role that they as parents may play in the process.

**- General expectations**

In terms of parents' general expectations throughout the process of learning support, the parents involved in this study expect **evidence of progress** and, ultimately, expect that the problem that they sought assistance from the helping professional for will be addressed and **solutions will be found**. The parents in this study also require **information, guidance** and **advice** from the helping professional.

Moreover, the parents expect the helping professional to **get to the point** and **not waste unnecessary time**. They want their consultation with the helping professional to be a **relaxed** and **caring interaction** in which the helping professional **shows an interest**. The helping professional is expected to **support the child and the family as a whole**. For any therapeutic interventions that the helping professional undertakes with the child, the parents expect **communication** with the helping professional and **constant feedback** regarding the child's progress. **Teamwork** with the helping professional particularly involving a **balance of contributions** between the helping professional and the parent is also expected.

The general expectations that the parents did provide suggest that needs-based and strengths-based approaches may come into play. For instance, the parents do acknowledge that the helping professional is an **expert** in terms of their field of training and they expect the helping professional to **act to lead the parent** to an understanding of what they need to do. The parents also recognised that the **diagnostic function** often associated with helping professionals may indeed be of assistance to parents as it helps the parent to understand the nature of their child's difficulties. As suggested by one of the participants, parents may also be **amenable to the idea of generating possibilities and becoming more actively involved** if it is clear what the helping professional intends to accomplish.

**- The characteristics the helping professional should have**

A theme closely related to the process expectations that the parents' have appears to be the their anticipatory ideas of the characteristics of the helping professional which play a prominent role in

their interactions with the helping professional and outcomes for learning support. It is these characteristics that may influence the parent's role both directly and through the mitigation of other variables in the parents' constructions of the role of the helping professional. From the parents' perspectives, the characteristics of the helping professional can have the power to change the parents' ideas of the status of the helping professional and feature prominently as a determinant of the overall success of the helping process with the parent

The parents who participated in this study expected the helping professional to be **friendly, warm** and **welcoming**. The **helpfulness, caring, compassion** and **consideration** of the helping professional was also deemed as important. The helping professional must be **accessible** to the parent and display actions that convey **honesty, interest** and **sincerity**. Other qualities that are expected by parents are **patience**, a **softhearted** nature, a **sense of humour**, a **non-aggressive** approach to interacting with the parent and the ability to **judge and move to the level of the child**. A **positive** demeanour, **confidence, self-assuredness** and **personal strength** are also imperative characteristics that the helping professional needs to possess. In terms of their specific work-related qualities, it helps if the helping professional is **capable** and **experienced**. The parents also determined that the helping professional needs to be **passionate about helping others** and not solely focused on financial gain in their assistance of others.

- What do parents value in their interactions with helping professionals?

Participant C values the act of **formal assessment** as it can assist with confirmation of the thoughts of the parent, help the parent to believe a problem exists or aid the parent's understanding of and decision-making about a problem their child experiences. A **team approach** to consultation may also be valued as multiple professional perspectives can help to validate the existence of a problem for the parent.

Other essential aspects that the parents in the study value is the ability of the helping professional to **work with their child at his or her level** and to be **honest** with the parent. Furthermore, the parents value **positive outcomes** that they see in their children as a result of experiences with helping professionals. The parent may appreciate **helpful** and **informative** helping professionals especially with regard to **feedback** and **advice** on **different options** and ways of doing things. It may be a valuable experience for the parent if the helping professional is able to **confront them with their negative actions**. A parent may also value the **timesaving convenience** of seeking helping professional assistance as they feel it takes less time to try and work out what may be going wrong. Parents may also potentially view helping professional assistance as a valuable

necessity in light of a society they perceive as somewhat stressful with less interpersonal warmth and caring.

- What are parents' understandings of their roles in learning support?

The parents in the study viewed their involvement in learning support of their child as essential. However, how this involvement should be undertaken differed between the parents. Participant C chose to **remain detached** from the actual therapeutic process as she felt that she must leave the professional to carry on with their work. She only tended to get involved by means of regular **feedback** from the helping professional, when **decisions** about her child's educational future were necessary or in following the helping professional's specific **recommendations** to her.

Overall, the parents in this study thought that in interacting with the helping professional their role is to be **open-minded** about the helping professional from the outset. They considered their own **honesty** in the process of interacting with the helping professional as a necessary contribution that they have to make to the effective learning support of their children. The parents specifically thought that their ability to get **straight to the point** of the matter with the helping professional would help to **eliminate unnecessary time wastage** in the process. The parents also think that they need to **ask for clarification** from the helping professional if they do not understand something that the helping professional mentions to them. Further to this, they constructed one of their roles to be that of being **inquisitive** about the practical tasks that the helping professional suggests for learning support of their child. They want to know what the helping professional will be able to do for their child and will also aim to find out from the helping professional what they as parents can do for their child. **Reflection** on the ideas of the helping professional and **evaluation** of the relevance for their personal situation is another role that the parents think they must undertake. They think that they must also **give their input** as a parent.

The parents' ideas of their parental role also extend to ideas of what they think the helping professional will expect of them in their parental undertakings with their children. They think that the helping professional expects them to be involved in "**positive parenting**" of their child and acting as a **support system to their child, being available** and putting their child's needs first. Another role as related to the expert recommendations of the helping professional is to **carry out the recommendations** that the helping professional may expect them to carry out.

As such, the parent may be eager to **listen** to and **learn** from the helping professional. In their own time parents may **do their own research** into the difficulty their child experiences or **offer**

**assistance to other parents** whose child experiences a learning difficulty. Parents may not always find it easy to carry out the recommendations of the helping professional due to time constraints, lack of experience with the issue, work and other family commitments.

- What are the discourses that may influence parents' views of their own roles and those of the helping professional in learning support?

For the participants involved in this study **stigma** about learning problems and disabilities, their ideas of the **status of the helping professional**, their own **personal experiences** and their **emotional responses** to their child's difficulties influence their ideas of their own roles and those of the helping professional. However, it appears that the participants' **discursive interaction** with the helping professional, in which the helping professional conveys certain personal characteristics, initiates approaches with the parent, makes recommendations to the parent and undertakes the entire helping process may be most influential in determining their views of their parental role and their ideas of the role of the helping professional. As such, Parents' ideas of their role in learning support may change as a result of their interaction with the helping professional. Moreover, the role that parents do undertake in learning support can impact on other discourses surrounding negative past experiences, the stigma they may feel, their emotions and the entire helping process.

### 5.3 LIMITATIONS OF THE STUDY

Overall, the research findings presented in this study reflect the personal experiences and ideas of three unique individuals in a specific setting and thus the findings may not be directly applicable to other parents in different settings. Despite this shortcoming, as stated in Chapter Three, the goal of the study was to elicit an illustrative, in-depth description of these parents' constructions of the role of the helping professional to afford "others... a database for making judgements about the possible transferability of findings to other milieus" (Bryman, 2004, p.275; Cohen *et al.*, 2000, p.181).

In consideration of the possible limitations of the research methodology itself, a number of points are offered. (1) During the phase two modified Interactive Qualitative analysis, it, at times, seemed that the participants found it difficult to determine the causal relationships amongst their own affinities. This was specifically apparent during their attempts to generate personal statements reflecting the nature of the relationships from their own personal experiences. (2) The methodology necessitates that participants' read the affinity descriptions and write down their personal hypotheses of the relations amongst these affinities. This did present a challenge for one of the participants in the study who experiences a learning disability. It may therefore not be an

appropriate methodology for use with people who have difficulty sustaining attention, or who struggle with reading or writing tasks, unless the researcher is present to provide support with these aspects, as was the case in this research.

(3) Another factor related to the implementation of the research methodology in this study, is that, due to circumstances preventing Participant C's contribution to the follow-up IQA interview in phase two of the research, adaptations had to be made to the planned method of data collection with this participant and there was less opportunity to seek out further understanding of the participant's ideas about helping professionals. IQA methodology necessitates multiple research contact occasions with participants, especially if modifications that are made place greater importance on the participation of all participants in the study during all phases of the data collection, particularly in instances where small participant samples are used. This may be inconvenient or even unfeasible for some potential participants. (4) It also has to be noted that Northcutt and McCoy's (2004) IQA is a recent theoretical and methodological development. Thus, its premises are yet to be subjected to long-term scrutiny and commentary by academic communities regarding its value across multifarious research settings.

The parents' recollections of their experiences point out that they have had many different interactions with helping professionals in obtaining assistance of their children, both in their children's' present scholastic environment [Participant A, B and C], other remedial scholastic environments [Participant B], as well as through consultations with helping professionals in the private sector [Participant A, B and C]. However, another possible constraint to the study that must be noted is that the participants' interactions with helping professionals in their children's current LSEN school may be grounded in a practice ethos particular to the specific school. This may mean that the helping professionals in the school follow a particular approach to helping professional practice that may not necessarily reflect helping professional undertakings in the broader context of helping professional practice. Particularly, as LSEN schools, by their prevailing educational focus on the intrinsic barriers to learning that learners experience and the remediation of these learner deficits, may mean that the research participants have been predominantly exposed to this outlook and professional practice methods associated with this outlook.

Furthermore, all the participants in the study were mothers. This means that, although the gender of the parent was not a central consideration in the design of the study, the parental perspectives of fathers have not been represented. Finally, the participants' awareness of my role as an intern psychologist at the LSEN school their children attended may have influenced the nature of their responses to my queries into their ideas of helping professionals due to my within-group position as

a helping professional. Despite these limitations, the study does make a number of contributions that will be considered in the next section.

## **5.4 CONTRIBUTION OF THE STUDY**

### **5.4.1 Implications for helping professional praxis**

From the findings presented in the study, it seems that open discussion with parents with regards to the practicalities of the theoretical approach the helping professional intends to initiate and the parents' expectations of the helping professional are in order at the initiation of any parent-professional consultation for learning support. Thus, role negotiation between the parent and the helping professional may contribute to the achievement of collaboration and an equitable partnership relationship. Continual reflection on parental satisfaction and subsequent role negotiation with the parent may be most appropriate, regardless of which theoretical underpinnings the professional wishes to utilise. Regular feedback sessions with the parent whether formal or informal may assist in this process.

Ultimately, the helping professional needs to be aware of the factors that may contribute to parents' emotions and expectations during the process. Interactions with helping professionals have the ability to change previous experiences or heighten constructions of helping professionals that parents already have. It is essential for the helping professional to deal with these factors with the parent rather than just focusing on the practicalities of learning support of the child, as these aspects may influence parents' participation in the learning support of their child.

A parent's feelings of vulnerability and non-awareness of how the helping professional will assist also reminds of the need to portray acceptance of the parent and their position and to also focus on assisting the parent towards an understanding of what will take place. It is possible that professional characteristics that convey warmth and compassion in the helping process may assist to achieve this.

Personalised, honest information and discussion of this advice and information are another crucial element in the support of parents. The parent needs to understand the reasons behind how the professional interacts with them. Thus, although a strengths-based approach may be helpful, the parent needs to know why the helping professional acts in certain ways or uses certain approaches to interacting with the parent and also needs to understand the need for any therapeutic action be it with their child or with themselves.



#### 5.4.2 Further research possibilities

As already stated, the findings of the study represent the meaning constructions of a small-scale purposively selected sample of parents in a specific setting. Future research can concentrate on larger and/or more diverse participant samples for the determination of parental viewpoints of the relationships between the affinity constructs generated in this research. It may also be meaningful to explore helping professionals' cause-effect analyses of the affinity constructs to allow for comparison of their constructions of their own roles in learning support with those of parents.

This study also focused on parental constructions of the role of any helping professional involved in learning support of their children. Further studies into similar research areas could explore parents' role constructions of specific helping professionals. For example, it may be most valuable to concentrate on constructions of the role of the psychologist in learning support, parent assistance or emotional interventions with children. This may be especially informative in terms of parental or psychologist constructions of strengths-based approaches to practice, as related to the Positive psychology movement, especially as the present study only touched on parents' possible views of this approach to practice.

The findings also relayed brief insights into how parents may construct their own roles in learning support. However, it may be important to conduct further research that specifically focuses on parental views of their own roles in learning support, as, although the role of the parent is considered to be a fundamental part of this process, there appears to be little evidence of research studies that have sought to investigate parental role construction for these purposes.

Parents' in this study also seemed to emphasise the importance of their own judgement of the therapeutic alliance between their children and helping professionals. It may thus be meaningful to explore the dynamics of this judgement process and its impact on the parent-professional therapeutic alliance. The parents did mention that other parents whose children experience learning difficulties are a source of support that they can make use of. Parents coping strategies/ resource initiation when there is a lack of access to 'specialised' learning support services in their child's educational context is another line of investigation that may be of value.

In an era of self-help literature and web-based sources for parenting and issues that children experience, it may also be meaningful to initiate research into parents' choice and usage of literature and other information sources to inform their understanding of their child's needs and how this impacts on their interactions with helping professionals.



## **5.5 CONCLUSION**

### **5.5.1 Final visual representation of the researcher's growing construction of meaning**

Based on my reflection of the meaning of the participants' SIDs and the associated affinities, the visual representation of my personal process of meaning giving that I provided in Chapter Four [Figure 4.1, p.111] will be updated and reconsidered. Figure 5.2 on the next page presents my personal construction of the relations amongst all the affinities generated for the research

From my social constructionist theoretical position, parents' personal experiences and interactions in their social context drive their representations of the role of the helping professional, assisting them to construct the role of the helping professional in certain ways and thus leading them to have certain expectations, be they for expert-driven remediation of their child's difficulties or for supportive assistance as they actively participate in assisting their child. The stigma that can be felt as a result of societal factors associated with seeing helping professionals or with the specific nature of a child's difficulties will also influence expectations but these feelings of stigmatisation also have the propensity to be influenced, either positively or negatively, by the parent's interaction with the helping professional, as determined by the professional's characteristics, approach and handling of the power associated with their expert status.

The effects of the parent-professional interaction on stigmatisation associated with a child's difficulties then influence helping professional activities undertaken with the parent such as assessment and the recommendations that result from assessment. The person of the helping professional in the interaction and the approach of the helping professional which impact on feelings of stigmatisation and lead to certain assessment tasks and recommendations will then influence the values that the parent holds about helping professionals and parents emotions as a result. Parents' emotions also impact on the interaction of the helping professional and the parent initially too. Parents' emotional reactions to the interaction outcomes with the helping professional then influence their views of their own roles for learning support ultimately affecting the overall helping process, and how the process is initiated. The helping process itself will also impact on parents' values about helping professionals too and these value judgements of the process will ultimately feed back into the parent-professional interaction for learning support.

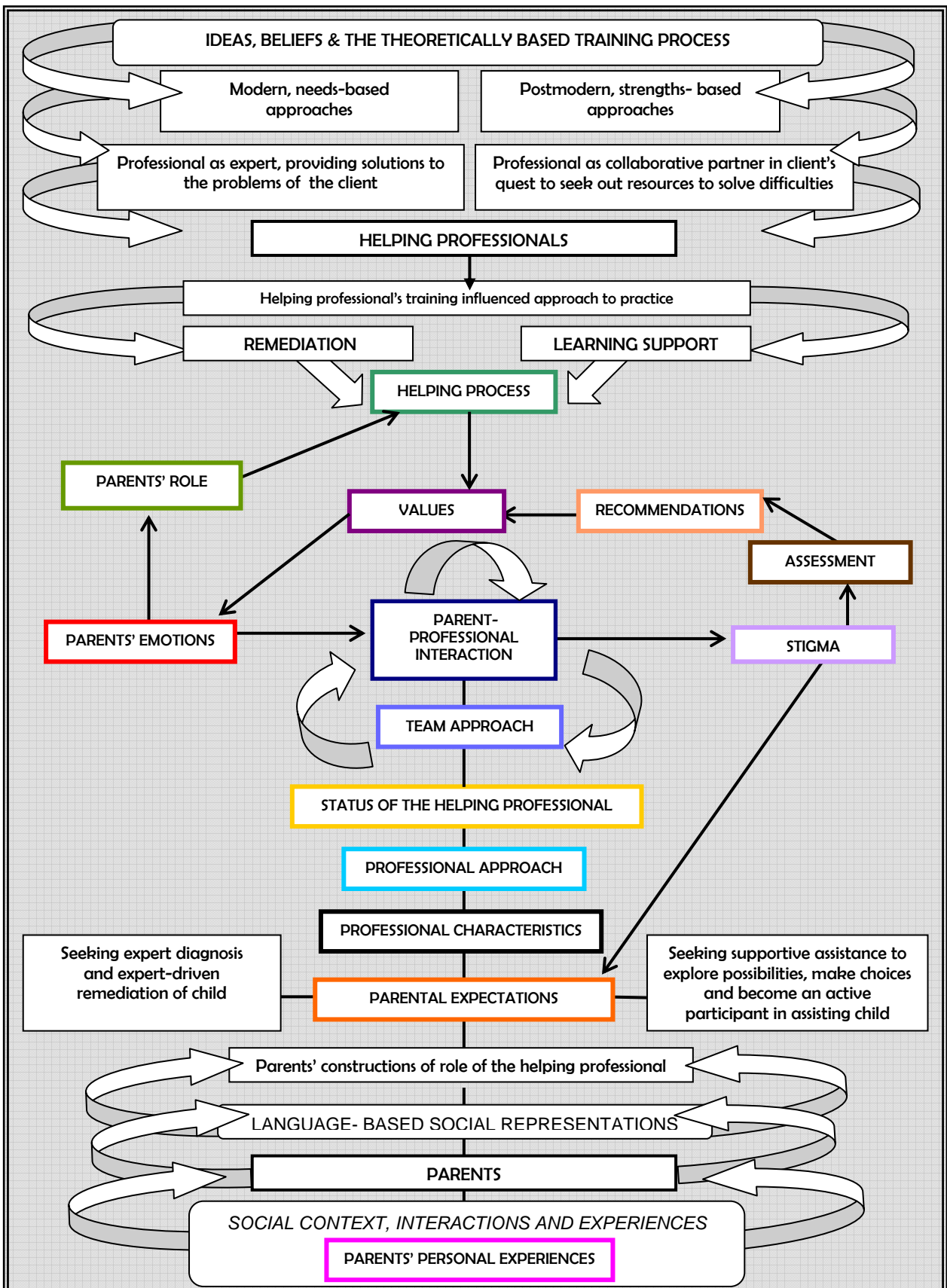


Figure 5.2: Final update of the researcher's construction of meaning for the study

### 5.5.2 Closing remarks

The aim of this qualitative research study was to explore parents' constructions of the helping professional in learning support. As such, the primary aim is to explore how parents view helping professionals who have been involved in learning support of their child. Underlying the central aim of exploring parents' views of helping professionals was the secondary aim of exploring the discourses that contribute to parents' construction of their own roles and those of the helping professional during learning support.

The findings provide indications that suggest that parents' constructions of the role of the helping professional are strongly influenced by the nature of their interactions with helping professionals. On the whole, it would appear that the parents' undertakings with the helping professional and how the helping professional acts towards the parent have the most influential effect on the parent for those parents involved in this study. Thus, it seems likely that, regardless of approach, the professional **may still hold the most power** with regard to the determination of the outcomes of the consultation between the parent and the helping professional and how the parent constructs the role of the helping professional. Therefore, it may be how the professional handles this power position in terms of the characteristic ways they interact with the parent and the advice they impart which may make the greatest impression on the parent.

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APPENDIX A  
**PARTICIPANT LETTER OF CONSENT**

---

PARENTAL CONSTRUCTIONS OF THE ROLE OF THE HELPING PROFESSIONAL IN  
LEARNING SUPPORT

Dear Participant

You are invited to participate in a research undertaking that aims to explore the ideas and thoughts of parents regarding the role of the helping professional in learning support. These views may be important for a greater level of understanding of parental expectations of helping professionals.

In the first phase of the research, you are requested to participate in a one-to-one interview with the researcher during which your thoughts about helping professionals will be explored. This will be followed by a second interview to follow up on anything from the first interview that may need to be clarified. In this second phase I will request you to indicate your view of the relationships amongst the emerging themes. All interviews are to be recorded on audiotape so as to ensure accurate recording of participants' views and to ensure that no information is lost.

The research results will be used in the composition of a Master's degree mini-dissertation, in partial fulfilment of the academic criteria for the degree MEd (Educational Psychology) at the University of Pretoria. The mini-dissertation will as such become public domain for the scrutiny of examiners and the academic community. It is important to note that your anonymity will be guaranteed and that no personal information will be disclosed that will allow you or your family to be identified. Your participation is voluntary and confidential. Confidentiality will be guaranteed and you may decide to withdraw from the research at any stage during the data collection process.

If you are willing to participate in this study, please sign this letter as a declaration of your consent i.e. that you participate in this project willingly and that you understand that you may withdraw from the research project at any time. Under no circumstances will your identity be made known to any staff at your child's school or in the reporting of the research results in any format.

Participant's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Researcher's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Yours Sincerely

Lisa Zimmerman, MEd (Educational Psychology) candidate

Tel: \*\*\*

**APPENDIX B**

LETTER OF CONSENT FOR SCHOOL MANAGEMENT

---

9 June 2005

Mr. \*\*\*  
Principal  
\*\*\*  
\*\*\*  
\*\*\*  
\*\*\*

Dear Sir

**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH WITH PARENTS OF LEARNERS AT \*\*\***

I hereby wish to seek permission to approach parents of learners at \*\*\* so as to obtain participants to contribute to an interview-based research undertaking. Three parents will be sought and the research process will take place after school hours. The findings will be used in the compilation of a Master's degree mini-dissertation in partial fulfilment of the academic requirements for the degree MEd (Educational Psychology) at the University of Pretoria.

The purpose of the research is to explore parental opinions of the role of the helping professional in learning support. A summary of my proposed study and a statement of personal ethical responsibility are attached. The ethical considerations for the research will be strictly adhered to during the course of the research process.

Your consideration of my request for approval with a written reply to the request will be much appreciated.

Yours Faithfully

Lisa Zimmerman  
MEd (Educational Psychology) student

Dr S. Human-Vogel  
Supervisor  
Tel: \*\*\*  
E-mail: \*\*\*

**APPENDIX C**

LETTER OF CONSENT FOR SCHOOL GOVERNING BODY

---

9 June 2005

The School Governing Body

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To Whom It May Concern:

**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH WITH PARENTS OF LEARNERS AT \*\*\***

I hereby wish to seek permission to approach parents of learners at \*\*\* so as to obtain participants to contribute to an interview-based research undertaking. Three parents will be sought and the research process will take place after school hours. The findings will be used in the compilation of a Master's degree mini-dissertation in partial fulfilment of the academic requirements for the degree MEd (Educational Psychology) at the University of Pretoria.

The purpose of the research is to explore parental opinions of the role of the helping professional in learning support. A summary of my proposed study and a statement of personal ethical responsibility are attached. The ethical considerations for the research will be strictly adhered to during the course of the research process.

Your consideration of my request for approval with a written reply to the request will be much appreciated.

Yours Faithfully

Lisa Zimmerman  
MEd (Educational Psychology) student

Dr S. Human-Vogel  
Supervisor  
Tel: \*\*\*  
E-mail: \*\*\*

## APPENDIX D

## LETTER OF CONSENT: GAUTENG DEPARTMENT OF EDUCATION

2- 8-05:12:29 ;GDE

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# 2/ 3



UMnyango WezeMfundo  
Department of Education

Lefapha la Thuto  
Departement van Onderwys

<b>Date:</b>	01 August 2005
<b>Name of Researcher:</b>	Zimmerman Lisa
<b>Address of Researcher:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	
<b>Research Topic:</b>	Parents' Constructions of the Role of the Helping Professional in Learning Support
<b>Number and type of schools:</b>	1 LSEN School
<b>District/s/HO</b>	

**Re: Approval in Respect of Request to Conduct Research**

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Permission has been granted to proceed with the above study subject to the conditions listed below being met, and may be withdrawn should any of these conditions be flouted:

1. *The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*
2. *The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.*
3. *A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.*

Office of the Senior Manager – Strategic Policy Research & Development  
Room 525, 111 Commissioner Street, Johannesburg, 2001 P.O.Box 7710, Johannesburg, 2000  
Tel: (011) 355-0488 Fax: (011) 355-0286

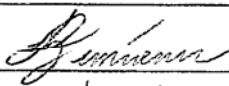
4. **A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.**
5. **The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.**
6. **Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Senior Manager (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.**
7. **Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year.**
8. **Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.**
9. **It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.**
10. **The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.**
11. **The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.**
12. **On completion of the study the researcher must supply the Senior Manager: Strategic Policy Development, Management & Research Coordination with one Hard Cover bound and one Ring bound copy of the final, approved research report. The researcher would also provide the said manager with an electronic copy of the research abstract/summary and/or annotation.**
13. **The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.**
14. **Should the researcher have been involved with research at a school and/or a district/head office level, the Senior Manager concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.**

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



ALBERT CHANEE  
ACTING DIVISIONAL MANAGER: OFSTED

<b>The contents of this letter has been read and understood by the researcher.</b>	
<b>Signature of Researcher:</b>	
<b>Date:</b>	2/08/2008

## APPENDIX E

### SEMI-STRUCTURED INTERVIEW SCHEDULE

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- 1. Tell me about the contact that you have had with professionals for learning support of your child?**
  - a. If you reflect on these experiences, what impact do you think they have had on yourself as a parent?
  
- 2. What expectations do you remember having when you first approached the professionals you have had contact with?**
  - a. Why do you think you had these specific expectations at the time?
  - b. Do you feel that they managed to meet these expectations? If not, what would you have wanted them to do or say differently in these situations?
  - c. What do you think a professional should do so as to be experienced as being helpful and effective by parents?
    - i. For you, what has been most helpful?
  - d. What has to happen for you to feel that your expectations have been successfully met?
    - i. Overall, what have you felt about your experiences after seeing a professional about your child?
  
- 3. In your opinion, what were the professional's expectations of yourself in the process?**
  - a. How did you feel about your ability to meet these expectations?
  - b. Were these expectations different from what you thought they would be? If so, in what ways were they different?

**4. If you reflect for a moment on your contact with professionals, what did you value most about these experiences?**

- a. Some believe that learning support should be a teamwork effort between parents and professionals, how do you feel about this?

**5. In your opinion, what does a helping professional do?**

- a. How do you think you came to this understanding of what a professional does?
- b. How do you think your idea of what a professional does may influence the way you interact with professionals?

**6. Given your experiences, if another parent asked for advice about approaching a professional for learning support of their child, what would you say?**

- a. What have you learnt from your experiences?
- b. What would you do differently if you wanted to go to another professional?

<i>Question</i>	<b>Target</b>
1	Introduction, raising issues
2	Parents' views of the expectations of the professional
3	Expectations of the parent
4	What parents value
5	Discourses
6	Lessons learned

**Table E: Breakdown of question target rationales**



APPENDIX F

PHASE ONE: SEMI-STRUCTURED INTERVIEW EXCERPT

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**MEd data collection: phase 1 semi-structured interview Participant A: mother with 1 child in an LSEN school (20/10/2005) pp. 5-8.**

**Interviewer:** Okay, We've touched on it again but maybe to go into it in (unit 116) more detail. um...What do you think, if you go to any helping professional such as a psychologist or the O.T. or the speech therapist or whoever you may feel would be able to help with learning support, ... what did you value most in those experiences?

**Participant:** *The honesty*  
(unit 117)

**Interviewer:** Okay  
(unit 118)

**Participant:** *The honesty um and they gave me no expectations.*  
(unit 119)

**Interviewer:** Mmm hmm  
(unit 120)

**Participant:** *No, they didn't put me on a high and then I would sort of be*  
(unit 121) *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.*

**Interviewer:** Okay, so that 'straight down the line' you knew exactly...  
(unit 122)

**Participant:** *... where I stood and where we were going or not going. I valued*  
(unit 123) *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.*

**Interviewer:** Okay now you say 'played you along, you wouldn't have been any  
(unit 124) the wiser'. Where do you think that you might have felt that that could have happened? Um... from past experiences or ideas...

**Participant:** *um ag you know I've been to a psychologist just myself and I*  
(unit 125) *just found that um I was doing all the talking*

**Interviewer:** right...  
(unit 126)

**Participant:** *...and from all the talking I was doing I wasn't coming to any*  
(unit 127) *solutions*

**Interviewer:** okay  
(unit 128)



**Participant:** *and after six weeks or so I still hadn't felt any better than I first did when I first walked in there and um ja that's the one time and I've been to another psychologist at one stage and at least I got feedback*  
(unit 129)

**Interviewer:** okay  
(unit 130)

**Participant:** *'now try different options try different ways' that sort of thing.*  
(unit 131)

**Interviewer:** Now the feedback's important... it sounds like the first experience was disappointing?  
(unit 132)

**Participant:** Ja  
(unit 133)

**Interviewer:** The second one wasn't?  
(unit 134)

**Participant:** Ja  
(unit 135)

**Interviewer:** If you can reflect on that also being a helping professional even though it was a different experience what do you think exactly made the other person better, not in fine, personal detail, but what did you get from them that you didn't get from the first person?  
(unit 136)

**Participant:** *Um.. again... the honesty ... especially I thought I was doing right and I actually wasn't and they actually told me 'well you're not doing right' because of whatever reason and then I would feel like a seed's planted*  
(unit 137)

**Interviewer:** Okay  
(unit 138)

**Participant:** *and 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 whereas just listening to myself waffle, waffle, waffle, and I just felt 'I'm getting nothing out of here' and ja*  
(unit 139)

**Interviewer:** So it sounded as if a level of guidance was...  
(unit 140)

**Participant:** *Ja... that's what I was... That's what I was looking for initially was guide me because I knew in a way I was doing... I didn't like what I was doing or what was happening and I needed guidance and I talked... listening to myself I didn't feel I was getting that*  
(unit 141)

**APPENDIX G**  
IQA DATA

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The participants' phase two considerations of the relationships amongst their affinities led to the drawing up of a Systemic Interrelationship Diagram [SID] for each of the participants and myself. As stated in Chapter Three and Four, how these SIDs were drawn up will be elaborated on as the participants' and my own IQA data is presented. The strength of following this IQA process is that, in terms of the reliability of the method, two different researchers, when analysing the same participant's cause-effect analysis of the relationships amongst their affinities, will produce the same SID. In correspondence with the presentation of data in Chapter Four, the analysis of participant A's data is reported first. As indicated in Chapter Three and Four, the process [as discussed by Northcutt and McCoy (2004)] that led to the creation of each of the SIDs will be explained as each step in the generation of Participant A's SID is presented.

This appendix contains the following data for participants A, B and C:

1. Detailed Affinity Relationship Table (DART)
2. Tabular Interrelationship Diagram (IRD)
3. Tabular Interrelationship Diagram in descending order of delta
4. Cluttered Systemic Interrelationship Diagram
5. Rationalisation Process table
6. Uncluttered SID- redundant links retained
7. Uncluttered SID- redundant links removed
8. Clean SID

The appendix also contains the following data for my personal analysis of the affinities that Participant A, B and C generated:

1. Affinity Relationship Table (ART)
2. Tabular Interrelationship Diagram (IRD)
3. Tabular Interrelationship Diagram in descending order of delta
4. Cluttered Systemic Interrelationship Diagram
5. Rationalisation Process table
6. Uncluttered SID- redundant links retained
7. Uncluttered SID- redundant links removed
8. Clean SID

**PARTICIPANT A**

**1. PARTICIPANT A: Detailed Affinity Relationship Table (DART)**

- **The IQA data analysis process**

To recap briefly, each of the participant's views of the relationships amongst their affinities were recorded in a Detailed Affinity Relationship Table [DART] [refer to step one for each of the participants]. Participant A's DART, which shows how she hypothesised the relationships amongst her affinities, follows:

Affinity Pair Relationship			Give an example in natural language to explain the relationship according to your experiences (if you have an example to give)
1	→	2	<i>The professional needs to be able to "sus" out the parent's emotions to enable both parties to succeed. If they are sympathetic to my situation then I will feel comfortable because I feel they know what I'm going through. I can trust them that they know how to help me</i>
1	←	3	<i>One needs to feel comfortable with the professional</i>
1	→	4	<i>If the professional approach is not what the parent expected it could be a let down to me. When you actually sit and listen to someone [a professional] rather than reading a book (on the issue) that is what helps</i>
1	←	5	<i>Being honest and not misleading puts me at ease.</i>
1	→	6	<i>If the professional approach is wrong towards me, it doesn't matter how highly qualified they are it can turn me away from them. It depends how they handle me. If they handle me as inferior then I'm not going to think very highly of them. Normally if you go see someone you are feeling inferior in some way and you don't want them to make you feel they are looking down on you. You open up more easily if they are not condescending and are sympathetic</i>
1	←	7	<i>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.</i>
1	←	8	<i>I feel that communicating the whole truth to the professional can play a large part of the way he approaches me.</i>
1	←	9	<i>"Seeing is believing" seeing progress is what really matters.</i>
1	↔	10	<i>NO RELATIONSHIP</i>
2	←	3	<i>NO COMMENT</i>
2	↔	4	<i>NO RELATIONSHIP</i>
2	←	5	<i>the professional must have high values and conveys those values me.</i>
2	↔	6	<i>NO RELATIONSHIP</i>
2	↔	7	<i>NO RELATIONSHIP</i>
2	←	8	<i>NO COMMENT</i>
2	↔	9	<i>NO RELATIONSHIP</i>
2	←	10	<i>NO COMMENT</i>

3	→	4	NO COMMENT
3	<>	5	NO RELATIONSHIP
3	←	6	<i>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</i>
3	→	7	<i>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</i>
3	←	8	NO COMMENT
3	→	9	<i>If I've taken a dislike to the person and I'm not feeling comfortable, I won't go back. However if my child is happy I will reconsider</i>
3	<>	10	NO RELATIONSHIP
4	←	5	NO COMMENT
4	←	6	NO COMMENT
4	<>	7	NO RELATIONSHIP
4	←	8	<i>Teamwork is what I need, not just myself.</i>
4	←	9	NO COMMENT
4	<>	10	NO RELATIONSHIP
5	→	6	NO COMMENT
5	→	7	NO COMMENT
5	→	8	<i>What I valued about them made me feel comfortable enough to open up during the interaction</i>
5	<>	9	NO RELATIONSHIP
5	→	10	<i>If the professional's values are high, my expectations would be high of him too.</i>
6	<>	7	NO RELATIONSHIP
6	←	8	<i>Teamwork very important. I found they never looked down on me and that had an influence on how I saw them professionally. I never felt judged during the interaction</i>
6	<>	9	NO RELATIONSHIP
6	<>	10	NO RELATIONSHIP
7	<>	8	NO RELATIONSHIP
7	<>	9	NO RELATIONSHIP
7	→	10	<i>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 professional. It is useless going for help if you are not willing to help</i>
8	←	9	<i>Is this person genuinely trying to help my problem in the process? If so, there is full co- operation in the interaction</i>
8	←	10	<i>I try not to have expectations so I am not let down. I keep an open mind and see what is put forward to me. If I have expectations of what they will do or say and they do not do this then I feel let down and it doesn't help me especially if I know there's a problem and they don't see it as a problem</i>
9	→	10	NO COMMENT

## 2. PARTICIPANT A: Tabular Interrelationship Diagram (IRD)

The relationships suggested by the participants were then recorded in an Interrelationship Diagram (IRD). The IRD shows arrows that indicate whether each affinity in a pair is viewed as a cause or effect, or if no relationship exists. Arrows point to the left or upwards and each relationship is entered into the diagram twice. At the end of this analytical exercise, the arrows

are counted to find the value of *delta* ( $\Delta$ ). Participant A's IRD of her views of all the relationships amongst the participants' affinities is illustrative of the process undertaken.

AFFINITY	1	2	3	4	5	6	7	8	9	10	OUT	IN	$\Delta$
1		↑	←	↑	←	↑	←	←	←	<>	3	5	-2
2	←		←	<>	←	<>	<>	←	<>	←	0	5	-5
3	↑	↑		↑	<>	←	↑	←	↑	<>	5	2	3
4	←	<>	←		←	←	<>	←	←	<>	0	6	-6
5	↑	↑	<>	↑		↑	↑	↑	<>	↑	7	0	7
6	←	<>	↑	↑	←		<>	←	<>	<>	2	3	-1
7	↑	<>	←	<>	←	<>		<>	<>	↑	2	2	0
8	↑	↑	↑	↑	←	↑	<>		←	←	5	3	2
9	↑	<>	←	↑	<>	<>	<>	↑		↑	4	1	3
10	<>	↑	<>	<>	←	<>	←	↑	←		2	3	-1

To ascertain the value of delta, the number of upward arrows (↑) or *outs* were counted as were the number of left arrows (←) or *ins*. The *ins* were then subtracted from the *outs* to provide the value of delta ( $\Delta = Out - In$ ). Based on these values, the affinities were then sorted into descending order of delta. The IRD in the next section shows Participant A's IRD in descending order of delta.

**3. PARTICIPANT A: Tabular Interrelationship Diagram in descending order of delta**

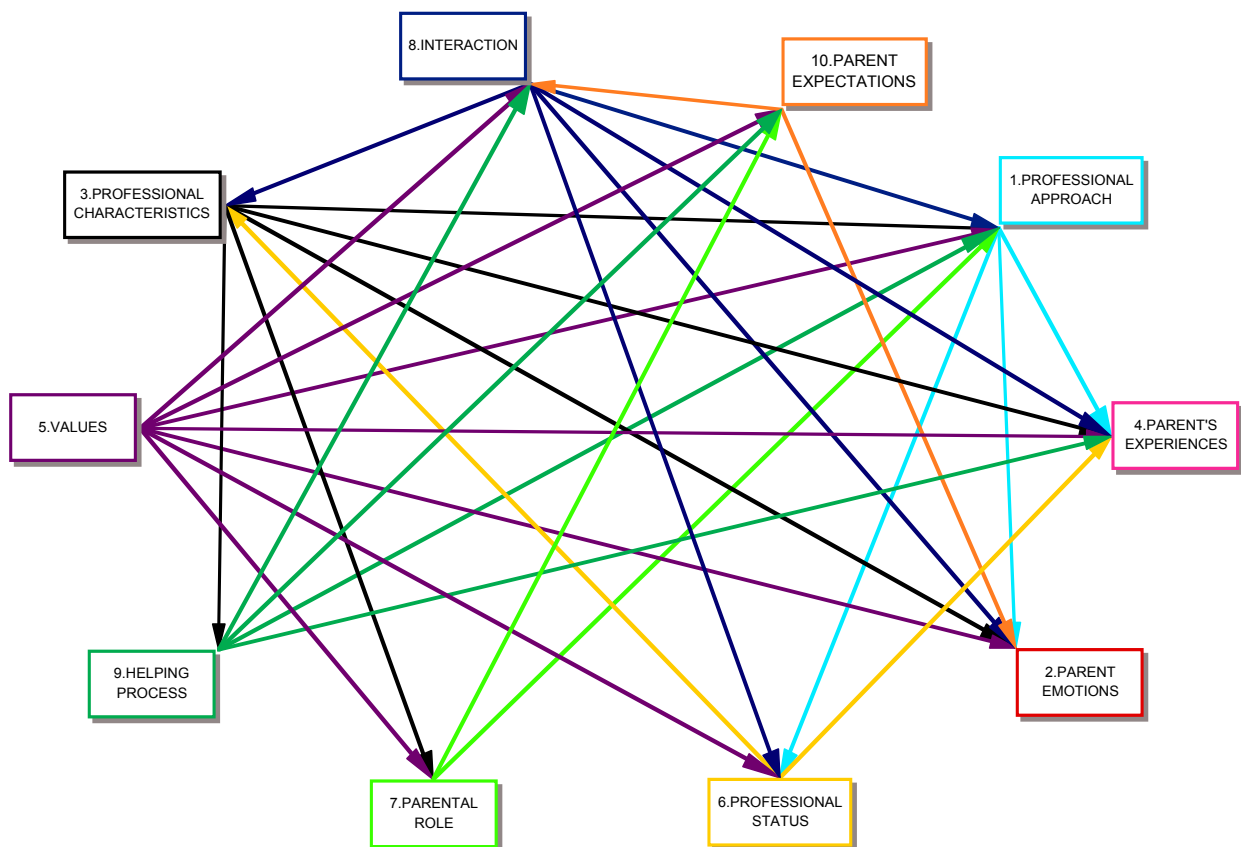
AFFINITY	1	2	3	4	5	6	7	8	9	10	OUT	IN	$\Delta$	SID ASSIGNMENT
5	↑	↑	<>	↑		↑	↑	↑	<>	↑	7	0	7	Primary driver
3	↑	↑		↑	<>	←	↑	←	↑	<>	5	2	3	Secondary driver
9	↑	<>	←	↑	<>	<>	<>	↑		↑	4	1	3	Secondary driver
8	↑	↑	↑	↑	←	↑	<>		←	←	5	3	2	Secondary driver
7	↑	<>	←	<>	←	<>		<>	<>	↑	2	2	0	Circulator/ Pivot
6	←	<>	↑	↑	←		<>	←	<>	<>	2	3	-1	Secondary outcome
10	<>	↑	<>	<>	←	<>	←	↑	←		2	3	-1	Secondary outcome
1		↑	←	↑	←	↑	←	←	←	<>	3	5	-2	Secondary outcome
2	←		←	<>	←	<>	<>	←	<>	←	0	5	-5	Primary outcome
4	←	<>	←		←	←	<>	←	←	<>	0	6	-6	Primary outcome

Affinities with positive deltas are the relative drivers or causes of the participant's system of meaning. Primary drivers have no *Ins* as they are not influenced by other affinities. Secondary drivers are also causes in the system and have *Ins* and *Outs* but there are more *In* arrows than *Out* arrows. Some affinities have equal numbers of *Ins* and *Outs*. This means that they are situated in the middle of the system. They are then referred to as *pivots* in the system. Those affinities with negative deltas are the relative effects or outcomes of the system. A secondary

outcome has more *In*s than *Out*s. An affinity with no *Out*s is a primary outcome of the system in that it is a significant effect caused by many of the affinities in the system. Affinities with no *In*s will always be at the top of a list as a primary driver and an affinity with zero *Out*s will always be at the bottom, regardless of the value of their deltas (Northcutt & McCoy, 2004, pp. 170-174).

**4. PARTICIPANT A: Cluttered Systemic Interrelationship Diagram**

The first version of the SID contains all links present in the IRD. Primary drivers were placed to the left of the diagram and primary outcomes to the right. The secondary drivers and outcomes were placed in between these primaries. Arrows were drawn between all the affinities to indicate all the perceived relationships. It was as such *Cluttered* or saturated with linkages between affinities. This *Cluttered SID* can be difficult to decipher due to all the linkages that exist. The SID is detailed but lacks parsimony (Northcutt & McCoy, 2004, p.329).



<b>5. PARTICIPANT A: Rationalisation Process</b>
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A process of rationalisation was therefore undertaken in which all redundant relationship links are removed to produce a simplified or *Uncluttered* SID. Rationalisation allowed for alteration of the cluttered SIDs to make them more comprehensible and less complex without interfering with their constitution (Northcutt & McCoy 2004, pp.37-38). Redundant relationships occur when there are obvious or mediating links between affinities. Redundant links were removed according to their delta and SID assignments and, as such, I compared affinities at the extreme left to those at the extreme right, working back to the left. The relationship between the highest positive delta and lowest negative delta was scrutinised. If there was a path between these two deltas the direct path became redundant and could be removed (Northcutt & McCoy 2004, pp.176-178). For example, in Participant A's cluttered SID, affinity **5** [*Values*] influences affinity **4** [*Parent's experiences*] and affinity **1** [*Professional approach*] but there is also a direct link from **4** to **1**. The line from **5** to **4** could be removed as the relationship between **5** and **4** is still apparent through the mediation of **1** [**5**→**1**→**4**]. After this link was removed, the relationship between **5** and the next lowest delta **2** [*Parent emotions*] could be checked for any mediating relationships. This process was continued in this way, checking for mediating relationships from highest to lowest deltas, until all non-recursive relationships had been considered and all redundant links were removed. Recursive links occur when an affinity with a lower delta value influences an affinity with a higher delta value.

After the first step, all relationships that remain are again considered. This time the researcher checks from right to left, considering the relationship between remaining affinities with the lowest delta value and their links to those affinities with the highest delta value. In this step recursive links are included in the rationalisation process. In a final step, all remaining links are checked again to make sure no alternate paths exist.

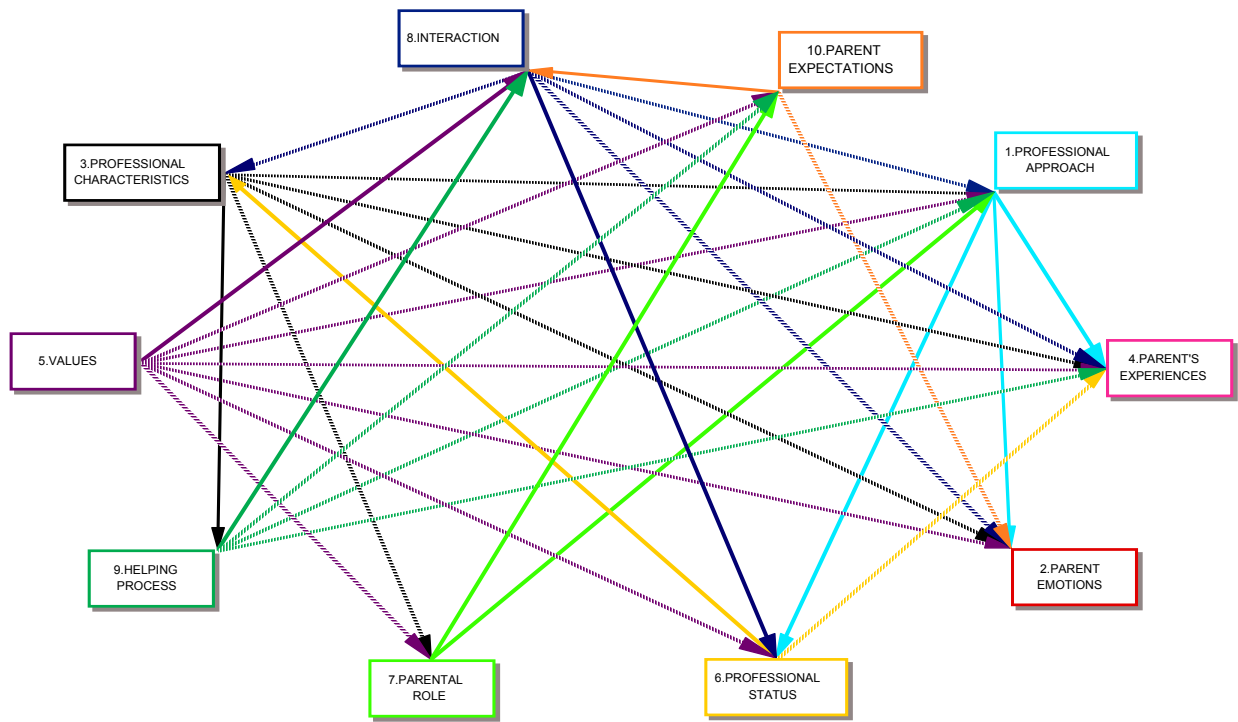
<b>PARTICIPANT A Step 1: Initial rationalisation</b>		
<b>ANALYTICAL STEP</b>	<b>LINK REMOVED</b>	<b>RATIONALE</b>
1	5-4	5-1-4
2	5-2	5-1-2
3	5-1	5-8-1
4	5-6	5-8-6
5	5-10	5-7-10
6	5-7 is retained	5-8-3-7 involves a recursive link
7	5-8 is retained	5-7-10-8 involves a recursive link
8	3-4	3-1-4

9	3-2	3-1-2
10	3-1	3-7-1
11	3-6 is retained	Recursive links are ignored in this step
12	3-7 is retained	No other path exists
13	3-8 is retained	Recursive links are ignored in this step
14	3-9 is retained	No other path exists
15	9-4	9-1-4
16	9-1	9-8-1
17	9-10 is retained	9-8-10 involves a recursive link
18	9-8 is retained	9-10-8 involves a recursive link
19	8-4	8-1-4
20	8-2	8-1-2
21	8-1 is retained	8-6-1 involves a recursive link
22	8-10 is retained	Recursive links are ignored in this step
23	8-6 is retained	8-1-6 involves a recursive link
24	7-1 is retained	No other path exists
25	7-10 is retained	No other path exists
26	6-4 is retained	No alternative path without recursive links available
27	6-1 is retained	Recursive links are ignored in this step
28	10-2 is retained	No alternative path without recursive links available
29	1-4 is retained	1-6-4 involves a recursive link
30	1-2 is retained	No alternative path without recursive links available
<b>Step 2: Check in opposite direction from lowest to highest delta</b>		
1	1-6 is retained	No alternative path available
2	10-8 is retained	No alternative path available
3	6-3 is retained	No alternative path available
4	8-3	8-6-3
<b>Step 3: Check of re-arranged SID for remaining redundant links</b>		
1	5-7	5-8-6-3-7
2	5-8 is retained	No alternative path available
3	3-7 is retained	No alternative path available
4	3-9 is retained	No alternative path available
5	9-10	9-8-6-3-7-10
6	9-8 is retained	No alternative path available
7	8-1	8-6-3-7-1
8	8-6 is retained	No alternative path available
9	7-1 is retained	No alternative path available
10	7-10 is retained	No alternative path available
11	6-4	6-3-7-1-4
12	10-2	10-8-6-3-7-1-2
13	1-4 is retained	No alternative path available
14	1-2 is retained	No alternative path available

The next section shows Participant A's uncluttered SID before the removal of the redundant links in the SID [arrows to be removed are indicated by the dashed arrows].

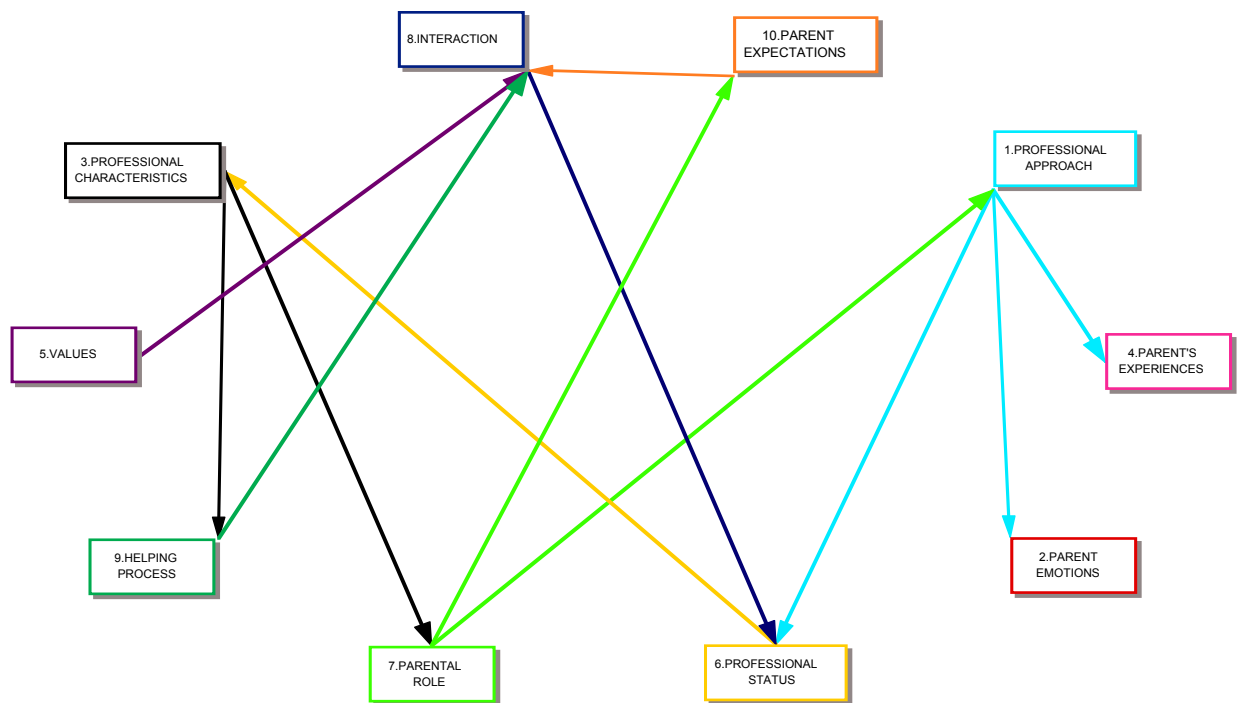


**6. PARTICIPANT A: Uncluttered SID- redundant links retained**



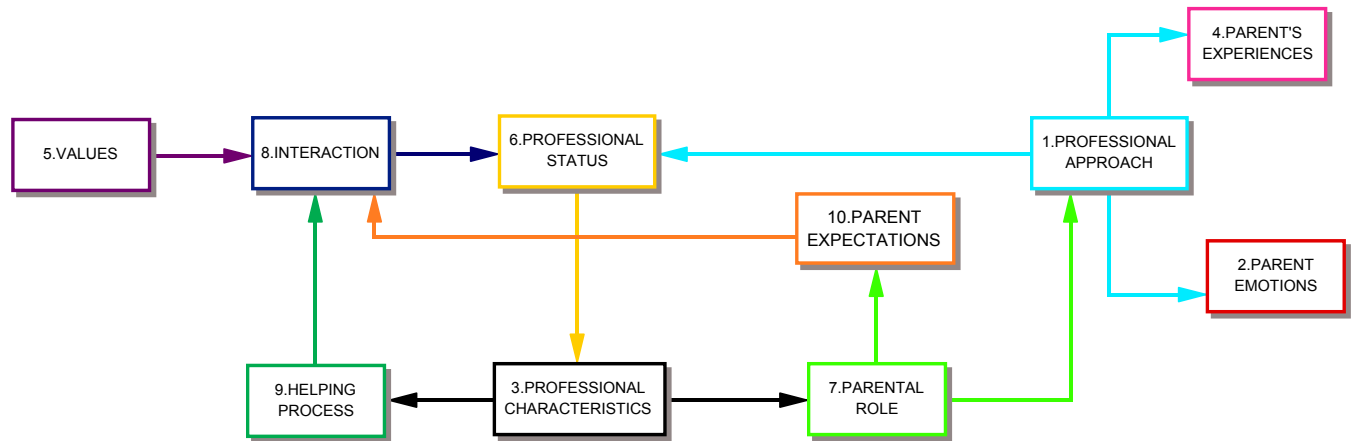
**7. PARTICIPANT A: Uncluttered SID- redundant links removed**

This is the *uncluttered* SID with redundant links removed.



**8. PARTICIPANT A: Clean SID**

This final representation is the so-called *Clean SID*, which is the finalised version of Participant A’s construction or social representation of the helping professional in learning support.



Henceforth, the process initiated with Participant B and C’s DARTs as well as my own consideration of the relationships amongst the participants’ collective affinity groupings will be illustrated.

**PARTICIPANT B**

**1. PARTICIPANT B: Detailed Affinity Relationship Table (DART)**

Affinity Pair Relationship		Give an example in natural language using an <b>if/ then</b> statement to explain the relationship according to your experiences	
1	←	2	<i>If the professional does diagnose the parent doesn't want to accept it or denies it</i>
1	←	3	<i>NO COMMENT</i>
1	←	4	<i>NO COMMENT</i>
1	→	5	<i>Parent's role is also very important. Both influence each other you couldn't do without them to understand</i>
1	<>	6	<i>NO COMMENT</i>
1	→	7	<i>It's a delicate subject, you've got to know how to handle whatever situation</i>
1	<>	8	<i>NO COMMENT</i>

2	←	3	<i>I think it would be how the professional would go and assist you</i>
2	←	4	<i>We shouldn't live in our past, make same mistakes try to avoid it</i>
2	←	5	<i>Parent's role is more important- can be positive or negative but as a parent you have to put them aside</i>
2	→	6	<i>If you are expecting or thought your child would have a learning disability influences emotions</i>
2	←	7	NO COMMENT
2	←	8	<i>I think being at school and going through that being hurt or being called names, treated differently would effect (emotions)</i>
3	→	4	NO COMMENT
3	→	5	<i>You can be a negative parent or a positive parent</i>
3	→	6	<i>Process changes expectations (R: Why?) because they 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</i>
3	←	7	NO COMMENT
3	→	8	<i>You shouldn't really have a stigma because you give other people a stigma (Do you learn that in the process?) Yes</i>
4	←	5	<i>You know what you have been through and you can deal with it</i>
4	<>	6	No relation
4	←	7	NO COMMENT
4	←	8	<i>you've gone through it, they're so similar, well you've got the stigma from your past experiences the somehow just carry on forward</i>
5	→	6	NO COMMENT
5	←	7	<i>They can give you all the necessary info</i>
5	→	8	<i>I wouldn't want the stigma to affect my role</i>
6	→	7	<i>What you expect from the outcome of the consultation influences your view of their approach</i>
6	←	8	<i>What you expect from your stigma from the past or whatever you're carrying you wouldn't want your expectations to be too much</i>
7	→	8	<i>You want help you don't want the stigma to be there so you try to rectify it and help the child (R: Their approach assists towards rectifying a stigma?) Yes, giving you information and that kind of support</i>

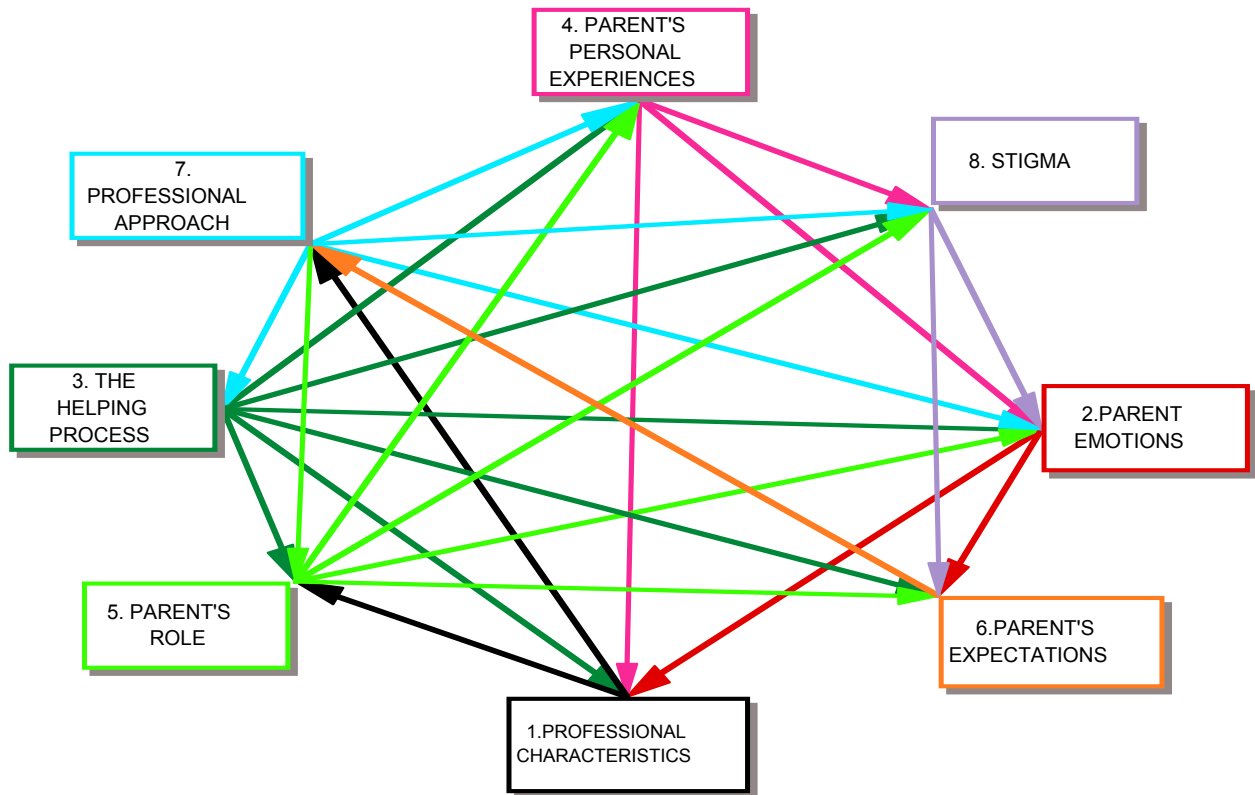
**2. PARTICIPANT B: Tabular Interrelationship Diagram (IRD)**

AFFINITY	1	2	3	4	5	6	7	8	OUT	IN	Δ
<b>1</b>		←	←	←	↑	<>	↑	<>	2	3	-1
<b>2</b>	↑		←	←	←	↑	←	←	2	5	-3
<b>3</b>	↑	↑		↑	↑	↑	←	↑	6	1	5
<b>4</b>	↑	↑	←		←	<>	←	↑	3	3	0
<b>5</b>	←	↑	←	↑		↑	←	↑	4	3	1
<b>6</b>	<>	←	←	<>	←		↑	←	1	4	-3
<b>7</b>	←	↑	↑	↑	↑	←		↑	5	2	3
<b>8</b>	<>	↑	←	←	←	↑	←		2	4	-2

**3. PARTICIPANT B: Tabular Interrelationship Diagram in descending order of delta**

AFFINIT Y	1	2	3	4	5	6	7	8	OUT	IN	Δ	SID ASSIGNMENT
3	↑	↑	■	↑	↑	↑	←	↑	6	1	5	Primary driver
7	←	↑	↑	↑	↑	←	■	↑	5	2	3	Secondary driver
5	←	↑	←	↑	■	↑	←	↑	4	3	1	Secondary driver
4	↑	↑	←	■	←	<>	←	↑	3	3	0	Circulator/ Pivot
1	■	←	←	←	↑	<>	↑	<>	2	3	-1	Secondary outcome
8	<>	↑	←	←	←	↑	←	■	2	4	-2	Secondary outcome
6	<>	←	←	<>	←	■	↑	←	1	4	-3	Secondary outcome
2	↑	■	←	←	←	↑	←	←	2	5	-3	Primary outcome

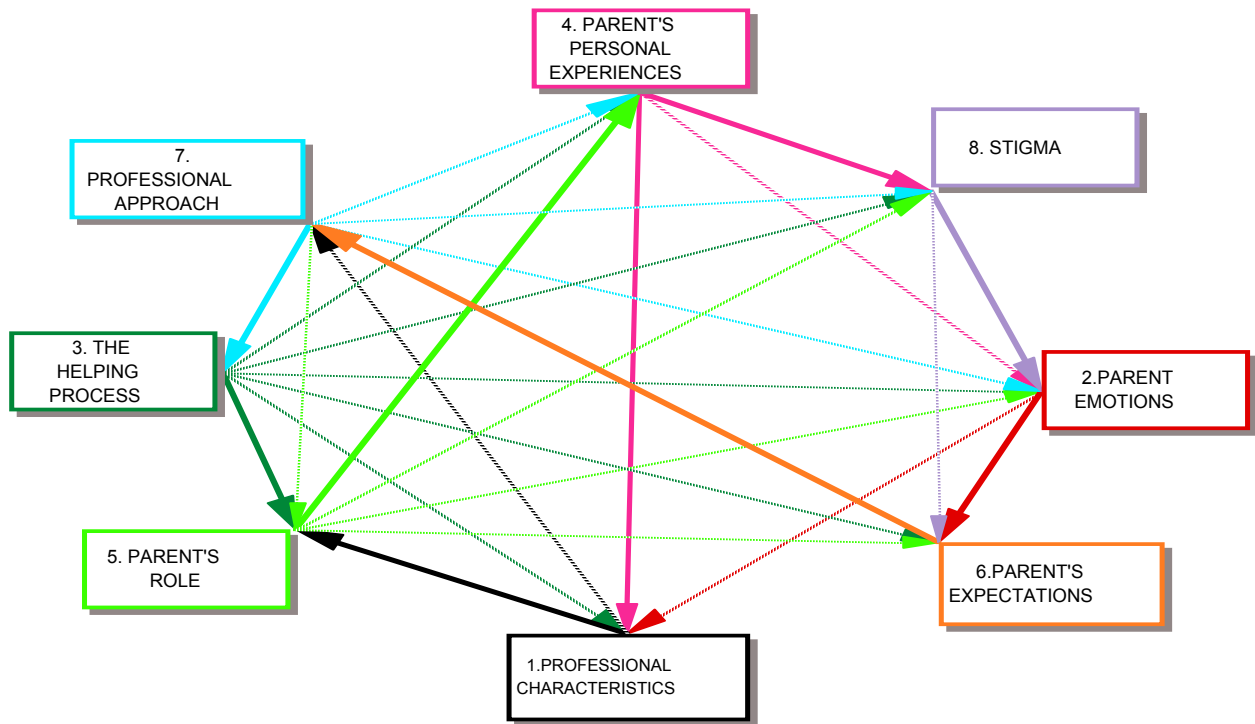
**4. PARTICIPANT B: Cluttered Systemic Interrelationship Diagram**



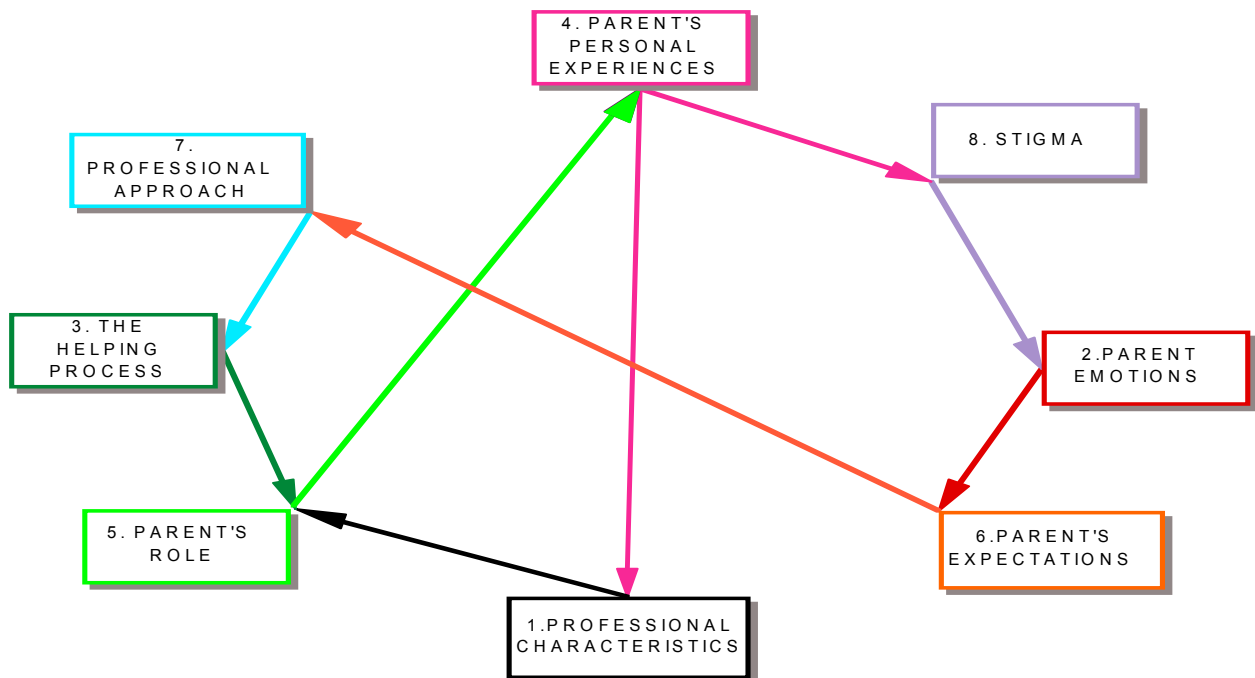
<b>5. PARTICIPANT B: Rationalisation Process</b>
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<b>Participant B Step 1: Initial rationalisation</b>		
<b>ANALYTICAL STEP</b>	<b>LINK REMOVED</b>	<b>RATIONALE</b>
1	3-2	3-8-2
2	3-6	3-8-6
3	3-8	3-4-8
4	3-1	3-4-1
5	3-4	3-5-4
6	3-5 is retained	No other path exist
7	7-2	7-8-2
8	7-8	7-4-8
9	7-4	7-5-4
10	7-5 is retained	7-3-5 contains a recursive link
11	7-3 is retained	Recursive links are ignored in this step
12	5-2	5-8-2
13	5-6	5-8-6
14	5-8	5-4-8
15	5-4 is retained	No other path exists
16	4-2	4-8-2
17	4-8 is retained	No other path exists
18	4-1 is retained	4-8-2-1 contains a recursive link
19	1-5 is retained	Recursive links are ignored in this step
20	1-7 is retained	Recursive links are ignored in this step
21	8-2 is retained	No other path exists
22	8-6	8-2-6
23	6-7 is retained	Recursive links are ignored in this step
24	2-6 is retained	No other path exists
25	2-1 is retained	Recursive links are ignored in this step
<b>Step 2: Check in opposite direction from lowest to highest delta</b>		
1	2-1	2-6-7-5-4-1
2	2-6 is retained	No other path exists
3	6-7 is retained	No other path exists
4	8-2 is retained	No other path exists
5	1-7	1-5-4-8-2-6-7
6	1-5 is retained	No other path exists
7	4-1 is retained	No other path exists
8	4-8 is retained	No other path exists
9	5-4 is retained	No other path exists
10	7-3 is retained	No other path exists
11	7-5	7-3-5
12	3-5 is retained	No other path exists
<b>Step 3: Check of re-arranged SID for remaining redundant links</b>		
1	2-6 is retained	No other path exists
2	6-7 is retained	No other path exists
3	8-2 is retained	No other path exists
4	1-5 is retained	No other path exists
5	4-1 is retained	No other path exists
6	4-8 is retained	No other path exists
7	5-4 is retained	No other path exists
8	7-3 is retained	No other path exists
9	3-5 is retained	No other path exists

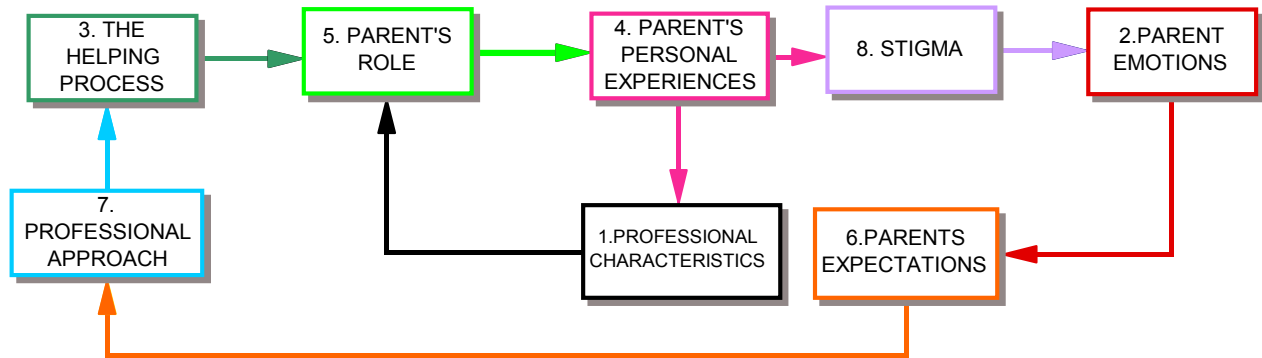
**6. PARTICIPANT B: Uncluttered SID- redundant links retained**



**7. PARTICIPANT B: Uncluttered SID- redundant links removed**



**8. PARTICIPANT B: Clean SID**



**PARTICIPANT C**

**1. PARTICIPANT C: Detailed Affinity Relationship Table (DART)**

Affinity Pair Relationship			Give an example in natural language using an <b>if/ then</b> statement to explain the relationship according to your experiences
1	←	2	<i>When the child has been assessed only then can the helping process start</i>
1	→	3	<i>Once it is clear what process would be beneficial recommendations can be made</i>
1	←	4	<i>The child must feel comfortable with the professional</i>
1	←	5	<i>If parents support the professional's role in the helping process it will create a trusting relationship</i>
1	←	6	<i>Parents can understand that the helping process might take time, and hard work</i>
1	←	7	<i>Through knowledge and expertise, a problem can be identified</i>
1	←	8	<i>All parties needs to be involved in the helping process</i>
2	→	3	<i>One a child are assessed recommendations can be made and understood</i>
2	<>	4	NO COMMENT
2	<>	5	NO COMMENT
2	→	6	NO COMMENT
2	←	7	<i>Expertise of professional important when assessing child</i>
2	<>	8	<i>Only professional is really involved in formal assessing</i>
3	←	4	<i>Previous successes will influence recommendations</i>
3	→	5	<i>Recommendations will determine what role the parents needs to play in the helping process</i>
3	<>	6	NO COMMENT
3	←	7	<i>Area of specialization will influence recommendation</i>
3	→	8	<i>If recommendation is for different stakeholders to be involved, it will influence team approach</i>
4	<>	5	NO COMMENT
4	<>	6	NO COMMENT

4	→	7	<i>If the personal characteristic is to be able to communicate well with children, field of expertise will probably be to work with children</i>
4	→	8	<i>Will the professional be able to work as part of the team in the helping process</i>
5	←	6	NO COMMENT
5	→	7	<i>Parent suspects a problem and involve the professional to get expert advise</i>
5	→	8	<i>If parent is involved in the helping process, a complete team will be involved</i>
6	→	7	<i>The feedback will determine what parents expect from therapy</i>
6	→	8	NO COMMENT
7	→	8	<i>The recommendations from the professional will indicate the approach of the team</i>

**2. PARTICIPANT C: Tabular Interrelationship Diagram (IRD)**

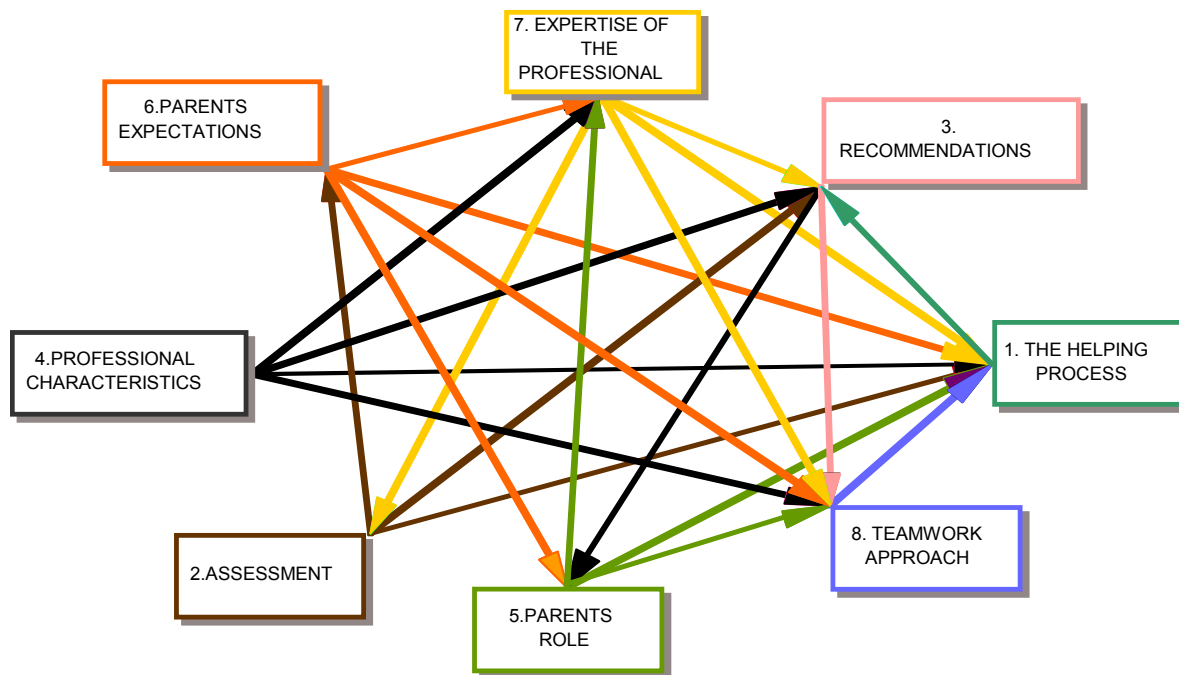
AFFINITY	1	2	3	4	5	6	7	8	OUT	IN	Δ
1		←	↑	←	←	←	←	←	1	6	-5
2	↑		↑	<>	<>	↑	←	<>	3	1	2
3	←	←		←	↑	<>	←	↑	2	4	-2
4	↑	<>	↑		<>	<>	↑	↑	4	0	4
5	↑	<>	←	<>		←	↑	↑	3	2	1
6	↑	←	<>	<>	↑		↑	↑	4	1	3
7	↑	↑	↑	←	←	←		↑	4	3	1
8	↑	<>	←	←	←	←	←		1	5	-4

**3. PARTICIPANT C: Tabular Interrelationship Diagram in descending order of delta**

AFFINITY	1	2	3	4	5	6	7	8	OUT	IN	Δ	SID ASSIGNMENT
4	↑	<>	↑		<>	<>	↑	↑	4	0	4	Primary driver
6	↑	←	<>	<>	↑		↑	↑	4	1	3	Secondary driver
2	↑		↑	<>	<>	↑	←	<>	3	1	2	Secondary driver
7	↑	↑	↑	←	←	←		↑	4	3	1	Secondary driver
5	↑	<>	←	<>		←	↑	↑	3	2	1	Secondary driver
3	←	←		←	↑	<>	←	↑	2	4	-2	Secondary outcome
8	↑	<>	←	←	←	←	←		1	5	-4	Secondary outcome
1		←	↑	←	←	←	←	←	1	6	-5	Secondary outcome



**4. PARTICIPANT C: Cluttered Systemic Interrelationship Diagram**

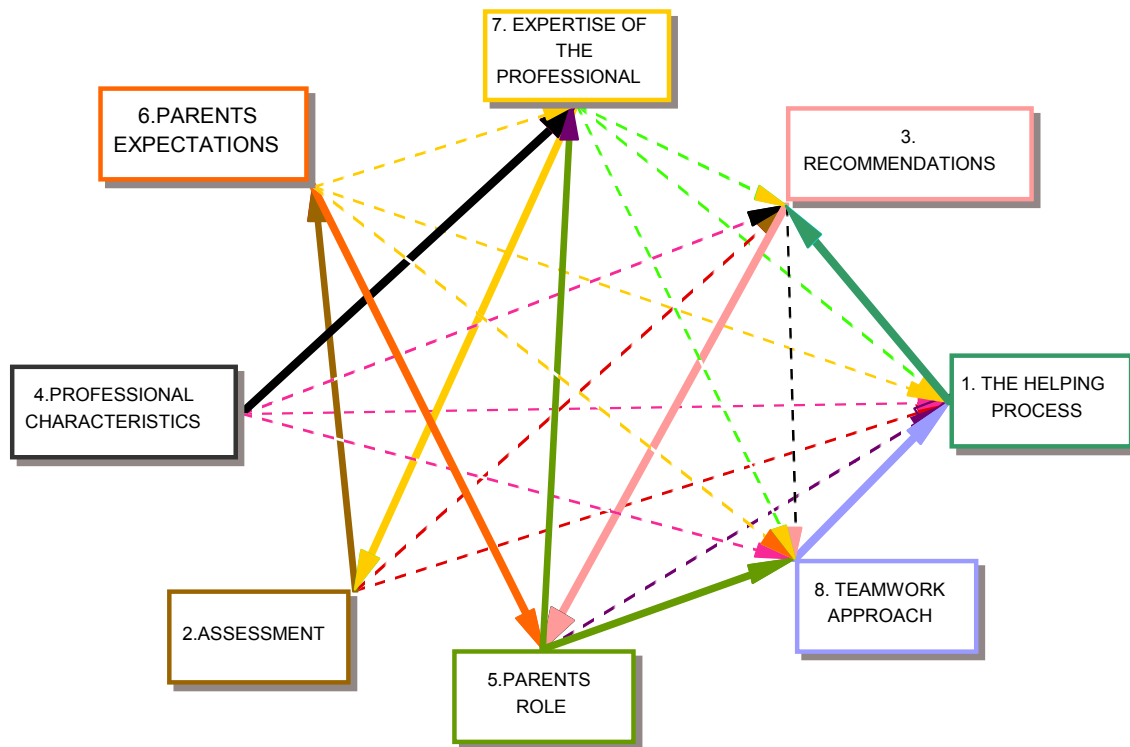


**5. PARTICIPANT C: Rationalisation Process**

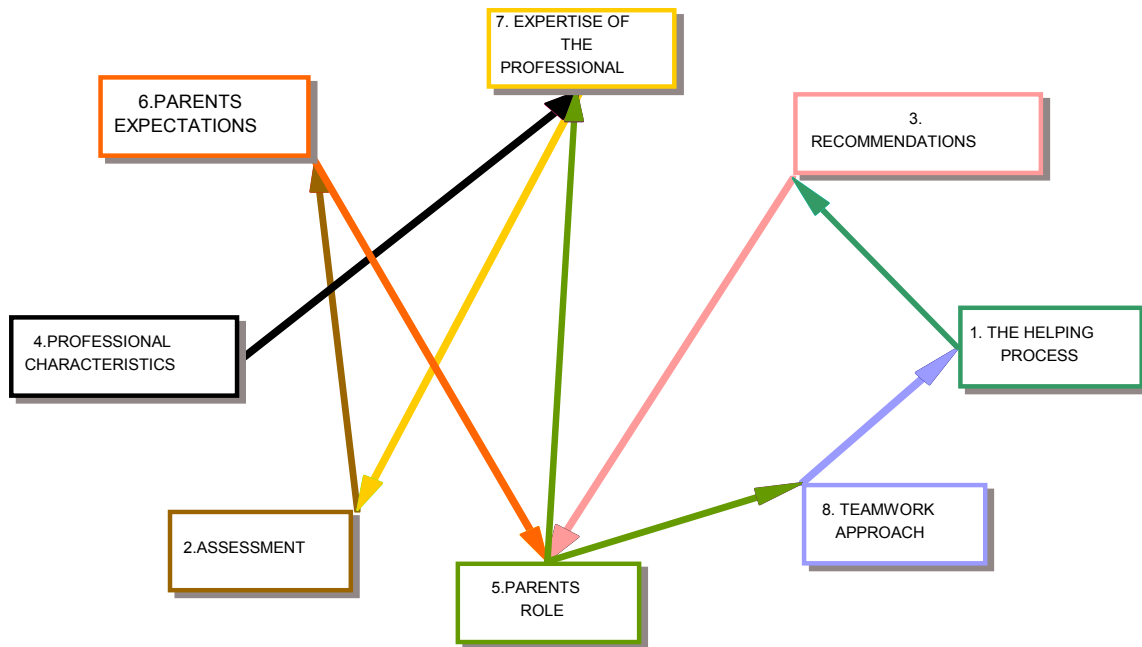
PARTICIPANT C: Step 1: Initial rationalisation		
ANALYTICAL STEP	LINK REMOVED	RATIONALE
1	4-1	4-7-1
2	4-8	4-3-8
3	4-3	4-7-3
4	4-7 is retained	No other path exists
5	6-1	6-7-1
6	6-8	6-7-8
7	6-5 is retained	6-7-3-5 contains a recursive link
8	6-7 is retained	6-5-7 contains a recursive link
9	2-1	2-3-8-1
10	2-3 is retained	2-6-7-3 contains a recursive link
11	2-6 is retained	Recursive links are ignored in this step
12	7-1	7-3-8-1
13	7-8	7-3-8
14	7-3 is retained	7-2-3 contains a recursive link
15	7-2 is retained	Recursive links are ignored in this step
16	5-1	5-8-1
17	5-8	5-7-3-8 contains a recursive link
18	5-7	Recursive links are ignored in this step
19	3-8 is retained	3-5-8 contains a recursive link
20	3-5 is retained	Recursive links are ignored in this step
21	8-1 is retained	No other path exists
22	1-3 is retained	Recursive links are ignored in this step

Step 2: Check in opposite direction from lowest to highest delta		
1	1-3 is retained	No other path exists
2	8-1 is retained	No other path exists
3	3-5 is retained	No other path exists
4	3-8	3-5-8
5	5-7 is retained	No other path exists
6	5-8 is retained	No other path exists
7	7-2 is retained	No other path exists
8	7-3	7-2-3
9	2-6 is retained	No other path exists
10	2-3	2-6-5-8-1-3
11	6-7	6-5-7
12	6-5 is retained	No other path exists
13	4-7 is retained	No other path exists
Step 3: Check of re-arranged SID for remaining redundant links		
1	4-7 is retained	No other path exists
2	6-5 is retained	No other path exists
3	2-6 is retained	No other path exists
4	7-2 is retained	No other path exists
5	5-7 is retained	No other path exists
6	5-8 is retained	No other path exists
7	3-5 is retained	No other path exists
8	8-1 is retained	No other path exists
9	1-3 is retained	No other path exists

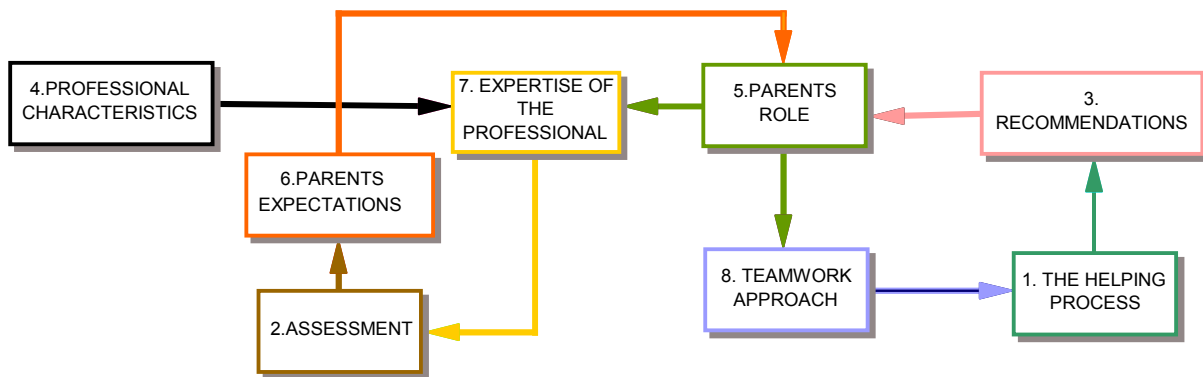
**6. PARTICIPANT C: Uncluttered SID- redundant links retained**



**7. PARTICIPANT C researcher: Uncluttered SID- redundant links removed**



**8. PARTICIPANT C: Clean SID**



**RESEARCHER SID**

**1. RESEARCHER: Affinity Relationship Table (ART)**

RESEARCHER ART		
1 Parental expectations	→	2 Professional characteristics
1 Parental expectations	→	3 The helping process
1 Parental expectations	→	4 Parents' role
1 Parental expectations	→	5 Status of the helping professional
1 Parental expectations	→	6 Professional approach
1 Parental expectations	←	7 Parents' personal experiences
1 Parental expectations	→	8 Parents' emotions
1 Parental expectations	→	9 Assessment
1 Parental expectations	→	10 Recommendations
1 Parental expectations	←	11 Stigma
1 Parental expectations	<>	12 Team approach
1 Parental expectations	→	13 Parent-professional interaction
1 Parental expectations	→	14 Values
2 Professional characteristics	→	3 The helping process
2 Professional characteristics	→	4 Parents' role
2 Professional characteristics	→	5 Status of the helping professional
2 Professional characteristics	→	6 Professional approach
2 Professional characteristics	←	7 Parents' personal experiences
2 Professional characteristics	→	8 Parents' emotions
2 Professional characteristics	→	9 Assessment
2 Professional characteristics	→	10 Recommendations
2 Professional characteristics	→	11 Stigma
2 Professional characteristics	→	12 Team approach
2 Professional characteristics	→	13 Parent-professional interaction
2 Professional characteristics	→	14 Values
3 The helping process	←	4 Parents' role
3 The helping process	←	5 Status of the helping professional
3 The helping process	←	6 Professional approach
3 The helping process	←	7 Parents' personal experiences
3 The helping process	←	8 Parents' emotions
3 The helping process	←	9 Assessment
3 The helping process	←	10 Recommendations
3 The helping process	←	11 Stigma
3 The helping process	←	12 Team approach
3 The helping process	←	13 Parent-professional interaction
3 The helping process	→	14 Values
4 Parents' role	←	5 Status of the helping professional
4 Parents' role	←	6 Professional approach
4 Parents' role	←	7 Parents' personal experiences
4 Parents' role	←	8 Parents' emotions
4 Parents' role	←	9 Assessment
4 Parents' role	←	10 Recommendations
4 Parents' role	←	11 Stigma

4 Parents' role	←	12 Team approach
4 Parents' role	←	13 Parent-professional interaction
4 Parents' role	←	14 Values
5 Status of the helping professional	←	6 Professional approach
5 Status of the helping professional	←	7 Parents' personal experiences
5 Status of the helping professional	→	8 Parents' emotions
5 Status of the helping professional	→	9 Assessment
5 Status of the helping professional	→	10 Recommendations
5 Status of the helping professional	→	11 Stigma
5 Status of the helping professional	→	12 Team approach
5 Status of the helping professional	→	13 Parent-professional interaction
5 Status of the helping professional	←	14 Values
6 Professional approach	←	7 Parents' personal experiences
6 Professional approach	→	8 Parents' emotions
6 Professional approach	→	9 Assessment
6 Professional approach	→	10 Recommendations
6 Professional approach	→	11 Stigma
6 Professional approach	→	12 Team approach
6 Professional approach	→	13 Parent-professional interaction
6 Professional approach	→	14 Values
7 Parents' personal experiences	→	8 Parents' emotions
7 Parents' personal experiences	→	9 Assessment
7 Parents' personal experiences	<>	10 Recommendations
7 Parents' personal experiences	→	11 Stigma
7 Parents' personal experiences	<>	12 Team approach
7 Parents' personal experiences	→	13 Parent-professional interaction
7 Parents' personal experiences	→	14 Values
8 Parents' emotions	←	9 Assessment
8 Parents' emotions	←	10 Recommendations
8 Parents' emotions	←	11 Stigma
8 Parents' emotions	<>	12 Team approach
8 Parents' emotions	→	13 Parent-professional interaction
8 Parents' emotions	←	14 Values
9 Assessment	→	10 Recommendations
9 Assessment	←	11 Stigma
9 Assessment	←	12 Team approach
9 Assessment	←	13 Parent-professional interaction
9 Assessment	→	14 Values
10 Recommendations	<>	11 Stigma
10 Recommendations	←	12 Team approach
10 Recommendations	←	13 Parent-professional interaction
10 Recommendations	→	14 Values
11 Stigma	<>	12 Team approach
11 Stigma	←	13 Parent-professional interaction
11 Stigma	←	14 Values
12 Team approach	→	13 Parent-professional interaction
12 Team approach	<>	14 Values
13 Parent-professional interaction	→	14 Values

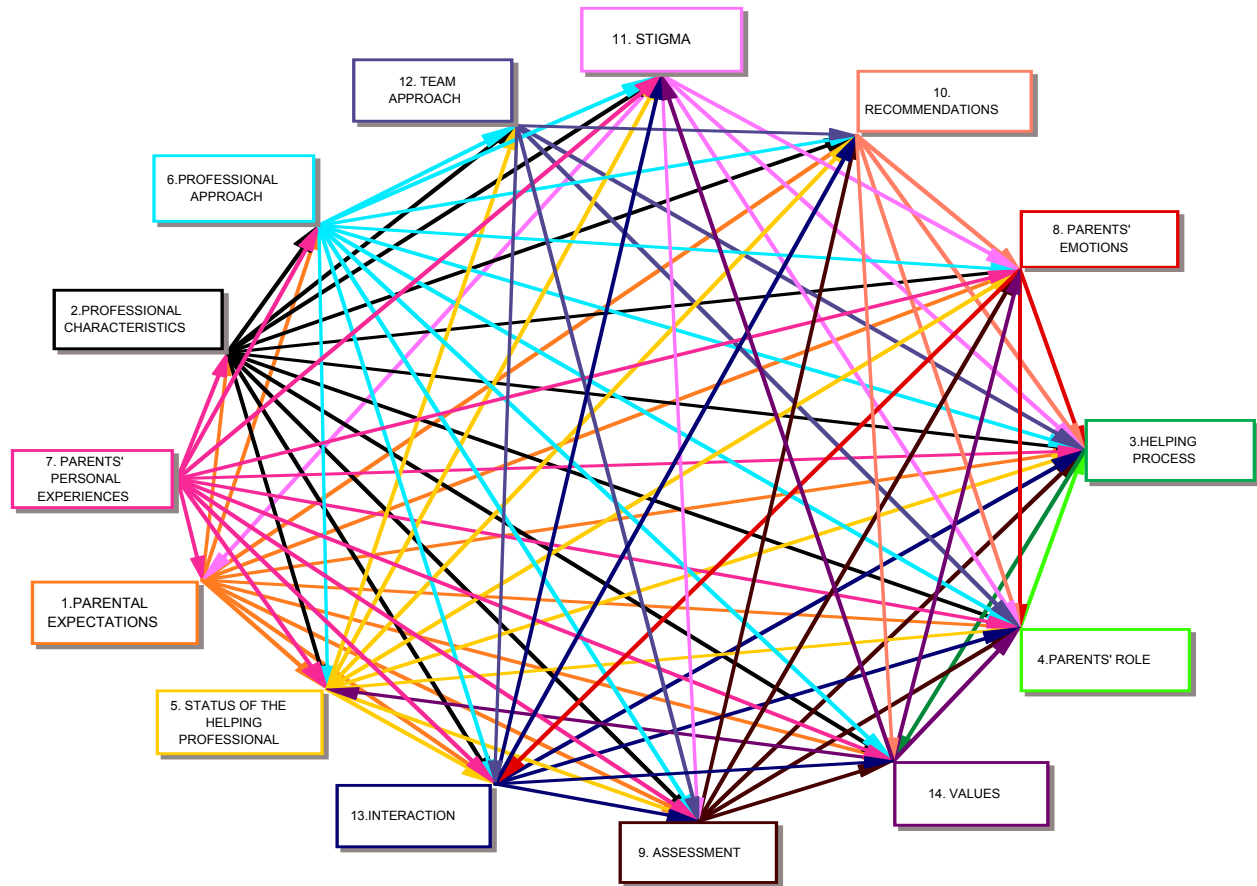
**2. RESEARCHER: Tabular Interrelationship Diagram (IRD)**

Affinity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	out	in	$\Delta$
1		↑	↑	↑	↑	↑	←	↑	↑	↑	←	◇	↑	↑	10	2	8
2	←		↑	↑	↑	↑	←	↑	↑	↑	↑	↑	↑	↑	11	2	9
3	←	←		←	←	←	←	←	←	←	←	←	←	↑	1	12	-11
4	←	←	↑		←	←	←	←	←	←	←	←	←	←	1	12	-11
5	←	←	↑	↑		←	←	↑	↑	↑	↑	↑	↑	←	8	5	3
6	←	←	↑	↑	↑		←	↑	↑	↑	↑	↑	↑	↑	10	3	7
7	↑	↑	↑	↑	↑	↑		↑	↑	◇	↑	◇	↑	↑	11	0	11
8	←	←	↑	↑	←	←	←		←	←	←	◇	↑	←	3	9	-6
9	←	←	↑	↑	←	←	←	↑		↑	←	←	←	↑	5	8	-3
10	←	←	↑	↑	←	←	◇	↑	←		◇	←	←	↑	4	7	-3
11	↑	←	↑	↑	←	←	←	↑	↑	◇		◇	←	←	5	6	-1
12	◇	←	↑	↑	←	←	◇	◇	↑	↑	◇		↑	◇	5	3	2
13	←	←	↑	↑	←	←	←	←	↑	↑	↑	←		↑	6	7	-1
14	←	←	←	↑	↑	←	←	↑	←	←	↑	◇	←		4	8	-4

**3. RESEARCHER: Tabular Interrelationship Diagram in descending order of delta**

AFFINITY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	out	$\Xi$	$\triangleright$	SID assignment
7	↑	↑	↑	↑	↑	↑		↑	↑	◇	↑	◇	↑	↑	11	0	11	Primary driver
2	←		↑	↑	↑	↑	←	↑	↑	↑	↑	↑	↑	↑	12	1	11	Secondary driver
1		↑	↑	↑	↑	↑	←	↑	↑	↑	←	◇	↑	↑	11	2	9	Secondary driver
6	←	←	↑	↑	↑		←	↑	↑	↑	↑	↑	↑	↑	10	3	7	Secondary driver
5	←	←	↑	↑		←	←	↑	↑	↑	↑	↑	↑	←	8	5	3	Secondary driver
12	◇	←	↑	↑	←	←	◇	◇	↑	↑	◇		↑	◇	5	3	2	Secondary driver
13	←	←	↑	↑	←	←	←	←	↑	↑	↑	←		↑	6	7	-1	Secondary outcome
11	↑	←	↑	↑	←	←	←	↑	↑	◇		◇	←	←	5	6	-1	Secondary outcome
9	←	←	↑	↑	←	←	←	↑		↑	←	←	←	↑	5	8	-3	Secondary outcome
10	←	←	↑	↑	←	←	◇	↑	←		◇	←	←	↑	4	7	-3	Secondary outcome
14	←	←	←	↑	↑	←	←	↑	←	←	↑	◇	←		4	8	-4	Secondary outcome
8	←	←	↑	↑	←	←	←		←	←	←	◇	↑	←	3	9	-6	Secondary outcome
3	←	←		←	←	←	←	←	←	←	←	←	←	↑	1	12	-11	Secondary outcome
4	←	←	↑		←	←	←	←	←	←	←	←	←	←	1	12	-11	Secondary outcome

**4. RESEARCHER: Cluttered Systemic Interrelationship Diagram**



**5. RESEARCHER: Rationalisation Process**

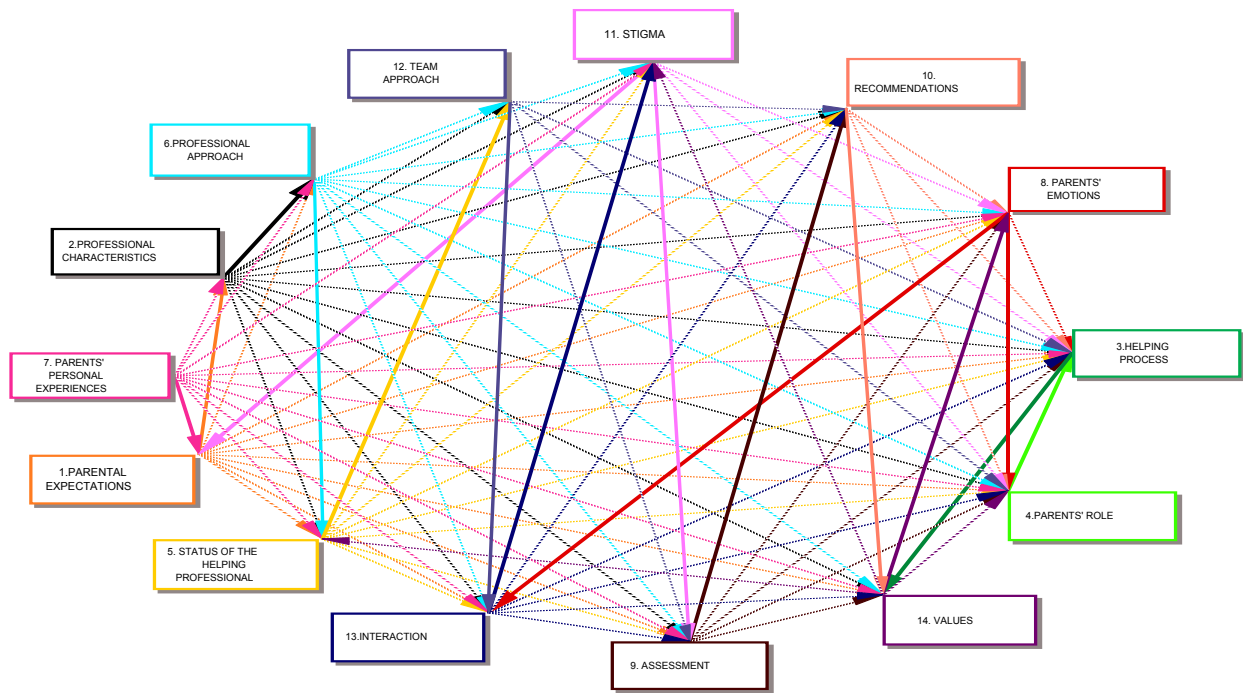
Researcher Cluttered SID- Step 1 rationalisation		
ANALYTICAL STEP	LINK REMOVED	RATIONALE
1	7-3	7-8-3
2	7-4	7-8-4
3	7-8	7-11-8
4	7-14	7-9-14
5	7-9	7-11-9
6	7-11	7-6-11
7	7-13	7-5-13
8	7-5	7-6-5
9	7-6	7-2-6
10	7-1 is retained	7-2-11-1 contains a recursive link
11	7-2 is retained	No other path exists
12	2-3	2-8-3
13	2-4	2-8-4
14	2-8	2-10-8

15	2-14	2-10-14
16	2-10	2-12-10
17	2-9	2-12-9
18	2-11	2-6-11
19	2-13	2-12-13
20	2-12	2-6-12
21	2-5	2-6-5
22	2-6 is retained	No other path exists
23	1-3	1-8-3
24	1-4	1-8-4
25	1-8	1-10-8
26	1-14	1-10-14
27	1-10	1-9-10
28	1-9	1-13-9
29	1-13	1-5-13
30	1-5	1-6-5
31	1-6 is retained	1-2-6 contains a recursive link
32	1-2 is retained	Recursive links are ignored in this step
33	6-3	6-8-3
34	6-4	6-8-4
35	6-8	6-10-8
36	6-14	6-10-14
37	6-10	6-12-10
38	6-9	6-12-9
39	6-11	6-5-11
40	6-13	6-5-13
41	6-12	6-5-12
42	6-5 is retained	No other path exists
43	5-3	5-8-3
44	5-4	5-8-4
45	5-8	5-10-8
46	5-10	5-12-10
47	5-9	5-13-9
48	5-11	5-13-11
49	5-13	5-12-13
50	5-12 is retained	No other path exists
51	12-3	12-10-3
52	12-4	12-10-4
53	12-10	12-13-10
54	12-9	12-13-9
55	12-13 is retained	No other path exists
56	13-3	13-10-3
57	13-4	13-10-4
58	13-14	13-10-14
59	13-10	13-9-10
60	13-9	13-11-9
61	13-11 is retained	No other path exists
62	11-3	11-8-3
63	11-4	11-8-4
64	11-8	11-9-8
65	11-9 is retained	No other path exists
66	11-1 is retained	Recursive links are ignored in this step
67	9-3	9-8-3
68	9-4	9-8-4
69	9-8	9-10-8
70	9-14	9-10-14
71	9-10 is retained	No other path exists
72	10-3	10-8-3

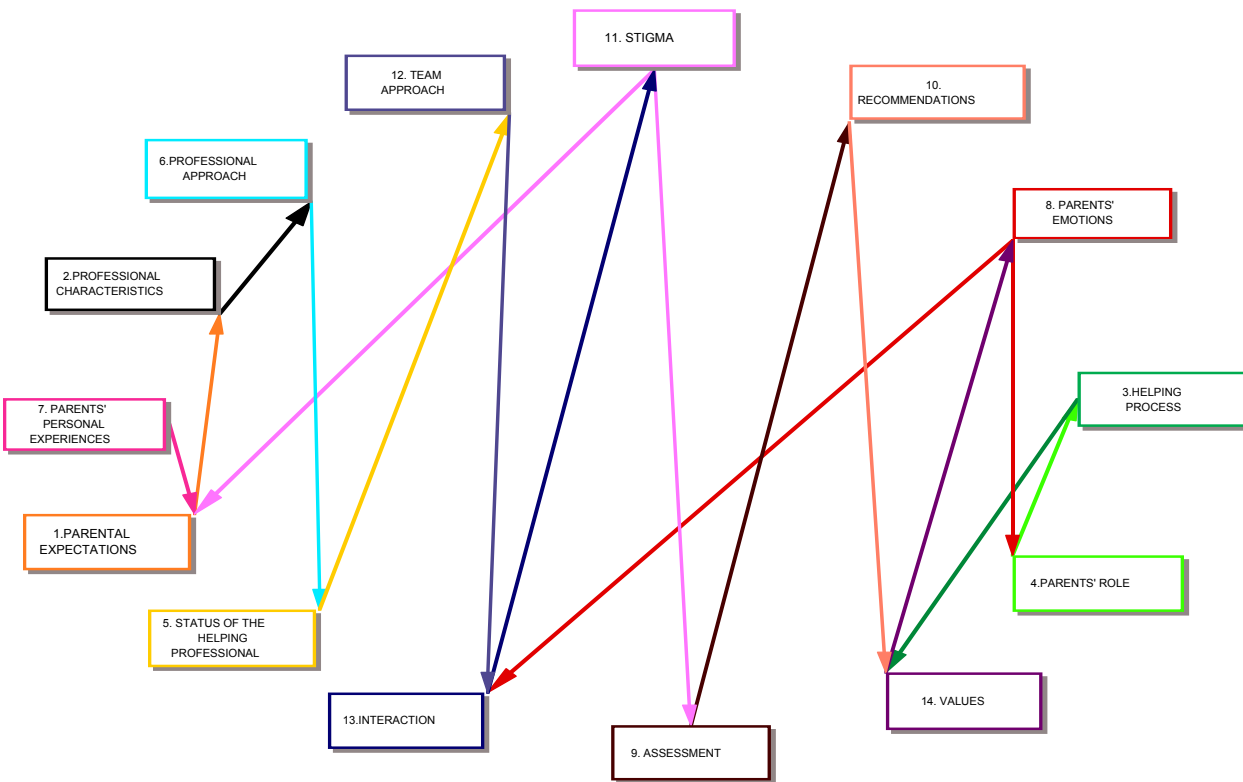


73	10-4	10-8-4
74	10-8	10-14-8
75	10-14 is retained	No other path exists
76	14-4	14-8-4
77	14-8 is retained	No other path exists
78	14-11 is retained	Recursive links are ignored in this step
79	14-5 is retained	Recursive links are ignored in this step
80	8-3	8-4-3
81	8-4 is retained	No other path exists
82	8-13 is retained	Recursive links are ignored in this step
83	3-14 is retained	Recursive links are ignored in this step
84	4-3 is retained	No other path exists
<b>Step 2: Check in opposite direction from lowest to highest delta</b>		
1	4-3 is retained	No other path exists
2	3-14 is retained	No other path exists
3	8-13 is retained	No other path exists
4	8-4 is retained	No other path exists
5	14-5	14-11-1-6-5
6	14-11	14-8-13-11
7	14-8 is retained	No other path exists
8	10-14 is retained	No other path exists
9	9-10 is retained	No other path exists
10	11-1 is retained	No other path exists
11	11-9 is retained	No other path exists
12	13-11 is retained	No other path exists
13	12-13 is retained	No other path exists
14	5-12 is retained	No other path exists
15	6-5 is retained	No other path exists
16	1-2 is retained	No other path exists
17	1-6	1-2-6
18	2-6 is retained	No other path exists
19	7-2	7-1-2
20	7-1	No other path exists
<b>Step 3: Check of re-arranged SID for remaining redundant links</b>		
1	7-1 is retained	No other path exists
2	2-6 is retained	No other path exists
3	1-2 is retained	No other path exists
4	6-5 is retained	No other path exists
5	5-12 is retained	No other path exists
6	12-13 is retained	No other path exists
7	13-11 is retained	No other path exists
8	11-9 is retained	No other path exists
9	11-1 is retained	No other path exists
10	9-10 is retained	No other path exists
11	10-14 is retained	No other path exists
12	14-8 is retained	No other path exists
13	8-4 is retained	No other path exists
14	8-13 is retained	No other path exists
15	3-14 is retained	No other path exists
16	4-3 is retained	No other path exists

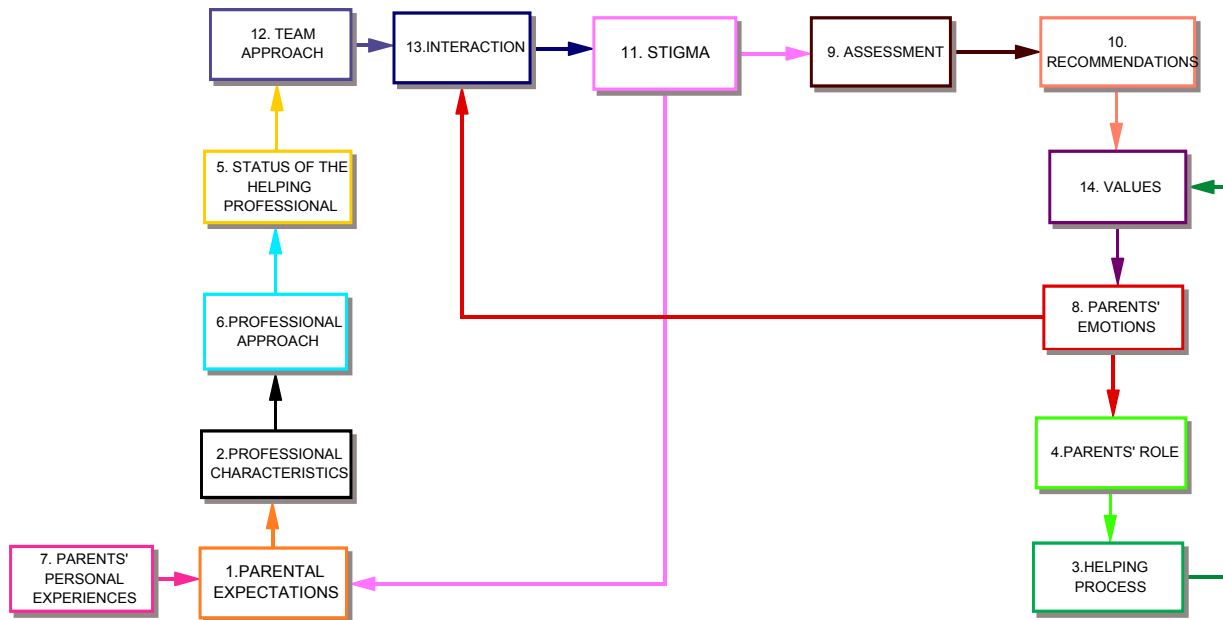
**6. RESEARCHER: Uncluttered SID- redundant links retained**



**7. RESEARCHER: Uncluttered SID- redundant links removed**



**8. RESEARCHER: Clean SID**



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