

CHAPTER 1

INTRODUCTION, RESEARCH POSITIONING AND RESEARCH METHODOLOGY

1.1 INTRODUCTION

Losing a parent is terrible for any child, but children living in developing countries who lose parents to AIDS face unthinkable hardships. Not only have they watched their parents die, but they are also stigmatised for having been associated with HIV and AIDS and are often forced to fend for themselves and their siblings. The result is that a growing number of helpless children are facing a cycle of abuse, neglect, stigmatization, malnutrition, poverty and disease (Fredriksson & Kanabus, 2004: 1-2).

In addition to the impact of HIV and AIDS as a health issue, in developing countries the repercussions go much further. With entire generations decimated by the disease, productivity deteriorates and the poverty of the entire country worsens.

Children orphaned by AIDS have less chance of gaining an education and getting access to healthcare. Their poverty and vulnerability to exploitation also significantly increases their likelihood of contracting HIV themselves (see AIDS Orphans and Street Children, 2006: 3-6).

The combination of ignorance, fear and shame that surrounds HIV and AIDS in many developing countries often hinders prevention and stops infected people from getting the support and compassion they so desperately need (Willey, 2003: 1).

1.2 CHALLENGES TO THE CHURCH

The global HIV pandemic results in a catastrophe in an increasing number of countries, particularly in Africa. Incurable and lethal, the disease is the cause of immense suffering and problems for men and women, individuals and families alike. It is a major threat to stability in many countries. Globally the HIV epidemic is one of the biggest diaconal challenges of our time. Within the Church, HIV and AIDS may raise anguished questions such as “Why does God allow the HIV to enter our lives? (Kobia, 1997: 6, Poser, 2000: 93-104).

Children affected by HIV and AIDS in South African communities ask for the support from the Church. There is a need to lift this issue to the level of the Church in general to discuss priorities and guidelines on how to respond to the epidemic, as well as to these affected children (Dortzbach, 1996: 23).

1.3. THE IMPACT OF BEREAVEMENT

Bereaved children deal with a profound sense of loss which, left untreated, often results in emotional and psychological disturbances. These disturbances are further impacted by the secrecy that may surround a family member’s cause of death, and can be observed in heightened levels of anxiety, anger and sadness (Dane, 1999: 1-3).

This study is a journey with children affected by HIV and AIDS – a journey into their experiences and bereavement processes. Their experiences are described through their stories. Some of these stories such as stigma and discrimination tend to be dominant.

The stories told by co-researchers and their situations are vivid in my mind as I write this research report. Most of their predicaments are basically rooted in stigma and discrimination as well as bereavement support. My being with them could probably not satisfy these needs directly. Ideally it is telling and retelling of their stories that will hopefully contribute towards finding alternative means to meet their needs.

1.4 THEME OF THE STUDY

The theme of the study is “Listening to the unheard stories of children affected by HIV and AIDS in a bereavement process at Mamelodi township: A narrative research study”. It captures the direction of the study which is a narrative theological orientation within the global AIDS pandemic. However, it limits this study by placing it in a specific black township within the larger South African context.

This study afforded me an opportunity to listen to the unheard stories of children affected by HIV and AIDS in a bereavement process in the black township of Mamelodi. Mamelodi is a densely populated black township with several informal settlements which have a high rate of unemployment. It is estimated that only 45% of its residents are economically active, with an HIV prevalence rate. Mamelodi is situated 20 km in the east of Pretoria. It was established during the 1950s during the Group Areas Act of the Republic of South Africa. Before this Act, it was called Vlakfontein. This will be explained in detail in Chapter 2 (see Encarta Encyclopaedia, 2007: 1-3).

1.5 RESEARCH GAP FOR THE PROBLEM STATEMENT

Much research has been done in the field of children affected by HIV and AIDS in various countries as well as within university faculties and departments. This study investigates the effects on children affected by HIV and AIDS and the factors leading to being an orphan and suggests directions for effective psycho-socio- economic policies.

The research gap that this study has identified is that sometimes the church or institutions take it for granted or assume that AIDS orphans need shelter, food parcels and school uniforms or schooling. This orientation to the problem overlooks the psychological factors. Most institutions focus on distributing the above-mentioned items or services. They think that they are just enough for these children. The gap here is that institutions overlook the mind. What is in the minds of children affected by HIV and AIDS? What do they think about

their parent(s) who died? What is their psycho-social crisis?

What do they think about God or religion? The Church and institutions behave as though they know everything that is going on with AIDS orphans. Is that true? It is absolutely not true.

1.6 MOTIVATION FOR THE STUDY

The motivation for this study is my ministry experience. This is drawn from my first experience with HIV and AIDS in ministry. It entails my first experience and contact with a HIV-infected lady.

I met this lady in 1998. That was at the shelter that I ran to provide accommodation to the needy in the inner city of Tshwane. She had just arrived by bus on Friday afternoon from Zimbabwe. I asked her, "Who referred you to us?" "By my Zimbabwean friends" she answered. I learned later that her friends knew me because we (they and I) are members together of the Baptist Church. It is also her mother church, which has a branch in Harare. At first she wanted information about our church meetings. I explained to her that we have prayer meetings on Wednesdays at 18.00 to 19.30 and worship services on Sundays at 10.00. We also have counselling sessions on Thursdays and Fridays. She promised to join our church and visit us on Sunday. I asked her as to where she lived and she explained to me that she had just arrived from Zimbabwe. She needed accommodation. We took it from there by faith without asking more questions.

On Sunday she was with us in the church service. She was introduced to the members. Some of the members, who are Zimbabwe citizens, knew her. On Monday morning she completed the intake forms and we provided her with a room. After disclosing her HIV status to me, I became her friend. As the days went by her complexion became blotched and she lost a lot of weight. She started to develop diarrhoea. She could not help herself to the bathroom or toilet and I had to carry her. Everybody at the shelter refused to help her. I did home care of which I did not know much then. By home care, I mean taking her to the toilet, bathing or washing her and feeding her. It was hard work. She

died after she suffered for a long time.

People in the ministry shelter refused to help me with the burial because the woman was HIV positive, which developed into AIDS. Their reasons for refusing to help were that I did not disclose her HIV status. Some of the church members knew her HIV status due to hearsay and from someone who claimed that she knew better. I kept it secret and confidential as a pastor and counsellor. I remember being confronted by young people accusing me of not telling them about her HIV status. Some of the members liked claiming, “Why is this Pastor so much involved with this Zimbabwean woman, a foreigner for that matter. Why can’t this he take care of us and forget about this foreigner?” That resulted in a church split. Some members left the church on this account. I realised that AIDS has no mercy and respect for individuals. Even though you are a refugee, you will be stigmatised. AIDS does not recognize colour nor status. I was in agony. In spite of my prayers it seemed as if God was far from her. It seemed to me that God had also stigmatised her. I prayed all kinds of prayers but she was still lying in her hospital bed, dying alone far from her country of origin.

Because of the sores in her mouth, she could not swallow or eat anything. She was so thin. I realized that to die from AIDS and being stigmatised as a refugee was a long and pathetic journey. The trauma that I felt was as intense as it was the first time that I saw a person who died of AIDS.

I could not afford burial expenses. I remember requesting a funeral subsidy for the destitute at the hospital where she died. The management refused because she was a refugee and foreigner. I managed to purchase a grave in Mamelodi and the coffin on credit from the undertaker. He then later cancelled the bill. I remember shovelling the sand inside the grave alone. It was so hot, about 37⁰C. When I finished I was so tired. The family of the woman could not attend or stay in South Africa for more than 3 days, as they were only given a three days permit from Zimbabwe. The three days expired while they were still travelling to South Africa.

This story about my experience motivated me and indeed contributed to my study.

1.7 RESEARCH POSITIONING AND MODEL

I will discuss the epistemology of the research model and the philosophy behind it. This will help with the understanding of the research model and how it was applied in this study. The social phenomenon of periodic change influences the philosophical outlook of the world and its realities. It also influences the formulation of research methodologies. Understanding the philosophical basis of these methodologies will help me to use the chosen methodologies in my particular context.

The research process began with 25 co-researchers, six caregivers and 19 children aged between 13 and 19 years. For the purpose of this study, I will only describe the stories of three children and one of the caregivers who died of AIDS in 2007 while I undertook this study.

1.7.1 Post-modernity versus Modernity

Sternberg (2001: 2) postulates how modernist psychologists try to understand human thought, behaviour and emotion. They look at people differently than the narrative researchers do. When addressing a problem they seek to accomplish their goal, which is to characterize what and how people think, feel or act in different situations. They also predict why people think and act. Furthermore, they predict the outcomes, declaring the future as they observe and seek to control their clients' (research objects') behaviours by imposing their views in the belief that they will assist their clients to control their behaviours. Müller et al., (2001: 2) postulates that:

“According to the modernistic approach to research, the emphasis is on the problem and the correct formulation of the problem. In a more narrative approach, we would like to put the emphasis on the action and not on the problem.

The narrative researcher has a deconstructive agenda. According to this approach, not only the problem areas of life have to be researched, but every action, with a possible alternative story in mind ...”

In this study I do not do research in a specific predetermined meaning but hope to discover new meaning as I follow Morgan (200: 44), White (2002: 3) and Freedman and Combs (1996: 42), as acknowledged in the ensuing subsection about the narrative approach in the post-modern paradigm.

1.7.2 Narrative approach in post-modern paradigm

The narrative approach assumes a post-modern paradigm. In contrast to the modernist paradigm, post-modernist paradigm rejects any idea of an “essential” truth and confirms that truths are socially constructed. The central tenet of post-modernist is that at the social level there is no single, essential “true” body knowledge about how people, families or societies should function (Freedman & Combs, 1996: 33). Thus, Post-modernism cannot be understood as a new phase after modernity or a new cultural era.

Listening to, questioning and retelling stories is part of the deconstruction process. Freedman and Combs (2002: 26-27) postulate that, “throughout this process we endeavour to listen with thoughtfulness about what new constructions are emerging”. Through interactions and the use of various discourses new stories and interpretations of these stories emerged, resulting in the narrative therapy as one of the most prominent developments of post-modernity.

Through listening to and thickening those stories, new stories are constructed. In the process of constructing new alternate stories, new stories are evolved. Storytelling and story-making processes are not based on some preconceptions of reality. As the telling process progresses, the story is unveiled.

1.8 VALUE OF POST- FOUNDATIONAL RESEARCH

The foundationalist approach argues that all reality has foundations, denying the non-foundationalist position that only relative knowledge of truth is possible. For a non-foundational thinker there is no absolute truth but everything is relative. The trap in the non-foundationalist approach is that of indifference to life experiences and variety of possible meanings (Diller, 2007: 57).

In this study the position that I take is that of post-foundational, which stresses the importance of local context. Van Huyssteen (1999: 243) postulates that, “post-foundationalism in theological reflection has therefore shown itself as a viable third epistemological option beyond the extremes of absolutism and the relativism of extreme forms of pluralism”. Post-foundationalism is based on a social constructionist approach. It encourages the possibility of various interpretations and meanings. De-construction of discourses and re-interpretation are therefore important in post-foundational research.

Post-foundationalism as an epistemological approach promotes interdisciplinary methodologies, drawing various traditions to inform the interpreted experiences in a particular context. In post-foundational research all experiences are theory-laden and all experiences are interpreted. This perspective positions the approach in the constructionist paradigm since it agrees with all the constructs of social-constructionism (Van Huyssteen, 1999: 243).

What I have learned from Van Huyssteen’s lectures¹ is that sometimes our theology is not contextualized. Some theologies, professor Van Huyssteen¹ remarks, conceptualize ways of looking at the world or God and then use that as timeless foundation for developing the rest of the theological ideas.

¹ Van Huyssteen, W. 2005. *Lectures concerning post-foundational considerations and the Imago Dei*. University of Pretoria. 1 August 2005.

He uses a metaphor for foundationalism, saying that it is like a museum of ideas where you see wonderful truths, like going to a fantastic art gallery to see beautiful paintings. The museum is called the museum of theology wherein you will find different rooms in which all the timeless truths are displayed. In one room, we may find doctrine of creation, in another the doctrine of atonement, selection, trinity, and so on. The contention is that there is no experience of what is happening other than seeing what is in this one room. The stance to take here is not to contribute to the museum of timeless truths but to find one's role in constituting theology in a new context. I think that is what theology should be about, embedded in contexts and communities and reading faithfully the kind of problems that come from the community and therefore move forward in terms of that context, that practice and those kinds of real-life issues.

Van Huyssteen (1 August 2005) remarks that one of the liberating things that post-modernists brought about is the breakdown of rigid disciplinary boundaries. However modernists produced disciplinary islands and went hand-in-hand with hierarchical distinctions between natural, social and human sciences, some of which might but often do not include theology. Over and against rigid boundaries and hierarchical structure, a post-foundationalist metaphor is derived from a laser show; Huyssteen (during his lecture mentioned above) refers to a laser show around a fountain at Disney world he had experienced.

What I have learned from Van Huyssteen's lecture and literature is that a researcher should be very concrete in this interdisciplinary laser show. A researcher should ask what should the dogma do, not the discipline in general, or what a practical theologian, not all practical theologians, put forth their theological laser as I do mine in this study. Van Huyssteen feels that one should try to anticipate where the disciplines might overlap, and notes that this can only happen with communication. Professor Müller was influenced by Van Huyssteen. This led him to argue that Practical Theology (or post-foundational practical theology) should be contextual practical theology, which cannot function in a general context. It should always be local, concrete and specific.

Practical theology is a discipline that borders on a number of disciplines apart from all theological disciplines as well as the fields of anthropology, sociology and psychology (Müller, 2005: 296-297). Dr Louren Bosman² during the PhD contact week of October 2005 (reflecting on Van Huyssteen's lecture) said that, according to Browning (1996:1-12), all theology should move from praxis to theory to praxis. Practical theologians have moved further than the faith community because they believe that their task is broader than the church that God can also be found in more places than the faith community does. This is one of the challenges of practical theology. Dr Lourens Bosman (2005 PhD contact session week) said: "we should not only ask how do we think about God, but how do we relate to people who think about God in ways in which we don't even understand yet".

According to Van Huyssteen's lecture³ mentioned above, a post-foundational metaphor is not only related to interdisciplinary inquiries. It also suggests moving beyond the arena of the church and the theological faculty of interdisciplinary fields, to discuss human uniqueness. He further remarks:

"Given the lively scientific inquiries into contemporary cosmology, big bang theories, the age of the universe and everything that goes with the expansion of the universe. The theologian should never be able to teach the doctrine of creation again (in a theological institution) without some sense acknowledging what is happening where people are also talking about the origin of the world".

One should try to integrate this information with science whereby one learns and enriches what one means by God as Creator.

Van Huyssteen also advises - in his lecture referred to above -to can either

² Dr Lourens Bosman is Professor Muller's assistance, assisting PhD students with their research at University of Pretoria. Faculty of Theology department of Practical Theology.

³ Van Huyssteen. W. 2005. *Lectures concerning Postfoundational considerations and the Imago Dei*. University of Pretoria. 1 August 2005.

abstractly think about what it means to be created in the image of God, or that theology can go to the natural and human sciences. By doing so it can be discovered what it means to be human in broad. Thus, as post-foundational and as narrative researcher one should shape one's theology in a post-modern context.

1.9 IMMERSSED IN THEOLOGICAL CONTEXT

All expressions and discussions of reality are inescapable ingredients of township theology⁴. Socio-economic factors cannot be eliminated from such theology. Deep down in the cries of children affected by HIV and AIDS in a disadvantaged Mamelodi Township one sees Jesus' face. One discovers the cry of God who feels the pains and sufferings of being left alone, of being stigmatised by local communities, school mates as well as some church members.

It is high time the church listened to the unheard voice of God as He speaks through the voices of those children. Jesus proclaimed a theology that is not theoretical but relevant and necessary for the practical life of common people, especially the marginalized. Jesus welcomed and embraced all. But he did not seek out those at the top of his day's pyramid. He could be found out on the streets, seeking the outcast, finding lost sheep, healing lepers of all kinds. "When you hold a banquet, invite the poor, the crippled, and the blind; blessed indeed will you be because of their inability to repay you. For you will be repaid at the resurrection of the righteous," Jesus said (Luke 14: 13-14).

Jesus proclaimed at Nazareth synagogue during his first public ministry: "The Spirit of the Lord is upon me, because he has anointed me to bring good news to the poor ..." (Luke 4: 18).

Grenz and Franke (2000: 16-19) postulated a provocative proposal for

⁴ Township theology is a theology of action: "Faith in action". It is expected of a Pastor or any Christian to identify him/herself with the poor (have-not's), eat whatever they eat, spend more time with them, either at the funerals, marriage fists, speak their language, understand their culture, and so on.

constructing a theological method in the post-modern context. The impetus of the proposal by Müller et al., (2002) and Freedman and Combs (1996: 1-4) comes from the widely perceived collapse of the modernist worldview. They suggest that the traditional theological categories of “liberal and “conservative” no longer function. Thus, by shaping practical theology in a post-modern context the narrative researcher takes the “not-knowing position.”

That is to say, the researcher is not an expert, but co-researcher(s) are experts of their stories and experiences. A researcher links scripture, tradition and culture, which creates integrity in doing narrative research, leading to a post-modern paradigm that provides a useful framework for conducting research with integrity.

1.10 EXAMPLES OF ORPHANS IN THE BIBLE

There is an account of Terah (Genesis 11: 27 Holy Bible). Terah became the father of Abraham, Nahor and Haran. Haran became the father of Lot. While his father Terah was still alive, Haran died in Ur of the Chaldeans in the land of his birth. The Bible says that we should not take advantage of a widow or an orphan (Exodus 22: 22). In the New Testament, we read that some people brought children to Jesus for Him to place his hands on, but the disciples scolded the people. When Jesus noticed this, He was angry and He rebuked: “Let the children come to me, and do not stop them ...” (Mark 10: 33ff). The Biblical understanding of orphans gives a particular perspective of God, as one who observes the misery, one who hears the cry and who knows the suffering, and one who will bring justice to the oppressed widows and orphans.

In attempting to understand and analyze the life of children affected by HIV and AIDS, I do not want to teach them about their fate or God’s will or punishment for their lives. It is easy to lead them to an understanding that each of us is destined for these experiences and that God will reward us on the final day. Instead of this approach, I prefer to listen to their stories of being orphaned by AIDS and stigma that they experience as well as poverty, to make them aware of their own situation.

1.1 PRACTICAL THEOLOGICAL STUDY

This study and its paradigm fall under the vast umbrella of practical theology. Practical theology as the “doing” of theology affects both situations of ordinary people, and the theologian’s theoretical framework.

Effective practical theology will result in a new understanding of social issues and support the emergence of new theoretical concepts. Practical theology is a transformational activity: it transforms not only the community and its life situation, but also the theoretical concepts used to understand the experiences of that community. Practical theology always urges positive change. Let me echo some of the essential characteristics of practical theology pointed out by Renjan (2007: 17-18):

Practical theology is unsystematic: systematic theology presents theology in a systematic framework. Practical theology in a way challenges this systematic method of presenting theological concepts, which limits the possibility of more practical meanings. Practical theology is unsystematic in the sense that it continuously re-arranges with the fragmented realities and changes of the contemporary world and the issues it presents.

Practical theology is contextual and situation-related: practical theology excludes generalization and emphasizes the particularity of a specific context. It gives priority to the contemporary context or situation in which it is involved rather than to other situations, times or places.

Practical theology is experiential: it gives more importance to experiences of people than to social theories. Of course, the theories might have been formulated from human experiences in the past, but contemporary situations are more relevant in practical theology, which takes people’ contemporary experiences seriously as data for

theological reflection and analysis. Practical theology is interdisciplinary: as it deals with human experiences and contemporary life situations, practical theology cannot neglect or avoid the contributions and impact of other disciplines such as the social sciences. This means that it uses the methods and insights of academic and other disciplines that are not overtly theological as part of its theological method.

Thus practical theology, as used in this research study is praxis-orientated theology. Its approach is neither formal nor highly academic but spontaneous, informal and experiential. It is organized approach but has no preset interpretative style.

Müller (2005: 74) attests:

“It will be argued that practical theology, as enlightened by the post-foundationalist ideas of both Calvin Schrag and Wentzel van Huyssteen, should be developed out of a very specific and concrete moment of praxi”.

1.12 FOCUS OF THE STUDY

As a practical theologian, the focus of the study is not just to accomplish my aims, but to be of value to my co-researchers as well as to, especially other communities where co-researchers live. The focus of this study is to make the unheard stories heard. The focus would include wholeness, empowerment, and positive change among children affected by HIV and AIDS. These three are explained subsequently.

1.12.1 Wholeness

The unique features of Christianity include the identification and healing of hurts. These are grounded in a holistic vision of achieving fullness of life, especially for all children affected or infected by HIV and AIDS. The people of God are called to be effective channels of the healing and transforming power of God's love for all. The ministry of Jesus brought every child unto the fullness

of his/her personality (as one reads in the Gospel accounts) – Jesus acknowledged the great value of children.

In a culture that tended to ignore and otherwise devalue children, Jesus made it clear that he viewed them as people with great value in God's sight. Jesus reached out to them, welcomed them into his presence and blessed them (Matthew 19: 14-15). On several occasions Jesus went out of his way to heal (Luke 8: 49-56). He was willing to be "bothered" in order to minister to them.

In my study, as I encountered children affected and some who are infected by HIV/AIDS, my approach was to see each person as a whole.

Treating the symptom is not the right thing to heal, but rather entering into their world, leading them into finding and making use of their own resources for healing.

1.12.2 Empowerment

In South Africa, the disadvantaged population is predominantly black communities. This disadvantage was a result of the apartheid system conducted by the white minority who oppressed the black majority.

The effects of apartheid include the lack of quality parental care, sexuality education as well as disempowerment and lost confidence among Blacks. The so-called informal settlements contributed to the spread of HIV and AIDS because in most informal settlements there is no privacy. The shacks are too small to accommodate the entire family of the average of five people. There are no recreational centres besides the bedroom. Children have nowhere to go and play. But now in the new era (post-apartheid) empowerment of women and children as well as the youth and the poor has become more possible. However, this requires economic sustainability and health consciousness.

Biblical examples of empowerment and healing clearly show Jesus initiated to empower the distressed and marginalized. Jesus healed a man with demons

who used to live by the cemetery. He (Jesus) strengthened him to live as witness in his community. The man went to the ten cities around and preached the gospel of transformation (Matthew 9: 20-22; Luke 4: 31-37).

During Jesus' ministry most people became poorer and poorer. Many people could be categorized as economically disadvantaged because they were physically or mentally handicapped, in captivity, widowed, or members of a broad group of marginalized people such as tax collectors, sinners, prostitutes or Samaritans.

The strategy that Jesus used was to create awareness about the status of these people through meaningful interactions and dialogue. Jesus initiated social change and empowered them for social transformation. For example, in the healing miracle Jesus brought the woman with the twelve-year long issue of blood in the centre of the community to challenge the stigma of the society towards such disease (Luke 8: 43-48).

We learn that in the time of HIV and AIDS as Jesus' time the empowering of AIDS orphan is a necessity.

1.12.3 Positive change

Promoting an attitude of positive change was necessary and essential for working among the Mamelodi community, especially with children affected by HIV and AIDS. The young mind naturally takes to change. If children are not listened to and helped to describe and interpret their experiences they can easily end up in prostitutions (should they be girls), violence, crime situations and their lives in misery and chaos.

It is easy to stigmatize or label these children in a negative way for their social conditions or choice, but understanding and helping them is only possible through meaningful interventions.

Hospivision Kurima project is an organization that works with the goal of such positive change in the lives of such children. Their strategy is, "knowing your

neighbour through identifying children in distress, bereavement counselling as well as placement in the community”.

1.13 PACE FOR POST-MODERN PERSPECTIVE

Pluralism characterizes postmodernism. This study does not claim absolute “truth”. This is because truth has different facets and continually changes. The post-modern approach has the disadvantage of seeing the various possibilities and versions of reality. At the same time, rampant pluralism and relativity can damage the very essence of post-modernism.

The correct way to understand pluralism will yield a better understanding of constructionism. “Unfortunately, many scientists and theologians have also wrongly learned to associate post-modernism only with rampant pluralism with a jettisoning of reason and epistemology as well as with some form of skeptical, gloomy and negative de-constructionism” (Van Huyssteen, 1998: 3-6).

Post-modernism developed as an intellectual and theoretical movement from the evaluations of the strength and weaknesses of modernity. Post-modernism leads the narrative researcher to a new understanding of heterogeneity and otherness. It helps to see possibilities in others as well as in the framework and forms of life. In a world scenario modernity emphasized European culture as superior, and the Enlightenment as the life force for the future. The post-modern outlook questions and challenges this Euro-centrism. It opens the way for the triumphant entry of colorful cultures from all over the world into the world scenario. It is a process of going to the margins instead of bringing all to centre (Renjan, 2007: 20; Pienaar, 2003: 15). In the post-modernist understanding, the art, creativity, economic efforts, tastes, body languages and dress habits of different cultures penetrate the boundaries of individual nations and cultures. All walls of separation among the nations and cultures have fallen down (Renjan 2007: 20). Thus the post-modern epistemology

brings with it new understanding of the self and the world.

Post-modernism can be understood through three characteristics described as “anti-foundational, anti-totalizing, and demystifying” (Renjan 2007:20-23, Folke 2005:3-8). It is anti-foundational in that it resolutely refuses to posit any one premise as the privileged and the unusable starting point for establishing claims to the truth. Anti-foundational refers to the relatively of all truth claims. Post-modernism is also anti-totalitarian because the post-modern discourse suspects that any theory that claims to account for everything, is suppressing counter examples, or is applying warped criteria so that it can exclude recalcitrant cases (Grenz & Franke, 2000: 1-8). It is also demystifying.

The modernist tends to claim that certain assumptions are natural, but the post-modern thinking shows that these are, in fact, ideological projections.

Jeong (2002: 31) summarizes the distinction between modernity and post-modernity as follows. This is highlighted in table 1.1 below:

Table 1.1: A distinction between modernity and post-modernity

Aspect	Modernity	Post-modernity
Critics	Absolute	Relative
Knowledge	Universal, unified, total. Rests on a mystified account of intellectual discourse.	Local, particular rests on various forces.
Implications	Political and personal struggles.	Individual, various implications.
Characteristic	The appeal as a naturalized, universalized conception of reason.	Anti-foundational. Anti-totalizing. Demystifying.
Readers	The putative totalities are privileged to the text or the reader as the focus of interpretive power.	Readers encounter several different versions of text. Unauthorized interpretation.
Approach to interpretation	The text itself.	Emphasis on the reader’s experience.
Ream	Unified system of all purely relational knowledge.	Illusionary
Presumption	Specific system of all purely relational knowledge.	Nothing is pure, nothing is absolute, and nothing is total, unified or individual.
Method	Reliance on science and science method.	Demystification with science and reason.

Aspect	Modernity	Post-modernity
	Transcendental authority of reason.	Various interpretations. Various starting points.
Text	Valuable for interpretation as historical record of the past. Mystified past.	Readers can interpret texts various ways from their experience from their own perspectives.

Contrasting these two different views (modernity and post-modernity) helped me to understand the differences in the two approaches clearly. Mullert al. (2002: 2) postulate that a post-modern narrative paradigm provides a useful framework for conducting a research with integrity.

They explain that research has often been conducted at the expense of participants. People have been abused and marginalized. According to them, the paradigm has implications not only for the way in which they think about truth, but also for the way in which they try to be truthful in doing research. The reason that I position myself with them is because the narrative research approach helps one to listen to people's stories. It also leads one to think about people's lives as stories and to work with them to be able to experience their life stories in ways that are meaningful and fulfilling. It also helps the narrative researcher to consider the ways in which every person's social and interpersonal reality has been constructed through interaction with other human beings and human institutions and to focus on the influence of the social realities on the meaning of people's lives (Freedman & Combs 1996: 1-4).

According to Müller et al. (2002: 2-4) the 'crisis' of post-modernity is not simply one of believing, but of revolutions in the patterns of work and leisure, in the use of technology, in the exercise of civic power, and so on. Müller et al. (Ibid) further explain the modernistic approach: "In doing research, the emphasis is on the problem and the correct formulation of the problem. In a more narrative approach the emphasis should be on the action and not on the problem".

Freedman and Combs (1996: 22) postulate that "truth" is negotiated in families

and larger cultural aggregations. They propose four main ideas that are associated with the post-modern worldview, namely:

- that realities are socially constructed;
- that realities are constituted through language;
- that realities are organized and maintained through narrative; and
- that there are no essential truths.

The four main ideas alluded to above are explained as follows according to Freedman and Combs (1996: 33):

Realities are socially constructed, that is how ideas, practices, beliefs and the like come to have reality status in a given social group.

Realities are constructed through language. Everyday life is above all, life with and by means of the language one shares with people. An understanding of language is thus essential for any understanding of the realities of everyday life.

Realities are organized and maintained through stories. If the inhabited realities are brought forth in the language used they are then kept alive and passed along in the stories being told.

There are no essential truths, that is there are no possibilities for how any given experience may be interpreted.

1.14 USE OF NARRATIVE HERMENEUTICAL MODEL

Charles Gerkin (1997: 110-111) shares his idea of how the Christian story becomes part of the stories that the counselor and life-story-teller are sharing. He calls his model the “Narrative hermeneutical model”. This model is mainly useful in the Christian circles and for the many life stories of people who are related to the Christian community. Table 1.2 presents the schematized structure to explain his model.

Table 1.2: The hermeneutical model

The story of the Christian _____ pastoral _____ the particularity of community and its tradition _____ care _____ life stories.

According to Gerkin (Ibid), this table locates pastoral care in the centre of the dialogical space between the communal story of the Christian community and the many life stories of people who are in some way related to the Christian community.

Such location is highly significant and meant to indicate a number of important elements in the model (Gerkin, 1997: 112; Burger 2005: 12). These elements can be summarized as follows:

The most important aspect of this model is that the counselor facilitates the process of connecting the life stories to the Christian story and vice versa. This requires true empathy.

There is a tension between the life stories of those involved and the Christian story. Life stories are personal and are usually drawn from larger cultural stories. These stories are particular to the life experiences of particular individuals, families, and other groups involved. These life stories are not always the same, or many do not fit in the Christian counselor's story. Thus, standing between the Christian story and the life stories the pastoral counselor (a researcher) should be loyal and present the Christian story on the one hand and has to be empathetic towards the particularity of the life stories that s/he hears on the other hand. Thus, a researcher (counselor) should facilitate a bridge between these two sides. This does not mean awaiting an opportunity to preach and bring the Christian truth to the life story-teller as many of pastors would do.

Pastoral care involves both the care of the Christian community and individuals in families and in larger group relationships.

1.15 WHY NARRATIVE PARADIGM?

There are many reasons for vulnerable people to tell their stories, some of which are described in this study. Through stories co-researchers come to understand their experience, legitimize their behaviour and share their emotional experience with others in a holistic form.

Stories of people in physical or mental pain and of those who experience illness and disability and the loss of parent(s) are not often heard. Narrative inquiry comes handy in this regard as it centres on their perspectives and perceptions (Holloway 2007: 1-3). Holloway (Ibid) attempts to show that in the telling of stories co-researchers have the potential to regain the power to shape their own world and identity.

The narrative paradigm will provide the researcher in this study a central role to understand people and to communicate with them through stories. Thus, in order to understand the lives, thoughts, and feelings of children affected by HIV and AIDS I need to know the stories of those children regarding their situation and problems (Morgan, 2000: 5). In the narrative way of research, I shall interview three children to find out what their stories tell us.

1.16 HISTORY OF NARRATIVE APPROACH

Mkhize (2007: 14) describes life as “a cobweb constructed with stories”. The cobweb serves the spider as long as it is able to catch some insects for it. The frustration only comes when the cobweb is no more able to catch anything. In Müller’s (1999: 1) words, “people find themselves to be in crisis when their stories do not want to take any shape”. The cobweb is no more fitting for catching the insects anymore, all that the spider can do is either to abandon it or repair it. So are our lives.

Narrative research begins with researchers giving co-researchers respectful, interested attention in a safe and uninterrupted place. Co-researchers are invited to talk about their concerns and the researcher listens. Often co-researchers start by telling stories that are full of frustrations, despair and

sadness with few or no gleams of hope. “Therapist witness and are confronted by the pain and suffering of many people. Daily encounters with suffering, hunger, malnutrition, unemployment, rage and anger, crime attacks, violence, rape – all these issues are not extraordinary but ordinary to many counsellors, caregivers and pastoral therapists in South Africa” (Kotze & Kotze 2002: 1-7).

Therapy is the name used to describe several different streams of therapeutic theory and practice developed in the past two decades in the United States, Europe and Australia. While the American practices have drawn strongly upon the Australian innovations, the European stream has drawn very strongly upon a more immediate post-modern theoretical framework (Chamberlain, 2007: 1).

White and Epston (1989: 1-5) developed a 'text analogy' where the stories that people brought to therapy became the key area for work that seemed more appropriate. The notion that people can define their lives in many ways is central to the model. This assumption places it within the post-modernist movement. Producing a therapist defined unitary form is not the goal of the approach. An initial assumption of the model is to look at the person in his social situation. “The narrative approach starts from the premise that the job of the counsellor or community worker is to help people identify what they want in their own lives, and to reconnect with their own knowledge and strengths” (McLean, 1996: 8).

White (1998: 9) describes problems as developing an identity of their own which exerts influence upon individuals, couples, families and communities. Accordingly, one of the tasks of therapy is to externalize (Ibid: 9) the problem so that the degree of its influence over the person concerned can be compared with the person's influence over it (White, 1988). Externalization assists people to objectify and sometimes personify problems. This enables people to separate themselves from problems and see problems as things which affect them, things against which they can take action, rather than see themselves as problems (McLean, 1996: 55).

White (1986: 173) believes that, “people experience problems because they are restrained in some way from taking a course which would ameliorate their

distress". This is referred to as negative explanation. Restraints can take the form of beliefs, ideas, presuppositions or external social controls like poverty, racism and patriarchy. By contrast, 'positive' explanations assume that problems are caused by internal drives, motivations or external pushes and pulls on people. From this point of view lives are somewhat predetermined.

Problems result more from internal pathology and give rise to labels that help to subjugate the less powerful. Freudian thinking can be seen in this light, as can some earlier notions of welfare that distinguished between the 'deserving' and 'undeserving' poor.

Michael White must be credited with developing externalization as a rich and widely applicable method. It is a theme throughout his work. The extent to which externalization is a cognitive technique is a matter of debate. If its purpose is to create a sense of mental well-being via altered thinking, it is a cognitive technique. I have no doubt that both cognitive behavioural models and narrative models, sensitively and competently practised, can produce this outcome. This, however, is not the sole purpose of either.

When a narrative therapist externalizes something like 'fear' or 'hurt' or as did happen in the group discussed in this study 'stigma', 'illness' or 'labelling', a colloquial name is used to facilitate discourses about personal experience. Relative influence questions are often asked by narrative therapists to promote the realization of such restraining idea, and their accompanying subjugating practices are indeed challengeable.

Once a 'unique outcome' is noticed clients usually discover that they have already been able to challenge this subjugation however minimally. This is the beginning of the development of the alternative knowledge or the re-authored account. This re-authored account which co-evolves between the client and therapist presents opportunities for the client to see the relationship between power and oppression of unitary or 'normifying' knowledge and the individual experience of the client concerned. Standard references, particularly in the

field of cognitive behavioural therapy and serious mental illness (Falloon et al., 1984: 4-6) do not make reference to such techniques or constructions of therapy.

Cognitive behavioural models in the field of mental illness are excellent teaching methods which draw attention to the biological, psychological and familial factors associated with, for example, schizophrenia.

Falloon et al. (1984: 7) provide an excellent framework for communication training, goal setting, problem solving and symptom management. I have facilitated a group using this model and have witnessed its benefits first hand. The narrative model is more concerned with self-teaching, awareness and change which develop through the re-authored account.

Cognitive behavioural models also seem to see the family as the only 'context' or 'environment' of the problem, whereas the narrative model defines context much more broadly and addresses structural factors. If one incorporates notions of subjugation into one's work then, as Mullaly (1993: 26) suggests, one attempts to use transformational knowledge to contribute to changing society from the one that creates and perpetuates poverty, inequality, and humiliation to the one more consistent with values of humanism and egalitarianism (1993: 26).

At this present moment I would like to look at other approaches that were used and some are still being used besides narrative approach. I will highlight the advantages and the disadvantages of those approaches.

1.16.1 From system to stories

In Freedman and Combs (1996) in their foreword of their book "Narrative therapy: The social construction of preferred realities", a 23 year old woman shares a powerful story of the abusive relationship that her father put her through. This story remained untold for many years. It was surrounded with painful memories. It was not until she couldn't take it anymore that she started seeking help. Her story even affected her career but more her life. She

became suicidal, a stage that points towards self-destruction, a stage of hopelessness and despair. She lived in the dark side of life for 12 years. As a result she moved from one therapist to another without help. Hospitalization and more drugs were often recommended for her but all in vain. These therapists reduced her to nothing than just a number of cases that they had to study about her.

She was attracted to narrative therapists more because they seemed to be more respectful and compassionate to the stories of people who came to see them for therapy. It wasn't until she decided to move in with one of her friends that she started to see some light through the narrative conversations that she had with friends, in particular with Jill Freedman.

After 12 years of intense pain, narrative therapy allowed her to see some light. This was only possible because she was actively involved in the whole process of the therapy. For instance, both Jill and her became companions, and together they searched for the preferred story. As they moved deeper into the narrative they started a process of externalization whereby the story that worked for her abuse was named "white direction" and that which did not work for her abuse "black direction". The white direction offers hope that someone cares and that someone will strive to see the diamond in the rough. This has been the reality of my co-researchers. As children the concept of externalization helped them to tell their stories.

There are first order and second order cybernetics. The first order cybernetics applied to families that came from therapy. They had to pass a particular test in order to be considered functioning well. This meant that therapy drove people to a particular direction known only to the therapist which resulted mostly in frustrations to families or to people seeking therapy. The therapist in this case is a "doctors fix it all" person and people coming for therapy were just passive recipients of external wisdom.

The frustrations that the first-order cybernetics caused to people seeking therapy led them to search for less-controlled orientated modes of therapeutic

sessions, modes that did not place the therapist outside of or above the family. They wanted modes that would bring about transformation in the life of a person seeking therapy, whereby the therapist moves more and more to a not-knowing position by allowing the person seeking help to lead the way.

The first-order cybernetics was concerned with designing a strategic intervention that would bring about change in the lives of those seeking help from them, while the second emphasized the fact that it was impossible for the therapist to be on different level as that of a person s/he gave therapy to but that s/he was part of the therapeutic conversations, and it was not possible for the therapist to take objective position.

The paradigm shift that became obvious was from looking for patterns of behaviour in families to looking for patterns of meaning. Circular questions became important. The contribution made by the family members was appreciated since the story of the family seeking help and that of the family are somehow interconnected. "Circular questions presupposed that family members were connected in ongoing relationships that the actions and emotions of one person affected everyone else in recursive ways" (Freedman & Combs, 1996: 5-6).

1.17 RESEARCH METHODOLOGY

In this study I do not undertake a research in a specific predetermined meaning but I determine to discover a new meaning as I follow what Morgan (200: 44), White (2002: 3), Freeman and Combs (1996: 42) and Müller (2005: 3-6), reflecting in this research methodology.

1.17.1 Research process

The research process began with 25 co-researchers, six caregivers and 19 children between 13-19 years. For purposes of this study I will only describe the stories of three children and one of the caregivers who died of AIDS in 2007 while I was still conducting this study.

1.17.2 Participatory action research

Action research is defined as doing research with and for people rather than doing research on them. It focuses on working with people to identify problems in practice, implement solutions, monitor the process of change, and assess outcomes (Campbell, 2007: 1-3). It incorporates three elements all of which contribute to both the process and the outcome. They are participatory methods, equality between researcher and co-researchers, and praxis that includes reflection and action. The strength of action research lies in its ability to influence practice positively while systematically collecting data (Cave & Ramsden, 2006: 1).

Participatory action research embraces a commitment. This commitment serves to invite participants concerning improving the ways of coping with the context of daily life experiences which include the effects of being an AIDS orphan.

A narrative researcher cannot know how the people feel, react and think. s/he should journey with them so that s/he can know with them and not to prescribe ways of changing the effects of their daily hardship experiences. My narrative approach in this study is guided by Müller et al. (2001: 4) who argues:

“... Any person, who knows the climax beforehand, has not even started the process of becoming a researcher. The fake or quasi-researcher on the other hand, is a propagandist who knows the answers to the questions and therefore doesn't really need to do any research. Then the research document becomes propaganda material instead of an honest development of “character” and “plot”. The narrative researcher sets the scene in motion and waits for the climax to develop”.

In this process I will allow co-researchers to reflect on their social situations in

order to improve the rationality and justice of their own practices, their understanding of these practices and situations in which these practices are carried out.

In the study is not such aim at attempting to change the lives, beliefs and structures of children affected by HIV and AIDS. However, it is aimed at working together with caregivers and children affected by HIV and AIDS to change challenge and transform their psycho-social sustainability. I align myself with that sometimes takes place in research projects. I want to be a researcher who does not want to pathologies or victimise co-researchers.

Due to the specific nature of participatory action research, my focus is on creating ways of changing or improving the effects of change in people's lives. During this study I shall inform my co-researchers about the outlined agenda and methods that I planned to use (Cave & Ramsden, 2002: 1-2). My method Müller et al. (2001: 1-2) who wanted to be part of the revolution of patterns of research in order to deconstruct the abusiveness of data-gathering is an appreciative inquiry process as well as a narrative inquiry process as explained below:

Data generation: I generated data by way of group participation with the co-researchers (research participants) and the method of doing so was a narrative inquiry process as well as an appreciative inquiry process. I have asked questions like, "Tell me how was life while your parents were still alive?"

Narrative inquiry: narrative inquiry is aimed at providing a space for co-researchers (research participants) to voice their experiences.

Narrative approach in this study is mainly based on the stories of the co-researchers and their personal interpretations. One of the roles of the narrative researcher is to listen to the stories carefully and write them down without contaminating them or manipulating the meanings implied by the story teller.

Other roles of the narrative researcher are to identify the unique outcomes in the stories, help the storyteller to move from thin to thick descriptions on research material. Morgan (200: 13) postulates that, “thin descriptions often lead to thin conclusions about people’s identities, and these have many negative effects. The person with the problem may be understood to be ‘bad’, ‘hopeless’, or ‘a trouble maker”.

Many children affected by HIV and AIDS initially give thin descriptions of their life stories only. In the course of narrative interaction they are equipped to construct alternative stories and thicken each story in relation to the others. The narrative researcher also undergoes a process of change, of discovery in the process of interaction and writing while searching for unique outcomes.

1.17.3 A not-knowing position in conducting research

I borrowed the ideas of not-knowing position from Morgan (200: 1-6) and Freedman and Combs (1996: 4) to be truthful and fair in this study. The not-knowing position presupposes that narrative researcher can never know or understand more about life experiences, emotions, thinking and the needs of co-researcher(s) than they do themselves. This requires the researcher to lay aside his agenda and engage himself in active-responsive listening. This also suggests that researcher should free himself from constraining frameworks supported and perpetuated by his training, theories, models, ethic, beliefs or culture (Freedman & Combs, 1996: 22). Moreover, a not-knowing position emphasizes the fact that the narrative researcher does not just ask questions from a position of pre-understanding and questions to which particular answers are required (Freedman & Combs, 1996: 44).

As Müller pointed out in one of the PhD contact sessions on 19 February 2007, a not-knowing position does not suggest that the narrative researcher knows nothing. He is rather well equipped in the subject of narrative but he is concerned about stories of co-researchers. He does not know much about the content and meaning of people’s lives. It is through journeying together with

them that he enters into a companionship through the narrative conversations.

According to Morgan (2000: 2) the non-knowing position is further strengthened by maintaining a stance of curiosity and by always asking questions to which one genuinely does not know the answer. It adds more flavour to the narrative researcher's curiosity in the co-researchers' unique answers, which will lead them from thin descriptions to thicker ones.

1.17.4 Responsive active listening

Listening is a special and extremely important skill that all narrative researchers should strive for. Those children affected by HIV and AIDS already feel vulnerable and discourage any form of probing, pushing or interrogating when dealing with such people who are going through a rough time. Responsive-active listening is not so much about what to say but more about learning to listen and understand. The narrative researcher should therefore have a special virtue of being comfortable with just being present to relate, accept, encourage and affirm what the co-researcher is telling him (Müller, 1999).

1.17.5 Deconstructive questioning

In this study I tried to avoid many counsellors and caregivers and some of the pastors who function and do research or counselling from within the framework of structured model which tend to be more closed, suggestive and motivational. Most of their questions only require "yes" or "no" responses. The structured model in research is more interested getting answers and therefore most of its questions are interrogative in nature. Such questions lead to a thin description of which according to Morgan (2000: 12) allows little space for the complexities and contradictions of life. It also allows little space for people to articulate their own particular meaning and actions and the context within which they occurred.

1.17.6 Appreciative inquiry

I worked from the social constructionist paradigm. It is about people supporting the process of constructing meaning through conversation and therefore they are responsible for the constructed meanings (de Beer, 2001: 10). During my interaction with co-researchers they constructed their own meanings of being AIDS orphans and ways of transforming their psycho-social situation. In this regard the appreciative inquiry process developed from a social construction paradigm. It maintains that people can together construct meaning and hope in situations where desperation and hopelessness try to be the order of the day.

1.17.7 Data capturing

During the group conversations I intended to audio-tape and write the discussions with the co-researchers' permission. After each group conversation I wrote letters to the group. These letters were summaries of the conversations which made them aware of creative possibilities or propositions that have helped them to survive until the end of the research. The research work took almost three years as I was influenced by Epston (1994: 31) who states:

“The words in a letter don't fade and disappear the way conversation does, they endure tough time and space bearing witness to work to therapy and immortalizing it. A client can hold a letter in hand, reading and rereading it days, months and years after the sessions”.

1.17.8 Data analysis

The content and the process of the group conversations and the content of the letters written to co-researchers were used for data analysis. I asked the co-researchers to confirm whether they agreed with the identified themes.

They were also invited to reflect on their experiences and effects of

participating in an appreciative inquiry process. These experiences were also documented.

The following section offers an exploration into my discursive positioning as a narrative researcher and a pastoral family therapist.

1.18 ADOPTING SEVEN RESEARCH MOVEMENTS

This study will work from the perspective of post-foundationalism. The theoretical perspectives of social constructionist and the narrative approach will be used. The study develops from the seven movements reflecting the assumptions of the narrative practical theology. The methodological guidelines will reflect the paradigms of the narrative approach as well as social construction and post-foundationalist understanding of practical theology.

1.18.1 A specific context is described

The context of this study is in the first instance children affected by HIV and AIDS within the HIV and AIDS environment in Mamelodi. The specific needs that they might have and the degree of care that they receive in regards to these needs also form part of the specific context or broader based understanding. I conducted interviews with caregivers and children affected by HIV and AIDS. The interpretations of interviews were solely based on the social construction.

1.18.2 Listening to and describing in-context experiences

An empirical research based on the narrative approach undertaken by listening to the stories of children affected and of caregivers in order to gain an understanding of their in-context experiences. In this instance I trained 20 young people of the Kurima Project to be sensitive to and understand the world and language of children. I also empowered them to be able to enter into meaningful relationships with children affected by HIV and AIDS in September 2005.

1.18.3 Interpretations of experiences of co-researchers

My research approach was that I was not interested in descriptions of experiences but in my co-researchers' own interpretations. The researcher in this phase does not in the first instance look for data but for meaning given by co-researchers. Interpretation is done in constant feedback loops and in collaboration with co-researchers.

1.18.4 Impact of tradition on description of experiences

There are specific discourses in certain communities which inform perceptions and behaviour. The researchers should identify them and try to gain some understanding on how they influence current behaviour. This can be achieved through listening to co-researchers and the literature, art, and culture of a certain context. I revisited research narratives found in literature, art and other cultural phenomena.

1.18.5 Reflection on the religious and spiritual aspects

This is not a forced effort by researchers to bring God into the present situation. It is rather an honest effort to hear and understand the co-researchers' religious and spiritual understanding and their experiences of God's presence. Again, this should be integrated into the social construction process. The researchers' own understanding of God's presence in certain situations is also part of the valuable contributions that they should make. In this instance I listened to the clues in children's narratives about their experiences of God and interacted with those clues by methods congruent to the world and language of children.

1.18.6 Interdisciplinary description of experiences

Language, reasoning strategies, contexts, and ways of accounting for human

experiences differ greatly between various disciplines. Therefore, no one-size-fits-all method can be applied. Interdisciplinary movement is the answer in practical theology. It includes conversations with other theological disciplines and sciences. The researcher should listen carefully to the various stories and make an honest effort to integrate them all in one. I embarked on the literature study and ran interviews with colleagues from different disciplines.

1.18.7 Development of alternative interpretation

Research in practical theology is not only about description and interpretation of experiences. It is also about alternative interpretation. Alternative interpretation is about deconstruction and emancipation. This should be accommodated to allow all the different stories to develop into a new story of understanding that points beyond the local community, not in an effort to generalize, but to deconstruct negative discourses. According to the narrative approach this cannot happen on the basis of structured and rigid methods through which stories are analyzed and interpreted. It can happen on the basis of a holistic understanding and as a social constructionist process in which all the co-researchers are invited and engaged in the creation of new meanings. Methods used here are on the level of dissemination and can be done in various ways, for example, group interviews, workshops, individual interviews and seminars held with stakeholders as well as with the scientific communities and faith communities.

The seven movement methodology is particularly useful for gathering the stories of children affected by HIV and AIDS as it gives a picture of the research theme with its various dimensions. A general outline of the issues to be discussed guides me to focus on the specific context, Mamelodi.

The seven movements prepared the ground for listening to the experiences of the said children as they revealed their stories of despair. As these children described and interpreted their experiences they had the full right and freedom to tell and re-tell their stories as they wished. A narrative researcher is not in the position to judge or to correct in this instance. The meanings constructed

by their interpretations enter into dialogue with existing research knowledge. Each child's experiences before, during and after losing parent(s) may be different. Storytelling and sharing of the experiences will lead him/her to new understanding. The interaction of the various traditions of interpretation that influence their experiences will also be traceable.

A post-foundationalist narrative methodology can yield a thick story of the co-researchers' understanding of God in a specific context. Facilitating God-talk and bringing spirituality resources into interaction between the researcher and children is a genuine experience, as Muller (2005:84) suggests:

“This is not a forced effort by the researcher to bring God into present situation. It is rather an honest undertaking in order to really hear and understand the co-researchers' religious and spiritual understanding and experiences of God's presence”.

Thus there is a place for God's. Interdisciplinary investigation opens multiple facets of reality and helps the researcher to go beyond the local in terms of Van Huyssteen's (1997: 28-30) attestation:

“We should be able to enter the pluralist, interdisciplinary conversation without full personal convictions and at the same time be theoretically empowered to step beyond the limitations and boundaries of our own contexts or forms of life”.

I used interdisciplinary to facilitate dialogue between disciplines to construct new meanings for experiences of those children.

1.19 ETHICAL ISSUES

Many disciplines have their own codes of ethical standards governing research that involve human subjects and in some cases, research involving

animal subjects as well (Leedy & Ormrod, 2001: 110). Narrative research is about human beings with untold stories and some told stories. These are stories that they lived. This study is about the untold stories of humans, children affected by HIV and AIDS in a densely populated Mamelodi township. So, one should consider the ethical implications in that regard.

Some ethical issues that need to be considered include protection from harm, informed consent, right of privacy and honesty with professional colleagues (Leedy & Ormrod, 2001: 107-110).

A researcher should - by all means - not expose co-researchers to undue physical or psychological harm (Leedy & Ormrod, 2001: 107). Smythe and Maureen (2000: 7) suggest that extensive precautions are often necessary to protect the integrity of participants' reputations and their ongoing relationships with others. A narrative researcher should thus avoid deception in this case. Co-researchers should be told of the nature of the research process. In other words, co-researchers should be given a choice of participating or not. The children I interviewed were given such choice. Thus, volunteerism is the research philosophy (Leedy & Ormrod, 2001: 107). I carefully followed the informed consent guideline suggested by Leedy and Ormrod (2001: 108):

“A brief description of the nature of study, a description of what participation will involve, in terms of activities and duration statement indicating that participation is voluntary and can be terminated at any time without penalty ...”

See Appendix 1 for a sample of the informed consent form used in this study.

The privacy of co-researchers should be respected by any narrative researcher (Leed & Ormrod, 2001: 108). The researcher should maintain a high standard of confidentiality in dealing with them. Smythe and Murray (2000: 7) suggest that true anonymity is generally a problematic requirement to meet whenever a person's story is presented and analyzed as a whole in

details.

The researcher will report his findings in an honest fashion, without misinterpreting what he did or intentionally misleading others as to the nature of his findings. He will under no circumstances fabricate data to support certain conclusions. Under no circumstances will he use another person's data and ideas or words without full acknowledgement of that person.

1.20 OUTLINE OF THE STUDY

This section provides an outline about the development of this study.

CHAPTER 1: INTRODUCTION, RESEARCH POSITIONING AND METHODOLOGY

CHAPTER 1 identifies the problem of the study. It also provides the purpose, background, motivation, definition and a brief history of narrative approach, positioning and research methodology, as well as theological orientation in the post-modern and post-foundationalist.

CHAPTER 2: CHILDREN IN AN HIV POSITIVE COUNTRY

This chapter is about stories of children affected by HIV and AIDS. The specific needs and the degree of care that they might have and the degree of care that they receive also form part of the specific context or broader understanding.

CHAPTER 3: CRY IN THR GHETTO: THE NARRATIVES OF CHILDREN AFFECTED BY HIV AND AIDS

This chapter explores the stories of three co-researchers and one caregiver. They describe the reality of being a child affected by HIV and AIDS.

CHAPTER 4: DESCRIBING AND UNPACKING STORIES OF THE PAST

AND THE CLOUDED STORY OF HIV AND AIDS AND THE FUTURE

In this chapter I will thus deconstruct, or describe these problem stories by listening to them within the context of their global setting. Before I can deconstruct them I need to describe this global pandemic. I will not only describe the global setting. I will also reflect on the discourses and ask questions like, “What is the impact of HIV and AIDS.

CHAPTER 5: EXPLORING ILLNESS IN THE CONTEXT OF AFRICANS AND CULTURAL PERSPECTIVES

This chapter explains the concept of illness in the context of Africans’ cultural perspectives.

CHAPTER 6: RELIGIOSITY AND SPIRUALITY IN AFRICA CONTEXT

The researcher reflect on the religious and spiritual aspects, especially on God’s presence, as it is understood and experienced in a specific situation by children affected by HIV AND AIDS.

CHAPTER 7: THE CHILDREN’S WORLD: TOWARDS AN ALTERNATIVE UNDERSTANDING

In this chapter the researcher explores the psycho-social crisis of children affected by HIV and AIDS. High level of unemployment, low level of formal education and inadequate welfare system have lead to widespread of poverty, which renders AIDS orphans more vulnerable to contracting HIV. Aids orphans take the role of their parents on their shoulders.

CHAPTER 8: THE CHALLENGE OF HIV/AIDS TO THE CHURCH

Here the researcher explores the scientific knowledge of HIV and AIDS. This includes myths, stigmas and the statistics.

CHAPTER 9: CONCLUSION

The researcher concludes the study in this chapter. He tries to find new meanings from different stories that point beyond the local community and what research can be still done.

CHAPTER 2

CHILDREN IN AN HIV POSITIVE COUNTRY

2.1 INTRODUCTION

Before I describe the stories of children living with HIV and AIDS it is necessary to give a brief overview about the Mamelodi community, HIV/AIDS prevalence among the community resulting or leading to the psycho -socio-economic impact in Mamelodi.

2.2 COMMUNITY PROFILE OF MAMELODI

Mamelodi community is a densely populated black township with several informal settlements. It has a high rate of unemployment. It is estimated that only 45% of its residents are economically active with an HIV prevalence rate. The township is situated in the east about 20km from Pretoria. It was established during the 1950s through the Group Area Act of the then apartheid South Africa. Before this Act it was called Vlakfontein (co-researcher, 18 April 2006; Tshwane: A Pictorial Journey, 2002: 14).

I spent part of my childhood in Mamelodi, and I was told that Mamelodi is known as the mother of melodies. According to legends, it was the name given to by President Paul Kruger because of his talent for whistling and imitating birds. I had a conversation with Reverend Raliting who is one of my colleagues at the University of Pretoria (Rev. Raliting, 25 April 2006; See also Tswane: A Pictorial Journey, 2005: 44). This was done to build on my knowledge of Mamelodi. He was a secretary for Justice, Reconciliation and Peace in Mamelodi. He gave a rich background about Mamelodi. Mamelodi played a significant role in the liberation struggle in South Africa in the 1980s. A heritage route has been established to introduce visitors to some sites that were made famous during the struggle. The Solomon Mahlangu Freedom Square honours this departed man who became a heroic figure during the struggle for freedom of the Black. I remember the day when he was hung. That was on 6 April 1979.

I was doing my first year at our theological college. I remember myself and my friends at the college praying for him and his family on that day. We were deeply disturbed by the then regime and the system. I nearly discontinued my studies.

A memorial stone was erected at the Mamelodi Cemetery in honour of those comrades who died for the liberation struggle. The graves of numerous other freedom fighters are located in this cemetery.

The house of the first white NG church, Reverend Professor Nico Smith, who defied the Group Area Act is in Mamelodi. He played numerous prominent roles. He established Koinonia for lay people and priests or theologians in Mamelodi. He helped political detainees. He was chairperson of the Pretoria Council of Churches. He also established a Women's League in Mamelodi.

The Moretele River divides Mamelodi into the eastern and western blocks. Most of its residents live in Mamelodi West. Informal settlements are mushrooming in Mamelodi East. Overcrowding has had a significant impact on HIV and AIDS, as I mentioned earlier in this study (Maisel, 2003: 4).

The prominent sport in Mamelodi is football. Mamelodi Sundowns, the football club, is one of South African Football's best soccer teams (Nhlanhla, 2004: 3, Apel, 2005) that contributed to the history of the pitch. The pitch is known as H.M. Pitje Stadium.

Today Mamelodi officially has a population of over 500,000 people from various ethnic backgrounds. It is one of the poorest townships in South Africa. There is a designated taxi rank, bus stop, train station as well as a semi-industrial area situated about 500m from the township. It has schools. However, many children cannot pay school fees. At some of the schools children who cannot pay are not allowed to register. I have seen many children playing in the street during school time. There is also an indication of child-headed households, and some of the children are abused in various ways (Maisel, 2003: 1-4).

2.2.1 HIV and AIDS Prevalence

Despite evidence that prevention programs instituted some time ago are beginning to have an impact in some townships, HIV and AIDS pandemic continues to grow. New infections among women, especially young women continue to outpace those among men, a stark reminder that gender inequity and violence against women and children fuel the pandemic around Mamelodi.

Approximately eighteen million, or forty percent of South Africans are under the age of eighteen, and sixty percent of them live in poverty. This is the age group that the disease hits the hardest. The fear thereof is high, but reckless sexual behaviour is the norm, aggravated by poverty, drinking and drugs, loss of parent(s), and extended families in which sexual abusing is rife (Stilwell, 2000: 6; Gennrich, 2004: 8-11; Baptist Today, 2004: 19).

South Africa's apartheid history resulted in the break-up of many homes due to migrant labour, the need for young activists to go underground, and death caused by political violence. As a result, seventy three percent of South African homes lack a father figure. All these circumstances really affected faithful relationships between adults and children, without clear parental care and discipline or guidance. This resulted in the children not making clear and responsible decisions (Gennrich, 2004: 12-13).

As South African black clergy I grew up among diverse black cultures including Mamelodi. Many of these cultures were characterized by silence regarding sexually related issues. Sexuality education was not prevalent in all black communities or societies.

This contributed to uniform sexual behaviour amongst children. It means that children were and still are experimenting with sex before they can know much about its consequences or how to protect themselves. They are comfortable with all types of media from which they copy the sexually related behaviours, for an example TVs, Videos, DVDs, etc. They are highly influenced by what they tend to believe are their role models like celebrities.

The statistics that measure the plight of children and orphans affected by the AIDS pandemic are shocking. AIDS has orphaned at least 10.4 million children under fifteen. These children have lost their mothers, fathers or both parents to the pandemic(UNAIDS 2007).

The HospiVision/Kurima caregivers reported that children suffer tremendously when their parent(s) are infected. The needs of children with infected parent(s) are often neglected by extended family members and the neighbours or community at large. HospiVision/Kurima reported seeing the suffering of children who too often hover in the showdowns of a tiny dark room of a shack, seeing and hearing everything that their parents are going through (also see Van Dyk, 2005: 219; UNAIDS, 2000: 3).

Usually children are largely excluded from the counselling services because caregivers do not know how to talk to them. Children in Mamelodi West, however, were given an opportunity to be part of a support group and the researcher did a bereavement process with them. They reported that it helped them tremendously as they had time to debrief and discuss things that they found difficult to handle.

2.3 EXPERIENCES OF MAMELODI CHILDREN

Children in general and those infected with HIV/AIDS in Mamelodi experience certain atrocities because of the socio-economic dynamics engulfing the very poor Mamelodi communities. These atrocities are briefly discussed subsequently.

2.3.1. Starvation

Malnutrition affects first and foremost children. Mamelodi is susceptible to growth failure when foods have to be introduced to complement breastfeeding in the first and second years of life. Wasting and other forms of acute malnutrition often appear among children in seasonal cycles, especially during the "hunger gap" period between harvests.

I witnessed the scourge of hunger to these children. It has by now forced many children affected by HIV and AIDS to become sex workers. It has sent them back into the streets to become other people's victims. It has resulted in child-headed households. Three out of five children in Mamelodi face starvation (own observation). Some go to school without breakfast and some help themselves in the refuse dumps or refuse bins by collecting rotten and thrown-out food. (I experienced going to school without a breakfast and sleeping without supper during my early years. It is so painful and shameful. I used to visit my friends so that they might invite me for a dinner or whatever meal just to fill my stomach. Thus, I can identify with the plight of these children.). Hunger is thus a major problem for these children (Poser, 1986: 38). Very often I have shed tears when these children told me about the hunger that they faced as I could relate their situation to mine.

2.3.2 Poverty

Hunger and poverty are a reality in Mamelodi. Poverty is becoming more and more prevalent among children and young people. Young black children are more likely to be even poorer than other races. The poverty rate keeps growing everyday in the townships of South Africa. In Mamelodi children affected by HIV and AIDS suffer more frequently from malnutrition. To my understanding, poverty is not just the absence of material possessions. Children affected by HIV and AIDS experience the loss of their parent(s). Many children in Mamelodi have lost their self-respect and hope. HIV and AIDS continue to plague the world of such children.

2.3.3 Exploitation

Because of the extended family system which would have traditionally provided support to children orphaned by AIDS after their parents' death, children often lose their rights to the family house. Relatives move in and often exploit them by taking possession of their property and do not support them.

See the broadcast of the footage of one of these incidents (SABC, 23 May 2006) which led social workers to intervene in order to protect these children. Because these children no longer have access to education, they lack work skills and family support of any kind. They then end up living in the streets with no food or money to pay school fees. They depend on begging and eating from dirty bins (Van Dyk, 2005: 270).

2.3.4 Stigmatisation

Because of the stigma associated with HIV and AIDS deaths in many Mamelodi communities, many families, extended families and churches do not want to look after HIV and AIDS infected and affected children (UNAIDS, 2004, Vega, 2003: 6).

2.4.5 Physical abuse

This is an act or acts which result in inflicted injury or death to a child or young person. This is what happens in many townships like Mamelodi. Some children are physically abused either by their extended family members who act as their guardians or by foster parents. Some are abused by schoolmates.

2.3.6 Emotional abuse

Extended families including some caregivers fail to act as parent figures. This results in impaired psychological and emotional functioning and development of a child or younger person which may be expressed as anxiety, withdrawal, aggression, depression or delayed development (Sternburg, 2001: 184).

2.3.7 Sexual abuse

Children are being exploited, whether with their consent or not, for the purpose of sexual or erotic gratification. This may be by their extended family members, guardians or other persons who are intellectually, emotionally, physically or sexually more mature than them.

Types of sexual abuses include the following which were explained to me during the bereavement process:

Incest: Sexual intercourse between members of the close family, e.g. an uncle or cousin or the father of the same daughter if the mother died.

Rape: Forced sexual intercourse with a minor.

Exhibition: Children witness an adult exhibiting his private parts and getting sexual satisfaction.

Fondling: One of the children reported that her uncle used to play with her private parts and forced her to fondle his private parts for sexual satisfaction.

Sodomy: Anal penetration to a boy child also occurs in Mamelodi.

Child prostitution: Some of the girl children are permitted or forced to sell their bodies for money. I witnessed a mother of eight children, six of them girls from the ages of 11-19, who allowed them to sell their bodies so that they might have or buy food. I was in therapy with the girls, as well as with their mother. Their father died of AIDS two years ago.

Paedophilia: There are those adults in Mamelodi who want to have sexual intercourse with children only. They believe that it will take the HIV virus away.

Pornography: Adults who take advantage of children affected by HIV and AIDS sometimes expose them to pornography.

Digital penetration: Some extended family members, when punishing some of their children insert utensils, e.g. candles, in a child's private parts either for sexual gratification or for reasons I really don't understand.

Voyeurism: Because of the informal settlements in Mamelodi some of the children are embarrassed because adults are peeping at them when they are relieving themselves.

The reason that I give more details on the sexual abuse of children affected by HIV and AIDS is because sexual abuse is a popular and common abuse inflicted on children affected by HIV and AIDS. It is a popular and common evil practice of societies towards children. Children are the most vulnerable people sexually. Children affected by HIV and AIDS suffer more sexual exploitation than children orphaned by other causes.

In most cases they live without basic human rights or dignity. They do not know how to protect themselves from STI's and HIV infections because they have no access to health institutions and other facilities.

To substantiate this I will quote a recent myth whereby some HIV infected men consulted traditional doctors and were advised to have sexual intercourse with a virgin or a child with the belief that HIV will be cured. This was popular and it is still happening around some parts of South Africa. For instance a recent SABC News reported that a 49 year old man has sexually abused a child of 9 even when he knew his HIV positive status.

2.4 DESCRIPTION OF CO-RESEARCHERS

2.4.1 Kurima and children affected by HIV and AIDS

Kurima is a Shangaan word for “know your neighbour”. It is a project that focuses in identifying vulnerable children in Mamelodi Township. After identifying them, they are either referred to a social worker, police or me for bereavement counselling or placement in a place of safety. Kurima caregivers also receive debriefing session as well as counselling if needed. Children of the Kurima project are under Hospivision care.

2.4.2 About HospiVision

HospiVision is a faith-based none-profit organization situated in Pretoria Academic Hospital. HospiVision was established in 1998 in reaction to hospital counselling and spiritual care services to patients and family members as well as hospital personnel. The organization's mission is to assist people to regain as much of their personhood and integrity as possible despite their health struggles. Illness impacts the individual and those around them. Hospivision helps people get their lives back. It provides:

emotional, spiritual and physical support to patients and their families;

pre-and post-test counselling and support to people living with HIV and AIDS, their families and training of their caregivers;
support for children in health crisis and those infected or affected by HIV and AIDS;
training on a value-based HIV/AIDS prevention programme for faith communities and youth;
support to medical personnel; and
training for those who would like to become involved in caring and/or wish to start their own ministry.

HospiVision is an accredited NGO as follows in terms of the following:

It is accredited at the National Department of Health as the first faith-based HIV/AIDS lay counselling organization.

It complies with the requirements of Health and Welfare SETA as a provider of education and training programmes (SAQA alignment and accreditation).

2.5 CONCLUSION

Mamelodi is a community, which has been exposed to a social system discouraging diversity, uniqueness, and contact among different groups. This is the context within which I, a narrative researcher, will be enabled to listen and understand co-researcher's stories in the next chapter (Chapter 3).