

RUNNING HEAD: Narrative exploration of fathers who have lost a limb

University of Pretoria

**A NARRATIVE EXPLORATION INTO THE WORLD OF ILL FATHERS WHO  
HAVE LOST A LIMB DUE TO DIABETES**

by

Angelik Grigoratos

A mini dissertation submitted in partial fulfillment  
of the requirements for the degree

Magister Artium

Counselling Psychology

in the

Faculty of Humanities

Department of Psychology

Supervisor: Dr L. H. Human

Co-supervisor: Miss C. A. Prinsloo

November, 2006

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### **Dedication**

I would like to dedicate this work to my father; a man richly endowed with outstanding wisdom, endurance and bravery throughout all his hurdles. Your courage and sense of self were constantly attested yet you overcame the battle and sailed to the shores in triumph. I love you with all my heart.

### Abstract

Fatherhood has become an area of research that has attracted a considerable amount of media attention and interest within the social sciences in the twentieth century. Historically, the evolution of the concept fatherhood has led to many discourses circulating within many cultural settings. Until now, there has been a voluminous diverse body of work regarding the construction of fatherhood. Research has mainly focused on the effects fathers have on childhood development; fatherhood and masculinity; the cultural representation of fatherhood; and father involvement to name a few. However there is a significant lack of research pertaining to the subjective experiences of fathers who have encountered the world of illness from a South African context. At the same time, there is little body of knowledge relating to fatherhood and disability.

This study aims to explore the subjective experiences of the fathers' worlds so as to answer the question, "How do fathers make sense of limb loss due to diabetes, through narrative?" This is to aid in the understanding of the significance of fathers and their relationship with illness. In order to attain this, a qualitative approach to research was applied where the participants were recruited through the application of snowball sampling. Given the narrative framework, the narratives of the participants serve as the source of information. This is reflected in the research techniques administered. Semi-structured interviews were utilised as a means of data collection. The analysis was conducted using the transcriptions from the interview material allowing the text to illustrate how culture and history affect the manner in which experiences are narrated.

Highlighted within this study is how the application of a qualitative approach within the ranks of narrative psychology provided a useful exploration into the subjective experiences of fathers who have lost a limb due to diabetes. The results were set out giving a useful indication of how culture and history shapes experiences and what meanings are constructed thereof. From a cultural stance three cultures were investigated thus allowing access into

unknown domains. However further research needs to be explored so as to enrich the fatherhood topic from a South African context, thus offering multiple realities of the construction of fatherhood.

### **Key Terms**

- Fatherhood
- Narrative Psychology
- Illness
- Discourse
- Diabetes
- Disability
- South African Cultures

### Abstrak

Vaderskap het in die twintigste eeu 'n onderwerp geword wat aansienlike aandag geniet in die media sowel as die sosiale wetenskappe. Histories het die ontwikkeling van die konsep van vaderskap gelei tot verskeie diskoerse in verskillende sosiale gemeenskappe. Daar is tot nou toe 'n diverse omvang van werk gedoen met betrekking tot die konsep van vaderskap. Navorsing het hoofsaaklik gefokus op die effek van vaders op kinderontwikkeling, vaderskap en manlikheid, die kulturele eienskap van vaderskap en die betrokkenheid van vaders in hul gesinne. Daar is egter 'n beduidende gebrek aan navorsing met betrekking tot die subjektiewe ervarings van vaderskap en siekte in die Suid-Afrikaanse konteks. Terselfdetyd is daar min kennis met betrekking tot vaderskap en ongeskiktheid.

Die studie het ten doel om die subjektiewe ervarings van die vaders te verken ten einde die vraag "Hoe maak vaders sin van die verlies van 'n ledemaat deur diabetes met behulp van narratief?", te beantwoord. Hierdie studie wil dus graag bydra tot die verstaan en belangrikheid van die onderwerp van vaderskap en hul ervarings van hierdie siektetoestand. Om hierdie doel te bereik, is 'n kwalitatiewe navorsingsbenadering toegepas waar die deelnemers aan die studie verkry is deur middel van die sneeubal steekproef metode. Die studie is voorts vanuit 'n narratiewe raamwerk benader en die narratiewe van die deelnemers is dus gebruik as die bron van inligting. Hierbenewens is van 'n semi-gestruktureerde onderhoudsmetode gebruik gemaak om die data in te samel. Die analise is gedoen deur gebruik te maak van transkripsies van die onderhoude en deur middel van die teks is geïllustreer hoe kultuur en geskiedenis 'n invloed het op die wyse waarop ervarings op narratiewe wyse weergegee word.

Voorts word in die studie uitgelig hoe die gebruik van 'n kwalitatiewe benadering binne die raamwerk van narratiewe sielkunde 'n bruikbare metode was om die subjektiewe ervarings van vaders te verken wat 'n ledemaat verloor het weens diabetes. Die resultate gee

‘n aanduiding van hoe geskiedenis en kultuur bydra tot die vorming van ervarings en die betekenis van hierdie ervarings. Die ervarings van deelnemers uit drie verskillende kulture is bestudeer en ‘n onbekende terrein is dus tydens die studie betree. Verdere navorsing moet egter nog gedoen word om die onderwerp van vaderskap te verryk binne ‘n Suid-Afrikaanse konteks, wat sal kan lei tot die vorming van veelvuldige realiteite met betrekking tot die konsep van vaderskap.

### **Sleutel Woorde**

- Vaderskap
- Narratiewe Sielkunde
- Siekte
- Diskoers
- Diabetes
- Ongeskiktheid
- Suid-Afrikaanse Kulture

## **A narrative exploration into the world of ill fathers who have lost a limb due to diabetes**

### **Chapter 1: The Problem**

When I first started investigating fatherhood and more specifically fathers who have lost a limb due to diabetes I came across a lack of literature focusing on the subjective experience of ill fathers, particularly within a South African context. I decided to follow a path where I gained access into the worlds of these fathers. I began by exploring current literature about the fatherhood concept coupled with literature pertaining to disability. In light of these two facets it became clear to me that to add essence to this study I needed to investigate fathers from different cultures as well. I used my own father's experience of fatherhood and losing a limb as the foundation of this study. The foundation layered the way to investigate how other fathers from different cultures within South Africa created meaning from their experience of being a father with a disability.

My journey into the realms of fatherhood began upon my father's diagnosis of Type II diabetes. Diabetes is the chronic illness that led to an onset of various health problems for my father, including amputation of his left leg. This experience throughout the years led me to question the preconceived ideas that the media and literature have about the concept of fatherhood, more specifically father's roles. Historically fathers have been described according to different archetypes, fulfilling various roles within the family and the community. What also comes into question is that individual human beings and their associated sense of self emerge from discourses of the culture within which they find themselves. Furthermore the selves of people are also layered with history (Goodley, Lawthom, Clough, & Moore, 2004). Studies have indicated how the traditional

understanding of family has radically been challenged over the years (Lamb, 1986; Radley, 1994; Spaas, 1998; Richter & Morrell, 2006). For most, the resident father in families is not necessarily the biological father and so the determining position of father is questioned. Few studies have devoted a place for the subjective experience of fatherhood, particularly ill fathers. This significant gap in research is further hindered as few studies have explored narratives of fatherhood within a South African context (Richter & Morrell, 2006). The stance that evolved during my research project was capturing a collection of narratives of fathers who have lost a limb due to diabetes. By exploring the narratives of these fathers, a voice and insight was given into the localised worlds they are living in. In doing so their own narratives through the use of language were voiced. As a female researcher exploring the experiences of these ill fathers introduced me to a world of fatherhood much different to that of my father. I experienced a world as a daughter, from a traditional Greek family, whose father experienced limb loss due to diabetes. Through the exploration of the narratives of fathers from an African and Afrikaans culture allowed me the opportunity to hear different voices about fatherhood that hold meaning within the ranks of its owner. Thus the father's narratives were given a voice by allowing their experiences to unfold in this research project.

South Africa's health system has undergone radical change over the years. Acquired Immune Deficiency Syndrome (AIDS), cancer, diabetes are a few of the chronic illnesses that have enveloped this country's population and have led to legislation to prompt new waves of promoting health care and services. The 2001 World Health Organisation (WHO) World Health Report estimated around 31% of years of life lost to disabilities (YLDs), with depression contributing 12% of all disability across all age groups. Due to South Africa's burden of nutritional conditions, disabilities are far higher than that of developed countries (Freeman, 2004). Furthermore it seems that chronic illness has replaced acute illness in

developed countries over the past 50 years. The longevity of these populations has led to an increase in chronic diseases such as cancer, heart disease and diabetes. Those diagnosed with chronic illnesses, such as diabetes, live for years with this condition. Management of this disease becomes a way of life, not only for the person diagnosed but the family as well (Petrie & Revenson, 2005).

South Africa is also faced with realities of a multicultural nation and their views regarding the medical field. Medical sociology accounts the experiences of illness by patients. Health care providers have been able to re-orient their views away from a biomedical and reductionistic view of patienthood towards a holistic view oriented in understanding the meaning of illness for those who experience it (Seale, 2003). The flourishing of narratives of illness and disability indicates a challenge to the stigmatisation of illness and disability and the notion of mind over body projected in Western cultures (Couser, 1997). This is thus a denial of the body's mediation in intellectual and spiritual life (Seale, 2003). There is also the conflict between Western medicine and that of traditional medicine that poses a challenge for medical practitioners in the treating of chronic illness and disability. Through the facilitation of this path of exploration I made the voice of illness privileged delivering an alternative narrative against the oppressive weight of the dominant, cultural grand narratives that these fathers have been living.

This study is an exploration from a narrative framework. I investigated the personal narratives about being a father who has lost a limb due to diabetes and what meanings were constructed thereof. Our relationship to illness threatens not only the way we know ourselves but also how others know us (Weingarten, 2001). Consequently through the exploration of the narrative illness of fathers I gained understanding how they conceptualised being a father



with a disability, against the various discourses that silence, stereotype and marginalise them. The telling of these narratives constructed new perceptions and new maps of their relationships to the world. Another important factor to note is that the narratives that were told were affected to some degree by the social contexts in which they were told and how they were told (Frank, 1995). Goodley et al. (2004) describe how “grand narratives reflect the manipulative powers of ‘discourses’” (p. 99). Concepts such as ‘fatherhood’, ‘disability’ and ‘chronic illness’ are formulated within society’s institutions. Society accepts and acknowledges the discourses surrounding such concepts so freely, which serves to marginalise certain groups, which in this study are fathers with a disability. What was imperative was that attention was not drawn towards the disease solely but rather to the way ill fathers experienced illness with all kinds of personal choices and moral dilemmas.

The underlying premise of most research (Radley, 1994; Spaas, 1998) discusses how society has formulated fatherhood as a patriarchal position where financial payment for children, nurturance, and a discipline structure has to be fulfilled. In my opinion this leaves room for many assumptions concerning the availability of fathers, instead of progressing forward by just allowing them to give voice to their experiences of having a disability. The media also feeds the systems of knowledge with discourses that influence audiences in various ways. Consequently, much research thus far has focused on fatherhood and the lack of availability predominantly due to societal factors like financial constraints, working away from home, abusive relationships and drug and alcohol abuse (Radley, 1994; Barclay & Lupton, 1999; Richter & Morrell, 2006).

In South Africa fathers are faced with discourses surrounding their positions within the family on a personal scale and in society within a wider context. The multilayered

fatherhood terrain reflects an abundant amount of concerns, including cultural issues, varying discourses, father involvement and fathers' impact on their children's lives to name a few (Marsiglio, Amato, Day & Lamb, 2000). Over the past few years, interest in fatherhood has led to several articles providing additional information about fatherhood. One article in the *You* magazine titled "Look, Kids, your Superdads!" displays how divorced fathers want to look after their children but are prevented by the courts and ex-wives. The men from the organisation Fathers-4-Justice fight for their rights as parents and fight against the oppressive discourses that label them as being unavailable (Fitzpatrick & Van Rensburg, 2005). Another article titled "We Want to be Two Dads" stresses the stigma behind one gay couple's alienation in wanting to adopt a Caucasian baby (Van Zyl, 2006). While these articles reflect on the positive force behind a growing concern of fathers, another article in the *Sunday Times* titled "Young, Gifted and Dicing with Death" by Molele (2006) states how TK, a well known R & B artist, described her lack of a father-daughter relationship. She stated in one interview that "my father was never around...in most black families, fathers do not have a strong bond with their children, it's the mothers who are the centres of the families, raising children on their own and working hard" (p. 15). In my opinion, as literature accumulates surrounding fatherhood, so do the controversies that underlie this much debated concept.

The media, it seems, feeds the public with certain ideals of both distinguishing concepts: father and of fatherhood. I believe that within South Africa the concept of fatherhood is secluded to the extent that new findings and research find difficulty in penetrating the already defined roles of fathers. This causes the media and people themselves to alienate instead of inviting new knowledge of our country's fathers. By being open to findings in both national and international studies, the concepts of fatherhood or father can also be determined by a personal voice, instead of adhering only to the voices prescribed by

society at large. However, it seems as if the emerging significance of father roles particularly in South Africa has brought about a shift in the definition of fathers of today's culture.

Research by Linda Richter and Robert Morrell (2006) illustrates how fatherhood is a social role, which is fluctuating over time causing a shift in this role. They further state how certain articles portray how being a father is the key to being a man and in celebrating their family and children defines them as men. Contradictory to this, there are some men that are less interested in partaking in their children's lives.

However, little has been investigated pertaining to the mere experiences of fatherhood, moreover ill fathers. Health care and, more particularly, interest in disability and chronic illness among minority ethnic groups are relatively new. There are endless debates about ethnicity, disability and chronic illness that occupy different discourses that are contingent (Ahmad, 2000). Subsequently fatherhood experiences from African, English and European cultures that have a disability (limb loss due to diabetes) remain a neglected area of study in research. Such findings could contribute to research in psychology in South Africa. There is ongoing research stating how motherhood is a role far more intensely cultivated equating womanliness with motherliness (Lupton & Barclay, 1997). In contrast manliness is hardly ever equated with fatherhood. In America for example, resolute and poignant, society states that African-American fathers that live away from home are not as paternally insensitive as popular notions insinuate (Hamer, 2001). More so, these fathers are constantly faced with a disability which creates an image that affects how they perceive themselves as well as how other people perceive them.

Consequently through the exploration of these experiences the voices from differing cultures were noted and in doing so the meaning of their experiences became apparent and

crucial in understanding the images of ill fathers. The medical gaze is extended to understanding personal experience, issues of identity and cultural construction regarding illness (Seale, 2003). Exploring individual experiences, knowledge of their world is obtained reflecting their narrative and what influences it implies for their lives. The study ultimately explored the narratives of these fathers and identified how these narratives form a framework, grounded in their perception of reality and created out of the introduction of illness into their lives. Also their experiences were narrated through a passage of time and through the employment of cultural influences. Through their narration fathers related their world and so confronted the discourses surrounding fatherhood with their own experiences.

## 1.1 Problem question

The research question is “How do fathers who have experienced limb loss due to diabetes, experience fatherhood, through narrative?”

## 1.2 Goals

### 1.2.1 *General goal*

The general goal of this research project is to try and understand how fathers who have experienced limb loss due to diabetes, make sense of fatherhood through narrative.

### 1.2.2 *Specific goals*

- To do a literature review
- To describe the research methodology
- To conduct the research project
- To write the research report (mini-dissertation)

### 1.3 Structure

The structure of the dissertation is as follows:

Chapter 1 – The Problem

Chapter 2 – Literature Review

Chapter 3 – Research Position

Chapter 4 – Results of the Narratives

Chapter 5 – Interpretation and Recommendations

## **Chapter 2: Literature Review**

The past two decades have witnessed a growing interest in fatherhood studies internationally. Additionally, recent research within a South African context has shown how father figures are represented in today's South Africa (Richter & Morrell, 2006). The Fatherhood Project, initiated in 2003 by the Child, Youth and Family Development Programme at the Human Sciences Research Council (HSRC) (2003) is an example of such an initiative locally. A study by Cilliers (2004) states how fathers are not given the opportunity to prove themselves and reclaim their paternal position within families. Klemperer (2004), furthermore, writes about the fatherhood project within South Africa and how men in South Africa over the years have been getting bad press. She further states how few programmes have been established in reinforcing family life, which is an aspect which the HSRC fatherhood project focuses on. Western societies have adopted certain notions, which have implications for the way in which men view themselves as fathers. Fatherhood nowadays has been known to portray an opportunity for modern men to express their nurturing feelings as opposed to fathers who were previously inhibited to do so (Lupton & Barclay, 1997; White, 1994). As a developing Western country, South Africa is witnessing an increase in men concerned with parenthood. The Fatherhood Project initiated by the HSRC has provided footing in creating support for men as fathers (Richter & Morrell, 2006). There exist many paradoxes inherent in the role and meaning of father. It seems that father as nurturing figure is starting to be the dominant notion circulating in today's societies (Richter & Morell, 2006).

Moscovici (as cited in Flick, 2000), defines social representation as "more fluid than theories and rather a network of ideas, metaphors and images" (p. 316). Thus, experiences are anchored in social representations, which delineate a name, and category from which typical social groups objectify these metaphors and images. As society's medical knowledge

grows, so do changes and re-evaluation of the concept of illness occur. Studies on social representations of illness over the years have shown how groups of people construct illness in different contexts (Flick, 2000; Mattingly & Garro, 2000). With this in mind, limited research on the experiences of ill fathers in South Africa has been done, thus leaving room for the construction of many discourses about fathers and their availability, regardless of circumstances. For example the appearance of a disabled person leads to changes and more knowledge being accumulated about their illness, such as what the limb loss was caused by, sexuality and how social groups will view them. It seems to me that social representations foster some form of discourse that society carries through without examining its validity. What therefore made the study more appealing to me was having the opportunity to explore different cultural narratives about fathers living with a disability and opening up the opportunity of discovering other alternative narratives.

Still, there is more to this story. Emotions, attitudes, and behaviours of fathers are understood and described in relation to the broader meaning of fatherhood they mediate for themselves within their respective circumstances. This negotiation occurs through the connection with their families, public and political institutions found in uncertain, clouded social and economic realms (Hamer, 2001). It is this cognition that provided an opportunity to explore fatherhood from a dimension where the actual ill fathers told their stories and in doing so explored fathers' meanings of illness and their respective image portrayed. Each element of these stories told were an attempt to illuminate and elucidate fathers' experiences and to understand them within the context of the world that surrounds them. Also, it provided a means by which they voiced their narratives whichever way they wanted, adding to current literature and research and informing the general public about their experience of disability and fatherhood respectively. Their narratives were however not a study of

disability but rather a discovery of relationships and cultural ideals that fabricated their daily world and a construction of the image they have been living.

## 2.1 Fatherhood Throughout History

Fathers and mothers, children and adults, men and women invariably occupy differing social positions and locations in the life course, thus leading to the impact and extent of discourse of healthy relationships to be questioned. In the same way people have the freedom to exercise and attribute meanings of life events and so they are voiced against the practices and meanings circulating as part of a wider culture (Barclay & Lupton, 1999). The experiences of fathers within South Africa have been vigorously influenced by the history of the country. Over the years South African men have been up against a backdrop of fundamental shifts in family life. Part of the 20<sup>th</sup> century saw the abundance of men undergoing difficulties within South Africa that were rife and unsettling, such as poverty, racism and apartheid. There was also the working world of fathers, particularly black fathers, which shaped their experiences of parenthood. They were separated from their wives and children as they worked away from home. Further poverty and hard labour produced hard men that were emotionally distant resulting in abandoning their families (Richter & Morrell, 2006). During the apartheid regime the white Afrikaner father was the dominant face within the family circle. They were seen as the head of the family and even extended this title within South Africa's political front where the white Afrikaner had most of the political power. Fathers everywhere have seemingly had to deal with heated public arguments over issues such as divorce, single parenthood and what this means for families (Marsiglio et al., 2000). However it should also be noted that claims of the industrial system and urban life have seen a decrease in interaction and obligations among families, although this is not completely isolated.



Studies from the late 1950's and throughout today show that some families, even those urban, retain close kinship and family connections (Dart, 1966; Lupton & Barclay, 1997; Richter & Morrell, 2006). Close kinship is also prevalent among ethnic minorities in many parts of the world (Buis, 1979). In South Africa, the various ethnic groups' family structure and particularly the position of father varies incredibly among all cultures. Dart (1966) talks about the family structure of the Bushmen, the oldest inhabitants of our country. She describes the nature of family ties in that a newly married couple live under the roof of the wife's father. Furthermore marriage in later life leaves the husband attending to his wife's children and grandchildren as well as those of her former husband by his second wife. Within this tribe grandchildren are customarily looked after by their grandparents once they have passed early infancy. Within this domain, the patriarchal position of the Bushmen extends to single grown up cousins to dwell with their male cousin and his wife (Dart, 1966; Heinz, 1978).

In their wanderings the Bantu people are divided into three main ethnic groups in Southern Africa, namely: the Sotho/Tswana of the central plateau; the Nguni and Tsonga of the eastern strip, from Lourenco Marques (known today as Maputo) to Algoa Bay and inland Drakensberg (Zulu, Pondo, Xhosa, Swazi, the tribes of Kwazulu-Natal and the Tsonga/Nguni mixtures); and thirdly the west coast peoples from the Kunene River on the Angola border to the Orange River on the Cape border (Herero, Ovahimba and Ovachimba and the large populating of the Ovambo). Further the social structure of the Bantu people in Southern Africa can be described best as a triangle with the chief at the apex. The name of the tribe is derived from the surname of the chief, whose position is hereditary. Under the main chiefs there are other lesser chiefs, each in charge of a group of headmen, who are in charge of a

group of families. This family unit is ruled by the father who is the head and all members answer to his ruling, as he is to answer to the headman, who answers to the lesser chiefs who then answer to the great chief. Within this system the families abide by the laws and customs of the tribe which are honoured by the ancestors. Furthermore the Zulu of Zululand show signs of wealth through their cattle, women and children. Within this family structure the girls for example answer to their grandmother and aunts, where they will be in charge of her wedding ceremony and courtship. The tribal head makes the rules for the family rather than the biological father (Tyrrell, 1968).

The south-eastern Bantu speaking people traditionally comprised of a patrilineal extended family, which included a man, his wife or wives and his unmarried children, his married sons and their families and various others dependant relatives. This chief is regarded as father and all decisions are passed through him (Tyrrell, 1968). The Xhosa from the Bantu group usually has a legal wife and children in the rural areas and another wife and family in the urban areas where he may work. In this instance the man contributes financially and has a say regarding decisions although has no particular legal rights over the children. Thus the man's primary aim is to his legal wife and children, his own successors and heirs (Dubb, 1979).

The Afrikaner's struggle is in essence the preservation of his identity. This is what makes them different from other cultural groups within South Africa. The White South African approximates very closely to American and British families where the biological father is the head of the household unless divorce or death comes into play (Unterhalter, 1979). The Afrikaans culture that upholds the centrality of the male or father figure, while keeping women childish is called 'patriachal', meaning 'rule of the father.' This type of

family setting where the man heads all decisions within the family is strongly rooted within many Afrikaans families today. However, with changing times there seems to be a slight shift towards a more equality based family setting where the mother takes control on certain fronts ('The naming game', 2004).

The so-called 'new' immigrants of South Africa such as the Portuguese, Germans, Italians, Indians and Greeks have contrasts as well as similarities with the Afrikaners and Black cultures of this country. Greece is a patriarchal society but women have a strong influence, too. Both parents and grandparents demonstrate authority within the household. The extended family is very important and children are taught to respect their elders, a practice that dates back to ancient times. *Geron*, from which the word geriatrics comes from, meaning old man, was considered a title of honour (Larson, 2003). Children are responsible to care for their aged parents and thus the grandparents' function is extending within the family. Furthermore, the socialisation of the *kibbutz* child is largely in the hands of nurses and teachers rather than that of father and mother (Unterhalter, 1979).

Despite the sociology of the family, it is not a theoretical field that is well developed as is evident from the structural positions mentioned above. Where some cultures within South Africa follow the westernised notion of family where your biological father is *per se* your father that provides in all spheres, traditional African cultures show otherwise. Although the traditional Black Family was patriarchal, patrilinear and patri-local, urban and industrial life has somewhat undermined traditional family and marriage patterns (Unterhalter, 1979). There is however some that still holds true to these traditions.

Another factor that relates to the position of father is that of divorce. Divorce ratings have increased tremendously over the years and have left many single parents looking after their children. According to statistics in South Africa for every four marriages taking place in South Africa, there is one divorce (Jones, 2004). So in this case father and mother is a role taken by one parent. Single parenthood is increasing, leaving the traditional customs of family structure behind. It is also noted that, through time, the ideology of kinship has lost its appeal as urbanised Africans have adopted a somewhat westernised view of family (Dubb, 1979). It can also be said though that the westernised position of father seems not to extend to all traditions and cultures. This is seen where grandparents, uncles, divorced and widowed mothers have authority on the upbringing of the children, playing role of father (Unterhalter, 1979; Larson, 2003).

Over the years both professional and public interest have emphasised the rediscovery of the paternal position in families. Similarly, changes in the conceptualisations of the father's position and responsibilities have accumulated debatable issues surrounding what exactly today's fathers are expected to be (Barret & Robinson, 1986; Lamb, 1986; Spaas, 1998). In a time with strong paternal involvement in family relations, it is important to emphasise that relationships within the family system may play a role in individual outcome. With reference to psychoanalytic theories particularly in the form of object relations, emphasis and importance of parent-child relationships is reflected (Lupton & Barclay, 1997). Subsequently over the years even though theories such as the attachment theory and developmental theories recognise the importance of relationships, minimisation of relationships has in fact occurred (Lewis, 1998). Furthermore at its broadest level the interplay between fatherhood and motherhood and the existing similarities and differences has brought about the notion that fathers are unavailable to the family because of the ever-changing societal context within

which we live. At its core level this perspective affirms that debilitating factors such as illness for example can cause an impediment in relationships (Lewis, 1998).

### 2.1.1 *Fatherhood and Discourse*

Some ideologies cast the father in a position of power. Metaphorical transference has taken place where the notions of God (Father of creation), the King (Father of the Nation) and the Catholic Priest (Father of one's conscience) have extended the understanding of the family structure through the offering of a natural position to power made by individuals, society and institutions in both political and religious contexts (Spaas, 1998). However, such positions of fathers bear little relation to the ideal order of things. It is not paternity that determines the relations, behaviours, and qualities of a father but rather the presence of a father itself. Furthermore some cultures assemble the uncle or grandfather as father figure as mentioned above (Larson, 2003).

The question thus arises: What is father? Benson (1968) states how father is the socialised being, and due to his superior size and knowledge children invariably organize a major part of their personal energies in response to his lifestyle. He further states how the father's function resembles that of the nation-state, the fatherland of an all-embracing icon. De Kanter (as cited in Lupton & Barclay, 1997) notes three different levels of meaning to father: firstly, the person of the father (individual's embodied presence), secondly, the socio-cultural position of father and, thirdly, the more abstract symbol of father. She argues the term father may describe the individual who provided the biological material, even if the child does not know him, the person who lives in the same household as the child and the child's mother but is not biologically related to the child, and the man who legally is the father but does not live in the same household due to divorce. Similarly a father figure can be

a friend or uncle or grandparent. Thus fatherhood does not need to be linked to maleness or heterosexuality. In the instance where a child is brought up by a lesbian couple, one of the women within the relationship can be conceptualised as playing a father role (Lupton & Barclay, 1997). The conceptual core of fatherhood is rapidly changing. Social thinkers (Barclay & Lupton, 1999; Spaas, 1998) have begun to speculate about the father as a crucial feature in the nurturing of young children. Humanistic models claim how man redefines himself through the commitment and love to his child, expressing his creative fidelity (Abell & Schwartz, 1999). In Greek families grandfathers are viewed as the knowledgeable one (Larson, 2003). In the Bushmen culture the big chief or headmen are presented as father figures where the family will answer to them (Dubb, 1979). Thus it is evident how father identities vary across cultures and paradigms.

According to Gee (1999), discourses can be defined in retrospect with other discourses and so invariably change when other discourses in a society emerge or die. Similarly the notion of fatherhood as a concept has evolved, for example, in some African cultures to the chief being the head of the family to the father being the head of the family in urbanised Black families. Thus discourses can be assimilated in the world through history of people, places, times, actions, interactions, verbal and non-verbal expression, symbols, things, tools and technologies that apply to certain identities of all cultures (Gee, 1999). What is also essential is the way fathers are portrayed by society. In South Africa, discourses highlight the prevalence of fathering as an unattainable ideal. This has been created through the years and the difficulties of South Africa's history. Thus the challenge lies in deconstructing the discourses that accentuate fatherhood as an impossible responsibility (Richter & Morrell, 2006). It is also vital that one should consider the cultural elements, belief systems, ideologies and traditions encompassing their worlds. All these significant factors define the

normative paternal behaviour that society has pressed upon fathers. Public images and ideals, entrenched within most mediums, tell men what they ought to look like, how they ought to talk, how they ought to relate, and how they ought to behave as fathers. These standards have reflected the experiences, events, and circumstances of a moment in time and are not trans-historical (Hamer, 2001). Within a South African context the typical father is viewed against the different cultural backgrounds that these fathers come from. As mentioned above cultures and traditions play the determining role of father figure, not necessarily being the biological father *per se*. Kaplan (2001) writes about “Modern Day Dads” as primary caregivers, demonstrating an increasing shift from the traditional family hierarchy where now men are more involved in their children’s lives.

From a political spectrum since the 1970s, the feminist movement brought about the awareness of what position fathers have within the domestic setting. Furthermore this competing position of men participating in domestic and childcare tasks moves towards gender equity in that women are moving towards having a role of power (Lupton & Barclay, 1997). A changing society, as well as continuous media and social literature advocating the apparent role of fathers, has brought about the questioning of contemporary fatherhood (Lamb, 1986; Barret & Robinson, 1986; Lupton & Barclay, 1997; Spaas, 1998; Barclay & Lupton, 1999). This movement, which has unfolded within society emerged from differing discourses or typologies that literature portrays of fathers throughout history. The above-mentioned typologies will briefly be discussed.

### 2.1.2 *Fatherhood Typologies*

2.1.2.1 *The Moral Archetype.* During the colonial periods, fathers were responsible for ensuring the appropriate moral oversight and teachings amongst their children. The father was viewed as the authoritarian and moral pedagogue where he was responsible for the family and supervised the behaviour of each family member (Pleck as cited in Lupton & Barclay, 1997). To extend on this, fathers were responsible for the education of their children, especially in areas of Christianity, as it advanced the father's role in adopting one of moral guardian (Lamb, 1986).

During this time the father's responsibility rested on his chore of teaching the family about culture and traditions and in doing so creating an environment of learning (Abell & Schwartz, 1999).

2.1.2.2 *The Breadwinner Archetype.* From about the mid nineteenth century through to the Great Depression a shift occurred in the conceptualisation of the father's role in that not only were they seen as moral teachers but ultimately as breadwinners. During this period of industrialisation this breadwinning role adopted was characteristic of "good fathers" and was appraised as such (Lamb, 1986). This breadwinner task has evolved right through to today where it lies at the core of our ideology of fatherhood. This ideology upholds a man's obligation to his family by constituting the role of household leader and for being accountable for the family's well-being (Benson, 1968). The patriarchal man of the house position that father's occupied and still occupy today have shown how fathers establish themselves as head of the household, with emphasises on providing and protecting their families. With this in mind in South Africa, due to the poverty of certain cultures and the country's history, fathers could not provide for their families as they were forced to work away from home. In this instance grandfathers took on the role as breadwinner and as such were responsible for the



upbringing, providing and protection of the children. This is still seen in some parts of South Africa today (Richter & Morrell, 2006).

Even today studies show (Abell & Schwartz, 1999; Lupton & Barclay, 1997; Barclay & Lupton, 1999; White, 2000) that, although there is a move towards a nurturing, care giving father, fathers' participation is in fact limited to short periods of play and mostly providing economically for their family.

*2.1.2.3 The Sex-role Archetype.* During the period of the 1940's the focus shifted from moral overseer and breadwinner to the father's role as a sex model particularly for his sons. At this point the father was positioned in encouraging strong stereotypical behaviour (Lamb, 1986). Thus the father's role was to encourage masculine identity in boys and contrasting expressive behaviour in girls (Pleck as cited in Kimmel, 1987). This sex role concept focused upon a father's characteristics of manhood. It is described as the recognition of specific behaviours of either 'good' or 'bad' father types, which ultimately leads to a father identity (Lupton & Barclay, 1997).

*2.1.2.4 The New Nurturant Archetype.* During the 1970s, a fourth shift was created in that fathers were identified as active, nurturing and care taking parents. Their active roles in parenting entitled them the role of "good fathers" and no stereotyping between sons and daughters (Lamb, 1986). This archetype of 'new' father, challenges traditions in the sense that the notion of masculinity is viewed against various positions of father. Men still participate fully in the economic sphere (acting as providers) enhancing their self-identity as masculine subjects through the work role. Similarly fathers take on the position where they have more access to their children's needs (Lupton & Barclay, 1997). In South Africa the

implementation of the fatherhood project looks to creating an atmosphere where fathers take responsibility within their family structures and in doing so establishing a relationship with their children (Richter & Morrell, 2006).

### *2.1.3 Fatherhood and Identity*

Fatherhood today is portrayed as being dynamic in nature in that today's fathers are seen as being completely different from their own fathers creating identity and role confusion (Lupton & Barclay, 1997; Silverstein & Auerbach, 1999). Individual experiences of fathers over the years have brought about the notion that the new and improved father should partake within the lives of their children and contribute towards the family system. It seems that the influence of relational connections and the experiences thereof shape individual characteristics (Hamer, 2001). This identity or subjectivity that one refers to may be defined as the different and various perceptions of self by which people experience and define themselves. Foucault (as cited in Lupton & Barclay, 1997) argued that the notion of self is not pre-existing to social and cultural processes but rather a product of these processes. In his writings he states how discourse is a central component in producing and maintaining subjectivity. For example my father in telling his narrative of disability draws upon pre-existing discourses that circulate within society and within the social context of being a Greek father. He notes the difference between himself and other fathers of the Greek culture as he is unable to fit the appropriate position of family man. As noted above fatherhood is a concept that is surrounded by competing discourses.

## 2.2 Illness

Illness only has meaning by virtue of its opposite, health. The concept of health is defined by the WHO as a state of optimal physical, mental and social well-being and is not merely the absence of disease or infirmity (Freeman, 2004). While lay people may have limited medical knowledge, they are however able to distinguish between symptoms regarded as sufficient against those symptoms deemed as insufficient to label someone as been sick (Fox, 1995). Appels (as cited in Radley, 1994) raises the question whether medical practitioners and lay people differ in the ways of conceptualising and thinking about illness. For this reason it is important to distinguish between the terms ‘disease’, ‘illness’ and ‘sickness.’ Turner (1987) states that disease is a concept that “describes malfunctions of a physiological and biological character” (p. 2). It is seen as something that is diagnosable and treatable. In other words it refers to the pathological changes in the body, and is a biological agent (Epstein, 1995). Illness is the experience of disease with all the relative feelings relating to bodily changes and the consequences thereof as an individual’s self perception of a breach of health (Epstein, 1995). It is the individual’s subjective awareness of the disorder (Turner, 1987). Sickness is defined as the placement of an individual within a socially constructed realm of illness and disease, thus others see them as ill (Epstein, 1995). Distinguishing between the tripartite division of human disorders corresponds to a division of labour, as well as the significant ranking of medical activity (Turner, 1987). Thus the terms allows an alternative understanding of people who are ill.

What does it actually mean to be ill? The interpretation of being ill varies amongst the contexts within which it is used and understood. Medical sociology for example, is faced with the dichotomy between sociology-in-medicine and the sociology of medicine. The latter refers to the domination of medical values and professional needs whereas the former (the sociology of health and illness) has traditionally been concerned with medicine as a

profession, which reflects a move away from the doctor's perspective on illness towards a larger concern of the client's view of their condition (Turner, 1987). Medical anthropologists look to provide rich narratives of health and illness behaviour coupled with the attitudes of specific groups and in the interaction between healers and patients in medical settings. Further they look to investigate behaviour and the description of recognisable experience of illness, the medical setting, health and health care system on which to anchor understanding of social processes (Baer, 1987). Thus they investigate the exploration of the meanings and experiences of individuals undergoing certain health-related phenomena. They aim to redirect the study of pain and disease away from the dominant science, towards a hermeneutical approach which explores how people experience pain, stress and disease (Lupton, 2003).

Crossley (2000a) talks of "how physical illness can shatter basic 'ontological' assumptions (related to time and routine narrative configuration) that a person holds about him/herself and the world around him/her" (p. 135). She further states how illness narratives enable the individual to make sense of his/her experience. Epstein (1995) notes how cultural norms influence the perceptions of illness. She talks of how cultural boundaries are fuzzy. She also reflects on how assigned categories to bodily conditions, that do not represent a given culture at a specific time, hold to be normative about the human body. For example the cultural norms of the West readily understand the circumcision of males to be medically a routine, whereas female circumcision is deemed horrendous. Thus causes of illness are understood at a spiritual level rather than the westernised notion of a mechanical level. Illnesses are dealt with as a community matter which engages the person as a whole, as attempts are made to find meaning in suffering of peoples' experiences (Epstein, 1995).

Frank (1995) describes three narratives of chronic illness, namely the restitution narrative (notion that being ill will lead to getting better); the chaos narrative (deterioration and everything is falling apart and is not within the ill person's control); and the quest narrative. He relays how a shift needs to occur away from the dominant cultural conception of ill persons as "victim of" disease. Frank (1995) states that:

The ill person who turns illness into story transforms fate into experience; the disease that sets the body apart from others becomes, in the story, the common bond of suffering that joins bodies in their shared vulnerability (p. 9).

A critical aspect when studying pain and disease is the importance of narratives and meanings attached to it. Brody (as cited in Crossley, 2000b) states, "that suffering is produced and alleviated primarily by the meaning people attach to their experiences" (p. 78). In recent years studies have focused on the processes of 'narrative reconfiguration', the use of various forms of story which focus to re-establish a renewed sense of meaning and connection in people's lives (Radley, 1994; Crossley, 2000a, 2000b; Lupton, 2003). Thus it is apparent that written accounts of experiences of illnesses have proliferated and through the re-direction of giving voice to these experiences, a distinguishable contrast is seeing between 'illness' and 'disease.' In Frank's terms (as cited in Crossley, 2000b):

Illness is the experience of living through the disease. If disease talk measures the body, illness talk tells of the fear and the frustration of being inside a body that is breaking down. Illness begins where the medicine leaves off, where I recognise that what is happening to my body happens to my life. My life consists of temperature and circulation, but also of hopes and disappointments, joys and sorrows, none of which can be measured (p. 79).

In order to understand the concept illness and its applicability within this study it's important to focus on existing approaches to the study of illness and disease. Western society has prescribed the notions of how we experience our ailments and bodies through the use of medical terminology thus these terms hold significant meaning for us (Radley, 1994). Perspectives of illness or medical knowledge relate to us how illness and the treatment thereof have evolved over time. Thus the notion of time brings into play changes that have occurred within the health care system and also how Western medicine and medical thinking has radically changed. In this study I focused on three perspectives - 'ways of taking a view upon' - that are used in the study of illness and disease. As noted anthropological, societal and psychological disciplines can be drawn upon to understand illness. The different perspectives, namely behavioural/emotional (adopted by psychologists), societal (adopted by sociologists) and cultural (adopted by anthropologists) are theoretical in nature. Through the description of each perspective is not to say that for example sociologists only adopt a societal view and psychologists only adopt behavioural view. It merely means that each perspective is distinct (Radley, 1994).

### *2.2.1 Different Perspectives of Illness*

*2.2.1.1 Behavioural Perspective.* This approach is derived from the application of behaviourism to certain problems such as drug abuse and the non-compliance of patients to seek medical intervention or stick to a treatment plan. Through the growth of behavioural studies certain psychological concepts could not fit within this realm, which eventually led to the emergence of health psychology. Health psychology defined by Matarazzo (as cited in Rodriguez-Marin, 1999) is:

The aggregate of the specific educational, scientific and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, the identification of etiologic and diagnostic correlates of health, illness and related dysfunction, and the analysis and improvement of the health care system and health policy formation (p. 2).

Health and behaviour seem to have attracted an interest within medical settings in that evidence indicates psychological processes and emotional states have an influence upon the aetiology and the progression of disease. This is a contributing factor to the overall host resistance or vulnerability to illness (Lyons, 2000). The main difference between behavioural medicine and health psychology is the shift away from medically defined problems derived from behaviour science towards health and illness to be questioned within the realm of psychological science. There is an obvious close relationship between the behavioural perspective and medicine. This perspective can be termed biomedicine, which applies the concepts of anatomy, physiology and biochemistry to the aetiology of treatment of the disease (Radley, 1994). The underlying premise of biomedicine is characterised where the study of disease is reduced to narrowly defined biological, cellular, chemical and genetic factors which cause physical changes in the body (Crossley, 2000b).

The healer-patient couple constitutes how other medical interactions and institutions are structured around the two. It holds the premise of how medical encounters affect the patient's understanding of their health (Baer, 1987). A

dualism exists in the connection of mind and body, where privilege is given to the body by reducing all problems to its pathologies, which are seen as disease (Radley, 1994). Crossley (2000b) states how the biomedical model objectifies disease in a way where it has reduced it to the physical structures of pathological anatomy. On the whole the behavioural perspective underpins the natural scientific view of disease that it shares with biomedicine. It ascertains the importance of changing individual behaviour in ways viewed as desirable. This is done so as to reduce the probability of disease and to alleviate pain. This perspective thus focuses upon disease rather than illness and sickness, disregarding the experiential features of illness located in the patient's individual biography (Radley, 1994).

*2.2.1.2 Societal Perspective.* According to a well known sociologist, Parsons, (as cited in Radley, 1994), illness and health are social dimensions. Interpretations according to Parsons' view states that falling ill means that the individual is taking on the 'sick role.' This assumes that the person is unable to carry on with everyday duties (i.e. taking off from work) thus allowing for a period of relief from normal living. This relief is provided as long as the individual seeks help in order to eventually get better. The doctor, according to Parsons (as cited in Radley, 1994), aids the patient to recover both biologically and to resume with normal life. What is important here is that the work of the doctor is brought alongside the activities of the patient. There is the notion of maintaining social order and productiveness within the medical field. Illness is considered an unnatural state, which causes not only physical dysfunction but social dysfunction as well. Therefore a state is initiated that must be alleviated by medical control. The patient takes on the position of being socially vulnerable, whereas the doctor assumes the position of being socially beneficent (Lupton, 2003). It can



be said that the medical knowledge ascribed by the doctor is not only a device to reflect the condition of the body but also a means of exercising control over the patient. This reflects that illness *per se* is not only caused by biological agents but is also a condition ascribed by societal interpretation. Illness is perceived as causing both physical and social dysfunction, thus requesting the intervention of the medical system. The patient and doctor relationship is characterised by influences outside of the medical setting, initiating a constant negotiation that goes beyond the doctor's social beneficent (Lupton, 1997).

The notion that individuals are susceptible to disease as a cause of their social positioning allows for an epidemiology approach to be viewed, which shows differences between social groupings in the prevalence of certain diseases. This premise involves the notion that within different cultures individuals' experiences and the meaning they place on illness can affect the prevalence of certain diseases. On the whole the societal perspective asserts that being sick and being treated are the working of society and its consideration of laypeople's views (Radley, 1994). According to Lupton (2003) medical knowledge can be regarded not only as a progression towards better knowledge, but also as a sequence of constructions which depend on the social settings in which they take place. Thus it emphasises that medical knowledge is as much a social product as a lay knowledge of medicine.

*2.2.1.3 Cultural Perspective.* The cultural perspective notes how culture reflects upon medicine. It is obvious that every person's culture plays a determining role how he or she views illness, experiences illness and understands illness against his or her knowledge base. A person's culture will thus determine how he or she views illness and experiences it. Illness, the experience and treatment thereof, are cultural processes (Crossley, 2000b). It can

be said that this perspective rests on the work of medical anthropologists. The term culture directs focus upon practises, rules and values that are shared amongst people of a particular group within society. The contribution of cultural studies has given social scientists background about differing cultures and their relationships to society at large (Baer, 1987). Biomedicine is the western understanding of and treatment of disease. "It is the way that health and illness make sense in the light of the layperson's cultural traditions and assumptions about reality (Fabrega as cited in Radley, 1994). It can be said that the cultural perspective is a set of ideas that connects the social world with mental and bodily feelings. Illness and experiences can therefore be viewed as social and cultural processes (Lupton, 1997).

It basically states that these conditions and experiences of patients are known and interpreted via social activity and therefore should be examined using social and cultural analysis. Utilising both medical knowledge to understand experience of illness, individuals grasp the social significance of medicine by sharing in its cultural meanings (Lupton, 2003). Studies show that attitudes, values and behaviours of African men take on certain perspectives. One of the earliest perspectives assumes that black family experiences are due to customs and behaviours that can be directly linked to their African cultural heritage. In other words, to explain contemporary attitudes and behaviours of families requires a look into both the past and present African societies' cultures (Hamer, 2001). The cultural perspective thus differs from the behavioural and societal as it refuses to take on the writings of Western society and Western medicine as absolute (Radley, 1994).

### 2.2.2 Diabetes

Diabetes Mellitus dates back in the medical writings found in fifth century BC Greece. The name itself is derived from the Greek *dia* meaning through; *bainein* meaning to go and *melitos* meaning honey. It was diagnosed by the sweet taste of patients' urine and their excessive thirst (Brodsky, 1999). Diabetes Mellitus is the third most common chronic illness and one of the leading causes of death in the United States (Taylor, 2006). Medical Research Council of South Africa (2001) revealed that in South Africa statistics show a rapidly increasing incidence of diabetes particularly within the African populations. Many factors such as cardiovascular disease, blindness, kidney disease and amputation are secondary effects of diabetes. Diabetes Mellitus is a chronic condition of impaired carbohydrate, protein, and fat metabolism which is characterised by the abnormal blood glucose (Taylor, 2006). It is a disease that interferes with the ability of and the way in which the body uses food. With diabetes the body is unable to produce or effectively utilise enough insulin. Insulin is a hormone, produced by the islets of Langerhans, which facilitates the entry of glucose into the bodily tissue. Insulin acts as a 'key' to unlocking cells in order to allow 'fuel' or glucose to enter cells. In diabetes there is a build up of glucose in the blood passing the excess through the kidneys into the urine (Black, 2002).

There are two major types of diabetes, insulin-dependant (Type I) diabetes and non-insulin-dependent (Type II diabetes). Type I diabetes usually appears in childhood and is due to an inability of insulin production by the beta cells of the pancreas. With this type the immune system falsely identifies cells found within the pancreas as foreign leading to the destruction of these cells, hindering their ability to produce insulin (Taylor, 2006). Type I is usually treated with insulin. Type II diabetes on the other hand is usually only detected after the age of 35. With the digestion of food, carbohydrates are broken down into glucose which

is then absorbed from the intestines to the blood, travelling to other organs. The increase of glucose within the blood alerts the pancreas to secrete insulin. When this process fails the onset of Type II diabetes develops. Cells within the muscle, fat and liver first lose some of their ability to respond to insulin, which is known as insulin resistance. What occurs here is that the pancreas increases its production of insulin and insulin-producing cells may collapse resulting in failure of insulin production. This results in the imbalance between insulin action and insulin secretion, a deregulation resulting in Type II diabetes (Taylor, 2006). Type II is managed through the use of medication and/or diet and exercise.

From a global perspective diabetes can appear in all ages and in all ethnic groups, although there is a higher incidence of diabetes among African Americans, Native Americans, the elderly and women (Sedgwick, Pearce & Gulliford, 2003). Lower socio-economic levels have also been associated with the risk of developing diabetes. Evidence also exists that racial and ethnic differences have some influence on the severity of the disease and its complications (Bertera, 2003). Harris (as cited in Bertera, 2003) notes how black people experience amputations, vision loss and renal disease of a higher proportion than that of white people.

Symptoms of diabetes include frequent urination, fatigue, loss of sensation, dryness of the mouth, frequent infection of the skin, slow healing of cuts and drowsiness (Weidman, 1987; Kligler, 2004). Popoola (2005) states how foot problems develop in anyone with diabetes where 72% of all non-traumatic amputations are related to diabetes in the United States. Foot problems, especially infections, are the most common disorder necessitating hospital visits, with 25% of diabetic patients' admissions for pathologic conditions of the foot (Brodsky, 1999). Thus the experience of diabetes is not a momentary event. It is a disease

that involves a process of making sense of, attaching meaning and living with an inhabitant that needs constant monitoring. The treatment of diabetes is an ongoing process, thus bringing the management thereof into the forefront.

Diabetes has taken on a wide spectrum of research (Weidman, 1987; Kligler, 2004; Popoola, 2005; Taylor, 2006) due to implications for the public health sector. Diabetes causes thickening of the arteries due to an increase of waste in the blood which increases the rate of coronary heart disease. Diabetes is a chronic illness which means that there is a constant management of it throughout one's life. This has implications for the person who is ill as well as the family and society at large. World Diabetes Day (WDD) on November 14 2005 had a theme of "Put Feet First, Prevent Amputation" so as to make the public aware of the implications that diabetes has. It is estimated that five to fifteen percent of diabetic patients undergo amputations at some stage of their lives ("World Diabetes Day to Focus on Foot Care", 2005). The key to successful management and treatment of diabetes is self-management which may include changes in lifestyle. This may usually include weight loss among those that are overweight, stress management, dietary control, exercise and regular insulin injections when glucose levels are not normal. As a chronic disease diabetes is managed and thus not cured.

The experience of living with a chronic illness such as diabetes and its cause of limb loss is a theme amongst the fathers who participated in the study. As noted above management of diabetes is ongoing and this management itself has implications for the fathers and how their stories were told. Through narration the fathers noted the meaning they attached to their illness and its effects on their family. Weidman (1987) states, how "every social group has an ideal body image expressed in everyday behaviour and verbal

statements” (p. 61). Body images for diabetics who are obese accordingly are described within a cultural theme. Some cultures view obese people as healthy and sexually appealing thus the obese body image is a cultural theme (Weidman, 1987). Thus social and cultural behaviours further contribute meaning to the experiences of people with diabetes.

### 2.2.3 *Disability*

Prosthetics and orthotics over the years have become technologically advanced in their methods used by practitioners today. Such technology has allowed patients to regain much of their functioning that they lost due to amputation. While many technological advances have taken place within this domain its important to also stress the psychological factors associated with limb loss. Loss in disability has two elements. Firstly, disabled people reflect the fears and imagination of non-disabled people and secondly the use of traditional theories of loss individualises what are in reality social problems. Furthermore the social model looks to move away from the emphasis of losses being conceptualised as abnormalities (Sapey, 2004). Disability today raises many questions for the field of social sciences. How do societies react to people with disabilities? What are the implications of impairment and disability for social interaction and social identity? How does the media and culture portray disabled people? These questions raise political issues as seen by the way disabled people have tried since the early 1970s to challenge the naming and knowing of disability (Shakespeare, 2005).

Over a period of 25 years research shows that within the dimensions of orthotics and prosthetics guiding expectations about psychological issues are indeed pertinent and significant as they show the following: participants’ body image, coping and adjustment, developmental issues, psychosocial well being, quality of life and psychological factors resulting from amputation (Desmond & MacLachlan, 2002). Among people with

amputations, the most researched phenomenon is the adjustment with body image. This concept in itself has various facets such as the emotional responses expressed as phantom pain or other somatic symptoms following amputations. Research over the years has shown how body image changes due to amputation and how amputees conceptualise the loss of a limb and the phantom sensation of the limb is difficult to deal with (Coughlin & Mann, 1999). On the one hand it is said that older amputees are more prepared to alter their body image because of adaptation to the ageing process. On the other hand research shows how a group of younger adults with traumatic amputations had difficulty coping with their experiences (Fisher & Price, 2002).

Coping with a loss of a limb and adjusting to this loss covers other areas such as self-consciousness, the attitude of being a handicap and the acceptance of the prosthesis. Although little research has focused on developmental issues it basically underlies the premise of how parents need to cope with the developmental aspects of their children having lost a limb and what future developments are awaiting the child. Psychosocial well-being refers to the after effects of limb loss such as increased social dependence, depression and grief. Quality of life pertains to the changes that occur after amputation and the psychological well-being thereof (Fisher & Price, 2002). With amputation there are psychological factors such as chronic pain syndrome, psychological disorders, alcoholism, stigmatisation, social response and personality disorders that may prevail (Desmond & MacLachlan, 2002). Furthermore the social model of disability is powerful and is seen as a model for conceptualising the discrimination experienced by people with impairments. Ahmad (2000) states:

Reconceptualising disability as a social issue rather than a personal tragedy is necessary to ensure that the marginalisation experienced by people with impairments is seen in similar terms to racist, homophobic, or sexist discrimination, that is discrimination experienced by a whole class of people (with impairments) which systematically disadvantages them compared to the mainstream of society (p. 1).

In the following chapter, I will describe the research position utilised, as well as, its various techniques in order to explore the father's narratives.

### **Chapter 3: Research Position**



### 3.1 Research Approach

As a researcher I made use of a qualitative research design because of the nature of this study, which is built around what McLeod (cited in Woolfe & Dryden 1997) states, as “the collection and analysis of the accounts or stories that people offer regarding their experience” (p. 66). Thus the study is exploratory and interpretative, making use of words that clarify the meaning of social actions and situations. Qualitative research as opposed to quantitative seeks to investigate the wordy nature of the participants’ world rather than dealing with numerical representation of findings (Goodley et al., 2004). Qualitative research as a paradigm seeks to understand reality as meaning as opposed to the quantitative understanding of reality as truth. Thus qualitative researchers seek to establish ways of understanding experience from the viewpoint of those individuals who live it (Bailey & Tilley, 2002). The goal of research through the use of various concepts, insights and understandings are defined as understanding rather than explaining human behaviour. In this regard participants’ thoughts feelings and behaviour are examined along a developmental continuum (Babbie & Mouton, 2001).

To add to this qualitative research encompasses five historical moments, namely the traditional (1900-1950), modernist age (1950-1970), blurred genres (1970-1986), the crisis of representation (1986-1990) and post-modern or present moments (1990-present). Laurel Richardson (as cited in Denzin & Lincoln, 1998) defines the present moment “by the core of which is doubted that any discourse has a privileged place, any method or theory a universal and general claim to authoritative knowledge” (p. 2). Thus the post-modern moment is characterised by a sensibility that questions all the abovementioned paradigms. Nonetheless, it remains within the context of this study that a post-modern moment is focused upon. In doing so an explorative design is initiated where the focus involved interpretative, naturalistic

approach to the participants. Thus it involved me, the researcher, collecting data to either formulate questions or problems for later investigations or to develop hypotheses through the use of empirical materials such as case study, life story, interview, personal experience, historical, interactional, observational and visual texts (Denzin & Lincoln, 1998).

### 3.2 Context

In my research study I made use of one particular context, which is within the academic setting of the Psychology Department of the University of Pretoria (UP). The University of Pretoria is a University that strives to be a leader in higher education that is recognised internationally for excellence within academic spheres. It is known for its international competitiveness and local relevance through continuous innovation. It is the University of choice for students, staff, employers of graduates and those requiring research solutions with the inclusion of an enabling and value-driven organisational culture, that provides an intellectual home for the rich diversity of South African academic talent. It is the premier university in South Africa that acknowledges its prominent role in Africa, is a symbol of national aspiration and hope, reconciliation and pride, and is committed to discharging its social responsibilities.

Furthermore the University of Pretoria is an internationally recognised South African teaching and research university and a member of the international community of scholarly institutions. It creates flexible, life-long learning opportunities and also encourages academically rigorous and socially meaningful research, particularly in fields relevant to emerging economies. It provides excellent education in a wide spectrum of academic disciplines. It also enables students to become well-rounded, creative persons, responsible, productive citizens and future leaders by providing an excellent academic education,

developing their leadership abilities and potential to be world-class, innovative graduates with competitive skills instilling in them the importance of a sound value framework. It is locally relevant through its promotion of equity, access, equal opportunities, redress, transformation and diversity. The University is committed to effective, efficient, caring and innovative approaches to teaching, research and community service, client-centred management and administration, and good governance (Pistorius, 2005).

### 3.3 Research Participants

The participants include two fathers who have lost a limb due to diabetes recruited through snowball sampling. The other participant is my father, who has also lost a limb due to diabetes, and me, the researcher.

#### 3.3.1 *Participants.*

Fatherhood as a concept has undergone scrutiny over the years particularly with reference to what positions fathers have within the family system. I have chosen a topic that limited research has been done on and by doing so explored the concepts of fatherhood and illness within a combined study. I was very interested to explore the worlds of fathers and their experiences of fatherhood and illness, particularly disability. Criteria for inclusion of the participants were: fathers with a diagnosis and duration of diabetes mellitus for longer than a year and with a prosthetic limb due to amputation as a result of diabetes. The participant population included two fathers from different cultural backgrounds, African and Afrikaans cultures who have lost a limb due to diabetes. The foundation of this study stems from one particular participant, my father who also lost a limb due to diabetes. He serves as my primary participant, while the other two fathers are my secondary participants. I used my father's narrative of fatherhood and disability as an entry into the realms of fatherhood and

disability. I did so through the use of a metaphor, Homer's depiction of Odysseus journey to Ithaca. My father being a primary participant is thus mentioned in my study and I used the metaphor in order to reflect the differing of experiences amongst the three fathers. My father's narrative serves as providing data from a Greek background.

The recruitment of these participants was established through a technique known as snowball sampling. Snowball sampling occurs when members of particular populations are difficult to locate. The process of snowball sampling requires the collection of data from the members of the required population one can locate, and then proceeding to ask those individuals to provide information necessary to locate other members within the specified population (Babbie & Mouton, 2001). I was curious to learn about the experiences of fathers who have lost a limb due to diabetes and so I began by asking my father to introduce me to any other individuals he might have known that fit the specified requirements for my study. He referred me to his orthopaedic surgeon who then referred to me to the diabetes support group. Eventually through a friend of mine I made a contact with a nurse who works at Johannesburg General Hospital. She referred me to another nurse who gave me a few numbers to contact and after a while I found participants who were willing to partake in my study. Thus snowball sampling refers to the process of accumulation as each located participant suggests other participants (Babbie & Mouton, 2001).

For recruitment purposes a Research Consent Form (Appendix A) was handed to each participant to complete. The form explained the purpose of the study and all requirements involved ensuring confidentiality and safety of the participants at all times.

### 3.3.2 *Self.*

I was confronted with the world of illness from about the age of 12. Since then all I can remember is my father in and out of hospitals been pricked and prodded, tested and operated on. I was always curious what he felt about this long-standing obstacle that followed him everywhere. My father's leg was amputated in 2003 and since then his health has been a little better. I decided to embark on this particular journey, as I was curious about the feelings my father felt. I was not exposed to much knowledge about fatherhood but from the little I knew it became clear to me that there was something missing, that something was the subjective experiences of ill fathers and from there my interest grew up to the completion of this mini dissertation.

As a 26-year-old female from a middle class Greek family I am exposed to many cultural discourses on a daily basis. For this reason I wanted to explore experiences of fathers from other cultures so as to be witness to how culture and history shape their experiences of being a father with a disability. Currently I am a MA Counselling Psychology student at the University of Pretoria and have completed my internship at Tshwane University of Technology in 2005. I made a committed decision to investigate the concept fatherhood, focusing on the narratives of illness, specifically limb loss due to diabetes because of my father's struggle with his disability. My account of illness has a different voice, with a different narrative based on my indirect experience of illness. Although my experience of illness does not have to plead higher or lower against any set of rights or wrongs, it does attach a meaning to how I viewed my father. This journey I embarked on thus held personal meaning for me as the researcher but it also served to feed my curiosity.

I also illustrated on current research on limb loss, diabetes and fatherhood and expanded on experiences of fathers having a disability. My interest thus lay in hearing fathers' voices

from different cultures. On this journey I reported on these illness narratives, showing the reader the need for fathers with a disability to tell their narratives. I chose this particular topic to research as it is something that I have been faced with for most of my life although never had the privilege to understand from differing cultural perspectives. Although I have not had much exposure either in therapy or in support groups with fathers it is a known fact that fatherhood has taken on a rather distinct role in social research. Thus, having my father as a primary participant provided a basis in exploring the narratives of other fathers within different cultures. Through this I gained further insight into the image proposed by either themselves or society at large. My position as a researcher for this study was a personal journey because of my father's participation. Being in such a place obviously imposed certain influences upon the research. The way I depicted my father's narrative as a metaphor came from a daughter's position and not from a researcher's position, which has ethical implications. For this reason my father's narrative served only as a foundation and no analysis was conducted on that. The research I conducted was done under the supervision of the University of Pretoria.

### 3.3.3 *Supervisors.*

My choice in supervisors was determined from the research position of my thesis as well as a supervisor who is familiar within health psychology. Dr Lourens Human is trained in narrative psychology and he is course co-ordinator of the MA Counselling Psychology within the University of Pretoria. In 2004 I received training within a narrative paradigm which was taught by Dr Lourens Human. Miss Adri Prinsloo is the co-supervisor who is a clinical psychologist in practice as well as an academic within the University of Pretoria. Her field of expertise within the academics is within health psychology. Having diabetes herself, she is also familiar with the medical field pertaining to diabetes. My choice was thus based

on expertise and experience by both academics so as to offer me the support and knowledge needed for the completion of my mini dissertation.

### 3.4 Position

The theoretical point of departure within this study is from a narrative perspective. I followed a narrative analysis in understanding the data as it explores narratives and the meaning it holds for the participants. Narrative analysis is an umbrella term, where there are different ways of conducting it. The field of narrative analysis within qualitative research has no distinct methodology and may explore linguistic, biographical and psychological aspects for example. I feel that narrative analysis serves as an alternative paradigm in research as meaning rather than truth is the legitimate end product of inquiry. The participants' experiences of fatherhood and illness and the proposed image subsequently relayed new knowledge about how they see themselves, as their experiences were given a voice.

#### 3.4.1 *Experience.*

We are surrounded by experiences on a daily basis, either directly or indirectly as we listen to other people telling their own personal narratives regarding phenomena or as we create our own experiences. Current social science notes how our very selves are narrated in that narratives not only give us opportunity to describe our experiences but also are a means through which we constitute our selves (Sclater, 2003). Understanding human experience is never just a process of seeing it or analysing it but rather the elements of human experience are embedded within a process that organises elements, assembles them together, assigns meaning and prioritises them (Nichols & Schwartz, 2004). Furthermore, the centrality of a narrative is created from an experience, where subjective interpretation occurs. This is done along a continuum that includes time-the past, the present and the possible future, and within

a particular cultural and social context (White & Epston, 1990). In experiencing every day we encounter meanings that build upon our character. Through experiences we build upon our selves by constructing a certain meaning about a particular event, which shapes our lives (White, 1993). We experience our life and through this action of experiencing we develop a personal identity parallel to others within a social system.

Lakoff and Johnson (1980) describe metonymy as one entity being used to refer to another that is related to it. In a narrative metaphor people are viewed as organising their experiences in the form of narratives. There is however some restraints in that any one narrative cannot capture the whole of people's experiences and so if they do not fit interventions are directed toward highlighting some experiences outside the restraint, by externalising it for example. A narrative metaphor may be used to identify stories that lie outside the dominant stories (Pearce, 1996). People can talk about issues and problems in their lives metaphorically. Metaphors can also be seen as a form of externalisation (Morgan, 2000). Thus it focuses on understanding the experiences of the family, expanding their attention so as to allow room for the consideration of alternative ways of viewing themselves and the problems they are faced with (Nichols & Schwartz, 2004).

Furthermore through experiences one assimilates a certain identity. Narratives allows for the organisation and making sense of experiences in order to make meaning in our lives. Through this act of meaning making we sculpt a narrative identity (Sclater, 2003). People who suffer trauma tend to internalise the traumatising events to which they have been subjected as inner dialogues and these dialogues colour the interpretation of subsequent events (Freedman & Combs, 1996). Within the voicing of these narratives, claims of internal monologues were reversed to be voiced externally.



### 3.4.2 *Experience and Narrative.*

As human beings we are organising, narrative-telling, meaning-making creatures that are constantly trying to make sense from our experiences. Narrative psychology states that we live multi-narrated lives. Morgan (2000) states, “There are many stories occurring at the same time and different stories can be told about the same events” (p. 8). Narrative is a crucial human way of giving meaning to experience. Through the action of telling and consequently interpreting experiences, narration serves as a mediator between the inner world of thoughts and feelings and the outer world of observational actions (Garro & Mattingly, 2000). Through the voicing of narratives introduction to experience is witnessed that when enhanced may illuminate the action of meaning making. My conceptualisation of narratives, in narrative practise, is that there is a sequence but that is determined by the participants. Externalisation involves reconstructing a problem or problems that impact on or pervade a person’s life, and viewing them as something separate from the person rather than properties of that person (Freedman & Combs, 2002). The weaving of events in narratives by these fathers involved other practises, such as body image and grief because of loss of a limb.

Working from a narrative framework allows room to listen to narratives. Through this discovering, acknowledging and ‘taking apart’ or deconstructing the beliefs, ideas, and practices of the broader culture in which the participants live that are serving to assist the problem narrative I was able to give a different voice to the one that had been dominating (Morgan, 2000). In doing this, the participants were able to view their narratives from different perspectives, notice the constructions as limitations and discover other possible narratives other than those experienced (Combs & Freedman, 1994b). In this process of unpacking, the fathers I believe realised that the constructed narratives or descriptions are not

essential truths and thus was room for constructing them differently (Freedman & Combs, 1996). For example living the image of a disabled person who is socially dependent on others may lead to an alternative narrative of where independence is illuminated.

Narrative psychologists have argued that narrative construction is a human way of making sense of the world. Through the creation of a narrative or the telling of a narrative enables people to not only give meaning to the constant change of their world but also to make sense of the disruptions in people's lives following the onset of illness. Lavinia published accounts of illness seem to provide evidence that people have a need to tell narratives about their illnesses (Murray, 2000). Anatole Broyard (as cited in Murray, 2000) wrote after his diagnosis of cancer "...story telling seems to be a natural reaction to illness" (p. 338). People bleed stories and I've become a blood bank of them." This analogy is too simple in that narrations have a certain shape and form and thus the challenge is to understand factors involved in shaping of these narratives and what meaning they hold for its owner (Murray, 2000). Accordingly the telling of narratives by the fathers may have had therapeutic means as well and noting accounts of how they are portrayed against society's discourses.

According to Rachel Hare-Mustin (as cited in Freedman & Combs, 1996) discourse is defined as "a system of statements, practices and institutional structures that share common values" (p. 42). Conclusions are often drawn from narratives that have been perpetuated by the discourses of society. According to Morgan (2000), these conclusions "are drawn from problem-saturated stories, disempower people as they are regularly based in terms of weaknesses, disabilities, dysfunctions or inadequacies" (p. 13). Thus ill fathers may swim in their problem-saturated narratives that render them capable of finding the shore. According

to Freedman & Combs (1996), “Problems develop when people internalise conversations that restrain them to a narrow description of self. These stories are experienced as oppressive because they limit the perception of available choices” (p. 48).

### 3.4.3 *Experience, Narrative and History.*

Narratives offer a fundamental way to make sense of experience. This action of narration involves social interaction and takes place within a given time. Through the exploration of meaning of events a chain is formed linking motive, act and consequence (Garro & Mattingly, 2000). Narratives are also framed using conventions that signal a beginning and an end, thus establishing a sense of direction chronologically (Sclater, 2003). Thus narratives capture and investigate experiences as human beings live in time, in space, in person and in relationship (Clandinin and Connelly, 2000). In the conception of self it is noted how language is used in our everyday lives to make sense of ourselves and the world around us (Crossley, 2000b). To add to this White and Epston (1990), remark how we gain knowledge of the world through lived experience and we make sense of this world through narrating our experiences. Language connects us to time, as it is our means of sequencing events that are important to us. Narratives have a past, present and a future and are used to understand the meaning they have created and how people make sense of these narratives. People live their narratives through time that are embedded within the landscape that they live in (Clandinin & Connelly, 2000). There is the distinction that the construction of an experience draws upon sequential time, which is an integral part in creating a compelling plot to the narratives told (Garro & Mattingly, 2000).

Narration involves the decoding and reframing of our past to make sense of the present we are currently living thus giving us orientation for our possible future (Garro & Mattingly, 2000). The way a certain narrative is shaped is compatible with pre-existing meanings,

feelings and thoughts of past experiences. Our experiences are therefore not something we experience in isolation, but are negotiated and constructed through time and in interaction with one another (White & Epston, 1990).

Through narrative it is evident that a myriad of dominant narratives influence the way people perceive themselves and consequently they act accordingly. These dominant narratives have stood the test of time and circulate within the wider culture. Through the narrating of these narratives alternative narratives may have evolved. Historical unique outcomes are identified when individuals are encouraged to recall events that contradict the problems' effects in their relationships (White & Epston, 1990). This turning point initiates the thickening of the alternative narratives. Human lives are woven narratives. Each person constructs their identities through their own and through the narratives of others. Individuals experience daily encounters and interactions that are narrated. Every present moment thus has a storied past and a storied possible future (Clandinin and Connelly, 2000).

#### *3.4.4 Experience, Narrative and Culture.*

Cultural narratives provide a backdrop against the experiences that people interpret. These narratives lead to the construction of a normative view, reflecting the dominant culture's truths, from which people compare themselves and know themselves (Zimmerman & Dickerson, 1994). Narratives assume an interactive flavour in that they assemble aspects from a cultural, literal and sociological level. The meaning that is attributed to experiences never occurs in isolation and is thus interpreted from a stance of uniqueness, our culture. Culture is flooded with the thoughts, feelings, behaviours, rituals, traditions, and symbols of a given group of people, a community. Thus narratives told are culturally situated (White & Epston, 1990). The underlying essence of narratives differs across cultural settings and when

a person narrates an experience, he or she draws from their 'cultural book' which helps in shaping the way the narrative is narrated (Clandinin and Connelly, 2000).

By creating a narrative and attending to one for that matter is a constructive process that includes personal and cultural resources. The power of narratives is that it provides a foundation where learning takes place through the absorption of knowledge about others in the contexts they find themselves in. Culture plays a significant role in the experiences of narratives as they hold meanings that are specific to a certain group. We as individuals do not stand alone but rather are part of a wider culture. Social constructionism involves the building of realities that are constructed by members of a culture, which is made up of the beliefs, values, institutions, customs, labels, laws and the like (Freedman and Combs, 1996).

Accordingly what each father views as illness relies in accordance to their culture and history that is the foundational make up of their narratives. Freedman and Combs (1996) further postulate that narratives are cultural, contextual and individual. When people engage in conversation they do so at a specific time and place, with specific people adopting specific cultural influences to enrich the narratives. Within this matrix of time, place, people and culture meaning of the experience is created accordingly. So for example the theme of trauma amongst the participants will hold different meaning according to their culture, context and individual. Epston (1993a) wrote:

Anatomical space became causal space, the home of both death and disease.

This was followed by the body being regarded as the repository of human qualities. Mind, intelligence, madness, and a myriad of human qualities were regarded to be located in living bodies (p. 171).

Further, internalising happens not just with local and particular experiences of trauma, but with larger cultural experiences as well (Epston, 1993a).

### 3.5 Data

#### 3.5.1 *Data Collection.*

The data collected from qualitative research can include collecting information through written (as in accounts in articles), verbal (what unstructured or semi-structured interviews), observations or visual materials (in drawings or photographs) (Creswell, 2003). Through the use of narrative research the participants were asked to provide narratives about their lives. This information was then re-storied into a narrative chronology (Creswell, 2003). The participants were aware of the purpose of the study and thus had an idea about what experiences to share. Questions used merely were a guiding technique. Riessman (1993), in her facilitating of narrative telling states that researchers need to provide a facilitating context in the research interview so as to encourage narrativisation. In other words the application of certain types of questions, such as “How did you cope with this?” asks for an extended account of past time. Personal narratives are stories told that are organised around consequential events. The ability to narrate is both natural and universal it seems so that even simple questions will produce narrative accounts, provided that interviewing techniques or practices do not interfere (Riessman, 1993).

Narratives are described as the account we give of an event or series of events. They are the frameworks used in relation to people, experiences and objects. They may be recounted orally or in writing (Burns, 2001). Within the narrative interview an interpretative stance was taken in that fundamental aspects of conversation were focused upon language,

metaphor, vice, questions and how the combination of these items in conversations constructs as they spoke (Penn, 2001). Different fatherhood and illness narratives were voiced and each was constructed differently. Narrative interview is the individual's conscious and subconscious constructing and putting together of a narrative that the teller is pleased with. As researchers we cannot detach ourselves from the narrative and thus examine our subjective involvement as it will assist in the interpretation of the interview data (Bornat as cited in Seale, Gobo, Gubrium & Silverman, 2004).

The data collected was done by means of semi-structured, in-depth interviews which were recorded using a Dictaphone tape recorder, which then were transcribed. Kvale (1996), states that an interview focuses to understand through the description of main themes of the experience under investigation. He further states that with time and through the process of the interview narratives become richer and clearer. The semi-structured nature of these interviews enabled both myself as researcher and participants to talk freely. There was a relaxed ambience in which the fathers spoke freely and in the comfort of their chosen settings. Through the application of the semi-structured, in-depth narrative inquiries, I was able to explore socially constructed concepts and discourses that these fathers are faced with.

The design of the interview takes place gradually as researcher hears the meaning behind the data (H.J. Rubin & I. S. Rubin, 1995). As the interviews progressed I did find that I had to be flexible enough to allow for changes that occurred accordingly.

Interview 1: Establish rapport

Interview 2: Exploring fatherhood

Interview 3: Exploring fatherhood

Interview 4: Exploring fatherhood and disability

Interview 5: Reflection and feedback

Based on the above outline there were 6 basic questions that I introduced to the participant's throughout the interviews to initiate narration. They were:

- What is your experience of being a father?
- What is the meaning of fatherhood within your culture?
- How does your disability make you feel as a father?
- Take me back to when you first started to think about your position as a father?
- Was your experience of limb loss a positive or negative experience for you?
- How do you cope with your disability?

### 3.5.2 *Data Transcription.*

Transcription is a process that is very selective. Once the data was gathered, transcribing the material was the next step. Data transcription entails that the audio taped interviews were transcribed into written texts for analysis. Transcribing talk into written text is lengthy and involves selection and reduction of content (Riessman, 1993). In the process of transcription I attempted to collate the data by placing certain relevant aspects into categories. By doing this I further attempted to analyse the experiences of the fathers. Thus it is evident that transcription and analysis go hand in hand. What is important to note is how different transcriptions navigate a path of different interpretations which inevitably produce different worlds (Riessman, 1993).



Language used as a means of narrating involves the focus on both linguistic and social construction of reality (Kvale, 1996). I used the framework of my five sessions that were taped in order to assist in my transcription. Thus various themes noted in the father's narratives and aspects such as history and culture as influences on their experiences became crucial in the analysis of the data. The most important factors in this case was focussing on fatherhood and disability and the discourse and images surrounding them. Culture descriptions of illness and fatherhood also played a significant role in this research study.

### 3.5.3 *Data Analysis.*

The narrative itself is viewed as the object of investigation. Further the focus is solely within the personal accounts of the participants as they impose the order of experience so as to make sense of the narratives in their lives (Riessman, 1993). The analysis of narratives enabled the working towards actively finding a voice of the participants in a particular place, setting and time (Richmond, 2002). With narrative analysis meaning rather that truth serves as the legitimate end product of narratives that are explored (Bailey & Tilley, 2002). The narration of experiences by individuals, are often captured within discontinuous occasions reflecting a time frame, are charged with discourses that vary across cultural settings, flooded with cultural elements and enacted in specific contexts such as social, political and cultural. Thus through the process of analysis experiences are constructed through time; our past life, our current situation and our imagined future (Garro & Mattingly, 2000).

Narrative analysis focuses on the teller's interpretation, experiences and meaning making. This analysis makes room for the creation of different knowledge and narratives and is linked to social discourses. The purpose of narrative analysis is to investigate how culture and history are part of people making sense of their experiences (Emerson & Frosh, 2004).

Furthermore, experiences are not organised in isolation and so are influenced by underlying phenomena present in the context the teller finds him-or herself in.

Narrative analysis within the field of qualitative research is very much broad based in that there is no definitive structure, approach or methodology. Therefore there are different methods to analyse narratives. Labov (1997) for example, uses a specific framework of the natural narrative for analysing data. He assembles a narrative core investigating the orientation, abstract, complicating action, resolution, evaluation and coda. Richmond (2002) extends on Labov's work by adding a story map for participants, organising past and present experiences and future intentions, including various role players or characters. The story map allows for individuals' narratives to take shape and grow and subsequently a more penetrating analysis will be established (Richmond, 2002). More specifically this narrative framework places focus on the 'core narrative' through the abovementioned categories, which are:

- Orientation – Describing the time, place, situation and the participants
- Abstract – Summarise the substance of the narratives being told
- Complicating Action – Is the sequence of events and the inclusion of themes and conflicts
- Resolution – Describes what finally occurred out of the narratives
- Evaluation – Making the point of the story clear
- Coda – Signals that the story has ended, listener is brought back to where the narrative began (Riessman, 1993).

In reference to the above it partly uses Mishler's (as cited in Richmond, 2002) structure of the core narrative and the use of the story map allows for a cross-case comparison, which may highlight common themes.

Reissman (1993) on the other hand establishes an analysis with no structural guidelines. She attends to the subject's representations of text, interaction, talk and interpretation. She recommends that the researcher investigates aspects like how the narrative is organised. Five levels represent this, namely:

- Attending to Experience

Through attending to the experience, certain events are made meaningful. Features focused upon are remembering, reflecting, recollecting and observation. At this first level there is a choice to what is noticed (Reissman, 1993).

- Telling about Experience

Thereafter we arrive at the telling of a personal narrative. In this level of representation the experience is enacted in a conversation. There is however a gap between the experiences lived by the person and how it was communicated. In other words the story may be told in a different manner to different people. Thus the experience is not simply represented the same way because in this process a self is being created and thus the narrative becomes a self-representation (Reissman, 1993).

- Transcribing Experience

In this instance the experience is interpretive according to the person transcribing. In this level of representation meaning is constructed in different ways by different people, thus creating different worlds of the same talk (Riessman, 1993).

- Analysing Experience

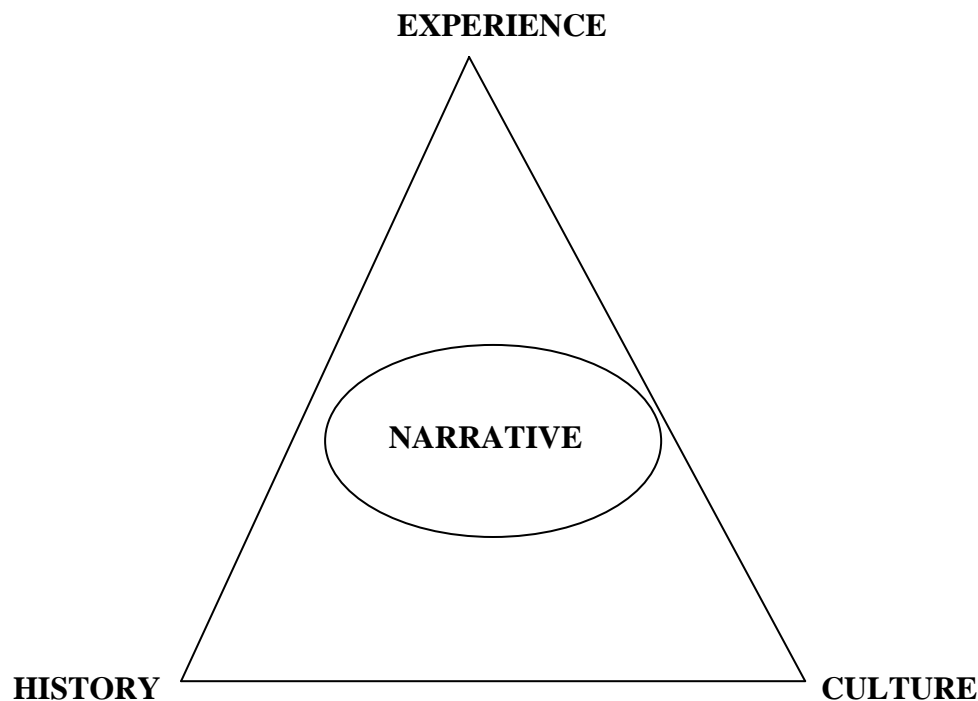
This is the process of analysis where the researcher has to make decisions about the form, ordering, style of presentation and how the pieces of the lives given are presented. Certain aspects such as values, politics and theoretical commitments are housed within this process of analysis. Thus these elements when re-told impact the story at hand thus creating the initially life story of personal experience into something different (Riessman, 1993).

- Reading Experience

The final level of representation is when the reader encounters the written story. In this process while reading the experience, it's inevitable that different people create different meanings. Every storied experience has a plural voice as many other constructions are created upon reading it (Riessman, 1993).

Narrative analysis is a broad term, where there are different ways of conducting it. The field of narrative analysis within qualitative research has no distinct methodology and may explore linguistic, biographical and psychological aspects for example. For the purpose of this study I did not follow any particular method of analysis but rather allowed the participants to narrate their experiences. My process of analysis was a process rather than an outcome. In analysing the data of the participants I attended to the their narratives from a position where I focused upon interpretation, meaning making, experiences and influences that shaped their narratives. These influences took on the form of discourses that surround

the participants, the ongoing social contexts they find themselves in and their history to enrich their narratives. I investigated how the participant's narratives were constructed over time and how cultural and societal contexts influenced their experiences. Through this action I allowed the text to be the method of analysis. Below is a diagram I used as a guide during the process of analysis.



*Figure 1.* Diagram Representing the Elements that Influence Narration

From any position, be it as an observer, a listener or a teller, the narratives in this study emphasised narratives as a way of making sense of experience through the mode of thought (Garro & Mattingly, 2000). Furthermore narratives portrayed draw upon history and culture creating an experience that is narrated. Thus, in my analysis I was guided by the above elements in the diagram to comprehend the narratives of the participants. During the analysis

I reflected on the narratives of each participant and highlighted the above elements to assist me in identifying markers in their narratives.

Following a narrative analysis allows for the understanding of data as narrative explores narratives and the meaning it holds for the participants. According to Borden (1992), there has been little consideration of narrative perspectives within the social field. Narratives communicate significant themes that explain a topical or cultural perspective (H. J. Rubin & I. S. Rubin, 1995). The process of data analysis involves making sense out of the text (Creswell, 2003). Based on the fact that my study is on fatherhood and illness, the narratives were guided in some instances in a certain direction so as to understand the narratives from a historical and cultural position that shaped the participants' experiences. Thus the goal of analysis was to see how the narratives unfolded over time and how culture played a role through the narrative process. Consequently as a researcher through analysis I uncovered how the human subject who is situated within history and fashioned around cultural aspects, gives life to a narrative with which to make sense of their experiences. It can be seen as a lavish capability to grant meaning and create sense out of experience (Garro & Mattingly, 2000).

### 3.6 Quality

Quality research is built upon the assumption that people live co-constructed social realities (McLeod as cited in Woolfe & Dryden, 1996). With qualitative research there is the notion to enhance understanding of phenomena. Through the evaluation of the data provided through qualitative means it is important to investigate and assess findings for plausibility and believability (Byrne, 2001). The quality of this research depends to a great extent on the skill, sensitivity and training of the researcher as well as the methodology utilised. In

capturing the richness of the father's experiences reflection with the father's and my supervisors enhanced the quality of this research.

According to Byrne (2001), increasing the trustworthiness of these study claims:

- The researcher should be credible. I have been researching and studying psychology in depth from my 2<sup>nd</sup> year, thus having 4 years experience. I completed my internship in 2005 as part of my 2<sup>nd</sup> MA year where I was trained in narrative thinking and practise. I used this in therapy and thus am able to bring it into the research world. I have had experience in research and was under constant supervision from Tshwane University of Technology (where I completed my internship). Part of my training in 2004 was in narrative therapy and I put this training into practice during my internship year thus I am equipped with knowledge to conduct this study using a narrative methodology. My experience of illness although indirect is very real and I am familiar with the strains it may cause upon a family.
- The Researcher's perspective to be articulated. This study has a personal connection to me as my father has being ill for years. I have made this clear within my research by noting this association.
- The use of referential adequacy, in this case the use of a Dictaphone provides information that I may go back and forth in case I have left anything out.
- Use a peer debriefer where they can provide fresh perspective for analysis and critique and provide supervision. In this case I have two supervisors who have been evaluating my process of research and provide me with feedback necessary to make this study more credible.

### 3.7 Ethics

Both qualitative and quantitative research is faced with the challenge of ethics. In research there is always significant ethical consideration when approaching narratives in particular. Neuman (2000) states that the researcher should be professional and responsible and have a working knowledge of scientific procedures. Ethics has to do with two aspects, confidentiality and consent. Obtaining consent is of vital importance and in this study each participant received an informed consent form stating the purpose of my study. Each participant completed the form allowing me permission to interview them under the premise that confidentiality will be adhered to at all times and to publicly make their narratives available. Confidentiality was assured through a process of anonymity. Each participant was given a pseudonym so as not to disclose his or her true identities.

The Faculty of Humanities and the Ethics Committee of the University of Pretoria approved my research proposal as part of my MA degree in psychology.

### 3.8 Relevance

There is a significant lack of knowledge related to the subjective experience of ill fathers, particularly within the South African context. Although there has been an accumulative force of fresh ideas regarding the fatherhood concept and the effects thereof, there is little to no research done on the experience of fathers who have lost a limb due to diabetes, particularly within African cultures. Within the South African context for example the HSRC (2003) has initiated the Fatherhood Project, a research study aimed at promoting fatherhood and men's care and protection of children. The increasing recognition that father absence has led to a variety of crippling social ills seems to be leading to a renewed appreciation of fathers' contributions to the emotional and developmental well being of their



children. To entertain the idea that fathers are unavailable to their family due to them living far away or not taking responsibility would be stating only half what research as yet to investigate.

I am hoping that the experiences of the participants initiated more knowledge surrounding fathers and illness against the many discourses that renders them incapable of fulfilling the role prescribed by society at large. Further little research has being done on African fathers who have lost a limb due to diabetes so I wish to contribute to the world of social science with this study.

## Chapter 4: Results of the Narratives

### 4.1 Findings

I have travelled a journey of exploration into four different worlds of experience. My entry phase into this journey began exploring my father's narrative as he has lost a limb due to diabetes. His experience served as a foundation in researching and analysing the narratives of the other two fathers. I described my father's journey by metaphorically comparing his experience to that of Homer's *Odyssey*. The middle phase of the journey involved interviewing and analysing the narratives of two other fathers' that have lost a limb due to diabetes. This was done so as to gain a cultural perspective of the experience of fatherhood and disability as the fathers are from an African and an Afrikaans culture. In the exit phase of this journey I reflect on my experience as a daughter who has a father who has lost a limb due to diabetes and as a researcher who has the obligation to provide fair and unbiased results based on my personal stance within the study. In the first three instances the analysis took shape by me addressing letters to the fathers wherein I reflect certain aspects of their narratives. I have titled each letter respectively and it is included separately below. In the fourth instance I speak about my position and what occurred with me having done the interviews and the analysis. Again I have given a title to this personal phase.

## 4.2 Entry Phase – My Father’s Narrative

Dear Dad

In Search of Ithaca

You set out on a passage through the wild seas of life, past the magnanimous barriers of constraint, the tight grip of the chronology of devious illnesses and discouraging discourses about fathers. From time to time you were exposed to blind alleys of recovery. You have salt in your blood, like a captain you fought your way through stormy seas and wild winds. When considering your passage through the sea of life, this comment gathers a certain authority. I thought of many a ways to depict your experience and eventually chose Odysseus journey to reach Ithaca. I reflected back on the story written by the epic poet Homer (Bittlestone, Diggle & Underhill, 2005) so as to re-tell your journey accordingly. Your journey began from a young age and dwells in our memory till today. I shall describe this journey briefly...

The hoists are up, quivering in the moaning wind, ready to sail. Your health is driven by strong winds to the land of the Lotus-eaters. Here you encountered the medical profession that handed you the diagnosis of the lotos-induced lethargy of Diabetes. Here you pulled yourself together and reassured your sailors-your children and the fleet-your relatives that all is well. This unforeseen encounter made you question your position as a captain, as a father and as a husband but persistence and strong will kept you going. You dealt with the lethargic Diabetes the same way you dealt with uncertainty, swept it under the deck of your ship and continued as if nothing was wrong. The ease and flair of how you dealt with the negative voices around you was astounding. Smooth sailing was encountered for only a short time as you reached the land of the Cyclops. Here Polyphemus the sly Cholesterol imprisoned you

with another obstacle. He raided your body and wrapped himself around the arteries of life. The struggle to escape was a difficult one but you managed to release yourself from the clutches of a bad fate and uncertainty of your position as captain by blinding the dreaded beast Polyphemos. This was done by clinging onto the belly of a Ram, the needle of insulin, the needle of reassurance-your wife the co-captain. Moments of despair illuminated as Poseidon, God of the sea, God of earthquakes, God of the discourses of father kept trying to thwart your journey. You were pushed forward into motion, ignoring the cries of Poseidon that so tried to discourage you and make you feel useless. His throwing of disease, of monsters and of perfection was an empty attempt. The journey continued...

Your next stop was the land of King Aiolos who bestowed upon you a bag of winds. This bag contained elements of our culture that keeps accumulating knowledge over the years. These ideals manifest themselves as our saving grace according to the people who placed them there. Most importantly are the measures placed upon fathers of Greek heritage who are to serve and protect their families against all stormy weather, no matter how many Poseidons strike them. The key to success lies not in the bag but rather in the feeling that resonates within a man when a child calls him father. I believe that this image kept the sailing smooth for a while. As you were about to reach the shores of recovery where you could resume your duties as breadwinner, the bag flew open releasing a chaotic wind that drew you back into heartache. You were taken miles back, far from Ithaca once again. The helpless look on your face, the weakened smile at the attempts you made to provide was a moment that I will never forget. Your heart had undergone strain from the long journey; your image was bruised as weakness took over the strength in you having to let go of authority. You needed to bypass through this passage. A bypass of the heart and a bypass of cultural constraints were in need.

You were left weak, discouraged and hopeless. You questioned your journey many a times but you kept sailing forward through rough seas, always reassuring and providing all you can to your fleet, your family. You were small against the powerful Poseidon, against his menacing demeanour and his thunderbolts of failure. You questioned yourself and your place in our lives. Poseidon made you feel worthless with his condemnation and ridicule of your status. Your deteriorating health, inability to fight with more force and your weakened ego was about to set sail on another journey of despair. But there was always Ithaca pulling you towards her. Thus your passage resumed at a slow pace as you hurt your leg without realisation leaving you a wound that would not heal. There was dismay as we were told about cutting away the wound, cutting away your leg. We were told that this would make the journey much easier. You closed all watertight doors and scuttles; your thoughts were like the ship's radar that had an operating range that went on for miles. None of us knew where you were; lost in a zone of confusion you narrowly escaped the Laistrygonian cannibals that ate away at your wounded leg. Your defence was the presence of the false appeal of the witch-goddess Circe. She mesmerized you with her manner of medicine and made you fall in love with the ideals of a life at this point. Your heart though was somewhere else, you longed to reach Ithaca, your palace where you could resume your position as King and sit on your throne. You were plagued by Poseidon's revenge upon blinding his son Polyphemos. He drew his spear more than once stirring up the hurricane of self-doubt, the tornado of uselessness and the earthquake of a falling King. He never gave up, always present to steer your ship away from its course but you continued to steer towards your home. It was this willpower that led you on your next passage.

Along the travels you came face to face with the deadly Sirens that strained the even flow of life in your body. Thrombosis was their gift, hours of excruciating pain and distress

leaving you tired. After they had their way with you they flung you in the treacherous arms of the sea monster Scylla. A gift from Poseidon it seemed because along with her ability to blind you with retina rejection she blinded you from yourself. She left you with a blurred vision and a hazy view of your world. You gathered your strength and courage, pulled together your fleet that was powered by turbines of hope and steered by captains from your bloodline, your sister and brother. Their encouragement attracted the will to continue even though in the process you encountered the whirlpool Charybdis leaving you shipwrecked. This roundabout journey resulted in an irregular heart rhythm that required a pacemaker, your compass to get back on track.

It's at this moment that you grabbed hold of your ship's floating mast, the operation that saved you and washed you ashore to Calypso's island of Ogygia. This idyllic island of the nymph Calypso served as a long stretch of torment as you were so close yet so far. You endured humiliating words from Poseidon, leaving you to dwell on belief that all hope of becoming again what you once were was lost in the high tide of the past. Years went by with no ship, no hefty sails to continue the journey; just anguish and pain. Poseidon's raging thunderbolt kept beating you down slowly with his venomous discourses. Your health took a toll as your wounded body started packing up leading to a state of failure, kidney failure. It's at this point where King Alcinoos rewarded you with a treasure of hope, after admiring your travels of bravery. This treasure was a ship that would lead you to your Ithaca. The Phaiacians made the passage clear. They embarked on a journey to return you to a place of serenity. To proceed further you had to bury this treasure, which meant amputating your wounded leg that was flooded with poison, and amputating any negative thoughts of the man you once believed to be. Thus upon your arrival Athena, Goddess of Wisdom, your inner strength helped you bury your treasure in a cave near a sacred olive tree. This burial service

marked the end of Poseidon, the end of all the beasts of illness that beat you down and wore you away.

You reached Ithaca but along the way you held life in the palm of your hand. The journey was long and tiresome. There were moments that you were left paralysed of emotion and feeling for a while as your sails were lowered and your fleet stood by your side praying for a strong gush of wind. Like Odysseus you were once lost, captured in a whirlwind of chaos, swaddled tightly in the clutches of Poseidon chucking you into the path of illness, steering your ship onto rocky shores. You fought disease, overcame the thunderstorms of discourses, experienced ports rich with the sweet scent of hope; embodied merchandise in the form of courage; encountered loss of a wounded leg and soaked up health. Poseidon throughout your journey was drenched in poise and self-assurance that he could drive you off course in your voyage to reach Ithaca. He displayed his talent for ruses and deceptions by throwing at you moments of hope. He tended to disparage you in thinking that you not good enough, not strong enough to handle the winds that carry with them ideals you cannot reach. I admire the strength that you mustered up to fight back and take control.

Today you sit on your throne, overlooking your kingdom surrounded by the one thing that springs life into your very soul, the voices of grandchildren screaming your name. May the shores of Ithaca only pull in tides of comfort and backwash moments of hardship. Your voyage was a long one and may the richness of life that surrounds you be ever present. I reflected on your experience of fatherhood and disability through that of Homer's Odysseus's wanderings. It seemed appropriate and fitting, as your voyage was one of discovery as well as ordeal. You served as my foundation in researching the experiences and meanings constructed by fathers that led to a voyage of their own and for this I thank you.



And if you find her poor, Ithaca has not deceived you.

Wise as you have become, with so much experience,  
you must already have understood what Ithacas mean.

Constantine Cavafy (1863-1933)

Your daughter

Angeliki



#### 4.3 Middle Phase- Bill's<sup>1</sup> Narrative

##### A Desperate Struggle to Open Pandora's Box

It is much easier to become a father than to be one.

Kent Nerburn

Dear Bill

You arrived at our first meeting enthusiastically, full of questions and immediately our journey began. Thinking about our time together when you shared your narratives with me and reading them now evokes an array of emotions within me. Sadness arrived, not from the beginning of our meeting, but rather as I am writing this letter to you. Irritation met me half way through our third meeting when I so desperately tried to initiate conversation about fatherhood. Confusion was also present particularly when you avoided the topic at hand and chose to speak about topics that were irrelevant to my study. All these feelings floated around and once I re-read your narratives did I absorb the fundamentals of what you were saying or at times avoiding.

I noticed the desperation in your voice and through the use of your words in wanting and needing to fulfil a father role. When you spoke of your experiences I heard a narrative of desperation and struggle. Therefore the best way that I can describe your narrative in my study is through the title 'a desperate struggle to open Pandora's box'. I felt Pandora's box was a fitting metaphor to compare your narrative as it contains elements of hope versus misery, of ideal father versus real father. I researched a little to grasp the basic story about

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<sup>1</sup> Pseudonym has been used for confidentiality purposes.

Pandora. Pandora was the first woman in Greek mythology. Zeus had ordered Hephaestus (God of fire and patron of craftsmen) to create a woman out of earth from whom the Gods bestowed their choicest gifts. Pandora thereafter found a jar, the so-called Pandora's box, containing inside elements of evil, misery and hope. Upon opening this box all evils flew out over the earth, leaving hope shut inside the box (Goetz, 1990). I assimilated Pandora's box as containing an element which is the description of the ideal father, the one you encounter within your culture. This idealistic picture is left locked inside Pandora's box without any means of escape. The other element within the box is evil which is your uncertainty and lack of confidence about being a father, the real you that has escaped and is bestowed upon your everyday life. Lastly, the element of hope is the ideal father, which teases you in some way, as it makes itself present not only within the box but also in the media, in society and in your own culture.

I basically got the idea that during our conversations there was a deep desperation on your part to be a father in constricting circumstances on the one hand and desperation to overcome the difficulties with your health on the other hand. It seems to me that throughout your narration of various life events you employed both history and culture to add richness to your narratives as well as to contextualise your experiences appropriately. Your narratives took on a rather interesting journey as we travelled along a time line continuum alternating between negative experiences and positive experiences until we reached our final destination - fatherhood (Appendix B). In essence you portrayed a great picture of what a father should be and how you compare to that, given you do not have children of your own. You initiated a story line about fathers taken from your cultural context. The struggle I speak of is one of wanting to cling onto something and struggling to do so because of the atmosphere and unfamiliarity that surrounds you. Pandora, thus, is the box that holds perfection for you.

During our conversations I was left astounded by your profound knowledge and historical detail of the world around you. However it seems that this knowledge consumes you to a point that you struggle to reach for the box and find what is truly inside. I relate to five points on your time line in this letter so as to introduce your narratives. As I continue I will keep reflecting back to this image of Pandora's box as the unfolding of my experience begins alongside your narrative.

#### 4.3.1 *Bill's Father's Illness*

The first visit on the time line is an introduction to your family's medical history, particularly your father's illness dating back to 1968. It seems to me that you make sense of your illness by narrating your family's medical history. There was constant checking of dates and reassurance that you mentioned the sequential events of your family's medical history with precision. You kept within the parameters of your experience but also within the parameters of your family's. In your narrative about illness I also picked up on the manner in which you attribute part of your health difficulties to a genetic fault, thus releasing yourself of the sole responsibility of becoming ill. You mention genetics as a family heirloom that is passed down to the next generation and it is you that is carrying the burden. You have been given the heirloom of illness and now you are working with 'medicine you get today' to hold onto life. This encounter with your father's illness was your introduction to the ill world and it seems it has left you with a negative lump in your throat.

B: 1 He was 57 when he died, I need to make sure that's the right date. When he  
 2 was he realised he had it and was in the bed for a month. At age 55, no sorry  
 3 at age 56 he was also a month in his bed and then at 57 in 1968, in July, he  
 4 died on the 28 September at 57. Luckily I stopped smoking, he even had more

5 battery than I have. The problem though is in my veins. I also inherited this  
 6 from my mother, she had bad blood circulation.

#### 4.3.2 *Bill's Illness*

Our first interview was layered with details pertaining to my study and your illness. The story of your illness, which encompassed an array of difficulties, was spoken in a matter of fact manner using descriptive and precise words. I felt that there was a chronological order of your experience with the ill world as seen in the three separate occasions below. You construct the birth of your illnesses by drawing upon your cultural context.

B: 1 Actually you know in 1996 I was in the hospital for a heart problem.  
 2 My heart recuperated. I smoked for 11 years then I stopped for 11 years and  
 3 then I smoked again for 11 years and then 4 years ago I stopped again and I  
 4 never touched it again...It was deteriorating from...when I started smoking  
 5 again from 1992 my health went down, and that's why I got the pain in my  
 6 heart. I could not even walk even 50 meters.

B: 1 They tested me in 2000 no 1999, before I had a stroke. But before I  
 2 had the stroke in 2000, 8 January I had been here in Joburg, twice and  
 3 one Sunday morning while I was reading the Sunday Times, it took me  
 4 half an hour to read. I thought what the hell...and then on the  
 5 Wednesday I came to the hospital and there was something wrong with  
 6 me. I was not feeling well and then I did a scan and I had a stroke.

B: 1 First in 2002 they put a by-pass here by my leg and they actually made

- 2 a botch. Messed things up for me.
- 3 Also I should have not lost my leg, in 2004 so I still have a year to sue
- 4 them. It was all traumatic and very much to deal with.

Another point of interest for me was the constant ownership you have over your disability and your diabetes. I found your connection with disability and diabetes a symbiotic one. There was hardly ever a time when you mentioned the one without the other; they are closely associated to you. You gave both aspects titles of grandeur on the one hand and hatred on the other. In describing the diabetes as being bigger than you (lines 1, 2 & 7 below) you allow it the freedom to take over. It's almost as if the diabetes decides on the next move in your health. This perplexed dichotomy between the two friends, diabetes and disability, made sense to me only after re-reading your stories a couple of times. Even though this experience was flooded with negativity you gave your illnesses a positive twist in that they created an inner strength for you. I realised that you are the one in control of placing them in a position of power so that it works to your advantage. You give them power, I see this through the words: "bigger than me"; "my disability is a factor in the way they treat me" and "...I could have died...so maybe the fact that my diabetes couldn't heal the wound is better." Yet you are quick to shift from a positive position to one of ridicule: "can't let stupid things get in the way, like that diabetes of mine" and "And so my diabetes took my leg."

- B: 1 Ya, my diabetes does things to you without you realising, it's almost
- 2 bigger than me. I was ill for about 5-6 months and uh after that I
- 3 should actually have therapy cause it happened in court sometimes that
- 4 I could not find a word, a very obvious word. I just can't get onto it,

5 you know and at least I could describe it in other terms or whatever  
 6 and it's very irritating, can't get to the punch and can't say it. I went  
 7 through a very tough time... I think that my disability is a factor in the  
 8 way they treat me. They think cause I can't walk that I am stupid. But  
 9 I have learned with the wheelchair and it has taught me you know, to  
 10 appreciate what God gives you-2 legs and you can't let stupid things  
 11 get in the way, like that diabetes of mine, it's the cause of this.

B: 1 They wanted to put an artificial vein and so the problem is the wound  
 2 was big and would not heal that easily and also with my diabetes, it  
 3 became complicated. And so my diabetes took my leg. It could have  
 4 gone the other way though, I could have died from other complications  
 5 so maybe the fact that my diabetes couldn't heal the wound is better,  
 6 rather lose the leg than the life I say.

There is an irony in your perception of diabetes and disability. This lies in the constant battle in ascribing them either within the ranks of the elite or the sorts of the bourgeois. I often question the relationship you have with these two distinct yet admirable fiends? When I asked you about your experience of the limb loss, being a positive or negative one, I noticed how you conveyed both. Negative in that freedom was taken to a degree and also positive because it instilled character traits that you now appreciate. Patience and tolerance is what you spoke of. "All people should be like that" and "...it should be with all cultures and races..." In this part of your narration you draw upon societal and cultural contexts. You introduce morality and values to the narrative through the employment of certain traits that suggests goodness and shuns badness: "...then the hostility will go away."

Despite the ongoing struggle of the relationship amongst diabetes, disability and yourself, there is the desire to reach and grab hold of the situation through positive talk. Fighting back is your revenge on the struggle. You seem to externalise your illnesses so as to separate them from yourself should they reflect any bad connotations. At the same time they still belong to you. This is done by referring to them as ‘my’ and also through the constant usage of particular language, such as “my diabetes is still a little out of control at times.” You bestow upon diabetes a subjectivity that embodies humanness.

#### 4.3.3 *Bill's Marriage*

In order for me to understand your position as a father certain incidents you mentioned during our conversation stood out for me. So I reflect back to your narrative about your marriage and family life. The word family refers to “parents and their children; a person’s children; set of relatives; group of related plants or animals; or of things that are alike” (Hawkins, 1985, p. 155). During our talk there was no feel that you had that around you. I imagined a family structure consisting of a father, a mother, children and relatives here and there. I drew from my experience of family as well as from discourses surrounding me. Upon describing your situation I found that you are lost somewhere in that structure. Your place is not defined because of the factors that you mention such as age: “We should not have married...she is 17 years older than me...”, the factor of your position in the relationship: “I am less than a dog, less than a pig...”, the factor of your circumstances: “...I am dependent on them”, the factor of labels: “They think cause I can’t walk that I am stupid”, a lack of stability: “Her sons are also mixed up man. One of them lives with us and makes things difficult for everyone” and “...he brought this con man into the house...” and because of a

lack of emotional connection: “She wants something that I cannot give her.” And “...can’t breathe around her.”

B: 1 I met this woman but actually she was...sorry. We should not have  
 2 married it was hell. She is 17 years older than me...We could have  
 3 worked together but I shouldn’t have got into marriage. I like her as a  
 4 human...I don’t know I made a mistake...I can’t breathe around her,  
 5 I can’t anymore...it’s hell with her. There is always uh...I have one  
 6 leg and there will be times that I am dependent on others for help,  
 7 which becomes embarrassing sometimes.

There seems to be a constant struggle for freedom, for air as if you want to escape from the clutches of despair. There is a venomous feel when you refer to your wife and current situation. The marriage, the company it seems is associated with hell, and depicts the severity of burning hate. It seems that your experience of your marriage is associated with hell. This is a strong description and leaves me with an image of an environment filled with much hatred and sadness. I feel that the throwing of the comments can figuratively be the throwing of venom, a poison that weakens you slowly. Again “I am less than a dog, less than a pig” reinforces your helpless position within the family system. Like you would throw a bone to a dog so do the comments get thrown to you. This association is further reflected in your dependence on them for your survival. Circumstance has left you feeling helpless and the realisation that you may need your family is far more for you to deal with than the actual action of help. More so, the embarrassment you feel reinforces their control over you and their rank within the family system. This dependence coupled with the embarrassment locks you into a picture frame of despair. I picture you within the confinement of a frame that is



bordered with helplessness. It seems for you there is no escape and you are suffocating in this small place called home. This is further enhanced through your experience of suffocation, which is very much restrictive. There seems to be no room for utterance, let alone growth.

I sense that you are living the dominant narrative of “helplessness” which plays the ruling hand in all that you do. This experience is constructed in your words “...running you down,” “...whole stamina and strength, your sexual drive, everything, is gone,” “...have this depression...” “...emotions are blocked...” “...there is no love really...” You further go on to narrate your helplessness through the usage of time, so as to emphasise its presence over the years: “...your emotions at one stage are blocked because of things in the past and experiences in the past.” You seem to carry helplessness in your back pocket and keep it there like a history textbook so as to reflect back to it from time to time to make sure that it is always there. There is an impression that your self-esteem is questioned. Phrases such as “telling you that you won’t make it...affects your self –esteem...your self -worth as a human being;” “being treated like an animal that they think can’t do much;” “I am struggling to find my sanity at times;” “...one reason why I am not getting up to my own two feet, it’s self pity;” and “...she is sadistic man, giving you on the one side comfort in the sense of feeling sorry for you and on the other side pinning you down, to get you to do what she wants.” In all these instances you identify with someone who is trapped and thus reinforcing the dominant story of helplessness that you have been living. It was also interesting for me to note that in the midst of this helplessness there is the motion of wanting to reach out and be heard “...no support where I can get help and be heard” and “...there is no communication and help to assist me.”

Thus far you have introduced me to a world surrounded by confinement where the ruler is helplessness and is guarded by soldiers of despair and no hope. Your situation at hand is flooded with a negative stream of experiences that renders you incapable of enjoying a fulfilled marriage. It was important for me to hear your narrative about your illness and family so as to acquire a more rich understanding of your knowledge and experience of fatherhood. This dimension is broken up into two segments. On the one hand I am introduced to your experience of fatherhood which has a positive impact on your life. On the other hand I noted the Afrikaans' cultures understanding of fatherhood which is in opposition to your reality and is thus a negative experience.

#### *4.3.4 Bill's Fatherhood Experience*

During our first interview I sensed urgency in your voice in wanting to know details about my research, particularly about the fatherhood concept. You seemed rather interested in the details pertaining to the rise of such a research project. It seems inquiry puts you in the driver's seat. With every meeting you would ask a question about my study so as to almost reassure yourself that you belong here. By reflecting on your past experiences of what you think "thesis topics" should be you attend to your cultural book and impose questioning upon my study. This was interesting to note, as you were eager to participate yet at a distance where you could absorb understanding at your pace before we proceeded into a domain that scared you. This is shown in the distinguishably assertive comments "Why this particular topic...?" and "...going to use this recording for your research?"

I proceeded to inform you about the root of my study and the meaning it holds for me as well as the fathers living in South Africa. In relation to this I also felt that you were lost in terms of this subject of 'father' that I brought up. It was easy for you to describe fathers

against the backdrop of discourses that are floating in society yet you had no real definition or feeling of your own. Your uncertainty makes you vulnerable to the unknown. Pandora's box is within arm's reach but there is a fear of what is inside. Again you draw upon culture to assist in your narration. Inquiry about my other participants: "...so from an Afrikaner background, the other fathers, from what culture are they from?" allows you to draw from your cultural book where they might stand in this study.

B: 1 It amazes me what the public says about fathers at times. When I  
 2 agreed to talk with you I was not entirely sure what was required of  
 3 me...Oh you also wanted to see how our culture perceives this topic?

B: 1 Um, well I don't have children of my own but like I told you I have  
 2 step children which don't really qualify because of the age and the lack of  
 3 relationship. There is the boy, my wife's grandson, which is like a  
 4 son to me. He really is sweet and kind and we get along and it feels like a  
 5 father-son thing. I don't think blood determines fathers but mostly the bond  
 6 and I feel that there is one there.

I find that in this moment you tried to justify your position as a father. Lines 5 and 6 above reflect your conceptualisation of fatherhood, what you may find in Pandora's box, yet you are foreign to it altogether. It seems to me that fatherhood for you is not merely determined through nature's biological circumstance but can be a quality that is created and maintained over time (lines 5 & 6). I find that here starts your struggle of desperation. Pandora is there in front of you and highlights the perfect father created by the media: "It amazes me what the public says about fathers at times." I believe that it's this remark you

made that hinders the investigation of Pandora. Pandora holds perfection in your eyes, what fathers ought to be, the ideal father portrayal. Yet it seems that you find difficulty in connecting with it. This brings me to the belief that maybe what is inside Pandora's box is not hope for an ideal father but hope for finding the real you. The idealness of father floats around you every day, it is out there yet you have confined it in a box that if set free will unleash more uncertainty and insecurity. You are far too consumed with the public voice of father that has drowned your own. Your reference to your step grandson's character traits "sweet" and "kind" and "we get along" within your narrative of fatherhood, is what a father would say about his son.

You spoke of your wife being seventeen years older than you. From the start of our meeting there was a fight within you that needed to be released. You kept referring to how jealous she is of your relationship with the boy. It is interesting to note that in this situation there are two obstacles that stand in the way of 'fathering' for you. On the one hand there is the strong emotion of jealousy from your wife (line 1 below) and on the other hand the age discourse (line 4 below) hinders the formation of relationships. Your wife's sons are too old for you to be present as a father figure. Thus the discourse of age is introduced within your family setting. The emotions of jealousy stand in the way of you fostering a strong bond with her grandchild. Thus in your situation it's not easy being a father. Furthermore what stood out here for me was possessiveness. She wants possession of you and you want possession of the boy. It seems that he is your escape to something better.

B: 1 She is very jealous of us and you know he is like my own. Of course I  
2 am not his biological father but that does not matter, I treat him as if he

3 is my own flesh and blood. She is just too possessive, uh over us and I

4 I have no real relationship with my wife's sons cause they are old.

A: 1 Have you tried having a relationship with them?

B: 1 Well you see they are old or older than me so I cannot very well be a

2 father figure but I did try be civil for peace of mind. I am not their

3 father but I do try.

Below I am witness once again to your hand reaching into Pandora's box and picking up the card that addresses conventional fatherhood (line 1). This is a criterion you don't follow against the backdrop of your cultures' understanding of fatherhood. What was also interesting to note in lines 2 and 3 is how you assimilate being with a child as a gain rather than a loss. This could be viewed against the loss you feel everyday within your marriage and the loss of your limb

B: 1 I don't do the conventional father things with him like parents

2 meetings and soccer games....When I am with children I don't feel a

3 loss but a gain

B: 1 I try more with the little boy because I like his company and we get

2 along. He makes me feel important and he listens when I talk. He also

3 does not disregard me in any way and I help him with schoolwork and

4 we watch television together and talk about all sorts of things.

5 ...we do talk about all sorts of things and enjoy one another's company

6 and talk about school. I give him ideas about school projects should he

7 need anything. You see I have nieces and nephews also that are like

- 8 my own children. My siblings are all very close and I love those children as if  
9 they are mine. There is no difference in our family. We all considered  
10 important role models

The narrative of fatherhood as depicted in two instances above is presented in a very structured textbook manner. I feel that I am reading a manual of how to be a good dad. As your narrative unfolded you kept bringing up bloodlines as if it may be considered a determining factor to qualify in the study. You needed reassurance that it was all right for you to share this experience. After convincing yourself you needed to convince me by giving me examples of father-son interactions, “I try more with the little boy because I like his company and we get along” and “I help him with schoolwork and we watch television together and talk about all sorts of things you know...” In these instances you pulled forth your cultural textbook on fatherhood what you believe to lie in Pandora’s box and regurgitate the chapter on “how to be a good father.” At the same time when I reflect on this relationship I feel that you are talking about a friend, rather than a son. You refer to doing things with your step grandson that constitute a good father-son relationship but there is an underlying need that he fulfils something within you that others in the house do not. When you said, “...he makes me feel important and he listens when I talk. He also does not disregard me in any way...” tells me that you want respect, acceptance and to belong more than anything else. However amongst all the disillusionment about fatherhood and complications you seem rather happy around the boy. This experience for you seems to be the most positive one as you are yourself and free from constraints. It is obvious that this unique relationship you have with the boy is the one that keeps you going and fosters a good feeling within you.

#### 4.3.5 *Fatherhood within the Afrikaans Culture*

A: 1 May I ask you another question Mr. Bill? Even though you have not  
 2 had the direct experience of been a biological father per se, you have  
 3 considered your step grandson and nieces and nephews as your own  
 4 children so in the Afrikaans culture what does it mean to be a father,  
 5 what are your thoughts about that?

B: 6 ...I believe it's about love, respect, adoration. You can't hit a child;  
 7 maybe you can give him a pat on the hand...Children are vulnerable  
 8 and need to learn from the world and surroundings hey. You as a  
 9 parent you need to teach them about uh their world and you should be  
 10 able to give them that um what you call it, knowledge. I don't have  
 11 any of my own but I know what I can offer in all my years on this  
 12 planet and I have provided for children and felt good...always asked  
 13 me for advice and I give it freely.

Here you introduce me briefly to a cultural world that seems to be unfamiliar to you. You proceed to give me a list of words about what it means to be an Afrikaans father (lines 6 & 9 above). You draw from Pandora's box a list that tells me about fatherhood. You construct your experience of father by digging into literature and the discourses that have surrounded you over time. It almost seems that you are reciting a book rather than talking freely about your experience.

B: 14 Afrikaans families are close and all relatives are important and play a  
15 role. Father role is a bit different because it's like the father works and  
16 the mother looks after the children but on weekends the family is  
17 together. It's like a domineering position, what you say patriarchal in  
18 some way. Father brings home food and wife cooks, ha ha (laughs).  
19 Father's are complicated creatures cause they have responsibilities to  
20 their families and uh the society, the world around them. They are the  
21 work force so to share the time becomes a problem at times. Ya man,  
22 Afrikaner fathers are strict, the traditional ones and what he says goes,  
23 that's how it is at the end of the day.

Further along you give a more detailed explanation about the Afrikaans culture and their perception of fatherhood. You narrate and create meaning from a cultural discourse rather than from a personal experience. Tradition tells us that father's work and mother's look after the children and this is how it works within your culture, as you told me. You go on to stress how fathers are placed into a patriarchal position (line 17 above), in that they are the head of the household. In your current situation you are not placed in that position and I wonder if you are envious of those fathers that are. You construct responsibility of fathers by using discourses and pointing out ritualistic behaviour "father works and the mother looks after the children" and "...father brings home food and wife cooks." You detach yourself from this description of fathers by referring to the generalised population and in the interim you exclude yourself because currently you are not part of the workforce (line 21), you do not bring food home (line 18) and you are not strict (line 22).



So when introducing me to the Afrikaans tradition of what father is, you do so on a superficial level and not on a personal one. As it stands your role within the family is the complete opposite to what you depicted about Afrikaans fathers. You state how fathers are at work and mothers stay home to take care of the children (lines 15, 16 & 18). It seems to me that Afrikaans fathers are somewhat distant with their children whereas you are quite close to the boy. In your situation you are the one that is staying at home and taking care of the boy, which is the direct opposite of what is done with Afrikaans men. This to me seems to be a negative aspect in your perception of fatherhood as you so eloquently describe what is expected within your culture yet you are living the role of the opposite. This makes you an outcast to the familiarity that is represented within the media and society about Afrikaans fathers. I wonder if this position that you are currently living is one that you compare with other families of your culture on a daily basis? Your culture makes it difficult for you to fit the role of father that is comfortable for you. Thus your experience is carved out of the discourses that float around us every day about the family structure fused with your cultural conceptualisation of fatherhood.

- B: 1 I mean I love children and as a stand in father I always look out for the  
 2 best for them, you know. Even when I was sick and lost my leg I  
 3 always had time and made effort and um did things to cheer them up  
 4 and uh make them happy...Father is a difficult concept not only for me  
 5 but for actual fathers well I think. Being a parent requires something  
 6 from within and I don't know you can either have it or not.
- A: 7 Is that how you see fatherhood, a certain something you either have or  
 8 not?

- B: 9 Well we do live in a nasty world and when you hear stories of fathers  
 10 abusing their children, you wonder what is going on... I read everyday  
 11 about abuse and parents not caring and I wonder what's wrong  
 12 with the world... Maybe I am wrong, I have no biological children but  
 13 yet I have so many children that love and adore me like a father. I  
 14 didn't give birth to them but I do other things that fit into father.
- A: 15 Would you say being a father is a job that has requirements?
- B: 16 Not a job but a function you assume when you make the choice and  
 17 thereafter you do, as you feel fit. A child will never reject love so if it  
 18 comes from an uncle its not any different, I know how to change  
 19 nappies and feed and listen and help with homework, those are all just  
 20 chores and most of all I know to love and allow to be loved and that's  
 21 what counts in the end.

Father here seems to resemble a puzzle. You talk about the action of being a father as a difficult one (line 4 & 5) like something that needs to be solved. Simultaneously you admit to yourself as well as to me that being a father is in fact hard. You realise at this moment that parenting comes with responsibility but you also mention a “something from within...you can either have it or not.” Here I sense doubt on your part about fathers and it is also seen in your words, “...hear stories of fathers abusing their children, you wonder what is going on” and “I read everyday about abuse and parents not caring and I wonder what's wrong with the world.” I hear disappointment in your voice and I wonder if the happenings that you read about and hear are an excuse to escape from a position you are not accustomed to. In line 18 and 19 you spoke of doing things that fit into the concept of father. It seems that you need to

get dressed for the occasion of fatherhood and once the day is done or the visits from your nieces or nephews are finished then you can take off your fatherhood cloak.

I would like to end off this letter by saying that I feel that you have identified with a meaning and taken it as an experience based on the pretence that that is how it is everywhere because society throws it in your face. You grapple with the ideals that society has created about fathers and compartmentalise them. In this instance you deflect from what you could be because you are too busy trying to fit into a persona that others created. The desperation I titled in the letter to you comes from the way that you depicted fatherhood as your experience, fatherhood recited from your culture's perception, marriage and from illness. I found that you quite easily separated these topics as if they had no relation to each other. In one instance you chose your cultures' voice of fatherhood rather than your own. You held on tightly to the discourses surrounding fatherhood and compared yourself to those. Every constraint you speak of is imposed by the prevailing discourses that have surrounded you over the years and thus become part of your cultural knowledge. Along the time line continuum that I depicted within this letter there is a pattern. The introduction to your father's illness was a negative experience for you. Thereafter you proceeded to depict your illness which stands equally as a negative and positive experience. Your marriage clearly resonates a negative feel. It was when I read your narrative about your experience of fatherhood that I felt a distinct happiness and elation in your words. It is obvious to me that your experience of fatherhood is one of an emotional father rather than a biological father. This experience, which is positive and fulfilling for you, can be viewed as a unique outcome in your life. It seems to me that time spent with the boy is when you are at your happiest and most peaceful even though you are confronted with discourses of your cultures' ideals of

fatherhood. Your fatherhood experience is a positive encounter against the negative experience you face through not fitting with the realms of the traditional Afrikaans father.

Throughout our meetings you related familiarly with the outside world. I find your knowledge about the world most fascinating and yet you are so unfamiliar with a role you so desperately want to fulfil. It was hard for me to follow your pace at times. You spoke about various topics such as racism, politics, education, religion, culture and health and deflected from what the study was actually about. It seems that historical data is a place that you can connect with, with reassurance. In your narration you drew upon history and culture of certain events to bring meaning to an experience. I had asked you about fatherhood and you diverted to speaking about some other topic of interest to you and I felt like a hackler, desperate to get the information that I needed. The only time you were sure of yourself was in your telling about disease, illness, history, racism, government policies and religions of the world. Throughout this journey I felt that you not only were present to share with me your experience of fatherhood and losing a limb but also that you wanted to educate me about the ways of the world through your lens. Your avoidance of the topic fatherhood gave me the impression that you were afraid to commit solely to this experience but once you opened the door to fatherhood you plunged into it with great tenacity and vigour, especially when narrating your experience of fatherhood.

Although at times your narrative was like that of a collage, one picture on top of the other, not making sense, just there to fill space, I now see the picture that stands alone underneath all these other beautiful images. I only learnt now as I write this to you to appreciate your knowledge of the world and your ability to find a place for me in your time and share all of this. I always felt and still feel that Pandora's box is at arms length but there

is strength in you that pushes you forward and I hope that you find it. When you open the latch I hope that you find something that you can relate to or learn from and not so much imitate or hope to be. The man you are now is enough to lead you to another place where you will find the air to breathe again, the freedom to move and the experience to share and bring meaning once again.

Angelik

4.4 Sam's<sup>2</sup> Narrative

## The Thread that Weaves a Work of Beauty

There's something like a line of gold thread running through a father's words when he talks to his daughter, and gradually over the years it gets to be long enough for you to pick up in your hands and weave into a cloth that feels like love itself.

John Gregory Brown

Dear Sam

As I sit down and write this letter to you, I reflect back on our conversations. It seemed to me that whilst I was listening to your narration about your experience of fatherhood as well as your experience with the world of illness it evoked a sense of familiarity within me. I held onto your every word and was almost always amazed by the words that painted your narrative into life. In only a few meetings you created a panoramic display of beauty in your telling of your life. I held onto every word and with every moment that passed the picture you told filled with more colour as you took your paintbrush of experience and stroked it with a magical touch that brought it into life. Throughout your narration you depicted a precise flow of events alternating from experiences that hold both a negative and positive feel to them. I remember the nostalgia I felt sitting on the stoep surrounded by familiar screams of children, the high pitch voices of house wives, the laughter of school children returning from school, the wind blowing the bare trees and the neighbours passing by greeting you. It felt like home and even though there were on numerous occasions stares by the neighbours, their smiles afterwards still linger in my memory.

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<sup>2</sup> Pseudonym has been used for confidentiality purposes.

#### 4.4.1 Sam's Working Years

You immediately pulled me into your world by introducing your working years. You began narrating about your time as a young boy and progressively took my hand and led me to a journey of your life. The pace of your narration was slow which made the walk more appreciative and perfectly peaceful. This first introduction into your life posed as a slight negative experience. You recounted the past and expressed the difficulty in those years with a notable underlying gesture of survival. I witness this in your words “still was too young,” “work was hard so I did gardening” and “when I am alone I can't stay hungry; I have to take care of myself.” You construct your experience of survival by employing your history from childhood and your cultural discourse that states how difficult times were. This is seen in lines 5 and 6 where you grasp at knowledge of your culture and combine it within a time frame to create an experience that holds meaning for you.

- S: 1 Well in about 1939 I started looking for a job here but I still was too  
 2 young you know.
- A: 3 So you started working from a very young age?
- S: 4 Yes, from very young. And work was hard so I did gardening and um.  
 5 Those days were different times; children used to work so they can  
 6 help put food on the table.
- A: 7 Anything you could do?
- S: 8 Yes, I also did and can still do cooking. I mean when I am alone I  
 9 can't stay hungry; I have to take care of myself and be able to do  
 10 things to feel alive and ok.

4.4.2 *Sam's Illness*

As I continue I encounter your friend or enemy illness...

- S: 1 My trouble though is the leg. It all started with heavy pain...did not  
 2 look so good...It became black underneath the toes and it hurt...the  
 3 pain um would come and go. Like a visitor, you know someone  
 4 coming you don't want to come...20 years that story, pain and blood  
 5 and hurt and tired. All of it too much for my body and for me inside  
 6 and outside...But sometimes it stops but other times it's so paining that  
 7 I could not even sleep. Sleep was not coming only the bad visitor, the  
 8 pain and the troubles with the leg. . I decide that I can't stand this  
 9 pain, this heavy pain that always visits and stays and then goes and  
 10 comes. Making me sick and ill and dizzy...So much to handle for me  
 11 and my family in the home. They could see all of what is going on.  
 12 So I decide to call the ambulance, and then the ambulance comes here  
 13 and pick me up to the hospital and I immediately tell the doctors to  
 14 please give me the papers, the forms to sign that I must be, to cut it off.

You led me into your world of pain and suffering with ease and did so calmly. I sensed that your experience with your leg and the trouble it created was a painful and negative experience for you. You gave the pain you felt a quality of magnanimous proportion so as to emphasise the burden and weight of the problem "...all of it too much for my body and for me inside and outside..." It fascinated me the way you metaphorically compared the pain that you felt to that of a bad visitor (line 3, 4 & 7). You constructed an experience about your



painful leg through the language of creativity and narration - something that is very much present within the ranks of your cultural traditions. You gave life to your pain and did so by narrating the experience in a more effective manner through the employment of tradition and history. By giving the visitor life you create a past “Like a visitor, you know someone coming you don’t want to come...20 years that story, pain and blood and hurt and tired” and coupled with tradition “I decide that I can’t stand this pain, this heavy pain that always visits and stays and then goes and comes” making it almost human. You also talk about the pain it was causing your family and seemingly you needed to rectify that by taking matters into your own hands, which you did (line 13 &14 above).

- S: 1 Yes I made the decision because the pain was too much for me to carry  
 2 with. I have it for 20 years and I thought the bad visitor must go now.  
 3 I could not sleep, like him ringing the doorbell all the time; it was like  
 4 pain was ringing in my heart, in my body all the time and it would not  
 5 so easily stop. I said he must go so I decide to cut. I have a shoe but  
 6 it’s just too heavy and it’s paining when I try it on. I suppose to be  
 7 walking with it but its too sore, the paining is just too much. And you  
 8 know that thing is heavy like I am caring another people, um another  
 9 person on my leg. Is too much for this old body.
- A: 10 So you don’t walk with the prosthetic leg?
- S: 11 No I don’t walk with it because like I say it’s much too heavy. It’s a  
 12 wooden one and it’s heavy...And sometimes it pains like lightening,  
 13 something like this. Like when lightening hits a tree and it cracks, the  
 14 pain is like a crack...It’s better without the leg...I did try every day to  
 15 put it on and walk but I can’t even walk from here to that wall without

- 16     the pain following. I think the visitor is back and so he must go and I  
 17     take it off.

You talk about carrying the pain again, an unwanted burden that needs to be shrugged off (line1 above). The meaning that this experience holds for you is a painful one and I see this with the strength of the words you use “...the pain was too much for me to carry with...” “...bad visitor must go now...” and “...I said he must go so I decide to cut...” When you spoke of ‘cutting’ your leg I pictured a butcher slicing through a piece of meat as if nothing is wrong, just going about his job. The way you portrayed the pain in the leg like a bad visitor that must go is harsh and very matter of fact. You emphasise the pain’s protruding quality and annoyance by choosing specific words such as ringing and the use of all the time “...like him ringing the doorbell all the time; it was like the pain was ringing in my heart, in my body all the time and it would not so easily stop.” By cutting the leg you cut away the pain, cutting away the bad visitor, cutting away the ringing leaving you free from burden, from hurt, from noise, from pain.

You engage yet again with tradition by adding a touch of metaphor in the description of your prosthetic leg. You assimilate the feeling of the prosthetic leg in the same manner as your leg before it was amputated “...can’t even walk from here to that wall without the pain following. I think the visitor is back and so he must go and I take it off.” In this instance though you decide either keeping the prosthesis on or off, so there is the possibility of choice “It’s better without the leg...” In the same moment though you distinguish between the two degrees of pain by utilising a different metaphor to describe the pain that the prosthetic leg brings “...it pains like lightening, something like this. Like when lightening hits a tree and it cracks, the pain is like a crack...” Here you use lightening as your metaphor to explain the

pain and emphasise it through the use of the onomatopoeia “crack.” You liven up your narrative by digging deep into your cultural hat and picking out the exact metaphors, the exact language and the exact proportion of time. It seems that in this way you establish a meaning of your experience that is more profound and in the process you are able to capture your audience and pull them into your narrative.

#### 4.4.3 *Fatherhood within the African Culture*

I continue by entering into the domains of fatherhood within your culture. Here the rituals and traditions of your culture capture me as they linger within my culture too. You speak of tradition with such vigour and pride and emphasise the important role that father’s play within the family structure. It seems to me that here you are introducing a way of life within your culture that is vital for the survival of its people. I sensed a positive feel of the way you expressed the traditions and rituals of your people when it comes to fatherhood.

S: 1      Father is the head of the house. Everything, you must give every  
 2      instruction at home, you must support and look after everybody in the  
 3      house. If anything must be done you must talk to the father and if you  
 4      agree you agree and you don’t agree, nothing goes through. There is  
 5      respect and loyal and trust. Also like a chief, you must listen but also  
 6      must give advice and help when they need and must also provide. The  
 7      father is the provider, he gives to the family and they must say  
 8      thanx...some say these are old-fashioned things and they don’t take  
 9      it...When I grow up if you walk in the street in front of a old lady or  
 10     old man and there is a young girl, I must leave her alone and run away  
 11     because you don’t do that in front of old people. There is a respect for

12 the old because they know better and as a young you look up to them  
 13 and not do naughty or stupid things. But these days they say its old-  
 14 fashioned. It was from my eldest, they teach me, each and every old  
 15 man is my father and each and every old woman is my mother. That's  
 16 what they teach me and so I look up and respect them like that.

The repetition of the word 'must' to me resembles a baking recipe. I say this because should you falter at any one of the ingredients then the cake will flop. In the same manner you describe what a father must do and should he not, then he will fail. I sensed at the time admiration of what your culture expects from fathers but I also sensed a stress that should this not happen failure will soon follow. You house the rituals of your culture in a cabinet that cannot be unlocked.

S: 1 Father means different things to them and they don't act um like that,  
 2 like children themselves they are and not take responsibility for their  
 3 behaviour. With me it was very different because of the age and my  
 4 elders. They taught me respect and fathering is important and been  
 5 around for your family, not like the world is today...You the head and  
 6 must look after everybody...Father and mother are words they don't  
 7 know too much of. You know if you the grandfather, then you have  
 8 the father and then children, you answer to the first one the grandfather  
 9 and then the father. The old people are at the top like the tribes work  
 10 and you make decisions and choice like that, through that line.  
 11 Because the elders know best, they have live life and know, they wise  
 12 and can give you stories that help and can be useful. So if the

- 13 grandfather is still alive you talk with father then grandfather and he  
 14 tells you it works like so and so and so because he knows...

You talk of responsibility as paramount criteria when being a father. I sense anger and a dose of disappointment that the youth of your culture has so easily let of the traditions of their elders. It seems that the youth of your culture is not so familiar with the meaning of family and their interpretation of father is constructed from different discourses than yours. It seems that the bloodline you follow in terms of patriarchy is somewhat foreign to the young people you encounter. You talk about the head of the family being the grandparent and it reminds me of a hierarchy where the authority stands tall and exposed at the top while the rest of the pyramid looks up with respect.

- 15 Ya it seems modern times are taking over and that TV is breaking the  
 16 family traditions with their new ideas and things. The young see  
 17 broken families and so they can't be parents and fathers like you doing  
 18 research for. Ya, it's hard these times with so many happenings with  
 19 the other countries interfering and all the books they read.

History it seems is a mirror that reflects different cultural beliefs between the elders and the youth in your culture. This is seen in your continuous expression of the youth today and how they have quite easily neglected their traditions and responsibilities for things of a lesser value. You find explanation in their behaviour because of the media and society (line 15 & 19 above), blaming westernisation for losing the essence of your culture. Thus the imposing discourses deflect the youth from their responsibilities. There is almost an old versus a new age battle of thinking, ideals, traditions, morals and values.

S: 1 Father works away from home and mother by herself with the  
 2 children. Fathers are lost and now can't be found and the world  
 3 see this and say but look at the black people, they don't love  
 4 their children and it's only like so because of the young ones.  
 5 Here you look at the streets and you find fathers drinking and  
 6 you think their child at home hungry with no or little food. In  
 7 the old times that would never happen because the streets was  
 8 to walk on not to live on. The home was the life, is the life, uh  
 9 the what you say, the air you breathe was in the home because  
 10 that was where your family and happiness lived and it was  
 11 good.

You spoke of how the youth of today live their lives independently and seem to care less for their families (lines 3, 4 & 5 above). In order to emphasise this importance of family you made use of an analogy by comparing home life as the air one breathes. This almost adds a definitive conceptualisation of what family is. It is evident that societies that take on your culture are misinterpreted as it is surrounded by discourses that alienate your people. This is witnessed in lines 2 and 3 above.

#### 4.4.4 *Sam's Fatherhood Experience*

Immediately we enter into your experience of fatherhood. I get the impression that you narrate your experience of fatherhood chronologically by describing how you and the elders did things (lines 1, 2, 3 & 5). Thus it seems that time is an essential component in your narrative. From the start you compare yourself to following the exact traditions of your culture as to what a father ought to do and be. This comparison though fills you with a

happiness and elation because it's the tradition of your culture that gives you direction of what to do. You describe yourself as a father using specific words like 'protector' and 'provider' and 'worker' so as to reiterate the traditional view of father. You narrate your experience positively and emphasise how things should be done in order to uphold the family system.

S: 1 Me and the older people still believe family is important and decisions  
 2 are made through the elders...Also the family was the most important  
 3 in the world and father had to provide bread and security, like I did  
 4 with my family. I was the protector and provider and worker and I  
 5 brought food home and I was away late but on free days I was with my  
 6 children and helping them.

It seems that the guilt you talk of has to do with financial constraints on the family as well as your inability to be there like you once used to. The aspect of losing your leg and thus not been able to work is not only a big thing for you but leaves you heavy with feelings like "useless" and "not needed." You construct your experience of what a father should do "help with the money with my family" and allowed that burden to sit on your shoulders. For a while you led a dominant narrative of dependency until logic kicked in and took you on an alternative path. This path that I speak of is filled with aspects of hope and kindness, which is seen in the way your children and grandchildren help you out and how you have come to terms with the situation you currently find yourself in. The guilt of not fulfilling the entire role of father leaves you with a negativity that is highlighted every time you cannot do things. There is a positive stance as your family understands and is willing to help out considering the circumstances.

S 1 I feel guilty to sit like this and not be able to do anything around the  
 2 house...and not do anything to help with the money for my family. It  
 3 is a big thing to have over my shoulders and to think about all the time.  
 4 ...Sitting here everyday was difficult...My children and grandchildren  
 5 help me a lot if I need...After the leg though things are hard for us. I  
 6 felt a little guilty because I could be there all the time for them...I was  
 7 at times feeling useless and not needed but I realize that I must make  
 8 this situation work with 1 leg...I also did not want to become  
 9 dependent on them and always having to say to them, help me here.

You speak of your children and grandchildren and the liveliness that they bring to your home and to your life. You depict a very vivid narration about the satisfaction of being a father and a grandfather. You describe your experience as rewards. You spoke positively about the nature of your relationship with your children and how they bring meaning to your life. The friends and visitors that come by are a part of your family. It seems that the noise that surrounds you keeps you going and you make use of your tradition of narration to entertain and keep busy.

S: 1 I have 8 children, 4 girls and 4 boys. But 2 boys passed away so now  
 2 I have 4 girls and 2 boys...So I am with 1 boy and 2 daughters here.  
 3 The grandchildren is about 7...Yes and so this house can be very busy  
 4 at times. So there is always laughing and crying and begging and lots  
 5 of decisions going on in this place here. As you see people are coming  
 6 by all the time visiting and friends walk by the street and greet you and



- 7 you have a talk and so there are children that need attention and I tell  
 8 stories and keep busy like that.

In this instance below you speak about being the head of the house in a forceful way. I feel that you need to reiterate the fact that you are the elder and according to the traditions of your culture, you the one that stands tall and makes decisions. You talked about taking control within the household "...still the head of the house" and "...I am the elder..." but there are instances where you recognise the importance for them to be independent and make choices for themselves (line 3 & 4). It seems that order is imposed within your home so as to keep the flow of family life going, which makes sense to your accustomed way of living. Here you construct your understanding of family by tracing back to the history of your culture, how the elders would do things.

- S: 1 I am still the head of the house here. I am able to make the choices and  
 2 they listen to me. I am the elder and that is how they have been  
 3 brought up. Of course at times they need to make decisions for  
 4 themselves because they are growing but I can still be here to help  
 5 them if they should need it. You know to make the road look ok ahead  
 6 and give my opinion about things they are thinking or want to decide  
 7 for. It is like a beautiful blanket, those one with the different colours  
 8 and pieces.
- A: 9 Like a quilt?
- S: 10 Yes the ones the ladies knit. Well they are each piece of that I am the  
 11 thread that keeps it together, like the stitching that can break if all the  
 12 pieces are not together. If one piece comes loose then maybe the

- 13 others too and so I have to be a strong string to hold it tight and firm.
- 14 As for now it is like things are going smooth and so everything is
- 15 looking nice. The blanket is stable and full of beautiful colours, spread
- 16 out for the world to see how it is supposed to be.

As I review the above metaphor you have used to describe your family structure, I picture a beautifully woven quilt. Your understanding of your family is described in terms of a quilt. You lay your family out and connect them piece by piece forming a complete whole. The thread is what keeps these pieces of material together and you are representative of that thread “Well they are each piece of that and I am the thread that keeps it together...” This conceptualisation shows how you have situated your experience culturally and historically so as to give weight to your narrative. You further state “...stitching that can break if all the pieces are not together. If one piece comes loose then maybe the others too and so I have to be a strong string to hold it tight and firm.” It seems that the quilt is kept intact by the rules, traditions, decisions and responsibilities imposed by the strong thread which is yourself. Thus should one piece fail to connect to the quilt then the stitching will let go causing the unravelling of this beautiful quilt. Here I notice that history and your cultural heritage is vital in keeping this quilt safe and clean from the dirt of this world. You do this by being a strong thread that never gives way to outside influences, never falls prey to edges that may cause it to fray. You portray a thread that encompasses the strength and rituals of your culture which you embedded within your family value structure. As it stands today you tell of this quilt looking beautiful “...things are going smooth and so everything is looking nice. The blanket is stable and full of beautiful colours, spread out for the world to see how it is supposed to be.” You talk of stability as if it is a natural component within your everyday life. You further brag about the beautiful colours of this quilt, your family, and spread it out

neatly for the world to see. You say that this is the way things are supposed to be. Again you emphasise your cultures importance by stating that the world needs to see how family is done.

During this particular narration I came to see that you possessed this uncanny gift of comprehensive narration, coupled with the ability to saturate the atmosphere with a lively presence of life. You depicted with accuracy and immediateness the connectivity of the quilt, describing the beauty that it brings into your life as well as the responsibility that the thread holds. It seems to me that you encounter at times a dominant narrative of “responsibility” which plays a vital role in the upbringing and maintenance of this quilt.

In conclusion I would like to thank you for your rich narrative that shed some light onto your experience of fatherhood and illness. You guided me along a journey that began with much negativity but then flourished into a positive, well depicted narration of your life. I feel that you needed to introduce me to the difficulties in your life so as to completely understand and capture the positive aspects of your life. I would like to add that your narrative was filled with the desire to explain this complicated yet satisfying tangle of weaving that keeps together your beautiful quilt. You chose to employ a metaphor in your narration so as to initiate a link between two worlds. The world of your family is compared to that of a beautiful quilt and in doing this you breathed life into your narrative that brings the audience reading this into a world of colour. You allowed me to follow a narrative flooded with metaphor and energetically charged with cultural and traditional elements, and drama that elicited a reaction within me. You made me aware of the importance of your cultures’ family values and so I did in fact gain an alternative view of fatherhood and disability as viewed from your experience.

Through your narration I became aware of the structures and ideologies that have enveloped your convivial surroundings all your life. By providing me with details of your experience I see how strong constraining traditions you have to follow. This is reflected in the way you expect your family to follow the rules at all times and how you want them to be confined in the bubble that your culture has created. Anything new or foreign is frowned upon because it seems you are scared of the unknown or rather afraid that you will lose the essence of what you grew up believing. You have given prominence to voice and in doing so the voice at times changed and shifted from one context of meaning to another. In other words your experience held a meaning that was constructed with the aid of history and culture in the appropriate context told.

There were times that I felt that I was drowning in your story, not been able to keep up with the richness of your narration. Other times I was floating around bumping now and then into the words that held on and left an imprint. You managed to create a setting for me where I could be sucked into your narrative. I feel that this is part of your tradition, part of who you are. Narratives are an important component of your culture and so narration is second nature to you. You kept me hanging onto every word with much fascination and awe.

Angelik

#### 4.5 Exit Phase - My Experience

##### What Temples Hold

But I am prouder – infinitely prouder – to be a father. A soldier destroys in order to build; the father only builds, never destroys. The one has the potentiality of death; the other embodies creation and life. And while the hordes of death are mighty, the battalions of life are mightier still. It is my hope that my son, when I am gone, will remember me not from the battle field but in the home repeating with him our simple daily prayer, 'Our Father who art in Heaven.

Unknown

It is known that in my culture Greek fathers are the pinnacles of a family. They are the base, the frames, the pillars and the roofs of the Temple called family. During my analysis of the two narratives of the fathers from an African and Afrikaans culture I came across the same perception. Similarity of these three cultures lies within the dominion of three Gods, Zeus, Poseidon and Hades. I have once again used a metaphor from Greek Mythology to explain my experience of this voyage of discovery. I did this as I find comfort in my knowledge of the mythical world as I feel that I know the characters having grown up listening to the traditions of my culture. Each father represents a God with the same ideals, confronted with similar illnesses resulting in amputation of their leg and surrounded by discourses of their respective cultures. There is no way of measuring the results above, all I can provide is my experience as a researcher and as a daughter investigating these narratives and reading and re-telling them.

The Temple that each father created seems to have come with a heavy price. Not only did they build on expectation but also simultaneously believed that they grew into

untouchable figures. Reading through their narratives I felt they thought that nothing could penetrate through the strong exterior of their Temple and more so through their image of father. As a researcher I embarked in understanding how history and culture shaped the father's experiences resulting in a narrative of meaning that is true to each one of them. I was also fascinated in the way their narratives followed a time line alternating between two worlds, that of the negative and that of the positive. It seems that they both needed to emphasise the difficulties they encounter so as to liven and enrich the positive narratives, which in both instances was their fatherhood experience. As a daughter I came across the same constraints that these father's face. The constraints of discourse that inhibit the way we grow. I felt that during the two particular conversations with Bill and Sam, a theme named desperation popped up. Bill's desperation rose from within him trying hard to fit within a specified persona created by the Afrikaans culture. Sam's desperation lay in wanting to connect the youth of the African culture to traditions and rituals that they seem to have lost. My desperation was one of wanting to steer the conversation my way so as to gain the information I needed for my study. I failed at times particularly with Bill as he persisted to share the worldview he lives in.

From when I can first remember up to the age of twelve, I stood from a distance and admired the way my father took charge, the way he always made things seem possible and the way he protected our family from anything foreign or unfamiliar. What I saw, what I experienced during that time was an image he so wanted us to admire. Within my research I found that Bill and Sam also created the perfect image of father. Each man depicted precisely what they believed what father is and father means in their respective cultures. What Bill lived out in reality as a father contrasted dramatically to the criteria upheld within his culture. Sam on the other hand quite easily fits into the idea of father upheld within the

African culture. Either way both men seem to find comfort and happiness in the respective position of father and it was these particular narrations of their experience that was embedded in richness. As a researcher I found the tone and vigour in each of them quite interesting and noted it accordingly. What I also came across was my complete embrace of what they were saying because I have been experiencing that same image for 26 years. I noted their identification of fatherhood and disability as a researcher but I felt the words as a daughter as my memory took me back into my past.

They are the Gods...Zeus, Hades and Poseidon each creating their home into a Temple and the world was there for the taking. My father was the God, chief deity of the pantheon, father, ruler and protector. He made us feel important, placing us high up on Mount Olympus in his Temple. With each narrative I found myself witnessing the home as the Temple of all things sacred and if anything disrupted the balance of order, chaos broke out. With Bill his chaos lay in his unstable home environment that made him weak. He was also faced with the age discourse that inhibited him from creating a relationship with his wife's children as well as strong emotion of jealousy from his wife that distracted the development of Bill's bond with his wife's grandchild. Bill is fighting these two battles and finds difficulty in overthrowing his enemies namely age and jealousy. Bill's weakness also lay in his uncertainty of what a father is and also how a father is supposed to act. Bill drew repeatedly from discourses of his culture creating the ideal father that lay in a box far away. With Sam his experiences were mostly swaddled with metaphors that were used to construct fatherhood and the pain he felt in his leg before the amputation. Sam made use of traditional methods to colour his narrative and give life to family by inviting a beautiful quilt into his narrative. With my father his journey was long and tiring and served as a foundation in understanding the world of these fathers. In all three instances fathers were depicted in different ways, yet

the underlying tone was all the same, that father is God, the patriarchal figure that brings security and stability into the Temple. I believe that all three fathers constructed their image of father by making use of cultural and historical information. As a daughter I saw the way each father tried to portray a stable structure even when there were was chaos illuminating from all sides. There were moments that their pillars came down, debris washed over them and time in conjunction with illness weathered away at their once 'impermeable' structures. This recollection swallowed me as I realised my part in creating the ideal father came from the discourses of my culture.

As I re-read the narratives I realised that strength had been sucked out of the father's bodies slowly after the loss of their legs. I lived and re-lived it reading through Bill and Sam's narratives. It took me back to a time where I felt useless because there was nothing that I could do. This time though my ability to give voice to the father's narratives led me to an alternative feeling of being useful. Illness portrayed in each father's life would try swallowing him whole but there were always instances that they managed to dethrone illness and eradicate its power. Sam and my father made the decision to remove the poison by removing the leg and Bill had the medical world decide for him. So in narrating experience Bill, Sam and my father all spoke from a place of certainty on the one hand yet confusion on the other. Although they had the perfect explanation of what fatherhood is they struggled with this experience in their lives in some way or another. This is the commonality of the three Gods, no matter how high on Mount Olympus their Temples stand, storms can shake their position but the God will always remain on his throne.

To conclude in my experience as a researcher and as a daughter seeing fathers confront life-threatening illnesses, I found that they created techniques with words to lighten the



situation. While they encountered certain constraints within their bodies, within the prevailing discourses of their culture and society and the challenges of parenting, they also have this underlying powerful ability to stand up to these discourses and construct experiences of resistance, of power, of control. By giving voice to the father's narratives it serves as the moment of subversion where they overthrow discourses. I followed a journey which opened up doors and that led me through a roller coaster ride of emotions. I entered into this journey knowing very well my position as both researcher and as a daughter and I encountered worlds filled with ideals, discourses and metaphors that helped me gain an understanding of the experiences of fathers that have lost a limb due to diabetes.

## Chapter 5: Interpretation and Recommendations

### 5.1 Interpretation of the Study

My question at the start of this mini dissertation was: “How do fathers make sense of limb loss due to diabetes, through narrative?” In order to understand the substance of this statement I began by first focusing upon literature concerning the fatherhood concept that penetrates our society today. My emphasis here focused on trying to conceptualise the explosion of research that exists about the complexity of fatherhood, the discourses surrounding this phenomenon and how fatherhood has evolved over the years. I investigated the history of fatherhood to gain perspective of this ever changing and debatable topic. As my study also brings into light cultural experiences of father, I therefore researched the worlds of the respective cultures that are found in South Africa that were applicable to this study, namely, African, Greek and Afrikaans.

During this unfolding of literature I also thought it important to incorporate the world of medicine as I researched the experiences of fathers that lost a limb due to diabetes. I focused specifically on diabetes and disability (limb loss) but not at the expense of first grasping knowledge about the medical world, illness and the construction of health today. Within the realms of illness I took interest in investigating the societal, behavioural and cultural perspectives of illness and what they mean respectively for patients. I also took a closer yet brief glance at diabetes, the management thereof as well as the implications it may have to patients that experienced limb loss. In doing a literature review I thus investigated realms from within various disciplines. I researched Orthotics and Prosthetics to understand amputation and disability. Diabetes was given a voice to hear the experience of this disease and its cause such as limb loss. Finally and most importantly from the social sciences, I

investigated fatherhood as a concept that has undergone scrutiny and has not been given the attention from another spectrum.

By focusing on the literature I gained knowledge that would assist in my analysis of the narratives. Central to this was the tenet that experiences ascribe from culture and history to create meaning. There exists a complex matrix of connection within the narratives between being a father and losing the position of father. This dichotomous interplay precludes what the fathers were before illness. It seems that they have shaped their identity from the moment illness knocked at their door. I feel what they failed to see is the position they held before illness and how they are now at this moment in time. During each narration the fathers opened their draws where those archives of beauty are kept, pulled out memories that had been buried and forgotten for numerous years. They awakened memories, identified with parts of themselves that had sunk into oblivion, and they came to meet with people and places that contributed to the shaping of their narratives.

I found that re-reading the father's narratives the key dilemmas focused upon is how they have contact with three worlds, that of the medical world, that of the fatherhood world created by their cultures and that of the fatherhood world they experience. My father served as a foundation to this study, he was my literature in understanding his world from a cultural stance different to that of the other two fathers. This enabled me to proceed and investigate how history and culture leads to the shaping and meaning of experiences. The telling of the narratives gave the narrators the opportunity to verbalise what is important in their lives, how things hold meaning for them and how they experience fatherhood and illness.

It was noteworthy for me to witness how my father and Sam stressed how their illness, particularly the amputation of their legs was a gift because it taught them strength and endurance as well as allowing them to breathe life again into their beaten bodies after so many years. As their illnesses unfolded over the years and with declining health it seems they progressed into a space of hopelessness where their only experience was that of an ill father. I felt that with Bill his amputation was a mistake, decided by the medical world and left him even more helpless than before. I believe that through telling and retelling of their experiences the development of alternative narratives emerged, creating a revised understanding of self and others. This motion thus established an environment that reshaped the past and gave birth to new paths for the future (Garro & Mattingly, 2000). I was privileged to sit opposite men who generously offered their life experiences on a silver platter. Men with kind hearty smiles and beautiful narrations. However besides those indisputable qualities, during the course of our conversations I felt a fear in all of them, a fear of the unknown. This unknown I believe is the battle that exists between the idealistic fathers portrayed by discourse and the real father experienced as truth by each one of these men. Thus by allowing the stories to be told, I was also able to integrate various discourses that quench society's thirst to keep filling the glass of misconceptions and 'truths' about fatherhood and illness.

What is also of significance is my epistemology in researching these narratives. Although the narratives belong to the fathers, I have re-written, although verbatim, these narratives through text. Only so much expression and tone can be portrayed on paper. So the narratives to other readers and researchers lose some of its essence. Attending to these narratives sets in motion a search for meaning among possible meanings (Iser as cited in Garro & Mattingly, 2000). Furthermore the key events of the text itself remain the same but

alternative interpretations of these narratives have been created. What has evolved is a co-constructed narrative between the telling of a narrative world and the world where the narrative is told (Garro & Mattingly, 2000). Thus each audience member will attend to these narratives from their respective worlds.

As I reflected back on each narrative I found myself dealing with various emotions. My stance as a researcher allowed me to investigate experiences of fathers that have lost a limb due to diabetes. My findings hold certain truths to me as both a researcher and as a daughter. As a researcher I cannot imagine a world penetrated with so many opposing feelings like that of the fathers, yet as a daughter I lived through those feelings and dealt with them respectively. I believe that my cultural influences and the traditions that are embedded shaped the meaning of my experience of being a daughter whose father is ill.

As a reader I would like you to attend to this mini dissertation from your picture of or knowledge about the world as each narrative generates a truth which is primarily yours.

## 5.2 Recommendations

The present study strived to address the experiences of fathers having lost a limb due to diabetes and how this illness has constructed a particular image in their worlds. By focusing on the father narratives coupled with the ill narratives, meanings were understood in the context of culture and history. In a changing society like ours, it is thus important to note the value of fathers who are faced with such complexities, particularly from a South African context. I would recommend that the medical field pay more attention to the experiences of patients rather than stressing on the scientific genre of their illnesses. Further I feel that the

fatherhood concept should be researched from different cultural perspectives seeing that we are living in a multiracial country.

I hope that this research study was able to add value within the fatherhood context and within the medical context. However I do feel that there needs to be an increase in the body of knowledge of fatherhood in a South African context, particularly within African cultures. Conducting further research into the experiences of individuals can contribute to this.

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### Appendix A: Research Consent Form

I, \_\_\_\_\_ understand that I am being asked to participate in the research study focusing on my experience as a father who has lost a limb due to diabetes. The study is being conducted by Angelik Grigoratos student in Counselling Psychology at the University of Pretoria, under the supervision of Dr. Lourens Human and Miss Audri Prinsloo. Angelik Grigoratos' contact details are (012) 348 4842, should there be any queries or concerns regarding the study at hand.

I understand that I choose to participate in this study and that any and all information I disclose will be handled with the utmost confidentiality and that by sharing of my life I agree to it that the researcher may use her professional and ethical discretion to use or disclose this information for the purposes of her research only. I understand that the interviews will be audio taped and the tapes will be kept confidential in the same way as all other information.

I have had sufficient opportunity to ask questions and under these conditions, I agree to participate in this study about the experience fathers who have lost a limb due to diabetes.

Interviewee: \_\_\_\_\_ Signature \_\_\_\_\_

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

Witness: \_\_\_\_\_ Signature \_\_\_\_\_

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

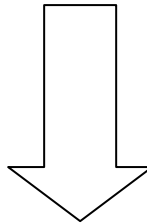
Interviewer \_\_\_\_\_ Signature \_\_\_\_\_

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

### Appendix B: Bill's Narrative

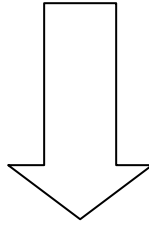
#### Bill's Father's Illness

- You introduce your father's illness within a historical context by going back to 1968
- You talk about your family's medical history as if it were a burden
- You blame your illness due to genetic fault, a family heirloom passed down to you; thus escaping responsibility of your illnesses
- This experience is negative for you



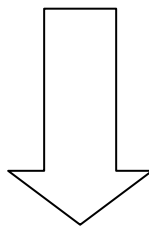
#### Bill's Illness

- There is chronological order of your experience with the ill world
- You have a symbiotic relationship with your disability and diabetes
- There is a dichotomous interplay with your disability and diabetes as in one moment you seem to externalise your illnesses so as to separate them from yourself but you also feel the need to reiterate that they belong to you
- This experience is both a positive and a negative one for you



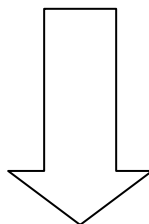
#### Bill's Marriage

- You have no defined place within your family system
- There is a constant battle with your wife as she steals freedom and independence from you
- You living the dominant narrative of 'helplessness' and it seems you cannot escape it
- You describe living a life of suffocation and exhaustion
- This particular is flooded with a negative stream of experiences



### Bill's Fatherhood Experience

- Your experience of fatherhood stems from an emotional stance rather than a biological one as you have no biological children
- Your description of fathers is born from the discourses that are floating in society
- Pandora's box holds an idealistic picture of fatherhood that you find difficulty connecting with
- Two elements stand in your way of being a father: strong emotion of jealousy from your wife when you spend time with her grandchild; and the age discourse as you cannot connect with your wife's children as they are too old
- The idealness of fatherhood creates an insecurity within due to the perceptions of father that illuminate within your culture
- Your relationship with your wife's grandchild is considered a gain in comparison to the loss you felt when losing your leg and the loss of a healthy relationship with your wife
- Even though the negativity of your position as father is present everyday; your experience of fulfilling a father role with your wife's grandchild is the most positive experience as it's in this position that you feel most secure and comfortable in



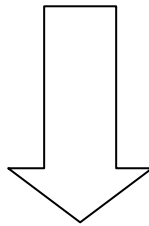
### Fatherhood within the Afrikaans Culture

- Draw a description of fathers from Pandora's box as created by the Afrikaans culture
- Your understanding of fatherhood stems from the discourses of your culture rather than from personal experience
- There is a definite patriarchal line within the family system in Afrikaans culture which is in direct opposition to the role you play within your family system
- Your role as father is the complete opposite of that depicted within your culture as you are the one staying at home with the boy and not the breadwinner
- You identify with the reality that fatherhood is in fact a hard job for all fathers as it is coupled with an abundant amount of responsibility
- This identification of fatherhood within the Afrikaans culture is a negative experience for you as it seems that you are an outcast because you do not fit the criteria for father in your culture

### Appendix C: Sam's Narrative

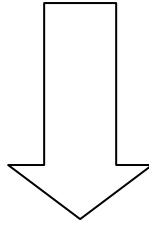
#### Sam's working years

- You recounted your past and expressed the difficulty in those years with a notable underlying gesture of survival.
- You construct your experience of survival by employing your history from childhood and your cultural discourse that states how difficult times were.
- This experience fosters a negative feel due to the struggle you encountered.



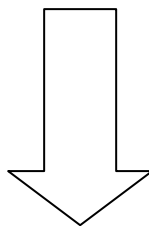
#### Sam's Illness

- You metaphorically compared the pain of your wounded leg and that of the prosthetic leg in the same way; by comparing it to a bad visitor.
- Your pain was also a struggle for your family thus you decided to have your leg amputated.
- Lightening is the metaphor you employ to explain the pain and emphasise it through the use of the onomatopoeia "crack."
- The meaning that this experience holds for you is a painful and negative one.



#### Fatherhood within the African Culture

- The traditions and rituals of your culture are narrated with pride.
- Describe the father role within your culture as having a lot of responsibilities to his family.
- I sense an anger and a dose of disappointment when you spoke of the youth of your culture as they have let go of the traditions of their elders.
- Grandparent is deemed as the head of the household, a role you now are fulfilling.
- You blame westernisation for your culture's youths losing the essence of their traditions.
- Imposing discourses from society deflect the youth from their responsibilities
- I sensed a positive feel of the way you expressed the traditions and rituals of your people when it comes to fatherhood.



### Sam's Fatherhood Experience

- You narrate your experience of fatherhood chronologically by describing how you and the elders did things.
- You compare yourself to following the exact traditions of your culture by utilising certain words such as, “protector” and “provider” and “worker” to describe yourself.
- You feel guilt for the financial constraints on the family due to the amputation of your leg.
- Your understanding of your family is described in terms of a quilt, where you are considered the thread that keeps the pieces of material together.
- It seems that you live dominant narrative of “responsibility” which plays a vital role in the upbringing and maintenance of this quilt.
- I do sense a feeling of guilt for not fulfilling the entire role of father leaving you with a negativity that is highlighted every time you cannot do things.
- Besides the slight guilt you encounter from time to time, I sense a complete positive feel when you fulfil the role of father and grandfather.