

CHAPTER FIVE

OUTCOMES OF MY RESEARCH

In this Chapter, I want to report outcomes of the research. Some of the outcomes can be described as “unique” and other “less unique”.

I want to introduce this report with a description of what is meant with “unique or *less unique*” outcomes. White and Epston (1990:56) describe what is meant by the term *unique outcome* in a therapeutic environment: “*Unique outcomes can be identified through a historical review of the persons’ influence in relation to the problem.These historical unique outcomes can facilitate performances of new meanings in the present, new meanings that enable persons to reach back and to revise their personal and relationship histories.*”

Coming to understand what is meant by *unique outcomes*, I want to describe what I mean with *less unique outcomes*. The word *unique* also implies a one in a kind solution, exceptional and matchless. I don’t think all the outcomes of the research are unique in this sense. The outcomes are special and even rare or unexpected, but some of the outcomes are also a little *less unique*. Some of the new descriptions we came to or new places of understanding are not that glamorous. I will not try to distinguish the research outcomes into these categories. What might be unique to me, is not necessarily true for some one else.

In writing down the outcomes, I shall do this in no specific order of importance. It is merely a process of writing.

An important outcome is the arriving of myself and the co-researchers to the point of alternative stories – White and Epson (1990:27) says that “*meaning is derived through the structuring of experience into stories, and that the performance of these stories is constitutive of lives and relationships.*” New experiences were definitely moulded into the constructing of new stories and were told and lived in, throughout this research process. The group experienced the telling and retelling of new stories that constructed new meaning in the group and individually.

1. THE PROCESS OF ARRIVING AT THESE OUTCOMES

The process of arriving at these outcomes needs some clarification. Different moment and events contributed to the development of the research outcomes.

The sessions with the young people created space for the development of new stories: to them and to myself. We all developed in our knowledge, in shared stories, in understanding and in our relation to one another. This implies more trust, openness and courage to journey on roads not travelled before.

Reflection with my colleagues in the PhD group: this happened through class discussions, internet communication and informal visits around the coffee table. Some of this feedback is attached as addendums (Appendix F and G). These reflections were done by Prof Andries Baart who participated in the SANPAD research team and Eric Scholtz who is part of the PhD group. I decided to include these two contributions because they have influenced me a lot in my approach towards the process of my research. Both these writers took special time and commitment to contribute to my own learning process.

Other opportunities for fellow students to share in one another’s field of research through workshops that was held and discussion groups, always inspired me to keep thinking critically on my own work and on my research.

My research of literature helped me to formulate some of the outcomes and to critically reflect on the outcomes.

2. SOME OF THE *UNIQUE AND LESS UNIQUE* OUTCOMES OF THE GROUP SESSIONS:

2.1 The power of spiritual discourses

I was always touched and encouraged by the sincerity and depth of faith many of these young people held on to. I never tried to force the issue of faith in any of the group and individual sessions. Yet, it often surfaced as a deeply rooted basis of hope and stability in the lives of the young people. The research was done in a Christian based organization and there is an obvious atmosphere of religion and maybe a feeling of having to say the right thing. And yet I experienced it as very uplifting to witness spontaneous faith and commitment to God in most of the young people.

2.2 Individual stories

The personal stories that were shared in the group brought its own dynamic in the research process. People became "*our brothers and sisters*" whom we never met, through their stories being drawn into our process. Their lives were honoured by the group (e.g. Tsepo's brother who died of AIDS in 2004 and Constance's niece who are still "holding on and celebrating her life").

I hoped for long term transformation in the group members. Only time will bear witness to long term choices that might be different because of new constructed stories.

2.3 Reframing

New understanding of the biology of AIDS opened windows of understanding to the young people. Apart from being uncertain at first if it is the right thing to do, to provide the group with technical information about AIDS, in retrospect, I wouldn't have done it differently. Together we all learned a lot. Their new

knowledge moved them into new identities; giving them courage to take on the responsibility of advocacy that I couldn't foresee. They took on the role as the one's telling the stories surrounding HIV. The stories of others being HIV negative, stories of cultural confusion about care and options that are available, stories of their own perceptions about sex, family values and religion. The change that came in the group, from being people affected by AIDS moving to people who spoke out about AIDS, moving to people who became experts on sharing information about AIDS counted for an amazing journey.

This resulted in a position of power where they as young people have not been before. They became the experts on AIDS and took the responsibility to act upon this new discovered and developed identity.

2.4 Therapeutic outcomes

Most of the unplanned outcomes were focused in this area. Families I became involved with, personal relationships that were built and maintained, individual sessions that ranged from sharing very personal stories to doing career planning. All of these interactions implied therapeutic activities. There were definite therapeutic moments in the group sessions as well. It ranged from finding new identities as a group and individually, to conflict resolution and gender issues.

2.5 Learning to be "*HIV positive*"

Together the group discovered what it would entail to become "*HIV positive*": Coming to understand that each one of us took up the responsibility to talk about AIDS, to learn how to act towards people who are ill. Together we searched for spiritual answers: what message should the church send to young people and to people who are HIV positive. We committed to being positive – positive towards people who have AIDS, positive in our lifestyle choices and positive in our advocacy role.

2.6 The reality of a “HIV negative” world

In the process as a whole, I was saddened by the confirmation that we still live in an HIV negative world. The young people in the reflection group confirmed this. Other role players also confirmed that there are still a lot of negativism and stereo typing to be dealt with for people who are HIV positive. The stories of other young people who are HIV positive also confirmed this.

2.7 Living with “AIDS in my face”

In Tsepo’s words, we only started to listen to and learn from stories of exclusion, of stereo-typing, of pain because of ostracizing, stories of hopefulness and hopelessness, stories of poverty and joblessness, etc. I am still learning how it is to be associated with AIDS. Indeed people start to associate me with AIDS campaigns and awareness programs. This influences how people perceive me as an individual.

In the end it is a choice to live with “AIDS in your face”. To be associated with people who are HIV positive, to openly address issues of sexuality and care. This is not very nice topics for general conversation. This is a definite unplanned outcome: me reframing my own story into some one *living with AIDS in my face*.

2.8 Descriptions of the reality of the lack of accessible health care for young people

This was some of the difficult narratives to face in this research process: the reality of the horrific experiences young people had in trying to access health care, poverty narratives and the response of government and other care institutions to people with little or no income. Shared stories of fear and shame brought on by care institutions. (Chapter 4, Paragraph 4 – reflection teams). Issues of power and powerlessness were highlighted. New questions can be asked: who have the power to care? What are being done with this power?

Who benefits most from the care provided by institutions? The issue of economic power and care raise a whole new set of questions.

2.9 Descriptions of the reality of the inner city context and of growing up in communities of violence

Again I have heard fear narratives of children about rape and abuse. These fears are real and part of their every-day-trying to cope with life. It was very sad to have my own opinion confirmed that the very young teenagers are most vulnerable for child abuse and sexual exploitation. This leaves me feeling frustrated and powerless to change a society of violence.

2.10 “*Love them enough to talk about sex*”

A lesson I have learned for my own ministry, is definitely to talk openly to our young people about sex. I commit to deliberately create opportunities to discuss sex related issues with young people. They are much more at ease about cultural taboos than we are (speaking as an adult living in a world of taboos).

2.11 Silent narratives

In my discussions with Kgabo, I learned about this: children sometimes have no language to ask for help. They do not know the “proper” words to explain what is happening to them (especially in abusive relations). They do not know that there is a world outside their family who will help. This message does not reach into every shack and inner city flat and every house in South Africa. Even when the message does get out there, there are no guarantees that there will be care: good or bad. This fact is even more disturbing to me: if young people are guided to find the right words to ask for help, would there be any care available to them?

2.12 The drama

The whole event of the drama was a definite highlight. I was so proud of this group of young people. I referred to all I have learned through their commitment

and zeal in this whole process of performing the drama. I also referred to the courage it took to move from being a person affected, to being an advocate.

2.13 Institutions

The Sediba Hope AIDS centre is a formal partnership program that is fully functioning. Some of the stories shared in this research come from Sediba Hope, and the outcomes will definitely be taken back to the care centre as well. The aim would be to provide youth friendly care where I have an influence to do so.

I am sad to admit that not enough institutions might be influenced. It will be a “unique outcome” if care facilities in the inner city take note and hear what the needs of young people is regarding care.

3. NEW PLACES OF UNDERSTANDING

3.1 African knowledge as a resource for care narratives

There is local knowledge that needs to be explored to bring us to a newly defined care strategy. In this research I have become sensitive to this knowledge. Through sensitizing the academic community to the possibilities to be explored, I hope this research can contribute to the development of a more holistic care approach.

3.2 Academic outcome: alternative descriptions of care narratives

(Chapter 4, Paragraph 5.3.2)

3.3 A narrative description of adolescence

(Chapter 3, Paragraph 6)

3.4 Hearing the reframed discourses of young people about themselves

Teenagers can easily be stereotyped as lazy, selfish, uninvolved and disinterested in their community and in politics. My experience with this group and other young people has witnessed to different narratives. These narratives made me feel hopeful for the future of young people and hopeful about their contribution to society today.

3.5 Valuing the role young people can and must play in co-constructing their own features

If really given the opportunity and the responsibility, young people rise to the occasion. They do get involved, they do care, they can participate actively in policy making and they can construct their own future.

3.6 Taking young people serious

People in power positions like government, need to know that they can take young people serious. Churches and other care institutions must create opportunities to involve young people in policy making and to contribute in real ways to provide holistic care.

3.7 The Practical Theological implications

The Practical Theological implications are focused in the area of care. New narratives of care do have implications for doing theology. My own way of doing theology is influenced by my understanding of how I do “care”. Practical theological care must be touched and changed by these and other new formulations of care. My theology changed in this process by letting my theological thinking is informed not only by traditional theological recourses, but by the narratives of care. My practical theology will in future be much more influenced and informed by stories of people’s lives and not only by academic reflection. I have come to understand that there should not be any tension between praxis and theory when you let your theology be informed by every day stories of real people.

3.8 A narrative outcome

Having had the opportunity to walk with these young people and sitting next to them, accompanying them on their journey of telling and retelling their own stories, was an absolute highlight to me. Parry and Doan (1994:26) talks about the absolute validation of a person that takes place in telling her /his own story. *“The first major task for a post-modern family therapy, therefore, becomes that of encouraging people in the legitimizing of their own stories. This involves reminding them that there are no other yardsticks of stories or persons against which to measure the legitimacy of their own stories. The second task is that of encouraging people to appreciate that when they use their own words to describe their own experiences, no one has any right to take the legitimacy of that story away from them under any circumstances. A story is a person’s own story, and he/she is its poet”.*

I experienced the validation of young people, the growing in personhood and in identity and the reclaiming of power never before given, or taken away by mostly adults. To see and hear them come out of powerlessness and voicelessness in this special way was a great experience. I am convinced that at least one aim of the research was met, and that is that unheard stories of adolescence about HIV/AIDS and care were made heard.

3.9 A personal outcome

This whole process also made me focus on myself. My own way of “being and doing”: my own theology, my shortfalls as a person and as a researcher. I still have lots to learn about doing theology, about doing research, and about caring enough to listen to stories. Sometimes I got it right, to listen and to care. Sometimes I just realized how much I still have to learn. I was treated with dignity in this learning experience. The co-researchers endured my mistakes. My colleagues at PEN allowed me to venture my new discoveries in their midst. My family creates space for me to learn and develop as a person on this journey.

4. IN CLOSING

My expectation of formulating the climax was a high expectation. Maybe to create the expectation of a climax in the research methodology is opening oneself up for disappointment.

Even so, I am not disappointed with the outcomes of the research. The process of writing the process down was a wonderful learning experience for me. There were many climaxes and sparkling moments along the way. Working with young people and being allowed into their worlds is an honour and a sparkling event in itself.

Maybe I hoped for earth moving results for my research. The results may not be that at all. It is rather events like the visiting with the HIV positive babies, the sessions, the reflection groups, sharing stories of care and building relationships that will stay with me for ever. The process of growing into better understanding, of learning more, of asking deeper questions, of discovering new worlds of knowledge, is collectively a unique outcome.

Maybe it is I that had to come out of old places of thinking into new places of learning and discovery.

In the last chapter I need to critically reflect on the research process, on my own journey and on the contribution of the research.