

CHAPTER TWO

A LITERATURE REVIEW

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

2.1 INTRODUCTION

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

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

2.2 THE THEORETICALLY BASED TRAINING PROCESS

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

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

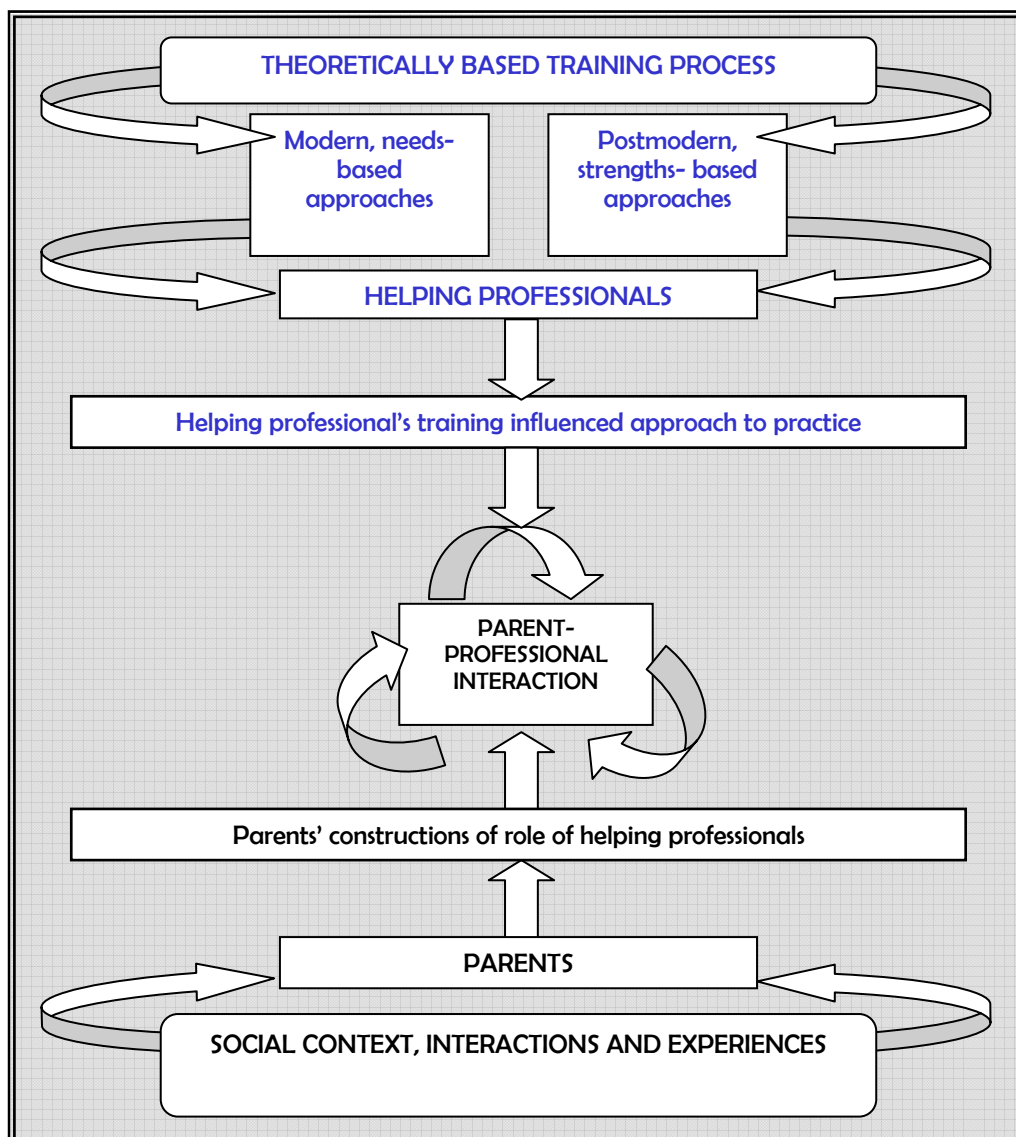


Figure 2.1: Visual representation highlighting the areas of focus for Section 2.2

2.2.1 Modern, needs-based approaches

2.2.1.1 The role of power and expert status

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

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

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

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

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

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

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

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

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

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

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

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

2.2.2 Postmodern, strengths-based approaches

2.2.2.1 Collaboration and power sharing

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

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

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

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

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

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

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

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

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

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

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

2.2.2.2 Learning support from the strengths-based perspective

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

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

Parents are regarded as having a greater level of expertise in determining what is fundamental for optimal learning to take place within their child's educational context. They are seen as capable of addressing issues in proactive, positive manners and are viewed as having the

potential to seek out possibilities (de Geeter, Poppes & Vlaskamp, 2002, p.443). The helping professional can support parents to use the personal and contextual strengths and capacities available to them in the process of maximising their child's holistic learning process and, instead of just addressing barriers to learning, the focus is on promotion of growth and optimal learning development. The literature on strengths-based practice is notable for its focus on professional practice and the development of the helping professional's approach to interaction with clients who seek their assistance (Snyman & Fasser, 2004; Ebersöhn & Eloff, 2003; Watson & Stead, 2002).

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

2.3 PARENT-PROFESSIONAL INTERACTION

2.3.1 The significance of the parent-professional relationship

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

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

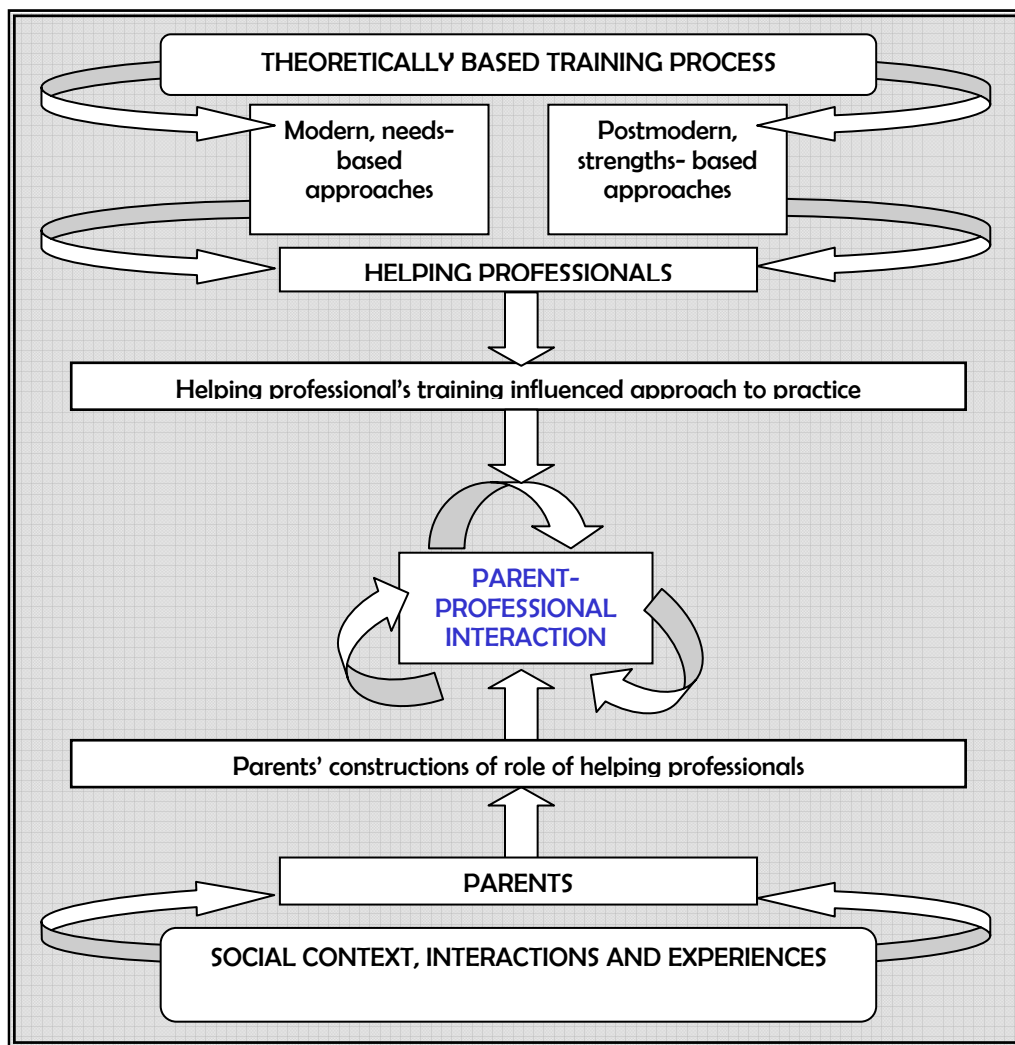


Figure 2.2: Visual representation highlighting the area of focus for Section 2.3

2.3.2 Collaborative partnerships

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

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

understanding needs to be formed of each collaborator's differences and commonalities, and, participants involved must skilfully find ways of working across role boundaries during the process. The collaborative undertaking's goals must also align with the individual participants' objectives (Olson, 2003, pp. 236- 237). Indeed, parents and professionals must share a commitment to joint action in which they have shared goals and a level of "mutuality" in which both parties listen to each other (Fylling & Sandvin, 1999, p.147).

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

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

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

2.3.3 Therapeutic alliance

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

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

The alliance is thought to facilitate the enhanced application of interventions as well as being therapeutic in its own right. It is, as such, considered a fundamentally important factor in therapy initiations. Both bonding and collaboration are considered as core components of the alliance. For a therapeutic bond to develop, clients may need to feel that the professional understands them and that they can depend on and trust the professional. Collaboration between the helping professional and the parent involves both affective and instrumental involvement (Alexander & Morrison Dore, 1999, pp. 262-263).

The foundation for collaboration between the therapist and the client includes “...adjustments in both the client’s and the therapist’s procedural expectations and goals. The longer the participants find themselves apart on these issues, the more difficult it becomes to develop a collaborative framework” (Alexander & Morrison Dore, 1999, p.263). Thomas, Werner-Wilson and Murphy (2005, p. 21) stress that, in their initial contacts with families, professionals need to focus on setting realistic and useful goals based on the parameters of the family and their potential for change. The manner in which this information is gathered and shared is thought to have a bearing on the development of trust and positive rapport between the professional and the client.

2.3.4 Benefits and potential barriers in parent-professional partnerships

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

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

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

2.4 PARENTS’ CONSTRUCTIONS OF THE ROLE OF HELPING PROFESSIONALS

2.4.1 Social constructionist underpinnings

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

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

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

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

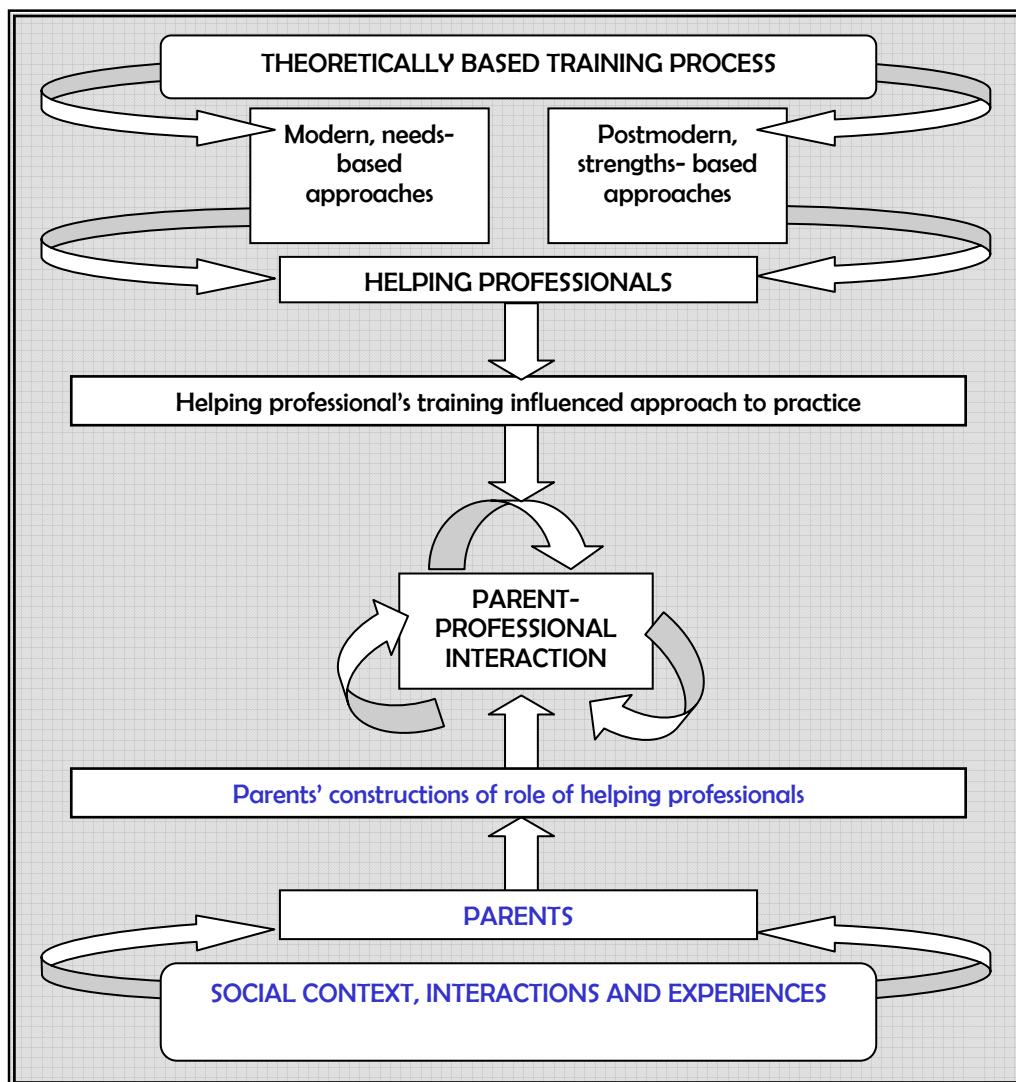


Figure 2.3: Visual representation highlighting the areas of focus for Section 2.4

2.4.2 The constitution of constructions

2.4.2.1 Reality representations

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

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

2.4.2.2 The role of language in constructions

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

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

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

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

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

2.4.2.3 Representational frameworks

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

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

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

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

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

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

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

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

2.4.3 Social context, interactions and experiences

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

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

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

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

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

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

2.4.4 Factors that impact on parental views of the helping professional

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

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

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

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

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

2.4.4.2 Parents' expectations

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

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

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

In contrast, Prezant and Marshak (2006, p.35) report that professionals' who "performed [their] job well" and "supported [the] parent and/child" were considered as most helpful by those parents surveyed in the study. Furthermore, these helpful professionals encouraged inclusion, enhanced the child's self-esteem, and had high expectations of the child. The helping professionals taught parents, went beyond their required job duties, made the necessary accommodations for the child, engaged in advocacy for the child, and learnt from parents too. Of those actions that parents wanted professionals to take in future, Prezant and Marshak (2006, pp.41-42) relay that (1) listening to and respecting parents' input, (2) being knowledgeable and providing information to parents, and, (3) collaborating and communicating with the parent were the most desired actions for professionals to take.

2.4.4.3 The role of the medical-deficit model

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

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

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

2.5 CONCLUDING REMARKS

2.5.1 Review of study exposition progress

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

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

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

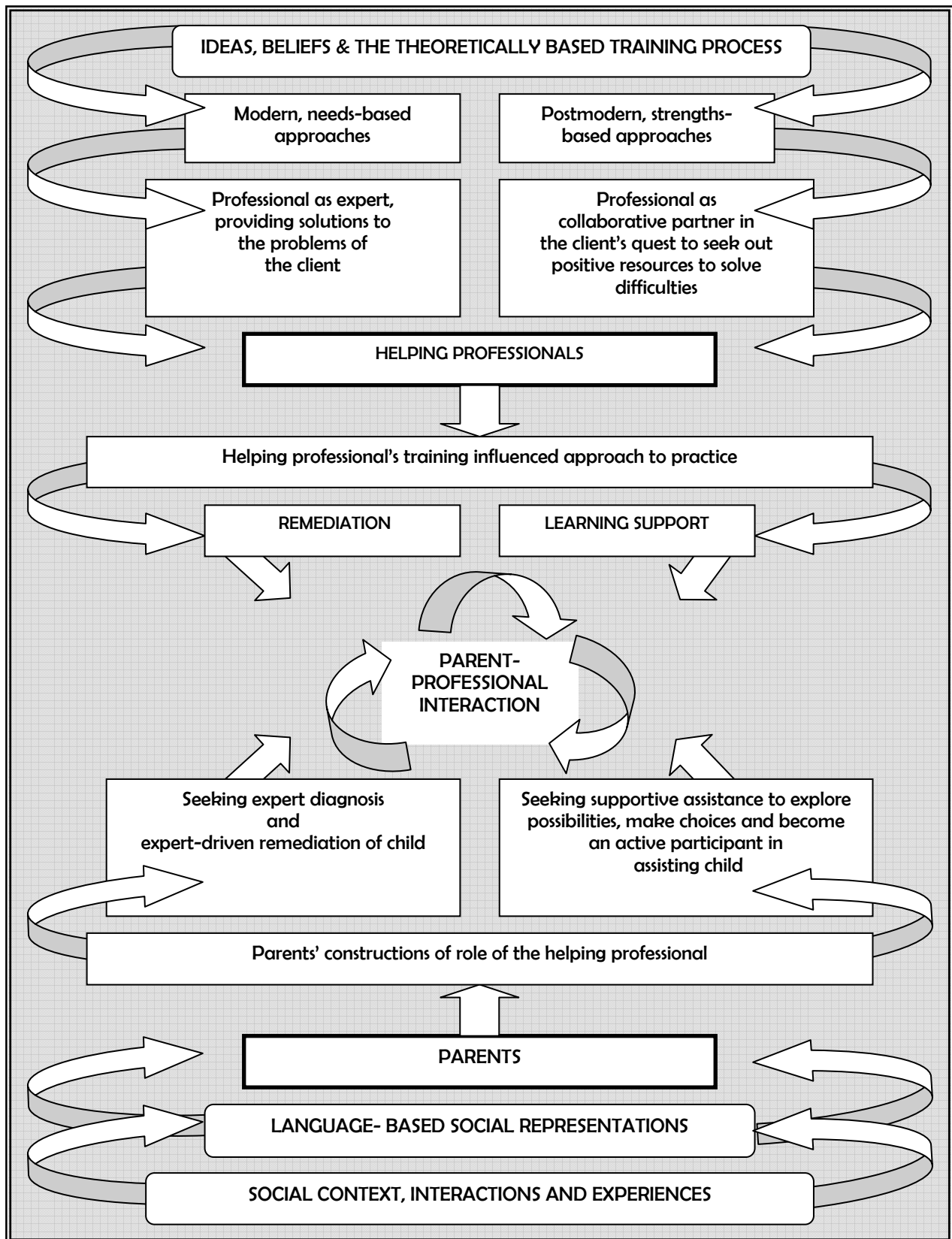


Figure 2.4: Literature informed update of the visual representation of the researcher's further understanding of the constructs for the study

2.5.3 Researcher's reflection on the updated visual representation

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

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

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