

***A Failure of Care:
A Story of a South African
Speech & Hearing Therapy
Student***

Ruth Beecham

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**Promoter: Dr. Michael Samuel
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A Failure of Care:

***A Story of a
South African
Speech & Hearing
Therapy Student***



DISCLAIMER & CONTRACTUAL DECLARATION

I hereby declare that this thesis is my original work and has not been submitted before to any other institution for assessment purposes.

Further, I have acknowledged all sources used and cited these in the bibliography.

.....
Researcher

.....
Supervisor



Contractual Declaration

I, Nolwazi Mpumlwana, having agreed to participate in this research study, have further agreed to allow my name and my photographic image to be used here, as well as to have my representations used and discussed in this thesis presentation.

.....
Nolwazi Mpumlwana

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To my friends Mershen Pillay, Harsha Kathard, Tim Conley, Jen Giddy, Noshene Shaik, Val Adamson, Tanja Hermann, Natasha Sykes, Illa Thompson and Greg King: my deep gratitude for accommodating the frequently imperious - always sporadic - demands for companionship, data, photographs, cartoons (and wine).

To those this year who have taught me about care... a different thank-you:

I would like to write your names as a circle of learning with no firsts and lasts, because not one of our relationships is over, and many are only beginning. Perhaps this is my desire to connect you; both to each other - and also to me. Then again, I would like to acknowledge your teaching by writing your names in contextual heaps labelled; 'friends', 'work' and 'research'. This is, perhaps, the rational version, a clear demarcation of actions and words, ticketed clearly with your names. Yet both ways of expressing my thanks will leave something unsaid.

Instead, the story of the Road Runner:

This study is a very old chicken. It's tried to run the race several times before, in various shoes, and failed. This was because the Wellington boots the chicken believed you needed to wear to enter the race of post-graduate research caused her feet to incur septic blisters.

And then the chicken met Michael Samuel. His sight was obscured by some deep magic dust, and he saw on her feet kid leather Nikes. "But they're brilliant!" he said, took her hard by the wing, and entered her into the race. The chicken didn't know what to think. Although she smiled coyly, inside was a very deep fear; because whatever *he* said, she still only believed in those Wellington boots.

Yet Michael knew her fear. And with his magic, he swept it away. Because there on the starting line, hard by her shoulder, was Nolwazi Mpumlwana. And Nolwazi smiled, a rich, wide smile, and the chicken knew, with deep joy and gratitude, that she wouldn't have to race with her fear all alone. Step for step, side by side, the pair of them ran. And because of Nolwazi's honour and strength, the chicken's fear disappeared. She learnt that the fact of the race was important - not whether her feet were cased in rubber or leather.

But the sun was fierce and the race was long and the chicken grew tired very quickly. By the side of the track were three silent child marshals, checking the care with which she was running. Ian, Michael and Ozayr, teaching the chicken to *take* care with her steps, and by paying no heed when she called out, "I'm tired!" teaching the miracle of sheer overcoming.

Holding their hands at each turn of the road was Kirsty. Sometimes she'd point to the chicken, and call to the children, 'Look! Looth!' but as the race went on she more often fell silent, frowning at the chicken; caring for the tiredness. Towards the end she took to

the air, flew on to the finish and waited there. It was Kirsty who helped take off the running shoes, then polished them brightly as her gift of love.

And there were many more gifts as the chicken was running, because over her head flew companionable birds. Though their wings gave shade, they dropped presents as well, tokens of their vigilant attention. Bomber's dear friendship dropped the practical aid to allow the chicken to run in the race. Without the money to pay for the time that it bought, the chicken could never have entered.

Wendy dropped words in the form of ideas and thought, then listened and comforted as the chicken worked through them. There was never a moment she ever stopped nudging, or ever withdrew her tender encouragement.

And then there was Ketan. A very large bird - with loud flapping wings - and what fell from his beak was delightful distraction. The practical aid was always surprising, and for long tracts of time the chicken forgot she was running, so deep was the shade of his kindness.

Yet the race did end. It came so suddenly, and her feet were so still, there was a long patch of time that was perfectly silent. Then slowly the chicken looked over her shoulder, and wondered she'd not noticed the loss of her feathers. Somewhere, someplace, deep in the race, old thinking and acting had just fallen away. And she wanted to mourn - and yet to also replace - for without them her skin was naked and raw.

But just as she felt the first vulnerable shiver, all the love and the kindness came up to shield her. She was surrounded by warmth, and with it their smiling: 'Well Done!' She looked at the shoes that Kirsty had burnished, then around at her friends and those three silent child marshals. She opened her mouth and gave that Road Runner cackle, knowing love, and her voice, were the prizes she'd run for.

So when the man in whose field the race had been run gasped puffing and sweating to join them, the chicken just watched as he took Michael away, then started shouting and waving a stop-watch. It took a long time for Michael to leave him, and when he returned there were tears in his eyes. "You've broken the rules," he said to the chicken, "You ran much too fast, and they won't let you win." The chicken looked blankly at the man with the stop-watch, then both she and Nolwazi gazed back at the track. Michael continued, "They're calling for judges from all over the world to examine your Nikes and pass down a judgement."

The chicken took Nolwazi's hand; and then cleared her throat, "Because of his rules?" As Michael nodded, the chicken looked at her friends. They were clearly outlined in a yellow gold light. Then she turned to the sky. Yet instead of wide blue she saw the darkness behind it. At the very same moment she felt the push of new feathers.

From this small group of people she had learnt about love. And as stubble broke out in blade-sharp black needles, she knew she had need of this coat's heavy cover. Because love had no place in the winning of learning. The man with the stop-watch had taught her this lesson. She needed a pelt of impenetrable darkness to weigh down her feet and to muddle their action. "That's what they're for." Michael said kindly.

She waited a moment for her fast numbing mind to unlock the slurred words, then managed to whisper, “I always did wonder about those Wellington boots.”

The man with the stop-watch retracted his lips, “You must learn, my dear chicken, that the rules are the lesson. Go back to the start, and learn well: no kid-leather Nikes impress us. We care for the rules – and they care for us. That’s why we make them – you do understand?”

So this time she walked, in a plodding half-shuffle, and with plenty of time to consider her learning. The first time around she had learnt about love. With the weight of new feathers, and the blistering Wellingtons, the distress of this journey burned into its lesson: The power of rules - and care’s failure.

Thank-you for teaching me:

**Dr. Michael Samuel
Nolwazi Mpumlwana
Ian van Dokkum
Ozayr Jagot
Michael Pyoos
Kirsten Miller
Dr. Andy (‘Bomber’) Skudder
Wendy Annecke
Ketan Lakhani;**

And:

Professor Alan Brimer, Academic Registrar, University of Durban-Westville

DEDICATION

for Nolwazi

*With deep respect for your achievement
in searching the shadows of your self
on behalf of those who have gone -
and those who are still to come.*

ABSTRACT

The South African 'helping' profession of Speech and Hearing Therapy (SHT) is unable to train sufficient numbers of Black African First-Language (BAFL) speaking graduates to support claims of equity in service provision to the population as a whole. The first part of this study presents a model of professional development that argues for the profession's epistemological foundations to be significantly implicated in creating a training programme that is both structurally racist and resistant to fundamental change. Set against this, however, is the socio-political context of South Africa that is demanding educative parity. This study, therefore, attempts a re-problematisation of the professional curriculum by firstly re-locating the research approach away from the problematic epistemological foundations of the discipline, and secondly, by introducing the historically marginalised voice in professional curriculum debates: A BAFL-speaking student who has experienced significant difficulty in negotiating the professional curriculum. This life-history study is, therefore, aimed at revealing a student's interpretations of her training through the lens of her past life experiences.

Nolwazi's story points to a fundamental difference in conceptualising the nature of 'help' or 'care', from that of her professional training programme. As a result, and while claiming that the rational, objective discourse of the training programme teaches separation of therapist from client, she experiences significant alienation from the teaching and learning process.

On the basis of her analysis offering a significant resonance to the arguments put forward in developing the current model of professional training, an alternative model of curriculum process for a therapeutic discipline is presented. Realistically, however, it is suggested that a curriculum founded on 'care' will not supersede that based upon 'separation' - because of the interests served in maintaining the latter. It is concluded that the professional training programme will be able to resist change to its epistemological foundations, and that issues of inequity will become obsolete, once South African schools are able to provide a sufficient pool of BAFL speaking students who have been educated to accept western rationality as the legitimate basis for the expression of a health profession's 'care.'

TABLE OF CONTENTS

Disclaimer & Contractual Declaration	ii
Acknowledgements	iii
Dedication	vi
Abstract.....	vii
Table of Contents.....	viii
List of Tables	xii
List of Figures	xiii
List of Narratives	xiv
Preface.....	xv
God’s Child.....	xxi
A Personal Sense of Training.....	xxv
1 CHAPTER ONE.....	2
1.1 An Introduction to the Profession: Training and Practice	2
1.2 Professional Training and Government Policy	6
1.2.1 Professional Training and Primary Health Care.....	7
1.2.2 Professional Training and Outcomes-Based Education	12
1.3 Professional Training and Change: The De-Politicised Curriculum.....	15
2 CHAPTER TWO: THE COMPASS	19
2.1 Training for South African Practice: The Magnetic Power of True North	19
2.1.1 Section Overview.....	19
2.1.2 The Origins of the Structured Northern Gaze	20
The Narrative of a Therapist	21
2.1.2.1 Power and the Scientific Method.....	23
2.1.2.2 The Professional Knowledge Base	25

2.1.2.3	Summary of the Professional Knowledge Base.....	29
2.1.3	True North and the South African University System	30
2.1.3.1	The idea of a Northern University: Its place in the Sun of the South.....	30
2.1.4	True North and the Hidden South: The Unwavering Compass Needle of Apartheid	33
2.1.5	The Circular Nature of the Professional Compass Needle.....	38
	Rituals of Power: Silence.....	43
2.1.6	The Bomb-Proof Compass Casing: An Environmentally Safe model of Professional Development	45
2.2	Challenge to the Compass – And a Silent Response.....	46
2.2.1	The Nature of the Challenge	46
2.2.2	Silence as a communicative strategy.	49
2.2.2.1	Double Talk	50
2.2.2.2	Male Talk.....	51
2.3	Changing the Compass Direction: The Need of a Powerful Magnet.	55
2.3.1	The Nature of Professional Knowledge.....	55
2.3.2	The Learning from Context	57
2.3.3	The Learning from Discourse	59
3	CHAPTER THREE: THE MAGNET	63
3.1	The U-Shaped Magnet of Story and Voice	63
3.1.1	<i>“Homo Fabula: we are storytelling beings.” (Okri, 1997; p114)</i>	<i>64</i>
3.1.2	The Absent Story	65
3.2	The Research Context.	68
3.2.1	The Department of Speech and Hearing Therapy at UDW.....	69
3.2.1.1	History, Politics, a Profession and Change.....	70
3.2.1.2	Summary: Research Context	79
3.2.2	Nolwazi Mpumlwana: An Introduction.....	79
3.3	Methods of Data Collection: The Polar Force of the Magnet.....	92
3.3.1	The Nature of the Data	93

3.3.1.1 Confidentiality.....	94
3.3.1.2 Collaboration.....	94
3.3.2 Data Collection Methods.....	95
3.3.2.1 The Oral Mode.....	95
3.3.2.2 The Written Mode.....	98
3.3.2.3 The Visual Mode.....	100
3.3.3 Summary of Data Collection Methods.....	100
3.4 Data Analysis: The Force of a Magnetic Story.....	101
3.4.1 Representational Analysis.....	102
3.4.2 Presentational Analysis.....	105
4 CHAPTER FOUR: MAGNETIC LINES OF STORY-FORCE.....	109
4.1 Presentational Analysis.....	109
4.1.1 The Caring Context of Childhood.....	110
4.1.1.1 Overview of Analysis Presentation.....	110
4.1.1.2 Discussion: The Care of A Mother.....	112
4.1.2 The Non-Caring Context of Childhood.....	115
4.1.2.1 Introduction to Discussion.....	117
4.1.2.2 Fear.....	117
4.1.2.3 Voice.....	118
4.1.2.4 Gender.....	121
4.1.3 Summary of Presentational Analysis.....	124
4.2 Representational Analysis.....	125
Learning to Care.....	126
4.2.1.1 Summary of Emerging Issues: ‘Learning to Care’.....	132
4.2.2 ‘Learning Alone’.....	132
Learning Alone.....	133
4.2.2.1 Summary of Emerging Issues: ‘Learning Alone’.....	138
4.2.3 ‘The Monster’.....	138

The Monster	140
4.2.3.1 Summary of Emerging Issues: ‘The Monster’	145
5 CHAPTER FIVE: DRAWING CLOSE	149
5.1 Separation: Teaching, and Gender	150
5.2 Separation: Theory and Text.....	155
5.2.1 The Discourse of Report writing	157
5.2.2 The Discourse of Research	158
5.3 Separation, Therapy and Talk.....	162
6 CONCLUSION: LOSS OF THE STORY-FORCE.....	172
6.1 The Loss of Identity and Authenticity	172
6.2 Implications and Limitations of the Study	176
6.3 The Practice of Care: Final Words.	179
7 APPENDICES	193
APPENDIX 1A.....	194
APPENDIX 1B	195
APPENDIX 1C.....	196
APPENDIX 1D.....	197
APPENDIX 2.....	198
APPENDIX 3.....	199
APPENDIX 4.....	201
APPENDIX 5.....	203
APPENDIX 6.....	204

LIST OF TABLES

	Page
Table 1: Number of BAFL speaking graduates per Institution (1991 - 1999)	9
Table 2: Number of BAFL speaking students admitted to National Training Programmes (1991 - 1999)	10
Table 3: Year by year BAFL speaking student progression rate: 1996 - 1999	11
Table 4: Summary of Critical Research produced by insider-professionals regarding the model of professional development	47-48
Table 5: Nolwazi's Training History	80-81
Table 6: Nolwazi's Life-Time: Chronology of Learning from Change	90-92
Table 7: Inertial and Programmatic Forces impacting on 'Ways of Knowing' the Training Experience	97
Table 8: Ten Questions to Guide Critical Discourse Analysis	106

LIST OF FIGURES

	Page
Figure 1: Genealogy of Professional Power: Training and Practice	38
Figure 2: Cartoon	44
Figure 3: An Environmentally Safe Model of Professional Development	45 & 150
Figure 4: The Narrative Relationships	101
Figure 5: A Mother's Care: Transcript Excerpts	111-112
Figure 6: Non-Care: The Rainy Story	116-117
Figure 7: Nolwazi's 'Way of Learning to Think about Care'	124
Figure 8: A Difference of Belief	146
Figure 9a: A Teaching Dialogue	153
Figure 9b: A Teaching Dialogue	154
Figure 10: Connecting with Care: A Process Model of Development for a Therapeutic Discipline	169

LIST OF NARRATIVES

	Chapter
Narrative One: God's Child	Preface
Narrative Two: A Personal Sense of Training	Chapter One
Narrative Three: The Process and Procedure of Therapy	Chapter Two
Narrative Four: Rituals of Power: Silence	Chapter Two
Narrative Five: Learning to Care	Chapter Four
Narrative Six: Learning Alone	Chapter Four
Narrative Seven: The Monster	Chapter Four

PREFACE

In an early conversation with my research supervisor we discussed motivations for engaging in post-graduate research into curriculum reform in South Africa. Michael spoke of the aspiration of the student hoping for radical transformation as a result of her work, and contrasted this with the more realistic notion of it constituting a small - yet hopefully liberating - 'nudge forward' in knowledge for the discipline concerned.

My reaction to his comments was instantaneous: that to hope for change from within my discipline from post-graduate research of this nature was without foundation. At the same time, however, the depth of my rejection spurred a process of reflection around the reasons for engaging in this study, and the methods I have chosen to explicate it.

The results of these reflections are important to state here, for in many ways they provide the ideological backdrop to the text that follows. My position is critical, and stems from the two, linked, concerns of this project. Firstly, the ongoing failure of the South African profession to graduate sufficient numbers of Black African First-Language (BAFL) speaking therapists to support professional claims that it provides equitable services to all South Africans. And secondly, my experiential understanding of a fundamental dissonance between the stated claims and beliefs of the profession as a 'helping' one, and the aims, methods, and techniques it employs to impress students into the dominant professional ideology through the process of training.

Using the words 'critical' and 'experience' in a text for academic purposes does, however, require clarification of my understanding and use of these terms. I am choosing to do so in this Preface, rather than in the main body of the document, because of complex issues around the intended audience of this work.

As already stated, I do not believe this research will promote change amongst the insider-professionals involved with the maintaining, re-structuring, or controlling the curriculum. Even though a large part of Chapter Two is concerned with an attempt to reveal the major political and ideological forces that support this position, my desire is to present a research text that is readable, and that could be broadly understood by undergraduate students. The reason is that one part of the intended audience of this work comprises those students of the professional curriculum who are in a similar position to my research participant, Nolwazi Mpumlwana.

Although an over-used term - especially in the context of social and educational reform in South Africa - and however politically suspect when uttered by a white, professional, South African; my honest desire is to contribute to the empowerment of Black African first language speaking students of the Speech and Hearing curriculum. I sincerely wish to contribute to breaking the culture of silence within which their educative failure is currently located. At the same time, however, I also hope for personal empowerment.

By engaging in an analysis of my own ideas about the causes of my powerlessness to alter the curriculum, and by revealing the systematic nature of the oppressive forces

ranged against this failure, I hope also to meaningfully alter the conditions of my own life. By this I mean firstly being able to break my own silence as regards the point of view I hold regarding the injustice of my professional curriculum for South African practice. Secondly, and by the gaining of a post-graduate degree, I hope by its societally-sanctioned power to be able to institute alternate conceptions of training, yet from outside the university system.

In terms of audience, therefore, there is student, academia and myself to serve in guiding the choice of words, topic and argument in the document that follows. I must stress, however, that none hold primacy. Rather, the image I held in my mind during the writing was of a potentially contentious three-party conference. The question I asked myself constantly was, 'What words, arguments and textual choices do I need to make so as to facilitate compromise and avoid alienation of any of the parties?' The result has been a deliberate attempt to avoid "therapeutic self-indulgence" in performing the joint empowerment aim, while equally avoiding "theoretical narcissism" in that of the academic (Hargreaves, 1994; p4).

In attempting to produce a text that could lead to the empowerment of an undergraduate readership, I have concentrated on producing a readable document, and in providing clear lines of argument. To this end, I have avoided theoretical terminology and discussion which seeks to define the work in any of the narratives of 'post-structuralism' or 'postmodern-poststructuralism'; or engaged in debates seeking to justify the methodology of life-history research itself. Firstly, I do not wish this research, or its readers, to become tangled within polemics around terminology, or to create power relationships that relate to my ability to reference frequently dense and learned texts. Secondly, I wish to avoid entering the essentially defensive debate around the use of the methodology itself. Apart from my doubt as to the appropriateness of defensiveness within a work that is aimed at empowerment, the debate itself is recounted extensively in the literature (Dhunpath, 2000; Eisner, 1996; Reddy, 2000; Weiland, 1995; amongst many others). I also attempt, in the particular order of the narratives presented in the document, to provide an alternate voice to the academic text itself. Thus I would hope that the basic argument of the research could be carried by story alone.

In serving the academic audience, I have been careful to ensure textual authority by means of providing references, footnotes, and appendices. I have also attempted to structure the arguments in such a way as to satisfy the empirical, deductive and non-emotive demands of academic language. In addition, and referring back to my use of the word 'critical', I have approached the topic of the Speech and Hearing curriculum 'relationally'. In other words, I have attempted to uncover its origins and maintaining conditions from an historical perspective, relating these to both its current epistemological position and to particular forces of power. In this, the writings of Michel Foucault have been highly influential and entirely indispensable. I was first introduced to his work in an undergraduate psychology class, and although it took many years to appreciate the nuances of it, the impact of his language, in its tone, beauty, and uncompromising emotive force, literally altered my thinking from that time. Apart from the content, I also learnt that it is legitimate to hold, argue, and defend a 'point of view.' The final point I wish to add regarding the academic audience is that I believe that the construction of knowledge that results in 'a point of view', occurs from learning from multiple voices.

The inclusion, therefore, of my own narratives stems from reflecting upon what, and how, I have learnt in my life. The indisputably smallest part has been from rational, empirical and deductively presented academic text. The largest has been my learning from people, events, and books telling a story that resonates with my own experience in some way. In turning to the third audience, therefore, myself as author and researcher, my early life-history contains the central themes that have influenced the genesis of my own point of view around the Speech and Hearing curriculum. It is as well to state their influence here in order to avoid charges of unarticulated agendas in the research itself.

I grew up and endured my school education within an uneasy milieu of English class-hopping during the 1960's and early 1970's. From working-class grandparents in the north of England, my parents moved south of the River Thames and into the middle-class. The aim for their children was entry into the upper-middle class. Within the small gaps and much larger silences of these aspirations, complicated by abuse and childhood epilepsy, my experience was of a profound educative and social failure to belong to any class herd. Instead, it was rather as if my existence was located upon the fences – or boundaries – between the social conventions of each. Although rejected from all groups on the grounds of not speaking their language with mother-tongue competence, my learning centred upon highly critical observation of the rules that governed entry. A wish to belong concentrated this observation upon the personal and emotive, rather than upon a logical and deductive abstraction to the political agendas behind the class system. Because the herds themselves were placed within a broadly conservative political terrain, I imbibed an uncritical, basically liberal-conservative ethos. When, in 1976, at the age of eighteen, I left England to come to South Africa, this resonated well with a South African white English-speaking community reaping the multiple rewards of apartheid. It took several years for this political legacy to be shaken, largely because I entered a white South African community whose silence as to injustice was rewarded by the greater, and legislated, silence of the State. My early learning, however, positioned as it was 'outside' the norms and rules of the English class-system, did assert itself. In the years before going to university in South Africa, my critical observation and action was, as in my childhood, charged with a vast sense of injustice as to the social system, and a desire to act in its exposition. In the media clampdown of the times, however, I had no awareness of other groupings that felt as I did, or knowledge of their actions. It was only at university that I became exposed, through several influential psychology teachers, to the world of political struggle that existed in South Africa. For the first time in my life, I was able to abandon the fences and join groups of people who accepted individuals on the basis of how they *thought*, rather than on judgements of benefit to be gained from association with their social/financial/linguistic capital. This process, however, occurred in tandem to my training in Speech and Hearing therapy. The resulting disjuncture between acceptance for individual thought in the political process, with what I interpreted as attempts to exclude – or colonise - my thinking in the educative process (refer to Narrative Two, 'A Personal Sense of Training'), awakened painful and profound ongoing flashbacks to childhood experiences.

To return, therefore, to the key themes that have informed my point of view regarding the Speech and Hearing curriculum; I believe them to be the injustices inherent in silence, and those in language, when both are used to oppress and exclude in an educative process. In terms of this project, these themes can be translated into key questions appropriated from Apple (1990), Goodson (1994), and Bernstein (1971);

‘Whose curriculum is that of South African Speech and Hearing Therapy, for whom is it designed, and who does it serve?’

The narrative following this Preface, ‘God’s Child’ (Beecham, 2000) may help to expand the linkage of these questions to the broad context of South African health practice. At the same time it may highlight the first purpose of this study, which is to explore why the profession’s dominant system of thinking is resistant to fundamental change - even as the nation’s socio-political context is demanding it.

Immediately following is the second narrative, ‘A Personal Sense of Training’. This autobiographical interpretation of my own training experiences is included for two reasons. Firstly, it serves as a more detailed explication of the personal drives and motivations that have ultimately resulted in this study. The second reason for its inclusion is that it provides an anecdotal introduction to the description of the profession’s training, this being the subject of Chapter One.

By locating its national training programme within larger contextual forces, this Chapter presents a broad argument, suggesting that these forces are significant in maintaining the profession’s current curriculum in a largely unchanged and unchallenged form.

The first part of Chapter Two (2.1) narrows the contextual focus and provides a critical historical analysis of the epistemological roots of the profession’s knowledge and beliefs, suggesting that its reliance on empiricism, its location within the South African university system, and its professional status, have all combined to ensure a model of professional development that is fundamentally resistant to change.

In presenting this model, however, the dialectical space is also created from which to consider its re-problematisation. On the basis of reversing its key belief in rational, objective discourse being the legitimate one to create and transmit professional knowledge, the balance of Chapter Two is concerned with arguing for the caring, interpersonal, and collusional basis of therapeutic dialogue to be an appropriate basis from which to consider a re-problematisation of the curriculum. By highlighting the narrative basis of such an approach to knowledge creation, the opportunity is also provided to introduce, as narrator, the historically marginalised voice in the professional curriculum debate: A BAFL speaking student who has experienced considerable difficulty in negotiating the professional curriculum.

This study, therefore, and viewed through the lens of her past life-history experiences, aims to reveal the interpretations of a student regarding her training experiences. The goal of these being their contribution to a re-problematisation of the national, professional curriculum.

Chapter Three is concerned with the case-study methodology of the project, and with ensuring that both the research approach, its data, and its methods of analysis offer maximal research rigour. From the language data, two levels of analysis are engaged in, and are descriptively presented in Chapter Four.

The first, a critical discourse analysis from verbatim transcript excerpts, is designed to uncover how the choices Nolwazi makes regarding language forms reveal key aspects

of her thinking. The second, from three co-authored narratives, is aimed at uncovering central themes of meaning that recurred throughout the narrative research process.

The most significant emerging issue from these two analyses constitutes her perception that training is aimed at teaching ‘separation’ of client from therapist - and student from teacher - as opposed to connective ‘care’. As a result of this interpretation, Nolwazi experiences a crisis of authenticity and identity, significantly influencing her ability to negotiate the curriculum.

The resonance of this theme with the arguments presented in Chapter Two, regarding the professional model of development, provides for a rich discussion in Chapter Five. Equally, it allows an interpretative space from which to consider on what basis a ‘caring’ curriculum could be structured. The concluding section of this Chapter, therefore, formalises the discussion by presenting ‘Connecting with Care: A Process Model of Development for a Therapeutic Discipline.’

It is, however, presented in due acknowledgement of the contextual forces discussed in Chapter One. The conclusion of this study returns to what I believe to be the most pressing of these in preventing fundamental change to the current model of professional development: the advent of ‘outcomes-based education’ (OBE) as the nationally legislated education and training curriculum. I argue that issues of identity and authenticity as key factors preventing BAFL speaking student success will fall away once a sufficient pool of potential students are available who have been competently taught that rationality and objectivity is the legitimate foundation for the ‘helping’ profession of SHT in South Africa.

In other words, and even while assuming that the profession is willing and able to re-conceptualise its training curriculum on the basis of ‘care’ as opposed to ‘separation’, I do not believe it has a *need* to do so. Without ‘need’ being recognised as a response to legislated demands for transformation - as extensively argued in Chapters One and Two of this study – and while failing students remain held within the culture of silence; the profession’s response is likely to be the one *it* has historically adopted to avoid critique and calls for change: silence.

Having said this, however, and as stated earlier, a main purpose of this study is to highlight my belief in the multi-vocal nature of knowledge production. With regard to the layout of the document, the text attempts to reflect the ways I’ve tried to explore the voices of Nolwazi, myself, and others. Narratives are differentiated from the academic text in terms of their two-column layout. In Chapter Four, the academic voice is subsumed to that of the narrative, and occurs after, and in support of, the stories themselves.

The extraordinary photographs by Val Adamson provide visual images, highlighting voice through another modality. The cover of each Chapter attempts to signpost to the reader the main theme or speaker of the text that follows. The use of the image of a compass reflects my own belief in the power of the profession to maintain its epistemological foundations focussed upon ‘True North’; while the magnet in Nolwazi’s hands represents my belief in the temporary effect of her story to swing of the professional compass needle to the South.

As a final point, and relating once more to the production of a clear and readable text, are the complex nature of many of the contextual issues raised within it. There are complicated debates involving the South African Qualifications Authority (SAQA), the National Qualification Framework (NQF), and their linkage to the Professional Board for Speech-Language Therapy and Audiology, that have not been discussed here. Similarly, the national health policy of 'primary health care' and the profession's response to it has not received the degree of attention that perhaps it might have deserved. What I've provided are broad brushstrokes in each case, signing important contextual influence. In choosing to avoid entering the dense and complex arguments that inform each, I have attempted instead to focus attention on the individual student - in the knowledge that she is the subject of the debates themselves.

NARRATIVE ONE

God's Child

I am a South African Speech and Hearing therapist. Mine is a 'helping' profession, aimed at aiding people communicate more effectively. For many years, however, I've been consumed with why it is that our training curriculum consistently fails to prove itself as 'helping' South Africans of all eleven language groups.

Our curriculum is derived from those of Europe and America. Our texts, research, standards of evaluation and methods of practice are placed within a university system based on the late nineteenth century University of London. The training is strongly empirical, strongly gendered, strongly biased towards the English language, and assertively politically 'neutral'. Supported significantly by the socio-political context of apartheid, there is no doubt that the beliefs underpinning training have produced a structurally racist profession.

Although the critical research produced has argued for a fundamental re-evaluation of the curriculum, this has not occurred. The result is that four years into democracy, only 1.5% of professional members are Black South Africans, and Black students continue to fail training in significant numbers. Is the reason wholly to be found in the structured direction of our professional gaze? Or is there another cause, one linked to the interpretation of 'helping' itself?

A young woman wandering the vast complex of Soweto's Chris Hani-Baragwanath Hospital with a blanket wrapped bundle of baby is not unusual. Women with sick babies are often the most wide-ranging of wanderers. It is difficult to sit in queues when you have a sick child. And inevitably these children are very sick, having reached the Hospital through a complex system of community clinic referral.

This young woman wandered into the Speech and Hearing Department. I re-directed Doris Khumalo to Paediatrics. But she said she'd been there already and they'd referred her to me; personally.

I was four months graduated, and frankly delighted the doctors had noticed me. I led Doris to a therapy room and asked what I could do to help. But she didn't answer. There was

silence for a while, but not a complete one.

It is never completely silent at Bara. From outside the window came a shout, then the sound of a metal patient trolley connecting with the steel support of a covered walkway. A nurse scolded the porter. The porter fought back.

During their argument, Doris lay the white blanket on her lap, uncovered the baby's face, and I heard his breathing for the first time.

The sound of a severely brain-injured baby's breathing is a train whistle in nightmare. It is wheezing through syrup, hot, laboured and loud. To me, it's the loudest sound in the world. It screams out the fact of a life and of living, yet living for what – and how?

Doris was looking at him, 'He's three months old and I cannot feed him. He cannot swallow.' Then she glanced at me. One of her front teeth was missing, 'The doctors sent me to you. You must help him.'

Three lectures during training constituted the extent of my knowledge; these and two American text books in the Department I'd volunteered to read but had only skimmed. I felt panic and anger because I'd a license that gave me full rights to help this child, yet there was no-one to ask – and I wasn't up to the task.

("We all accept", stated one of our most influential South African professional academics, "that the clinician is in large measure the product of the university training received", and that, "experience, exposure to particular working environments and continuing education will naturally shape the central core of knowledge acquired." Aron, 1991; p8)

I wonder now what Doris read on my face, because instead of waiting for me to speak, she added, 'But not with the feeding.' Then she waited, looking at me carefully, as if learning my features. I nodded to indicate she could steal the conversational floor; for I had no idea what to say.

'This is not my child. My child was a seven month baby. He came too early and he died. But you did not let him die. You took him from me and put him in a glass box. Then you filled him with tubes and made me sign papers.' Her voice was low, each word deliberate; as if the script for this speech had been a long time rehearsed. 'You said it was right – that what you were doing was right. But I'm saying you were wrong.' She lifted Sibusiso and he gasped,

'Listen to this baby – listen to his suffering.'

But my ears were outside, tuned to the safety of the porter, the trolley, the nagging voice of the nurse. I hurriedly told her that he wasn't suffering. I told her that such damage to his brain could never admit suffering. And yet somewhere deep in me I agreed when she denied my words. There is something far truer than neurological fact – the statement of life and of breathe. 'No. You made this baby. And you have made a baby that is suffering.' I was hooked and held, descending into the dark gap in her mouth, 'I've come to tell you that the suffering is enough.' Then she stopped and shifted Sibusiso to the crook of her arm. I stared at his unconscious head, at the yellowed whites of his eyes, the half-hidden irises.

'You are here to stop suffering. Yet you have caused this. This is your baby, and now you must stop the suffering.'

And I knew what she was going to say next, and I wanted, with desperation, to stop the words entering this room, this space, my ears, my mind.

'This is God's child. You must help the baby go to God.' It was the logic – and the love. She spoke from love, with logic. It was this that shattered the dogma and ideals of my training.

At the same time, the blow was not unexpected. Four months of practice had already taught me that Doris Khumalo - and every other patient at Baragwanath - were truly foreigners in their own country. Not only from the methods, procedures, and the systems of health care, but from the ideas that subserved them and that were carried by language.

Doris had to speak to me in a foreign language. She had to speak English because I didn't speak seSotho. So we were both translating. My health worker translation was from her logic into mine: 'She wants me to kill her child'. Something essential was lost in the process – her love.

It was the force of this love that entered my body and revealed through its presence the lack of my own. Naked, care-less, help-less, I muttered, 'He's not mine.'

'My child died. You made this one. You must help him to God.'

'I can't help you,' I whispered. 'I can't help you.'

There was a pause while we looked at each other. The voices outside were now silent. I heard the trolley wheeled away. Distant sounds from the wards filled the gap. Then Doris smiled at me.

She wrapped Sibusiso in the fleecy, white blanket and smiled at me. She smiled with great kindness.

'It's the way you think,' she said.

I nodded, so grateful for that smile. So grateful for her understanding; for her forgiving my language that held no words to reciprocate - that my framework of thinking about love and logic resulted in rules so rigid they denied any other conception.

'What will you do?' I asked as she stood up.

She smoothed the wrinkles from the blanket's satin binding.

'Help the baby to God.'

'Wouldn't God say that's a sin?'

But I wasn't sure of my ground. She heard the uncertainty and put a hand on my arm, 'He does not intend little children to suffer. It's something you doctors have forgotten.'

Then she left.

(How does empiricism account for a failure to help? How can it be revealed; how can it be measured? With its silence on theory, on method, on procedure, what fearful path does a person follow to re-find that absent place of caring? How does one reach one's humanity again?)

In the weeks that followed, Doris and Sibusiso were absent observers of my activities at the hospital. They watched, silent and intent, as I visited patients, as I layered my educated beliefs on their passive, sick minds. Tension was building with every new encounter, and with it, guilt.

Weekly, I'd phone a neighbour of Doris's and convey through her my best wishes. I was too confused to work out my motives – or even what I meant by 'best wishes.' The confusion deepened when I spoke to colleagues from a variety of departments. Some said I'd done right to let Doris go without suggesting the baby be taken into care. Others said I should have called the social workers and had Sibusiso physically removed from his mother. A few – a very few – understood. They shared in my guilt about what our training had not taught us about helping and love. They understood the fear in the silence of the personal journey.

About two months after our meeting, Doris phoned.

'Sibusiso went to God this morning.'

I wanted to scream 'How?'

Yet she heard the question in my silence, 'He was on the bed. He stopped breathing. I waited, but he did not breathe again.'

That's all she said before the phone was cut.

Yet the fact of not knowing has never been as important as the stumbling path she placed me upon.

A few days later, when I went to the wards to see a man who couldn't speak because of a stroke, I spoke with his wife. And the first question I asked was, 'What do you believe happened to him?'

And instead of correcting her beliefs of ancestral involvement with a medical description of cerebral embolism, I asked what she thought was the best treatment.

A few weeks later I received a card from his wife. 'He is not speaking, but we know you did everything. Thank you very much for your help.'

I went outside the Department and stood by a dump-truck of hospital

waste. I thought of the anxious secrecy and the powerful sense of wrong-doing that had accompanied finding the Sangoma (*traditional healer*) and asking her to come into the Hospital.

What I had learnt from the exercise was fear. With Doris' smile in my mind, I wondered if it would ever be possible to admit to it. I wondered if the day would ever come when I could say to people I was trained to aid that science and efficiency, cause and effect, and distanced empathy had actually trained me to fear being of help?

And I wondered if I'd ever have the bravery to ask outright if they could teach me about love, instead of absorbing the learning in guilt-ridden secret?

Could the loss of my fear be the result of this lesson?

NARRATIVE TWO

A Personal Sense of Training:

“...It was like being pulled through a thorn hedge backwards.”

I've used this image countless times, to countless colleagues, to convey a personal sense of my training.

I was admitted as a twenty-eight year old to professional training at the University of the Witwatersrand, after spending a year passing maths and science matric to meet the entry requirements, and the eighteen months before that caring for a child who couldn't speak because of serious brain damage. I had an overwhelming sensation of vocation. All I wanted to do was help people speak. When I passed the tests and the interviews, and they finally told me I'd got a place, it was as if the whole world changed colour.

For the first year of training, when I tried to do everything the teachers said – and more – from my deep sense of privilege, I was barely aware of the sensation of being dragged backwards. It was more like being squeezed. I didn't understand the 'rules' of examination writing, or what it was that the teachers wanted me to produce. For example, half way through that first year, we had to do an assignment on the normal development of an English-speaking child. I thought it wouldn't be fair to just write about an English-speaking child, so included an in-depth analysis of a seSotho child brought up in a rather different environment, then compared the two. I received 50% and a comment to the effect that I would have failed on the grounds of not answering the question, if the piece on the English-

speaking child had not been of a sufficient standard.

The squeezing feeling intensified, and with it a sense of the unfairness, particularly from comments by staff as to my dress, my language, and the level of noise I generated. There were about fifteen of them, and twenty five of us in first year, so they got to know us quickly. At the end of that year there was a more direct attempt to co-opt me into conformity, with a 'workshop' for first year students facilitated by the Departmental social worker. Although with hindsight I can excuse her ineptness in handling the situation, at the time her support for the group and the department in desiring to shut me up was profound. The image I constructed then, and which has remained central to me since, is that of a dear lover who betrayed me. The lover, in this sense, being the love, privilege and vocation that I had for the profession and what I understood of its activities.

It was then that the hedge-pulling image really developed. Firstly, the direction of the pull – backwards. It's significant I never saw who was doing the pulling. Generally speaking, all the teacher-professionals were kind to me. Much too kind, because they'd smile all the time, even though I knew I irritated them. That immense sense of vocation, overwhelming curiosity - with both tied to the cost of my education - made me scabble for every last drop of information, and then ask the teachers, 'Why?'

A great deal of the mistrust came from their niceness. Sometimes I felt like Jack Nicolson in 'One Flew Over the Cuckoo's Nest.' I could not work out if my growing sense of paranoia was some essential part of 'professional behaviour'. Because all the while they were smiling, they were also watching, judging - and everlastingly throwing more, and more, work at us. And sometimes they did terrible things, but so *nicely*, like telling my friend and student colleague Sadna, an Asian student, to have speech therapy herself because her pronunciation of 'r' was an inappropriate model for an English-speaking child. Above all, their niceness didn't make sense in terms of the opposition I offered in class.

Because by second year, and after that 'workshop', I deeply mistrusted the majority of teachers, and with it, much of the knowledge they presented. The 'Why's?' in lectures grew more focused and sharp, and most of them had extended to, 'Why is there are no African language data?' or 'Why English only?' There weren't many answers. At the same time, I intuited that I had to provide unassailable levels of performance in order to survive my own questioning. I think it was second year that landed me six firsts in the examinations. I had a strong sense the Department wanted me to fail.

In third year the new head of Department, Prof. C. Penn, appeared to acknowledge that to focus our activities on the South African context of practice were important. My gratitude was overwhelming, and based on an assignment I'd written, willingly committed myself to further research for an international conference the following year.

It was during that year also that I sensed I was obeying unspecified rules of some unknown game, composed by some hidden person. Perhaps it was the paranoia, perhaps the workload and constant stress and fatigue, but the squeezing into conformity was working. During therapy with clients I dressed and behaved with professional decorum. I passed exams and assignments. The apparently high regard the new head of Department had for my research abilities, and the apparently unlimited capacity for hard work I demonstrated, all counted in my favour. Whoever it was that owned the rule-book had me firmly by my hair and was dragging me on to graduation. The pain of the pulling was unperceived at that point.

It arrived, and rather harshly, when, at the end of third year, I informed the Department that my Honours research dissertation was to be aimed at uncovering the ideological underpinnings of professional training. There was instant opposition, and not only from staff with their thinly masked queries as to what I knew of 'ideology' (which was a valid point, although I was determined to find out), but more surprisingly from a group of my student colleagues. Some relationships altered fundamentally, and resulted in my grouping them with the all-too-nice teacher-professionals in the enemy camp. The pain of that betrayal has always been associated with enormous anger and hurt.

The phenomenal stress associated with this ongoing rage was linked to an equal sense of powerlessness to do anything about it - except what they wanted, and *work*. The research process for the Edinburgh conference that culminated in the journal article 'Discourse therapy in multilingual aphasia: a case study' (Penn and Beecham, 1992) was a parallel research project in this final

year. Each study was extremely demanding, in a pre-existing context of a hugely overloaded syllabus. Yet my love for both areas of research was intense.

At this point of training, I believed that, by producing astounding research in both directions, I could prove to teachers that firstly they were wrong with regard to the knowledge they taught; and secondly that the pain they inflicted on students through workload and constant observation was unjust.

Four events in that final year of training shook that belief, and raised my anger to near incoherent levels. A Black African First Language speaking student who had started training with me, and who had experienced constant failure and repetition of courses, suffered a severe stroke at the age of thirty. I perceived the lack of Departmental support for engaging more pro-actively with her language and speech rehabilitation as a negation of academic data implicating stress as a major cause, and thus an avoidance of responsibility as to the stroke's origin – and its care. The second event was the sense of injustice I experienced over the multilingual discourse therapy research. I was, and still am, unable to understand

that a fact of academic life is to use students to further academic careers. Thirdly, and because of my reading in other areas, I found it impossible to overcome my dismay in engaging with some aspects of therapy, judging the profession's interest in these 'problems' as a brand of colonisation. This resulted in failing sub-sections of courses for the first time in my training career. Fourthly, and at the end of the year, my research into training and the South African context (Beecham, 1990) did not result in any professional response.

By this stage, the thorns in the hedge were raking down my face. To complete my interpretation of the image: At no time did I understand to what goal I was being pulled, or why it was necessary. Apart from sight, my sensations were governed by the dark, close hedge around me. My eyes were always focused backwards, at a sunny landscape of vocation and ideals. My mind was almost entirely consumed by the fundamental injustice of the process. Above all, I felt utterly powerless to act, because I didn't understand why they were doing it.

This was over ten years ago. The legacy has been an enduring passion to find out.



Chapter One



Chapter One

Chapter Overview

This introductory Chapter aims to provide a broad overview of the professional training for South African Speech and Hearing Therapists (SHT's). It does so in order to highlight the complexity of the issues that surround and contribute to the current orientation of its curriculum. Section 1.1, therefore, describes what and who the profession is interested in, and how training is structured so as to fulfil this interest. Offering an autobiographical interpretation of some of the issues that will be highlighted here, Narrative Two, 'A Personal Sense of Training,' accompanies this discussion. 1.2 then locates the professional interest within the current context of South African legislation. The two key government policies of interest are those of 'primary health care' (PHC), and 'outcomes-based education' (OBE). The first part of the discussion centres upon the historic success of the professional training programme to re-interpret PHC policy so as to maintain training in a largely unchanged form. A consequence of this has been its current severe difficulty in graduating sufficient numbers of BAFL speaking therapists to prove itself as providing equitable services to all South Africans. The second part of the discussion focuses on the imminent implementation of OBE as the national education and training curriculum. In light of the current difficulties in the profession's national training programme, doubt is expressed as to the success of OBE in contributing to the establishment of equity of educational opportunity within it. The final section of this Chapter, 1.3, attempts to shed light upon the reasons for the profession's ability to resist change - and challenge - to its curriculum, given the legislative pressure to do so.

In sum, this Chapter provides the rationale for this study, and also prepares the reader for the one that follows; a detailed analysis of the model of professional development itself.

1.1 An Introduction to the Profession: Training and Practice

In any language group there are people whose communication marks them as different to the norm of the group. Dependent on the societal rules operating within it, the differences are perceived as problems or not. The rules change over time. For example, thirty years ago a 'lisp' in a female may have been regarded as acceptable in English speaking language groups, but currently be regarded as an 'impediment' to be remedied. The kind of forces that operate to change a certain language society's rules about problems in communication are heavily influenced by the level of media, technological, and educative sophistication operating within it. For example, 'Attention Deficit

Disorder/Syndrome' (ADD/S) was, while I was a student ten years ago, a phenomena that teachers most often noted in children around age eight, resulting in their inability to 'sit still and *listen*' to what the teacher was saying. Often, the children were placed on a drug such as Ritolin so as to calm them, and speech-language and/or occupational therapy was recommended to teach strategies of effective listening, and thus help the child learn in class. Last month, I was told of an English speaking seventeen year old boy who had just been diagnosed as having ADD, and placed on Ritolin. This was not because he had ever failed in class, but because his parents were fearful that he would not achieve an 'A' aggregate in his school leaving examinations, and thus compromise his chances of being accepted for medical training. The young man was, therefore, pathologised by a doctor, a psychologist, by his teachers and parents, in order to meet the expectations of his societal/language group.

It can be seen from this example that problems of communication cannot be separated from the class interests of those who do the problematising. To pathologise the young man in the first place, considerable financial, educative and professional resources were needed. In addition, what is regarded as a problem will differ across language groups, dependent upon the linguistic norms of the time. Problems in human communication do not, therefore, constitute stable 'disease' entities. They shift; responsive to changes in society, and also responsive to the resources of a society in being able to own them.

The goal of the SHT profession is to help all people who are experiencing either a permanent or temporary breakdown in their ability to communicate within these norms. These breakdowns are referred to as 'communication disorders' and constitute a range of pathologised differences from the cultural and linguistic norms of a given language group and/or society. What ranks as professional knowledge, therefore, depends upon the structure of the society it finds itself within. To extend this crucial point in a preliminary way: the profession succeeds by virtue of society finding congruence with its beliefs about what constitutes a problem of communication. What is taught to students in training, therefore, reflects the societal/linguistic norms of the *society the profession serves*.

The help the profession offers is through the process of therapy; a dialogue between helper and helpee.¹ Stated technically, the helper improves the client's particular problem through a process of facilitating self-conscious reflection and control (Fairclough, 1989). Put more simply, the therapist, and by teaching a variety of strategies, aids the client to alter her communication. It is helpful - although not essential in the presence of an interpreter - for the client and therapist to share the same language in the teaching of these strategies. What is important to note, however, is that only a few of the wide range of possible communication problems actually get 'cured.' The therapeutic role is more often that of teaching contextually relevant strategies to allow more effective communication, or by working with care-givers to increase the communicative effectiveness of the family/social unit. These facilitative roles presume in-depth knowledge of the socialised norms of the speech community concerned, as carried by the specific linguistic symbol system. In other words, these roles presume linguistic competence (*Langue*).

The training of South African SHT's occurs within specialised departments at five English and Afrikaans medium universities. It is a non-elective and nationally accredited curriculum leading to compulsory professional registration as autonomous practitioners with the Interim Medical and Dental Council of South Africa (IMDCSA). The profession's interests - and with it, its curriculum - are represented within the IMDCSA by the Professional Board for Speech-Language Therapy and Audiology. One of the key functions of the Board, and related to the national professional accreditation system, is to rigourously examine the five training institutions every four years to ensure that their teaching and learning programmes conform to the national standard. Although content of the teaching programme varies between institutions, the concern is with maintaining a normalised national product. Effectively, therefore, if an individual institution engages in wide-sweeping changes to its curriculum without national consensus, it does so at the risk of losing its professional accreditation. If this occurs, the programme will close. There are, therefore, significant interests at work in maintaining the curriculum and its current standards, a topic that will be returned to in more detail in Chapter Two (2.1.5). At this point, however, it is sufficient to highlight that the Professional Board defines and maintains the national standard of training, and

¹ Narrative Three: 'The Process and Procedures of Therapy', accompanying Chapter 2 (2.1.2.2) provides an in-depth example of professional therapeutic process.

that this standard is located legislatively within the powerful medical establishment - even though much professional practice activity lies outside it.

The four year, honours equivalent training has historically prepared students for contexts of practice in mainly schools, hospitals, 'special' or rehabilitative facilities for a range of disabled persons, or private practice. In response to health care policy changes in the country, there is currently an additional trend to prepare students for 'community' practice, a point to be extended in 1.2.1 below.

There is no doubt or debate regarding the rigour of the training process. Of the twenty-one mandatory courses, two are four year 'major' subjects; speech-language pathology and audiology, and Psychology is a three year major. In addition to theoretical courses such as the anatomical sciences and linguistics, are the clinical, or applied, courses that form part of the compulsory training process. Both speech-language pathology and audiology have separate clinical timetables. Both, however, teach the theory of particular communicative pathologies the year prior to students practically applying the knowledge with clients demonstrating the learnt pathologies. Without passing the theoretical examination, the student may not progress to practice.

The rigour of the training process is frequently used as a tautological argument defending highly selective entrance criteria. Mathematics and/or physical science are pre-requisites for entry, not because content knowledge of these subjects is needed except at most basic levels, but because it is generally believed that the thinking skills demonstrated by success in these subjects at a school level will support the learning process of the student in training.

Potential candidates with the appropriate academic requirements are then interviewed and/or tested by Departmental staff. By matching candidates to prior knowledge of who, and how, students succeed in negotiating the arduous training, a self-perpetuating cycle is established of matching potential student to training success. In this sense, therefore, the curriculum remains central and static. It is the task of the people concerned in its teaching and learning to negotiate it.

Once accepted for training, the pressures of workload are aggravated by the context within which it occurs. The training programme in each institution is small, with an average of 80 national graduates per annum (Aron, 1991). It is, however, staff intensive, with 10-15 (dependent on the resources of the institution) permanent teacher-professionals involved in the teaching and learning process. With the training occurring in a specialised unit, following a common syllabus that allows little free time, the training process is not only closely observed, but the students themselves have little opportunity to engage in campus-wide activity. This point will be returned to in more depth in 1.3.

What I hope to have pointed out in this preliminary discussion is that although the goal of professional *service* lies within the ever changing, societally located, and interpersonal nature of human communication, the nature of the training process is structurally rigid and concerned with academic mastery. With this as a background, the following section inserts it within the South African context of policy in order to highlight the responsibilities of the training programme to government legislation.

1.2 Professional Training and Government Policy

To re-cap, the core concern of the profession is to express its commitment to all members of a population in helping them communicate more effectively by providing highly trained practitioners. The primary method of expressing this concern is through the medium of dialogue.

In mono-lingual/cultural societies, there is likely to be congruence between what the profession speaks *about*, and who listens and agrees. In other words, a one-to-one relationship between professional activity and society supporting this activity. In South Africa, however, there are eleven languages that have legislated equity; the nine largely spoken as mother-tongues by the Black population, and English and Afrikaans, largely spoken by the white, coloured and Indian race groups. In addition, and due to the apartheid regime, there are significant class differences amongst the population. Together with eleven linguistic communities there are, therefore, fundamental differences in educative, financial and social realities. In broad terms, the primary

question to be addressed here is how does the South African profession express its commitment to all members of a population?

There are two main bands of policy that are designed to guide educators in both celebrating the differences amongst South Africans, while at the same time aiming to redress the social inequities caused by apartheid. On the one hand, and by virtue of its status as a health profession, the SHT curriculum needs to be responsive to the progressive aims of primary health care (PHC). On the other, it needs to be accountable to the more recently introduced national training curriculum of 'outcomes-based education' (OBE). Beginning with PHC, the following discusses both in relation to the professional training programme.

1.2.1 Professional Training and Primary Healthcare

In 1991 - three years prior to the first democratic election - the Department of Health of the then nationalist government set seventeen objectives for a 'new South Africa[n]' health service (Aron, 1991; p9, citing Steyn, 1991). It is worthwhile re-stating the five documented by Professor Aron, as they have relevance to the discussion that follows:

- To ensure a comprehensive personal health service for the SA population
- To ensure that personal primary health care services are accessible to everyone in SA
- To ensure an effective rehabilitation service for the SA population
- To ensure an effective patient support service
- To ensure effective training of the health professions in SA.

After the 1994 elections, PHC was adopted as the national health policy. The important point is how 'commitment to all' has been interpreted by the profession in light of its principles. This is particularly pertinent as in 1984, pre-dating the 1991 government announcement by six years, the University of the Witwatersrand introduced a two year Diploma in Community Speech and Hearing Work as a parallel training structure to the degree. At that time, there were two Black South African graduates of the national degree training programmes, and there was broad acknowledgement by professional leaders that speech and hearing services were needed by the Black population. The

purpose of the Diploma course was to provide speech and hearing services “appropriate to the socio-cultural background of the communicatively handicapped” (Aron, 1991; p9). In other words, the Diploma was aimed at training BAFL speaking students who, as a result of apartheid school education, could not meet the entry requirements for the degree. The message was clear to the small band of critical professional members of the time: an inferior educational qualification was to be offered to Black students so as to provide inferior services to the Black population (Delaney & Malan, 1984; Morgan, Geraghty, Dawber, Motshei, Drew and Segal, 1984). The critique had no effect, a response to be referred to in the following section (1.3), and in Chapter Two (2.2.1); the Diploma training programme went ahead, and six years later Aron (1991; p9) was interpreting the Diplomates as performing ‘yeoman service’ in the service of the PHC principles stated above.

The ability of the profession to mystify its objectives in the guise of liberal benevolence are points made repeatedly by Beecham (1994), and by Pillay in his 1997 thesis ‘Speech-Language Therapy and Audiology: Practice with a Black African First Language Clientele’. What is important to stress in terms of this discussion, however, is the historic ability of the profession to retain the degree training programme in an unchallenged form. In some sense, the example of the Diploma course lends support to my comment in 1.1 that the professional degree remains static and central to the activity around it.

The Diploma course was finally closed in 1994, reportedly as a response to the dissolution of an employment post structure (Giddy, Personal Communication, 1999). So although its influential founder Professor Aron, (1991; p9) saw the role of the Diplomat Speech and Hearing Community Workers as an “integral part of Primary Health Care”, in order to conform to government health policy, it was now left to the professional degree to fulfil it. In other words, and in terms of the five objectives of PHC stated above, the aim of the degree training is to provide comprehensive, accessible, effective and supportive services to *all* the people of South Africa.

There is no doubt that there is a nation-wide trend to include ‘community work’ as part of the syllabus, both in its theoretical and practical application. Given that their labeling as ‘community projects’ in the first place implies a lack of professional services and

infrastructure within the sites themselves, the core of therapeutic activity revolves around the facilitative roles mentioned in 1.1. In other words, and as opposed to emphasis on the traditional ‘one-to-one’ teaching of communication skills outlined in Narrative Three (2.1.2.2), community speech and hearing services are contextually dependent. Because of this, effective community work presumes *competence* in the socialised communicative norms of the linguistic/cultural group.

For professional training to conform to the ideals of PHC, therefore, it would seem that an essential step would be the provision of a demographically - and thus linguistically - representative number of BAFL speaking graduates.

Table 1 records the number of BAFL speaking students who have graduated from the five training programmes since 1991:

Table 1: Number of BAFL speaking graduates per Institution (1991-1999)

University	1991	1992	1993	1994	1995	1996	1997	1998	1999
UCT	0	1	0	1	0	1	1	0	0
US	0	0	0	0	0	0	0	0	0
UW	?	3	2	2	1	2	1	2	? (1)
UDW	0	0	0	1	0	1	1	2	1
UP	0	0	0	0	1	1	0	1	? (1)
National Total:	? (0)	4	2	4	2	5	3	5	? (3)

Key: UCT : University of Cape Town
 US : University of Stellenbosch
 UW : University of the Witwatersrand
 UDW : University of Durban-Westville
 UP : University of Pretoria
 ? : Statistics not available, or examination results pending at the time of writing
 () : Possible graduate

Bearing in mind that the profession graduates approximately eighty SHTs annually, the best total of ‘five’ represents a 6.5 percentage of BAFL speaking therapists in any year.

The graduation rate cannot, however, be examined independent of the number of BAFL speaking students granted access to training. Given the entry requirement of maths

and/or science, the most common reason teacher-professionals give for low numbers of BAFL applicants is the historic inferiority of Black public school education (Pillay, Personal Communication, 1999).

Table Two presents the numbers of BAFL speaking students admitted to national training since 1991.

Table 2: Number of BAFL speaking students admitted to national training programmes (1991-1999)

University	1991	1992	1993	1994	1995	1996	1997	1998	1999
UCT	1	1	2	1	3	1	2	3	4
US	0	0	0	0	0	0	0	2	0
UW	?	5	7	4	8	13	5	4	9
UDW	?	?	?	14	10	9	5	5	5
UP	0	2	0	0	2	5	3	2	0
Total:	(?)1	(?)8	(?)9	19	23	28	15	16	18

Key: UCT : University of Cape Town
 US : University of Stellenbosch
 UW : University of the Witwatersrand
 UDW : University of Durban-Westville
 UP : University of Pretoria
 ? : Statistics not available, or examination results pending at the time of writing
 () : Possible graduate

Taking into account the national average of first year intake is 105 students, the maximum number of BAFL speaking student entry (in 1996) represents only 25%. This percentage had decreased to 17% in 1999. Although a worrying trend in light of the constitutional goals of the country and their emphasis of achieving parity of educational opportunity, the most significant aspect of these figures, and when compared to the numbers of students graduated, is the high attrition rate for BAFL speaking students.

In considering this more closely, 1996 was not only the year of highest intake number of national BAFL speaking students, but was also the first year of the most recent four year training cycle. It is interesting, therefore, to analyse the year by year progression rates for each institution since 1996. Table 3 presents such an analysis:

**Table 3: Year by year BAFL speaking student progression rate:
1996-1999**

	UCT	US	UW	UDW	UP
1996, n = 1	1	0	13	9	5
1996	100.0	0	100.0	100.0	100.0
1997	100.0	0	38.5	22.2	60.0
1998	100.0	0	38.5	22.2	80.0
1999	0.0	0	7.7	11.1	20.0

Key: UCT : University of Cape Town
 US : University of Stellenbosch
 UW : University of the Witwatersrand
 UDW : University of Durban-Westville
 UP : University of Pretoria
 ? : Statistics not available, or examination results pending at the time of writing
 () : Possible graduate

Although the failure rate between of third and fourth year is also significant, the most glaring student attrition is in the first year of the curriculum. Bearing in mind these students had satisfied Departmental academic entry requirements, and had been interviewed and/or assessed for their ability to cope with the training programme, the question of why BAFL speaking students fail and/or de-register for the degree in their first year of training implicates forces within the curriculum itself.

To summarise, the profession needs to fulfil the aims of PHC by providing professional health worker training that ensures comprehensive, accessible, effective and supportive services to all the people of South Africa. These goals can only be achieved by therapists having mother-tongue competence in all the languages of the country. The curriculum, however, is not graduating meaningful numbers of BAFL speaking practitioners. Professional and national goals are not, therefore, being met. The following section extends this discussion to the advent of national training curriculum of OBE, suggesting that its introduction may contribute to an entrenchment of existing, unexplored, problems in the existing training programme.

1.2.2 Professional Training and Outcomes-Based Education

It is not the aim of this section to enter the intensely contested debates and controversy surrounding the implementation of OBE as the national training curriculum. Whether its sudden and swift introduction represents an 'act of political symbolism in which the primary preoccupation of the state is with its own legitimacy' (Jansen, 1999b; p154), is not the concern of this discussion. What is of importance, however, is how the progressive goals of 'collaborative, flexible, transdisciplinary, outcomes-based, open-system, empowerment-oriented approach to learning' (Jansen, 1999b; p149, citing NCDC, 1996), with its fundamental aim of redressing apartheid-era educational inequity, affects the national training programme of SHT.

Outcomes-based education, as an approach to curriculum management, control, assessment and reporting, is claimed to reverse teacher-centred, textbook bound, exam driven, rigid and non-negotiable syllabi. Its aim is to produce educative experiences that are learner-centred, flexible, creative, and outcomes-based (Kraak, 1999; Malcolm, 1999).

The Department of Education introduced OBE to the nation in late 1996, and the first of its staggered implementation dates was 1998 (Jansen, 1999a). Delay has occurred, some part of which has been caused by the outcry from educators at not understanding the initiative itself. There is no doubt, however, that within the next few years, the entire national education and training system will become 'outcomes-based'.

As part of this system, the professional training programme of SHT will become similarly structured. It is important, therefore, to consider several, key underlying premises of OBE, and to link these to what has already been said about the professional curriculum.

A key feature of the South African OBE initiative is that its broad outcomes are defined by government, yet the design of the specific curricula, and their assessment, lie with the teachers within specific education environments. This is to accommodate the wide divergence of educational contexts and resources in the country, and to allow context-dependent factors entry into the teaching and learning environment. In practice, this

means that teacher educators decide on the content of the input, as well as the outcome. As long as the curriculum adheres to the national outcomes, the education programme itself has freedom to set its own standards.

A second major premise of OBE is the notion of 'continuous assessment' as an alternative to the historic dependence on examinations as determinants of learning. Its aim is to assemble clues about the student's thinking and skills by 'watching students at work, talking with them, making and testing inferences about what they know' (Malcolm, 1999; p92).

Jansen (1999a & b) makes the point repetitively that the national outcomes of OBE are vague and open to misinterpretation. From my analysis, they also use the same progressive value-rhetoric as PHC. A good example of this point is provided by Jansen's citing a phrase from one of the seventeen national OBE outcomes; that learners should be able to 'participate actively in promoting a just and equitable society' (1999b p151). This is an outcome based on value, similar to the ones cited in 1.2.1 with regard to PHC.

The central problem with value statements as *policy* is that they presume a similar set of values on behalf of the implementers. I have already offered the example of the Diploma course (1.2.1), demonstrating how PHC principles were mystified by professional teacher-educators. With OBE supporting development and assessment of outcomes at the level of the training programme, and this being layered upon the previously mentioned rigidity of the professional curriculum, there appears no guarantee that future 'outcomes' will be independent of current 'inputs'. If this occurs, the present curriculum could become entrenched, yet mystically encased by progressive rhetoric. If so, then the rhetoric itself may well be used to cover any unexplored problems within the curriculum that currently appear to be resulting in BAFL speaking student failure.

The possibility of mystification is exacerbated by OBE's legitimization of continuous assessment. As was mentioned in 1.1, the national professional training programme operates in an existing context of intense workload combined with close student observation, supervision and assessment. Current evaluation procedures for each of the two major subjects of speech-language therapy and audiology involve the following for

theoretical courses: examinations (oral and written), class tests, assignments (individual and group), and seminars. In addition there is a research dissertation constituting a separate theoretical subject. For the therapeutic courses, evaluations are performed upon therapy observations, written therapy plans and procedures, and diagnostic therapy reports. These procedures are in addition to the tests, assignments and examinations currently used to evaluate the other courses in the SHT student's curriculum.

The point being made here is that professional teachers are already pre-disposed towards evaluation occurring on a regular and intense basis. As was mentioned in 1.1, a result of the workload connected with ongoing assessment deadlines has been a limiting of student ability to participate in campus-wide activities, and particularly to take their place in key functions of university life: those of it providing cultural and political education (Habermas, 1972). The introduction of continuous assessment, therefore - and however progressive its rhetoric - upon the existing context of evaluation may serve instead to intensify the observing teacher-professional gaze and compound the current insularity of students from university life. In addition, and if 'continuous assessment' is interpreted on this level, then the opportunity is lost to question the role of evaluation itself. Once implemented, and by virtue of the progressive nature of its underlying philosophy and language, it will be difficult to even conceptualise the kind of questions that - and on an ongoing basis - need to be asked; for example, *what* is being evaluated, *why*, and on the basis of *whose* belief system? (Pahad, 1999).

In concluding this brief discussion around professional training and its relationship to key policy initiatives, and taking into consideration the section prior to it, I am aware that a picture has been presented of a rather rigid and insular professional training programme. I am also aware that by expressing doubt at to the profession's interpretations of OBE, I am casting its aims and objectives in a negative light.

It seems important, therefore, and in the last section of this Chapter, to discuss a crucial contextual factor that has influenced my analysis. It is one that has historically resulted in the profession being able to withstand change to its curriculum and, I would argue, one that remains currently significant in maintaining it: that of the absence of political pressure to do so.

1.3 Professional Training and Change: The De-Politicised Curriculum

Thus far in this Chapter I have attempted, with broad brushstrokes, to introduce national professional training to the reader as it currently exists. I have stressed its rigidity, and linked this primarily to the national system of accreditation and also to its location within the IMDCSA. I have also stressed the workload and dedicated context of training within institutions, both of which contribute to student removal from mainstream university life. I have also mentioned that access to professional training is closely controlled, reliant on the one hand on academic criteria, and on the other to a historical renewal of successful student 'type'.

These all contribute to the maintenance of a training programme in a largely unchanged form. What I have not discussed, however, is the issue of challenge to the curriculum. In the interests of clarity, I shall divide this issue into the three main contexts from which challenge could reasonably have derived: from insider-professionals, from the student body; and from political structures external to training.

To deal with these points in reverse order: the profession is small, of approximately one thousand members; its services are not of prime economic or social significance; and its role is unclear in the public mind (Aron, 1991). In addition, it is well protected within the powerful medical establishment, and its membership is non-unionised. Historically, this has resulted in no significant pressure for change being exerted upon its curriculum during the national political struggle of the 1970's, 1980's and early 1990's. The only progressive, United Democratic Front (UDF) aligned organisation that did exert some pressure was the Rehabilitation Sub-Group of the Organisation for Appropriate Social Services in South Africa (OASSSA) (1990-1994) of which I was a co-founder. At its height, and based primarily in Gauteng, there were 48 members, representing the rehabilitative health professions of Speech and Hearing Therapy, Occupational Therapy and Physiotherapy. There were nine SHT's in total. One of the aims of this group was to challenge the training of all three disciplines. In the context of the political transition, however, most effort was expended upon developing the rehabilitative health policy for the country. The Rehabilitation Sub-Group did not survive the democratic elections in

1994. Although some members are now in provincial government positions, there exists no progressive lobby at national level that can exert pressure for curriculum change upon the rehabilitative health professions. An important point to make in relation to our activities in the early 1990's is, however, that even amongst this small group of highly politicised therapists, there was a common sense of discomfort from engaging in political, as opposed to therapeutic, 'professional' activity (Giddy, Personal Communication, 1999).

The reason for this links directly to the second point regarding the absence of challenge to training; that of a non-politicised student body. It has been pointed out in sections 1.1 and 1.2.2 that SHT students do not have the opportunity for extensive exposure to a political education on campus. In addition, political affiliation, values or beliefs have never formed part of the selection procedures for training. Successful candidates are generally middle-class, or have middle-class aspirations (Pillay, 1997), and enter training with the cultural capital of this group. In addition, the non-elective curriculum does not transmit knowledge that could directly lead to political conscientisation. With the exception of Psychology, the subject matter of training is objective, rational, and politically 'neutral', a point to be returned to at length in Chapter Two (2.1.4). Compounding the de-politicised nature of training is the early induction of students into aspects of 'professional behaviour' that inculcate professional responsibility to both clients and curriculum demands. Direct involvement with campus politics is, therefore, to be balanced against the professional responsibilities taught by the training programme itself (Giddy, Personal Communication, 1999).

In spite of this, and relating to the third and final point of this section, there have been a small number of politically aware graduates of the national training programme. They have, in addition, attempted to exert challenge and pressure for change upon the national training curriculum. As will be discussed at length in Chapter Two (2.2), however, their efforts have not been successful. While issues such as academic power and control and professional self-interest (Beecham, 1994); the empirical-analytical paradigm within which we are trained (Pillay, 1997); our professional dependence on Euro-American theory and practice, and the South African university system within which training is located (Beecham, 1994; Kathard, 1994; Pillay, 1997); are central to

the problem of BAFL speaking student failure, the profession has not entered a nationally foregrounded process of re-evaluating its curriculum.

The reason has as much to do with the very small number of critical researchers, as well as the frequently radical rhetoric we have used to press claims for change. As will be discussed in Chapter Two (2.1), there are firmly institutionalised rules governing professional discourse, operating to distance content from form. It is important here, however, to state the essence of the claims for change we have made over the years. The Summary of this Chapter does so, linking these firstly to the key question of the study, and secondly in order to prepare the reader for the following Chapter.

Chapter Summary

At root, insider-professional critique of the professional curriculum has called for a transformation of how the profession thinks about the aims and objectives of its training programme, supporting a radical re-conceptualisation of the epistemological basis to the profession's activities. It has done so on the grounds that the curriculum is biased towards preparing students for service to the English and Afrikaans speaking population of the country (Beecham, 1994; Pillay, 1997). Given this charge, however, thus far it has been implicitly couched within the topics mentioned in the penultimate paragraph of 1.3.

It is the aim of this study to directly explore this charge of bias. It attempts to do so in two ways. The following Chapter engages in an historical analysis of the epistemological roots of professional knowledge. By locating this knowledge within significant contextual and socio-political influences, it develops and presents the current model of professional development. From that point, it motivates for a re-problematisation of the curriculum on the basis of reversing the core tenets of the model itself. By so doing, it allows a conceptual entry point to the second way this study explores the possibility of bias in the training curriculum. This is by introducing the voice of a BAFL speaking student who has experienced significant difficulty in negotiating the professional curriculum.

Chapter Two: The Compass



Chapter Two: The Compass

'A Compass is a magnet that can align itself within the Earth's magnetic field...'

(www.technicoil.com/magnetism.html)

Chapter Overview

This Chapter provides the three-part conceptual framework from which to consider the remainder of this study. 2.1 offers an historical analysis of the key beliefs and assumptions sub-serving the knowledge and orientation of current training. It will be argued that in combination they have resulted in a particular model of professional development that is resistant to change. 2.2 provides support for this claim of resistance by discussing the profession's response to critical curriculum research produced in South Africa. It argues for a division of discourse between theory and practice that has resulted in the academic voice having significant power to maintain the current model. In light of this, 2.3 offers a theoretical motivation for re-problematising the polemic around the current model of professional development by introducing the absent voice in the professional curriculum debate: The failing BAFL speaking student.

Key Propositions of the Chapter

- a) Sections 2.1 and 2.2 present two sides of one argument. In essence, that the assumptions underlying the belief in a rational, objective and neutral model of professional development for the training of South African Speech and Hearing therapists have resulted in divisions of discourse that makes professional training significantly resistant to fundamental change.
- b) In light of this, Section 2.3 argues for a re-orientation of the professional debate from its underlying theoretical construct of analytical-empiricism into the hermeneutic-interpretative paradigm of research inquiry.

2.1 Training for South African Practice: The Magnetic Power of True North

2.1.1 Section Overview

Without adopting an historical perspective, it is difficult to comprehend the complex mesh of assumptions that have, it is argued, resulted in a model of professional development that is fundamentally resistant to change. 2.1.2, therefore, discusses the historical source of professional knowledge; 2.1.3 locates this knowledge within the South African university system; 2.1.4 traces the development of both within the socio-political context of apartheid; and 2.1.5 outlines the historical influence of professionalisation in consolidating this belief

system. 2.1.6 summarises the argument, presents the model of professional development, and suggests that it results in a national training programme that disadvantages non mother-tongue English or Afrikaans speaking students. The concluding paragraphs of this section discuss a key strategy used by professional power-holders to maintain the current model of professional development in an essentially unchallenged form. As such, this conclusion also provides an introduction to Section 2.2, which discusses the effects of this strategy upon critique offered by insider-professionals.

2.1.2 The Origins of the Structured Northern Gaze

The emergence of the discipline now known variously in South Africa as ‘Logopaedics’, ‘Speech-Language Pathology and Audiology’, ‘Speech and Hearing Therapy’ or ‘Communication Pathology’, was part of the dramatic increase in professional specialisation of late nineteenth and early twentieth century Europe and America. The formation of a separate discipline of study and practice based upon individuals having problems in communication was as a result of two, inter-linked, social phenomena. On the one hand, it was a result of increasing specialisation in the knowledge of medicine, education and linguistics; and on the other, as a response to the emergent middle class aspiration to ‘professional’ status within a socio-political milieu of liberal benevolence. The emerging middle class sought vocational opportunities which could, at one and the same time, marry benevolence and credibility (Elliot, 1972). The discipline of Speech and Hearing therapy is one such occupation (Beecham, 1994).

With an applied goal of ‘helping’ people to become normally functioning members of society, the manner in which the profession pursued its goal was scientific. The reason lies in the value that was placed on science as contributing to mankind’s development, growth and prosperity in nineteenth century Europe and America. The method itself came to be seen as that which could lead society to ‘Truth’, and there was (and remains) credibility to be gained from disciplines attaching the label ‘scientific’ to their methods and practices (Cameron, 1985; Harre, 1990). Yet when the scientific method was extended from the world of inanimate forces and objects to the functioning of human behaviour, a significant power imbalance was created. It allowed scientific practices to become projected as universal ‘common sense’, and for this to become part of the discourse of the societies that valued them (Fairclough, 1989).

As the discipline of Speech and Hearing is consciously 'scientific', and as its knowledge base originated from this period of history, it becomes important to articulate what is meant by 'scientific common sense', and what value is placed upon it in the discourse of the South African profession . As an accompaniment to the section that follows, Narrative Three: 'The Process and Procedures of Therapy' highlights the effects of the scientific method on current practice.

Narrative Three

The Process and Procedures of Therapy

The Narrative of a Therapist

Noshene Shaik

'I finished training in 1987, and apart from taking the following year off to recover - and this year where I'm taking a break - I've been working in my own private practice. I do everything, voice, language, stuttering, neurogenic disorders, learning disabilities, articulation - all of it, including Audiology - and believe I'm very conscientious - maybe too conscientious - but that's how I am. I don't take short cuts, and the only thing that's really changed over the years is the length of my reports. In training they couldn't be less than five pages long - and I remember getting an 'A' for a report that was thirty pages. But in practice I've learnt doctors - or any of the referring professionals - are only interested in the facts, not any of our technical jargon, so I give them a two page summary of what I've found out, and what I've recommended. The reports are still objective and scientific, like we were taught. We were conditioned to write them like that - you got penalised if you didn't - and I wouldn't be able to write them any differently now.

'Who refers the patients depends a lot on where you work. When I had my practice in town, only about an eighth came on their own initiative. But nowadays, with most of my clients being middle-class, I'd say about a third of them are self-referred. They make their own comparison between themselves and others, or between their children and others, and work out that their speech or language is different, and then get hold of me. The rest of my case-load gets referred by some professional or other - teachers, doctors, psychologists.

'When the people phone, I do a kind of screening interview because I don't want to waste their time. Sometimes they confuse us with, say, remedial teachers, so it's important to work out right at the beginning if I think it's a problem I can help with. If it is, I make an appointment for an in-depth interview and testing. If not, I refer them on to the appropriate person or professional. When they come, I do a full clinical interview. It starts with 'statement of the problem,' and goes right through the family history,

medical history, birth and pregnancy, psycho-social history, scholastic history – all the things we were taught. I've narrowed it down to about five pages now, because when you first start off in the practice you think you need to get EVERYTHING to try and help you understand what's going on, but experience really teaches you where and what to ask. Obviously, the kind of questions you ask under each heading vary according to what the problem is, and whether it's an adult or child

'After that, comes the assessment. If it's a child, I work out my testing procedures within the age range - I don't work by the disorder. This means I have a specific set of tests and procedures for particular age groups to get an idea of where the communication is at. But I look at all the areas, articulation, language, voice and also screen hearing. I only do an in-depth hearing assessment if there's a history of problems in that area.

'In a typical assessment battery for a five year old, I'd look at mouth structure (OPE), then do an articulation test, and get a free-language sample to listen to the articulation. Then I'd test language - again using tests in the different areas of vocabulary, syntax, content, and the use of language. Tests I'd use would be the TACKLE, Action Picture Test, Bus Story, the CELF, the Yodel MY, or sub-tests of the ITPA or the TOLP. It's a full hour of testing, and I can manage about ten or twelve tests in that time. I'm trying to read as much as possible about the child in that limited time, so it's really intensive.

'After that, I analyse the results, then call the parents back for feed-back. I explain what I found on the tests, what the child's performance was like, and how this varies from the norms of development. The structure of the

report-back session follows the headings of the assessment, so I start with articulation and work through the other areas of speech and language. I show them everything I've done, and explain the child's responses, and try to clarify all the specialised terms like 'auditory association' in language the parents will understand. The report-back usually takes an hour, and we talk about what should be done thereafter. If I've recommended therapy, then we sort out if I should do it, or if there's a therapist closer to where they live. After that there's the writing of the report, and sending that to the source of referral if there was one.

'In terms of therapy, I plan my activities on the basis of the test results. I look at what gaps are really glaring in what areas of communication, and find a base-line to start at. I work in half hour sessions – basically because that's how the medical aid schemes have structured it. On the other hand, I think half an hour is ideal, because my work is extremely intensive. I work with the child once or twice a week, and devise activities for the parent to do daily at home to generalise learning. In terms of activities, it really depends on the problems of a particular child. I have a range of auditory-visual and/or motor tasks and games that are aimed at developing the particular problem areas. I usually work in themes, to help the child focus and categorise. If there are themes from school I work with those, because the aim of what I'm doing is carryover into the environment.

'I constantly evaluate the progress that is being made and give the parents some form of feed-back after every session. I also keep detailed files for each patient. Each one has day-notes, calendars, copies of reports – mine and any others. In my mind I have some sort of goal, beyond which I don't think we need to

continue therapy sessions. If I've been seeing the child for under a year, I can't formally assess that this has been reached by testing - because of test result contamination - but I can evaluate it informally. So I see if particular language or speech targets that I've worked on are being used spontaneously. If so, then I know progress has occurred. When I stop

therapy, I give the parent a 'termination report' which summarises the point at which we started, what's been done, and why we've stopped. Sometimes we have to stop because they can't afford therapy anymore, and if that's the case I work out a home programme for them, and try to negotiate that they come once a month so we can review it together.

2.1.2.1 Power and the Scientific Method

The application of what has come to be known as 'the scientific method' represents a separation of individuals (subjects) from their investigators (experimenters), with the goal of formulating generalisable and factual laws about human behaviour. Thus the human individual becomes both the subject and object of study by procedures of isolating core behaviours for investigation (reductionism); the observation of their occurrence, (empiricism); the measurement of their dimensions (statistical analysis); and their explanation using Aristotelian logic (rationality). (Anderson, 1996; Cameron, 1985; Foucault, 1979; Popper, 1972).

Translated to current Speech and Hearing therapy practice, an example could be that of a woman whose speech is markedly dysfluent. In assessment, a therapist (the experimenter) would apply a range of test procedures to the client/patient (the subject) in order to isolate the dysfluent speech from any other co-occurring phenomena such as neurological damage (reductionism), and to observe the parameters of the dysfluency in a variety of constructed contexts (empiricism). A categorisation, or diagnostic label, such as 'stuttering' would routinely follow (generalisable law). Results of the assessment would be analysed (statistically or otherwise) and explained to the client -in rational terms.

What is needed to reflect this process is a type of discourse that can, at one and the same time, describe the individual, while retaining an 'objective' distance from her. It is here that Foucault's (1973) discussion of the historical 'mutations' that occurred within the European symbol systems at the end of the eighteenth century becomes important. It resulted in the languages themselves altering to accommodate the human individual

becoming viewed as subject to the same empirical principles as forces in the natural world. Apart from the generalised changes to language reported by Scollon and Scollon (1995), and that will be returned to in section 2.1.5, specialised types of language were developed to describe the specific relationships of power exercised by the experimenter over the subject. Although power - and its exertion - frequently connotes a force that is both individualistic and intentional, in its use here power refers to the frequently unconscious exertion of manipulation and control that results in people accepting their "...role in the existing order of things, either because they see or imagine no alternative to it, or because they see it as natural and unchangeable, or because they value it as divinely ordained and beneficial." (Lukes, 1974; p24). Power in this context, therefore, lies as much in the acceptance of the distanced gaze of the knowing experimenter over the passive subject; as in the normalisation and naturalisation of the knowledge constructed in such a way (Anderson, 1996; Foucault 1973 & 1979).

Discourse power is a central element in motivating for the current model of professional development to be significantly resistant to change, and will be returned to repeatedly as the argument in this Chapter unfolds. What is important to note at this point, however, is that the late nineteenth century knowledge sources of linguistics, medicine and special education upon which the emerging discipline of Speech and Hearing therapy was based, were all heavily influenced by the specialist and reductionist gaze of the distanced observer, and the normalising aims of scientific knowledge. All three were concerned with the human 'subject' as 'object', and all three had developed a 'mutated' yet highly credible discourse to discuss their findings.

The following section highlights several key ideas sub-serving these bodies of knowledge, and links these to current training for practice within the South African profession. Once more, Narrative Three is an important reference serving to highlight how knowledge from all three of these sources is translated to the current therapeutic encounter.

2.1.2.2 The Professional Knowledge Base

2.1.2.2.1 Linguistics

Published in 1916, Ferdinand de Saussure's *Cours de Linguistique Generale* (Course in General Linguistics), defined linguistics as 'the scientific study of language'. Saussure made the distinction between language knowledge (competence, or *Langue*) and language use (performance, or *Parole*), and by doing so forged a dichotomous approach to its study. Only comparatively recently has emphasis shifted from the formulating of the rules that constitute language knowledge (competence), to the study of its use (performance). As Cameron (1985) points out, language use is at best chaotic and not amenable to the formation of normalising rules so necessary to the scientific endeavour. The discipline of Speech and Hearing Therapy traditionally approaches the remediation of language by first establishing what rules of language knowledge are deviant or delayed by means of formal tests and/or the analysis of a free language sample. Therapy is based upon replacing, or facilitating the development of rules found to be absent, delayed or deviant from the norms of the individual's speech community.

A second key principle of Saussure's scientific approach is that study of language should proceed by means of description. This empirical principle allows 'subjectivity' to be removed, and objective rigour to be maintained. This is a key principle of the profession's approach to the assessment of speech, language and hearing disorders. It has resulted in the development of a wide selection of test materials, all of which assess discrete linguistic behaviours and provide normative data for comparative analysis.

The third principle of this empirical-analytical approach to language study is what Saussure termed 'synchronic' linguistics. This means that the examination of language proceeds by "cutting through a single moment in time and study[ing] everything about the language as it exist[s] at that frozen moment" (Cameron, 1985; p12). Synchronicity, as a principle, offers an ahistorical and non-developmental approach to the study of language. In the South African profession, there is an emphasis, particularly placed during training, that diagnostic assessment should occur within a limited time span (Pillay, Personal Communication, 1999). This is not to say that periods of 'diagnostic therapy' do not occur within professional practice, but time and financial constraints frequently confound this approach.

In summary, therefore, it can be suggested that from the field of structural Linguistics the discipline of SHT adopted a descriptive, ahistorical and rule-driven approach to problems of human communication, based on objective methods and rational explanation.

2.1.2.2.2 Medicine²

From medicine, the emerging discipline adopted what is commonly known as the 'bio-medical model' of therapeutic procedure and process. An important distinction between this and a purely 'scientific' approach to knowledge construction lies within the need of a human mediator to effect it. The diagnosis and treatment of illness is largely a perceptual, as opposed to strictly observational, process (Boreham, 1992). The importance of this is that the power - and credibility - of the scientific method is located within an individual expert. The expert status is claimed by the profession concerned, and maintained by society by means of a number of mechanisms which will be discussed more fully in section 2.1.5. The one mechanism that will be highlighted here, however, is that of professional health worker autonomy. It needs to be considered in light of the complexities of the power relationship inherent within the knowledge claims of the expert and the non-knowing and pathologised subject/patient.

South African Speech and Hearing Therapy, and as mentioned in 1.1, is an autonomous health profession. As such, the knowledge professionals possess and act upon is designed to aid people, and to provide care. Society enters a trust relationship with the health professions, and grants them autonomy to go about the provision of this care in the way they see fit (Elliot, 1972; Johnson, 1972).

Yet protected by its autonomy, the rights of society to query the claims of a profession around its knowledge base are sharply reduced. In practice, this means that a client/patient is in no position to query the claims to knowledge a therapist may present. Autonomy, therefore, places the burden of ethical behaviour squarely on the shoulders of the therapist concerned. In great measure, the ideal of 'care' and 'help' is dependent upon her implicitly understood moral sense as to what service and aid she can offer. It

² Once again, the reader is referred to Narrative Three for a professional example of the processes and procedures of the bio-medical model in practice.

is, however, a major task of professional development to inculcate this moral sense within students. It does so by modelling desired ways of acting upon its knowledge base – often referred to by the term ‘professional behaviour.’

The key point of this is that the modelling process is carried by language. The language of helping professions is never, however, politically neutral (Edelman, 1984). As Foucault (1973) points out, the specialised and ‘mutated’ discourse of the bio-medical model expresses significant power relationships.

As a result of the aims of the scientific method, nineteenth century Europe and America commenced the rigorous separation of ‘disease’ from the individual affected. Assessment procedures and processes developed particular, rational, forms of discourse articulated in ritualised questions and answers, designed to elicit the full range of symptomatic ‘objects’ (Fairclough, 1989; Foucault, 1973). These ‘objects’, were – and are - subject to the rational analysis of the expert, who attempts to find normalising ‘rules’ or ‘laws’ that lead to a diagnosis of specific disease.

The point is that the power of the expert is absolute, both in claiming a legitimate right to separate the individual from her ‘pathology’, and in presuming that the scientific belief system that underlies this process is the only way of ‘knowing’ illness. The importance of this as an issue of power is that the client/patient must have been socialised into accepting the scientific method as the legitimate one; in other words, that the bio-medical model functions to serve her own best interests. Difficulties arise when humans believe – however unconsciously – that this system of ‘knowing’ is not necessarily legitimate, and that it does not necessarily operate in her own best interests.³

The emergent profession of Speech and Hearing Therapy adopted the bio-medical model as the legitimate way of expressing its care for society. Similarly to medicine, it has developed a specialised discourse to convey and describe it, and it is the task of the teacher-professional to transmit this discourse and evaluate its learning during training.

³Refer to Narrative One: ‘God’s Child’, for a South African example of this point.

2.1.2.2.3 Special Education

The third body of knowledge the fledgling profession based itself upon was education – or more particularly, the field of ‘special’ education. On the one side, the development of a new branch of knowledge in education mirrored the nineteenth century phenomena of increasing specialisation of knowledge. On the other, however, it emerged as a response to compulsory school attendance laws passed in Europe and America that presumed a ‘normative order’ in catering for the needs of the school-going population (Sigmon, 1987).

Once more, therefore, the pervasive nature of scientific thinking, combined with the ideology of ‘pathology’. In this case, it sought to isolate individuals on the basis of their individual differences, while at the same time supporting an approach to mass education which viewed difference as weakness or abnormality (Bines, 1986)

For special education, the separation of the normal from the abnormal became a separation of the individual herself from mainstream society. Specialised language developed based not upon symptoms, but upon the functioning of an entire human ‘object’ (Biklen, Ferguson and Ford, 1989). Discourse markers were developed that labeled individuals in such a way as to define their status within society, and at the same time as separate to it.

Within the symbol system, the distinctions between the discourses of the bio-medical model and that of special education are transparent. For example, in medicine, ‘She *has* tuberculosis’ reflects an individual plus a pathology. Within special education, however, ‘She *is* mentally retarded’ presumes that the individual is the pathology. For South African Speech and Hearing therapy, the pathologising of individuals into a variety of communication disorders most frequently follows the latter marker. For example, ‘She *is* a stutterer; she *is* deaf; she *is* aphasic; she *is* autistic’.

Apart from the emphasis on the pathologised individual, there are other assumptions embedded within current professional discourse and behaviour that point to the influence of the early conception of special education upon professional knowledge construction.

Located within the normal/pathological paradigm, special education was concerned with remediating the pathological deficits that were discovered. Similarly to Speech and Hearing therapy, it borrowed and refined the approach of psychological testing. Testing supports the belief that discrete human abilities can be observed and measured, and that on the basis of these measurements people can be grouped and taught accordingly (Sigmon, 1987). Similarly to special education, the SHT profession devises ever more complex techniques for discovering the nature and extent of individual communication differences and difficulties. Upon these, it then develops techniques for teaching.

There are three key results of this process, all of which have significance to the development of the South African profession. Firstly, it means that energy is directed at changing *individuals* as opposed to the unsupportive ‘normal’ social contexts the individual is located within. This results in a largely de-contextualised emphasis on ‘one-to-one’ remediation programmes. Secondly, and as a result of the increasing sophistication of testing techniques, ever more individuals are found to be abnormal.⁴ Thirdly, that this phenomena leads to an ever-increasing opportunity to increase professional knowledge and with it, the need for professional services.

2.1.2.3 Summary of the Professional Knowledge Base

The origins of knowledge informing the South African profession of Speech and Hearing therapy are culled from the ideas and beliefs sub-serving the nineteenth and early twentieth century European and American disciplines of linguistics, medicine and special education. Knowledge at that time was heavily influenced by the prevailing faith in the scientific method. Principles of rationality, empiricism, objectivity and ahistoricity pervaded the knowledge transmission and production processes of society so thoroughly that they caused a change in the nature of European languages themselves.⁵

Yet over the last century, all three of these disciplines have queried (to a greater or lesser extent) their epistemological foundations (Anderson, 1996; Boreham, 1992; Cameron, 1985; Sigmon, 1987). They have done so as a result of the development of

⁴ As mentioned in 1.1, the massive increase in children – and adults – being diagnosed as ‘Learning Disabled’ or having an ‘Attention Deficit Disorder’ (ADD) provides support for this point.

⁵ The relevance of this will be expanded upon in section 2.1.5.

critical thought within the disciplines, and as a response to critical thought from other bodies of knowledge. As has been pointed out, however, the South African SHT profession is still significantly influenced by these historical ideas. To understand why the development of internal critique has not occurred, it becomes necessary to trace the development of professional knowledge after its importation and placement within South Africa's university system in 1936.

2.1.3 True North and the South African University System

Pierre de V. Pienaar, an Afrikaans speaking linguist, is termed the 'Father' of Speech Therapy in South Africa (Aron, 1991). In 1936, at the English-medium University of the Witwatersrand, he successfully motivated for the opening of a speech clinic, and also the establishment of a two year training in Logopaedics. By 1946, this had become the currently structured four year, honours equivalent degree of Speech Pathology and Audiology. The extension of the degree into both its professional status and into four other South African universities has been documented by Aron (1991) and Pillay (1997). The focus of this discussion is not on the profession's historical milestones, but on the ideas and beliefs which have, when combined with those underlying its imported knowledge base, contributed to the current model of professional development.

There are two important contextual sources that have significance to this model, namely the South African university system, and the socio-political context of apartheid. Operating together, it will be suggested that they provided the conditions for the gaze of professional knowledge to become frozen upon the North, and at the same time implicitly support a training model of structural racism. As its establishment pre-dates the introduction of formal apartheid legislation by two generations, the South African university system is the first to be discussed.

2.1.3.1 The idea of a Northern University: Its place in the Sun of the South.

The South African university system was established in 1873. Modelled on the "lines of the University of London as it then existed" (Metrowich, 1929; p12), the University of the Cape of Good Hope was the first examining university in the Country. It set the standard of qualification that gave its degrees, from 1877, "equal rank, precedence and consideration" as those in the United Kingdom (Metrowich, 1929; p13). The remainder

of the South African university system derived from the examining standards of this institution.

The importance of this is that the South African university system inherited more from late nineteenth century England than its own knowledge base. As the previous section has pointed out, knowledge itself is intimately related to the prevailing ideas and beliefs of the times. As these historical ideas have direct relevance to the context of Speech and Hearing as a vocational discipline located within the South African university system, they have need of being highlighted here.

That professional (vocational) education occurs within a university system can be seen as the uneasy result of two distinct strands of belief about what the aim of university education actually is. Since the beginning of Western civilisation, the debate has provided for a separation of belief, and an area of contestation (Allen, 1988; Jaroslav, 1992).

Broadly, the division of belief concerns whether university education should serve the society it operates within, or whether that it should serve the development of the individual mind in a disinterested quest for 'Truth'. On the one hand is the:

“...monastic, other-worldly [liberal tradition], devoted to learning as an end in itself and indifferent to the profane comforts of the world. The other is secular, worldly, seeking knowledge instrumentally for the purposes of personal or collective mastery over the world, and finding the university experience an appropriate introduction to the social circle in which the student expects to spend his life after his period of *in statu pupillari*” (Halsey, 1977; p23).

Both points of view have historically found their supporters. Yet what has currently become known as the liberal/utilitarian debate sharpened considerably in Europe's nineteenth century as the utilitarian (vocational) camp gained support from society's need for technically exploitable knowledge and with it, an aspiration on behalf of the emergent middle-class for university education and professional status (Allen, 1988; Jaroslav, 1992).

An uneasy truce between these points of view has been more recently proposed by the German scholar, Karl Jaspers (1965), who provided what Jaroslav (1992) and Allen (1988), suggest as a 'societally-sensitive' idea of the university. He conceptualised it as, at one and the same time, a school for the professions, a cultural centre, and a research institute. In addition, however, he placed emphasis on the development of the whole man [*mensch*] within a community of scholars and students seeking truth.

The liberal/utilitarian debate has had a significant effect upon the South African model of professional development for Speech and Hearing therapy, particularly in legitimating the method it has adopted to seek out the discipline's 'truth'.

The nineteenth and early twentieth road to truth, and as already emphasised in 2.1.2, was to be found in the application of particular principles and ideas. Knowledge and its expansion was to be based upon rational analysis and disciplined observation of the scholarly discipline itself. The method of European and American universities of the time was 'objective', 'replicable' and ostensibly 'neutral' (Allen, 1988). Emergent disciplines such as Speech and Hearing Therapy, seeking the status of university training had, therefore, to develop their knowledge on a scientific basis.

At the same time, however, this approach to knowledge generation was not without significant benefit to the academics and institutions concerned. By citing 'truth' as the result of the empirical-analytical tradition, nineteenth century academics were able to ward off criticism from society as to their intellectual activities. Tied to the prevailing liberal belief in the rights of the individual, institutions were able to negotiate the rights to academic freedom and ensure legislated autonomy for universities.

University autonomy, or the "freedom to teach, to do research and to publish in accordance with one's *scientific* and scholarly convictions, with the understanding that these convictions conform with prevailing criteria of scholarly and *scientific* truth" (Shils, 1977; p17: *Emphasis mine*), results in academics remaining masters in their own house. While the idea of community and contextual responsibility has been significantly challenged by society itself in the Europe and America of the past century, it is Shils' (1977) interpretation of the functions of autonomy that is important in discussing the

South African discipline's model of professional development. Firstly, it is important in questioning its effect on the knowledge transmission and production process of an autonomous professional training programme, contained within an autonomous institutional framework - when both develop within a socio-political context of separate development. Secondly, it is important in examining how this layering of autonomy can serve to protect the knowledge base itself from change, even in the transformed socio-political context of the Country.

The following section expands upon this theme, linking the historic independence of professional decision-making to a current situation of structural racism in its knowledge production and transmission processes. In other words, it suggests that the several layers of institutionalised autonomy have served to uncritically maintain its knowledge sources, resulting in an orientation towards interpreting the needs of only a certain part of South African society.

2.1.4 True North and the Hidden South: The Unwavering Compass Needle of Apartheid

Given the modelling of its university system upon the late nineteenth University of London, and its introduction into a colonial socio-political context, it is perhaps unsurprising that the liberal tradition should have appeared dominant in the pre-apartheid history of the South African university system.

As T.B Davis (1954; p9) stated, in citing Sir Alexander Carr-Saunders, an early vice-chancellor of the University of Natal, "A university exists in order to preserve, advance and disseminate learning; of learning for its own end, without any regard for its usefulness". In a 1954 symposium debating non-European access to universities, E.E. Harris, the then professor of Philosophy at the University of the Witwatersrand, confirms Carr-Saunders in that the aim of a university is to, "search after knowledge for its own sake" (1954; p6). In the same discussion, however, he does acknowledge society's need for professional education, yet exhorts academics to remember that 'pure' research lies at the base of all applied (vocational) science and that "Vocational training appropriate to a university is no more nor less, than the aspect of service at large to the community which is one essential feature of a scholar's calling."

This sub-serving of the utilitarian to the liberal-humanist ideal is important when considering that professional training in Speech and Hearing Therapy had been established at the University of the Witwatersrand for eighteen years prior to this symposium. The implications of Harris' remarks would suggest that professional teachers of vocational training programmes remain scholars, and thus committed to the ideals of the university, while performing the 'service' of training students for the professions. The critical research produced by Beecham (1994) and Pillay (1997) has stressed the influence of the liberal ideal in contributing to the development of the professional curriculum. There seems little reason to doubt the impact and influence on professional training of prevalent beliefs as to the idea of university education, or the role of teachers within it. What is important to highlight, however, is the see-saw effect of professional-teachers' roles within the university system. By virtue of the nature of the vocational aims of professional education, they serve both the ideals of a university and also the needs of society.

From 1948, however, the needs of South African society became the legislated province of one section of it. Although technically autonomous institutions, all universities reacted to apartheid, with the exception of that of Fort Hare which embraced multiracialism as an article of faith (Welsh and Savage, 1977). The four Afrikaans-medium universities (Potchefstroom, Stellenbosch, Pretoria and Orange Free State) admitted no Black students to their teaching programmes. At the four English-medium universities, (Cape Town, Witwatersrand, Natal and Rhodes), separate sporting and recreational facilities existed for the different race groups, and in the case of the University of Natal, separate tuition was enforced (Bhana, 1977).

All five university training programmes for Speech and Hearing therapy were, therefore, established and developed within apartheid legislated institutions; Witwatersrand (established 1936); Pretoria (established 1959); and Cape Town (established 1975). The fourth training programme, at the University of Durban-Westville, was established in 1973 within the context of the Extension of University Education Act (1959) that resulted in the creation of separate institutions specifically to cater for the higher education needs of the various race groups. The governance of these institutions, however, remained in white hands. As Ballinger, cited by Bhana, (1977;

p216) pointed out, white governance constituted the “most effective method of guiding the non-European towards independent and *objective* thinking” (*Emphasis mine*).

The point being made here is that professional development cannot be viewed external to its location within the socio-political environment of apartheid legislation. Restricted access has had profound affects upon not only what sections of society have access to, or knowledge of, professional activities, but what body of students has had access to professional training. In support of this are the demographics of the fifth professional training department at the University of Stellenbosch. Although established in the waning years of apartheid in 1988, it was only in 1998 - four years into democracy - that the first two Black students were admitted to the training programme.

The influence of separate development upon student demographics and societal knowledge of professional services, however, represent only two aspects of the legacy of apartheid education. Academics, practitioners and teacher-professionals are members of society. They are, therefore, limited by the norms and beliefs of the socio-political system within which they are socialised (Welsh and Savage, 1977). Notwithstanding the elements within the South African university system that consciously opposed apartheid hegemony, the layering of apartheid legislation upon the ideas sub-serving university education resulted in significant effects upon the teaching and learning process.

In European society, a core function of the university is to “...transmit, interpret, and develop the cultural tradition of society” (Habermas, 1972; p2). In South Africa, the influence of apartheid ideology dominated this function in terms of ethos, academic standards, governance, funding, and student access. The result was that the cultural tradition of society transmitted to students was severely skewed towards that of the South African white population. A consequence of this was that the university system was sharply, and over many years, criticised for providing graduates serving as a buffer to the apartheid status quo (Budlender, 1972; Bunting, 1994; Moulder, 1977; Nkomo, 1984).

South African professional education courses, in particular, came under attack for making choices as to content and method which directly opposed the ethos of ‘academic freedom’, yet at the same time presumed a contextually expedient interpretation of the

term, 'neutrality' (Budlender, 1972 & 1977; Welsh and Savage, 1977). It was argued that teacher-professionals of programmes such as law, medicine and engineering studiously avoided the introduction of syllabi, topics and discussion that in any way could be deemed 'political.'

At this point, it is important to link this to issues I raised in Chapter One (1.1 and 1.3) regarding the de-politicised nature of professional knowledge and the insularity of professional training programmes. While the liberation struggle of the 1970's, 1980's and early 1990's played out on campuses nation-wide, resulting in widespread change to the knowledge taught at university level; professional courses, protected on the one hand by their autonomy, and on the other by nationally legislated bodies governing curriculum standards, were to some extent cocooned from contextual forces. Without this contextualisation – a context integrally woven with inequity, race and language/cultural differences - the transmission of knowledge remained fixed upon sources, ideas and methods acceptable to that part of the society exercising power.

The expedient interpretation of 'neutrality' needs additionally to be viewed in the context of autonomy – both professional and institutional. As already mentioned above, all South African universities (with the exception of Fort Hare until 1959) enforced some measure of separate development with consequent effects on student access. As Bunting (1994; p.6) has pointed out, autonomy is a legal issue, and this legality is granted by the state. The state, therefore, "can limit the objectives of a formal educational institution to such an extent that it is made to serve the interests of one and only one population or race group."

It is not only the transmission of knowledge that is affected by the expedient interplay of neutrality and autonomy, but its creation as well. As Pillay (1997) points out, the production of professional knowledge has been significantly affected by the learnt behaviour of 'de-politicisation' in the context of autonomous decision-making. Even within the context of a rapidly changing social order, his survey of published South African professional research from 1992-94 lists only eight out of thirty-one – consciously scientific - articles that concerned population/language groups other than English or Afrikaans speakers. Autonomy would appear, therefore, to suggest a degree

of professional free-will as to the racial direction of the research gaze - while clearly constraining its method.

Yet the issue here is not specifically that of race – although the majority of Speech and Hearing therapists are white. Rather, it is that the skewing of professional knowledge and methods via the ideals of South African university life in the context of apartheid promoted the interests of particular language groups, namely those of the European settlers of the Country, English and Afrikaans. For a profession whose sole concern is the alleviation of problems in communication, the effects of this skewing have resulted in a fundamental lack of knowledge – and however methodologically generated – about the nine official languages spoken as mother-tongues by the Black population of South Africa (Aron, 1991; Beecham, 1994; Penn, 1978; Pillay, 1997).

Several of the most significant factors that have led to this situation have already been discussed; namely the Northern origins of knowledge, and the value placed upon this knowledge by the South African university system. In addition, it has been argued here that apartheid served to prevent professional knowledge and growth by limiting the context of critical inquiry. The result, it is suggested, has been a freezing of the professional gaze upon ideas and methods acceptable to the university system and to that section of society it was directed to serve.

There remains, however, one other influential mechanism that has contributed to the current model of professional development. The following discussion presents an argument linking the discipline's professional status to the effects of the profession's growth within the English/Afrikaans medium university system, its autonomous status within this system, and the expansion of its knowledge based on Euro-American sources. It suggests that its professional status has not only affected the teaching and learning process, but has resulted in a particular power relationship between teaching and practice that has historically served to prevent change to the professional model of development.

2.1.5 The Circular Nature of the Professional Compass Needle.

The argument to be developed here is that the discipline's professional status has never represented a neutral process of service to the community at large, but has served to further particular interests via the political control of both training and practice by academics. It will be suggested that these interests are intimately linked to the methods, ideals, and beliefs discussed in prior sections of this chapter, and have thus significantly contributed to a model of professional development that is resistant to change. In support of this, I refer the reader to Figure 1, which provides an overview of academic power-holders. Through their historical involvement with the Professional Board and the professional association (SASLHA), Figure 1 indicates the academic influence in directing South African practice:

Figure 1: Genealogy of Professional Power: Training and Practice

Professional Association: South African Speech-language & Hearing Association (SASLHA) 'PRACTICE' "Guarding the professional/ practitioner interests" Executive membership Involvement:	Training Departments (In order of Founding)	Professional Board for Speech- Language Therapy and Audiology: 'TRAINING' Located within IMDSCA "Guarding the public interest" Executive membership Involvement:
Founder member and life-time President 1946-1978	<u>University of the Witwatersrand</u> (1936) Prof P de V. Pienaar Head of Department (HOD)	Founder member 1974 – 76
1950's – 1989	Prof M.L. Aron (HOD)	1974 – 1989
1970's – 1980's	Prof C. Penn (HOD-current)	1980's
As above	<u>University of Pretoria</u> (1959) Prof P. de V. Pienaar (HOD)	As above
1959 – 1978	Prof I. Hay (HOD)	1978 – 1987
1970 – 1988	Prof I Uys (HOD)	1986 – 1977
1980 – current	Prof Hugo (HOD-current)	1991 – current
	Prof Louw (Editor of SA Journal of Communication Disorders)	1991 – current
	<u>University of Cape Town</u> (1975)	
	Ms. R. Keen (HOD)	1978 – 1987
	Prof Tuomi (HOD-current)	1991 – 1996

	<u>University of Durban-Westville</u> (1973-76 and from 1981) Mrs S. Crossley (HOD)	
	Mr C. Govender (HOD)	1991 – 1996
	Ms H.Kathard (HOD-current)	
	University of Stellenbosch (1988) Dr C. Oosthuisen (HOD)	1987 – 1991
1992 – current	Mrs S. Swart (HOD-current)	1991 – current

Over the last thirty years, populist notions of a professional as one who seeks mastery over a certain body of knowledge and then applies it to society to the best of her ability have largely given way to more critical approaches using the image of a ‘market’ and of ‘market share’, to describe the implicit motives behind a profession and professional activities (Elliott, 1972; Foucault, 1973 and 1979; Lane, 1992; Johnson, 1972). As Brandon (1976; p27) succinctly states it, “Professions everywhere seem primarily motivated by self-interest which they are gifted in wrapping up as ‘the public interest.’ ”

In other words, a group of people identify a gap in society’s service market and attempt to tap into it by generating a body of knowledge that they claim as unique and necessary to it. Once having established a need for its services, a bargain is struck between society and a profession around the production of professionals to serve it. The provision of a standardised, high quality, professional product offers significant benefits to society – or that section of society which has the power to enter into such a bargain. The profession, and in order to assure society of its aims to provide such a product, provides a statutory code of ethics that formalises the client-practitioner relationship at a legislated level.⁶ Society, in turn, rewards the profession for its rigorous attention to its interests by granting it autonomy to pursue its production programme without interference (Foucault, 1973 and 1979; Johnson, 1972).

The nature of the exchange, however, and the beliefs encompassed by it, are hidden. In other words, the bargain itself constitutes implicit knowledge. Yet the bargain must be taught during training to ensure a common framework of behaviour in practice. In

addition, the conceptual understanding of this implicit knowledge must be evaluated. Without being sure of a student's co-option into the normalisation/autonomy bargain, the relationship of the profession to its market is at risk.

The previous sections of this chapter have attempted to point out that the profession's knowledge and development in South Africa has been intimately linked with the interests of the (white) English and Afrikaans speaking race groups. They have also highlighted the significance of the beliefs that sub-serve the European origins of both language groups in terms of professional development. The point here is that the notion of a standardised, high quality, professional product is based upon the beliefs and assumptions of the white English/Afrikaans speaking population. These beliefs are encoded and transmitted within their symbol systems as 'professional behaviour', and the task of the student is to learn them.

Key European (and American) beliefs about any profession to which society grants autonomy are those of 'service'; 'insight/understanding' and 'judgement' (Elliot, 1972; Eraut, 1994; Parsons, 1968; Vollmer and Mills, 1966). Pillay (1997) has fully documented the presence of these ideals in the South African profession. What is necessary to expand upon here, however, is how these ideals have come to disadvantage South African students not having mother-tongue competence in English/Afrikaans - and at the same time to advantage native speakers.

Scollon and Scollon (1995), in tracing the history of the English (and American) languages, use the term 'Utilitarian discourse' to describe the preferred style and register of these populations of native English speakers. By linking its emergence to the late 18th and early 19th socio-political context of the Industrial Revolution and the dominance of science within it, they follow Foucault's (1973) argument for a 'mutation' - or separation - of discourse from the individual speaker that occurred around this point of history. Scollon and Scollon (1995) list six characteristics of Utilitarian discourse that have key relevance to this discussion:

⁶ The South African profession of Speech and Hearing Therapy published its Code of Ethics in 1978.

- i. anti-rhetorical
- ii. positivist-empirical
- iii. deductive
- iv. individualistic
- v. egalitarian
- vi. public (institutionally sanctioned)

What is important here are how these terms, reflecting the rational, objective, and ‘neutral’ beliefs of a benevolently oriented ‘scientific’ society, became part and parcel of the language society used (and uses) to describe itself, its motivations and its activities. As these discourse characteristics occur within all forms of the language (ie text, specific genres and events, and face-to-face speech), they therefore underpin the transmission and production of professional knowledge in the South African profession.

What is being suggested here is that the advantage for native English speakers is within the discourse itself. The disadvantage to non-mother tongue speakers lies not in the performative (*Parole*) aspects of English use (although these may be a contributory factor), but in a lack of competence (*langue*) in understanding the discourse ideals underpinning the language itself. In training, a student must demonstrate her mastery over the ideals sub-serving ‘professional behaviour’. Yet the ideals of ‘service’, ‘judgement’, ‘insight/understanding’ are both interpreted by the student, and evaluated by the teacher, via the competencies of each in the English (or Afrikaans) language. They are, therefore, ideologically governed, and ideologically evaluated.

If the power of the English/Afrikaans professional teacher lies in the fact that she is a master speaker of a particular ideology, then the apprentice role of the student in training becomes important. At this point of the argument, it is interesting to link the historic power of academics to influence, control and direct professional practice in the Country.⁷ During training, students are educated into the fundamental legitimacy of the professional ideology via the power imbalances inherent within the teacher/pupil relationship. Once graduated, however, the granting of power by practitioners to academics may be the result of this group being the most articulate speakers of it.

⁷ Refer to Figure 1.

This discussion, therefore, turns to voice – and the issue of whose voice claims legitimacy in speaking the professional language in a multilingual context where all languages have legislated equity. It is clearly an English (and Afrikaans) voice, and as suggested in Figure 1, an historically academic voice. What has not been discussed thus far, however, is how this voice retains its power to be heard above all others, especially in the five years since South Africa entered democracy.

In concluding this section, and in offering the final motivation for a model of professional development resistant to change, the outline of the argument to be explored more fully in 2.2 is presented. Constructed as a narrative, ‘Rituals of Power: Silence’, suggests the presence of a key professional strategy of silence as a response to challenges for change to its model of professional development.

Although a personal account, its validity as an accurate reflection of professional resistance has been supported extensively by Pillay (1997), in his analysis of the content, context, and reaction of professional power-holders to the research paper on which it is based. In brief, the paper was an historical analysis, located within the critical hermeneutic paradigm, concerning the need for the profession to take cognisance of its socio-political situation in considering curriculum transformation. The paper suggested that without this analysis, the profession would be unable to meaningfully contribute to an equitable South Africa. It was presented at the national professional conference of June 1994, two months after South Africa’s first democratic election, in a socio-political context of profound uncertainty and rapid change.

Significantly, the paper contained many of the arguments presented thus far in this Chapter. In some sense, therefore, the inclusion of my reflections upon it contributes to the contention that silence continues to be an effective strategy in resisting change, particularly as the paper itself remains unpublished.

Narrative Four

Rituals of Power: Silence

Both in the writing and presenting of the paper, 'Rituals of Power: The South African profession of Speech and Hearing Therapy', two emotions - no - parts of me, were at war. The one was a sense of myself in an inward spiral, circling into (professional) self-destruction. The second was a crying child, begging the 'grown-ups' to see - to understand - on what basis the profession's training was fundamentally racist. On the one hand, therefore, I felt I knew the personal implications of labelling us, 'white, middle-class women more interested in making a living than in serving all South Africans.' On the other, I was felt compelled to say it, because it was *true*. Somewhere deep in me I hoped they would see this truth, and be brave enough to act from it.

I was frankly terrified as I read the paper. I could see four of my old teachers from Wits, three of whom had exercised significant power over me in training, and two of whom I had long believed were perpetrators of downright racism - however disguised in a liberally benevolent cloak. I was scared of them at the time; five years later, I was still scared.

But there were supporters as well, practitioners and junior academics, all relatively powerless. Yet the guest speaker was powerful. Orlando Taylor is a Black, senior academic and Speech Therapist in the US who has published widely on the injustices of the American professional curriculum. I wanted him to hear the paper, because I respected him and believed he would understand it. But even though he

complimented me during the conference and after it, his approval was not the point.

The point was the profession here, especially those four old teachers of mine, and one in particular who had the power to single-handedly motivate for a radical re-conceptualisation of the national training curriculum. I wanted to get through to her. However much anger was associated with its germination, I wanted to plant some seed of doubt in her mind as to the justice of the Euro-American stranglehold on South African training.

The reaction when I finished reading was extraordinary. Viewing it from the front, approval - or otherwise - appeared racially divided. Yet although it was the Black Diplomate therapists who mainly clapped and called out their support, the comments came mainly from the white ones. And amongst these, the first wave of rage was most clearly articulated by two of the four of my old teachers. I distinctly remember the hurt, and the wonder in this hurt, that the first rejection came from them.

In the foyer afterwards, many people asked for copies of the paper. Students and Black therapists mainly - but significantly, that one, powerful ex-teacher of mine who had been silent during the conference proceedings. In addition, several white therapists felt they had to express their anger on a personal level, yet name-calling such as, 'Red flag-waving Commie' had little effect. Somehow I'd expected this. What I hadn't expected were the comments of an ex-student colleague

and friend, who had now become a teacher at Wits. She took me aside, and she was crying, "Ruth, you've gone too far. They'll never forgive you for this. I'm scared for you, you've stuck out your neck and they'll chop it." I blustered, saying I wasn't scared of 'them'. But I was. Because I remember looking round the foyer and seeing the groupings of therapists I had known, trained with, worked with. And they were all in groups, while I stood alone. And this aloneness was not on the basis of people to talk with, but a sense of the division of voice on the basis of belief. There was no common ground to bridge this dark chasm between 'them' and 'us'. There was silence, a profound silence that underlay words. I sensed,

even then, the power in this silence towards me, because of the words I had spoken.

The silence deepened over the months that followed. This was because no re-evaluation of the curriculum occurred as a result of my paper calling for a politicisation and contextualisation of our training, or from the papers of my colleagues who'd also presented critical work about the curriculum. No task-group was convened to even examine the issues. There was no response to the paper. There wasn't even a paper. Although submitted to the editor of the conference proceedings, no proceedings were published.



Figure 2: Cartoon

2.1.6 The Bomb-Proof Compass Casing: An Environmentally Safe model of Professional Development

This final section is accompanied by a cartoon (Figure 2), visually representing a synthesis of the arguments presented thus far, and based on the premises of the following model:

Figure Three: An Environmentally Safe Model of Professional Development

- a) The ideas sub-serving the profession's knowledge base have resulted in a rational, objective and empirical approach to problems of human communication.**
- b) The ideas sub-serving the university context of professional training have supported a rational, objective and empirical approach to knowledge production and transmission.**
- c) The effects of a) and b) in the socio-political context of apartheid have resulted in a skewing of professional knowledge production and transmission towards the white English and Afrikaans population groups.**
- d) The effects of a), b) and c) have resulted in (particularly) the English language achieving dominance in transmission of knowledge, and also in the transmission of the ideals subserving 'professional behaviour.'**
- e) That all the above serve to advantage students in training who are mother-tongue speakers of English and/or Afrikaans.**
- f) That all the above hold significant ideological value to the institutions and sections of society concerned and are thus resistant to fundamental change.**

Section 2.2 extends the discussion of professional silence as a powerful strategy to resist transformation to this model of development. It suggests that the strategy of silence has historically provided for a physical marginalisation of the critical voice – an argument extensively developed by Pillay (1997). By virtue of the marginalisation process, it is suggested that the profession has been able to implement curricula reforms not

meaningfully challenging the model proposed above. A key result has been a severe reduction in the ability of the profession to increase non-English/Afrikaans mother-tongue speaking graduates.

2.2 Challenge to the Compass – And a Silent Response.

Section Overview

This section develops the argument that the current model of professional development is resistant to change. As a starting point, it documents the silent response of the profession to challenges to this model by insider-professionals. By locating the discussion within a communicative framework, however, a thesis is developed that places the source of the polemic within the dual streams of theoretical and practice discourse. As such, it proposes that a silent response to opposition represents the inadequacy of academic discourse to either express - or escape - its own institutional interests. An alternative way of framing this point is that silence serves to allow professional power holders to NOT talk about the central issues in professional development, and thus maintain the current model. The section concludes with a motivation for a re-problematisation of the nature of the debate itself, by introducing the communicating 'subject' of the polemic herself: The failing BAFL speaking student.

2.2.1 The Nature of the Challenge

Table 4 presents a summary of critical research and/or comment directed at challenging the current model of professional development. By 'critical' is meant research both grounding the topic of challenge within the politicised South African context of racial inequity, while directing the argument at the beliefs and assumptions underlying the model of development proposed in section 2.1. This summary makes no claim to be exhaustive as much of the work produced in the late 1980's and early 1990's, while remaining unpublished, was also produced by researchers no longer currently practicing in the profession or who have left South Africa. Table 4 is included, however, to indicate a trend: that critical comment from insider-professionals around professional development has elicited silence as the most common response from professional-power holders:

Table: 4 Summary of Critical Research Produced by Insider-professionals regarding the model of professional development

Author(s)	Topic	Publication History	Professional/ Institutional Response
Delaney C. & Malan, K. (1984)	Advising profession to understand community work before commencing a 2 year Diploma community based training programme	Proceedings of Conference on Community Work (Wits) (1984)	Profession instituted community based training programme in 1984 (discontinued in 1994)
Morgan, P., Geraghty, S., Dawber, A., Motshei, F., Drew, M., and Segal, D. (1984)	Advised profession to train more Black graduates, rather than offer a 2 year Diploma for (primarily) Black students.	Proceedings of Conference on Community Work (Wits) (1984)	As Above
Beecham, R. (1990)	Nationwide survey on training and its relevance for the context of SA practice, including a suggested model for the way forward.	Unpublished Honours Dissertation	None
Giddy, J., & Drew, M. (1991)	Report on a community based stuttering programme and implications for training curriculum.	Submitted to South African Journal of Communication Disorders	Rejected for publication as 'unscientific'
Beecham, R. (1994)	Historical analysis of professional interests in maintaining training Curriculum in unchanged form.	Unpublished conference proceedings.	1) Initial anger (at conference) 2) None.
Kathard, H. (1994)	Developing a critical educational practice in professional training.	Unpublished Conference proceedings	None.
Pillay, M. (1994)	Professional mentoring for students and new graduates – a plan of action	Unpublished Conference proceedings.	None.
Smith, S. & Beecham, R. (1994)	Alternate student selection methods and procedures.	Unpublished Conference proceedings.	None.
Pillay, M. & Kathard, H. (1994)	Critical questions regarding student assessment procedures and methods.	1) Presented at SAAAD (non-professional) conference. 2) Presented at inter-university professional HOD meeting. 3) Presented to staff in academic Department	1) In conference proceedings 2) None. 3) None.
Beecham, R. (1994)	Professionalization and its impact on professional training curriculum.	1) Presented at SAAAD (non-professional) conference. 2) Presented to staff in academic Department:	1) In conference proceedings. 2) None

Table: 4 Summary of Critical Research Produced by Insider-professionals regarding the model of professional development

Author(s)	Topic	Publication History	Professional/ Institutional Response
Kathard, H. (1996)	Comparison of SA context of practice and the paradigms of training in relation to curriculum transformation	Submitted to the South African Journal of Communication Disorders.	Rejected for publication: Quality was not sufficiently academic, and not of sufficient interest to general readership.
Kathard, H. (1996)	Critical questions and critical outcomes for the professional curriculum.	As above	As above
Pillay, M. (1997)	Critical examination of professional association in relation to training issues	Published in Professional association newsletter 'Communiphon'	Informal response via third party; 'Caused personal offence' to Professional association leadership (Pillay, Personal Communication, 1999)
Pillay, M. (1997)	Critical examination of beliefs and assumptions underlying professional curriculum and suggested way forward	Masters Dissertation – University of Durban-Westville; Department of Speech and Hearing Therapy.	Degree awarded, no professional response from recommendations.
Pillay, M., Kathard, H., Samuel, M. (1997)	Theoretical framework of above study	Published in the South African Journal of Communication Disorders (1997)	None.
Pillay, M. (1998)	Model of 'way forward' from above study.	Submitted to the South African Journal of Communication Disorders.	Rejected as representing 'too specialised' an interest for general Readership of Journal.
Kathard, H. (1999)	Shifting the paradigm of South African professional development from the analytical to the critical.	Paper presented at Australian Speech/Language and hearing Association. Published in Conference Proceedings.	None.

Table 4 does not, however, claim that reform to the national training programme has not occurred. There is a general commitment towards providing some form of academic support for 'disadvantaged' students in training; as there is a movement towards the mandatory undergraduate study of an African language for one year; and a generalised inclusion/ integration of 'community work' and/or instruction in the principles and application of PHC into the national syllabi (Kathard, Personal Communication, 1999). What is important to note, however, is that these reforms are laid upon the existing empirical/analytical belief system.⁸ Hugo (1998), in her discussion of the changing training programme at the University of Pretoria, asserts specifically that its focus

⁸ Premises a-d of the model of professional development proposed in 2.1.6.

remains scientific. Interestingly, however, she does note that the 'market population' of the profession is now the African.

The importance of reform - as opposed to transformation - is that reforms are made by people claiming to be representative, who "make a profession of speaking for others" (Foucault, 1979; p209). Foucault (1979; p209) also draws a distinction between changes arising from the "complaints and demands of those concerned", stating that in this case it is no longer reform "but a revolutionary action". In this light, it is perhaps interesting to point out that Hugo's (1998) paper cited none of the critical research produced by insider-professionals over the last decade. While insider-professional critique does not circulate freely within the profession, therefore, what is supported is a reformative approach to change, allowing a division of power relationships, and a redistribution of the power itself amongst the changes that are made. Firstly, this reinforces the silencing of the critical professional voice. Secondly, it contributes to the marginalisation of the issues themselves.

The following section develops an argument for the silence of academic power-holders in response to critical challenge as being located within the nature of academic discourse and the interests it serves. Basing this argument firmly in a communicative framework, the starting point is a discussion of silence itself.

2.2.2 Silence as a communicative strategy.

Silence is the absence of talk. To understand the effect of silence, therefore, one approach is to discuss it in relation to the aims and goals of talk.⁹

People talk in order to transfer thoughts, to present a point of view to another, to share experience and emotions, and in order to "establish our rights and entitlements" (Gumperz, 1982, cited by Cameron, 1985; p149). We talk, however, through a very imperfect medium, that of language. Although we aim to share our thoughts, there is no one-to one correspondence between symbol (signifier) and meaning (signified). What occurs in communication is an integrated, or collusional, approach to the making of

⁹ By 'talk' is meant the oral, written and visual modes of communication in any given symbol system.

meaning. The collusion centres around people actually helping each other to construct a common understanding of a particular state of affairs. To do so, however, there needs to be a shared, yet largely unconscious, agreement about the nature of the institutionalised rules operating within any context (McDermott and Tylbor, 1986).

Section 2.1.4 mentioned the twin communicative contexts that professional-teachers serve. On the one hand is academia, and the other is the therapeutic encounter – or practice. To engage in successful talk, therefore, they need to understand the institutionalised rules of both.

The importance of this to the professional model of development is that the fundamental problem critical insider-professional researchers report upon, and whether they are physically located in the university system or not, is that the model of professional development does not serve all members of the South African population. Examining this from a discourse perspective, the contention is that problems are perceived in applying the learnt institutionalised rules of academia to the context of practice.

In developing an argument for why a strategy of silence has become a key professional response to challenge directed at its model of development, therefore, it becomes important to understand what underlies the different sets of communicative rules governing the two contexts - especially as the symbol system of English (or Afrikaans) is common to both.

2.2.2.1 Double Talk

Of primary importance is the different value placed on the code of communication in the two contexts. Universities value the written code, while the practice encounter is essentially dialogic (Eraut, 1994).

It will be recalled that in section 2.1.5 I listed Scollon and Scollon's (1995) six characteristics of Utilitarian discourse. In the text-valued context of the university, professional development occurs in a dominant discourse system that claims factual, logical and deductive approaches to the making of meaning. At the same time, there is an emphasis on individual and unique representation of these facts. Students are

encouraged to produce ‘original’ versions of thought (while acknowledging the sources of it), through essays, assignments and research. In addition, there are filters of appropriateness through which texts must be produced. There are codes of ‘politeness’ to be observed, and maintenance of ‘respect’ for other (academic) individuals. The respect, in this case, means an avoidance of emotive discourse. The goal of university discourse, therefore, is to build knowledge through segmented study of particular strands of specialist knowledge using, as its primary source, the written word. Most significantly, however, for the development of a helping profession based on human interaction, this goal is to be achieved using discourse that is fundamentally non-emotive. The valued discourse of the university system, and as reflected through its ideals and beliefs discussed in 2.1, is a logical, ‘neutral’, building on fact – not feeling.

In practice, however, the institutionalised rules of the dialogic encounter become primary. The aims of therapeutic discourse are to demonstrate care, responsibility, respect and knowledge (Fromm, 1956). Care for others in this context involves concern as to what may or may not be happening to them, even though this does not necessarily mean personal affection. Responsibility means the cultivation of sensitivity as to the consequences of words and activities that occur within the dialogic encounter. Respect means perceiving the client as equal and worthy; as autonomous and having purpose. The application of knowledge is seen as a consequence of care; a desire to use all talents, including the intellectual, in order to understand the situation and thus to help resolve it (Brandon, 1976). It is, therefore, a discourse based on feeling.

The argument here is that the institutionalised rules of the university discourse system are different to those of practice. To understand what maintains this division of discourse, and how this division contributes to the professional response of silence when challenge is directed at its model of professional development, the following section introduces gender as a central issue.

2.2.2.2 Male Talk

As has been said above, the production and interpretation of talk needs to be understood as a collusional response to the complexities of an institutional setting. The discourse

rules of the South African university system, therefore, cannot be disassociated from the interests of the people who colluded to form and currently maintain them.

The historic non-participation of women in academic/intellectual life has been documented by various feminist researchers (Cameron, 1985; Rose, 1994; Spender, 1980). Until late in the last century, women were excluded by statute from university life. This has meant that the traditions of thinking, expressed discursively, have reflected the interests of men. It means that women have been “deprived of the means to participate in creating forms of thought relevant or adequate to express their own experience” (Dorothy Smith, 1978, cited by Cameron, 1985; p146).

Recent statistics for the South African university system reflect the gender inequality, with 92% of the academic professors being male, and similarly significant gender inequities occurring down the ranks until the ‘junior lectureship’ level alters the bias in favour of women (De la Rey, 1998; p12). In effect, therefore, the control of knowledge production and transmission – carried by its favoured discourse style – remains in the hands of men (Primo, 1999).

Set against this, the SHT profession is sharply gendered, with 90% of its members being women, and four of the five heads of training departments being female. These women have, therefore, achieved significant success within a male-oriented, male-dominated environment. As the same time, however, and as stated in Chapter One (1.1), the training programmes are small, with approximately 80 nationally produced graduates per annum. Aron (1991) points to the sexism, indifference, ignorance and ‘supercilious remarks’ that she – and her colleagues – have had to endure over the length of their academic careers from university administrators and the (male-dominated) medical profession regarding the role and status of the profession, and its location within the university system and medical establishment. To survive in this context, and to maintain that survival, would suggest the necessity for a high level of collusion in the institutional rules governing the discourse of the university system/ bio-medical model.

There is a growing body of literature concerning how women know and experience the world, and positing that it is not only different to men, but that male-structured institutions such as university education actually disadvantage the development of

women. The problem, however, is that womens' ways of knowing – in American and European societies at least – have only a 'man-made' language to express these experiences within. Influential researchers such as Luce Irigaray (1974), Belenky et al. (1986), and Gilligan (1982), in revealing how womens' thinking develops over the life-span, have suggested a second, yet 'wordless', language co-existing within women.

Carol Gilligan (1982) found that women develop morality around notions of responsibility and care. Apart from challenging the notions of Piaget (1965) whose own research was mainly based on boys, Gilligan's (1982) findings suggest that most women will:

“...argue for an understanding of the context for moral choice, claiming that the needs of individuals cannot always be deduced from general rules and principles and that moral choice must also be determined inductively from the particular experience each participant brings to the situation. They [women] believe that dialogue and exchange of views allow each individual to be understood in his or her own terms. They believe that mutual understanding is most likely to lead to a creative consensus about how everyone's needs may be met in resolving disputes.” (cited by Belenky et al., 1986; p8).¹⁰

I would suggest that it is this type of moral development that underlies Fromm's (1956) use of the words 'care', 'respect', 'responsibility' and 'knowledge' in therapeutic discourse. The contextual location of training programmes, however, makes it possible to propose that the need to collude with the man-made institutional rules of the university system serve to de-legitimise the female characteristics of care and responsibility.

It is also possible to propose that critical professional researchers, educated into a male version of morality via the university system, and basing the polemic around professional development upon the (largely male) concept of 'blind justice', (Belenky et al., 1986) have engaged in the debate using a gender-influenced discourse. Educated like

¹⁰ These findings have significance in relation to Narrative One, 'God's Child', and the dilemma of belief that occurred during this interaction.

men, finding value in thinking like men, it could be suggested that both academics and researchers engaged in the curriculum polemic have unconsciously arranged NOT to talk about the issues of authentic caring, helping, respect and responsibility with regard to professional development. Limited by the norms and beliefs of the educative system and its language, it could be argued that there is no voice with which to articulate these questions. And similar to other womens' experience of having their voices delegitimised, the result has been silence – because of the lack of a discourse within which to frame the issues themselves (Belenky et al, 1986; Gilligan, 1982; Cameron, 1985; Irigaray, 1974; Rose, 1994).

From this perspective, the silence of professional power-holders in response to critique does not necessarily represent a polar denial by academics of the need for fundamental change to the professional model of development. When located in a gender-based framework, it could rather be that there exists no language - on either side of the polemic - with which to articulate the real nature of the change required.

Admitting that this is a possibility may form the first step in re-problematising the debate with regard to change to the model of professional development. If gender-based factors are negatively influencing the ability of insider-professionals to collude in forming a common meaning as regards change to the professional model of development, it becomes important to ask what communicative opportunities exist that could contribute to its resolution? And, if such opportunities could be found, how could they additionally serve to challenge the core assumptions and beliefs currently maintained by the current model of professional development?

As was pointed out in Chapter 1, the central problem confronting the profession is its failure to graduate sufficient numbers of BAFL speaking students to prove its services as equitable to all South Africans. The following section suggests that by re-examining the core threads of discourse, context and knowledge from the perspective of current educational theory, a motivation can be offered for the introduction of the 'subject' of the polemic itself: the voice of a failing BAFL speaking student. At the same time, however, and in light of the critical discussions that have preceded it, the argument is presented for a fundamentally different approach to the listening of it.

2.3 Changing the Compass Direction: The Need of a Powerful Magnet.

Overview

The final section of this Chapter motivates for the life-history and current training experiences of a student to provide a re-problematisation of the debate around professional development. It does so by analysing contemporary educational research, focusing on the issues of knowledge, context and discourse. By stressing the communicative and interpretative theoretical basis of this research, it also provides the rationale for the methodological approach of this study.

2.3.1 The Nature of Professional Knowledge

Sections 2.1 and 2.2 have argued that the transmission, evaluation and construction of professional knowledge within the highly valued empirical-analytical paradigm has significantly contributed to a model of professional development that is resistant to change. The influence of this paradigm leads to a particular construction of the teaching/learning process that results in mechanistic, linear, and technical models of professional development, with a ‘one-to-one’ conception as to knowledge ‘input’ by teachers, and knowledge ‘output’ – or application – by learners (Baskett and Marsick, 1992).

From the mid 1970’s, however, research began identifying gaps between what, and how, people actually learned – and what teachers and/or academics thought people learned (Boud and Griffin, 1987; Houle, 1980; Schoen, 1983). Much of the professional teaching and learning research over the last thirty years has suggested that the mismatch, or gap, between input and output is composed of a range of implicit ‘ways of knowing’ (Belenky et al., 1986). In other words, that the learner integrates, interprets and acts upon received information within an individually constructed ‘framework’ that is established from life experience. For teachers and students alike, therefore, what is taught, how it is taught, and how this process is reflected in practical action is intimately influenced by individual interpretations of personal experience interacting with the teaching/learning process.

By placing emphasis upon the subjective and interpretive as opposed to the objective and logico-deductive, professional development is thus seen as a dynamic interweaving

of personal working theories. The application of knowledge to practice becomes viewed as an interpretative use of this theory. While the goals of practice excellence remain the same, the emphasis is shifted from the development of normalised core competencies in learners, to an awareness of how feelings, attitudes and goals culled from prior experience serve to shape practical abilities to help, co-operate, and become responsible in professional practice. In other words, the debate has shifted from how best to translate theory in the classroom into skilled and insightful practice outside it; to one of how best to develop the inherent knowledge of the learner. The significance of this is that particular practitioner's 'wisdom', 'talent', or 'intuition', which "...used [to be used] as junk categories, attaching names to phenomena that elude conventional [empirical] strategies of explanation", have now become the focus of research inquiry (Schoen, 1987; p13) As research is discovering, these highly valued phenomena owe more to the interaction of implicit ways of knowing developed prior to training, than upon the knowledge presented during it.

Implicit knowledge is created from people interacting with their environment (Boud and Griffin, 1987; Hunt, 1987). In studies spanning social work, nursing, school administrators and medicine, researchers have uncovered many kinds of implicit knowing. Significantly, of the six suggested by Baskett in 1983 (cited by Baskett & Marsick, 1992), only one was formally taught in the social work curriculum. Eraut (1988), lists knowledge of people, situational knowledge, knowledge of educational practice, conceptual knowledge, process knowledge and control knowledge as distinctly different domains of implicit knowing. Researchers are not, however, agreed upon the schema they adopt in describing these largely unconscious processes. For example, Mezirow (1981) makes a distinction between 'instrumental', 'dialogic' and 'self-reflective' ways of adult knowing. Boreham's (1992) study of implicit knowing in medical practice differentiates between 'Unconscious and Nonverbalisable Knowing', 'Conscious but Nonverbalisable Knowing', and 'Unstated Conscious and Verbalisable Knowing'. From research on women's ways of knowing and learning come five different - and developmental - perspectives or descriptions of the relationship between the 'knower and the known' influentially proposed by Belenky et al., (1986).

Because of the range of descriptive categories researchers have used to capture the essence of frequently unconscious processes, and because of the range of individual

learning contexts described in this research, it becomes important to attempt some synthesis of the underlying themes. This is not done in the interests of categorisation or simplification, but to link the importance of these themes to re-problematising the debate around the professional model of development outlined in 2.1.6.

The following two sections, therefore, make a somewhat arbitrary distinction between the important themes of context sensitivity, or 'situatedness', and the 'feeling-sense' that derives from reflective discourse. It is hoped that by so doing differences will be highlighted between the implicitly held assumptions and beliefs sub-serving knowledge, discourse and context in professional training; and those governing contemporary educational research.

2.3.2 The Learning from Context

The core aim of professional education is to train a person to react creatively and responsibly, with knowledge, skill and artistry, in constantly shifting dialogic encounters (Houle, 1980; Schoen, 1987). The empirical-analytical paradigm has presumed that the way to fulfill this aim is through applying principles such as (amongst others) intensive theoretical study, closely monitored and evaluated practice experiments, a reliance on the impact of concentrated knowledge, and the teaching of professional behaviour (Houle, 1980). There is an assumption that the latter becomes transformed into the former through rigorous application of these principles.

Contemporary educational research has, however, entered the contexts of both educative and professional practice to study how professionals know and act in practical action. Boreham's (1992; p73) typology of 'Unconscious and Nonverbalizable Knowing', suggests that familiarity of the environment plays a vital role in stimulating the integrative skills necessary in professional practice. In other words, entering particular environments trigger expectations that structure the "explicit mental activity that we experience as conscious, verbal reasoning." This is similar to the process Schoen (1987; p4) describes as a "form of worldmaking", in that a practitioner selects things for attention in particular contexts, organises them and acts upon them. What is significant from research findings, however, is that individual practitioners will respond to contexts in different ways, dependent upon their personal working theories.

Since professional learning (from a non-empirical perspective) is viewed as a dynamic interaction between the individual and knowledge, progressive training programmes have recognised the need to access - and learn from - the personal working theories of students. Through the process of joint reflection, the understanding of how people construct meaning allows teachers and learners alike communicative access into otherwise private world views. Once public, these worldviews can be discussed in relation to their appropriateness in promoting practice excellence. In addition, teachers and learners can negotiate changes to the context of teaching professional knowledge, by accounting for the preferred learning styles of students and placing these as central to the teaching and learning process (Schoen 1987; Witherell and Noddings, 1991).

Contemporary educational research frequently uses the generation of life-histories as a tool to access the personal working theories of both students and practitioners (Cohen and Manion, 1994; Goodson, 1983; Rowland, 1993, - amongst others). Based within a narrative of the person's life, the reflective process provides insight into the implicit ways people know and interact with the world, allowing previously unarticulated patterns of knowing and understanding to become explicit.

It is possibly in the nature of this articulation that life-history research finds core relevance to re-problematising the debate around the professional model of development. The threads of the preceding argument have suggested that the ways of thinking legitimated by the empirical-analytical paradigm have resulted in academics retaining the power to maintain professional training in an essentially unchallenged form. The context that supports this power, and that has significantly contributed to it, is that of the academic institution. Yet while insider-professional debate has been focused upon undergraduate training, the undergraduate voice itself has been markedly absent from it.

By overlooking the interpretative world of the student in the current process-product approach to professional development, what has also been overlooked is the centrality of how students make meaning of the training process. This study aims to return the nature of the polemic to the context of the teaching-learning process by accessing a student's personal ways of knowing in order to allow her voice an explicit articulation.

It does so in order to locate the debate to its essential core: the teaching and learning context. A difficulty, and as the following section explores, is that the only vehicle available for doing so is via the inadequate system of language.

2.3.3 The Learning from Discourse

Section 2.2 discussed the making of meaning through talk, and the collusion between interlocutors that is a necessary part of constructing this meaning. With relation to the meaning-making of professional discourse, 2.1 has pointed out significant biases within the English (and Afrikaans) languages that serve to advantage mother-tongue speakers in training. In addition, 2.2 has suggested that professional discourse actually comprises dual streams of talk, with the gender-influenced academic stream being dominant over the dialogic, therapeutic, discourse of practice. Discourse, therefore, is not neutral, static, or unitary. It is value-laden, heavily influenced by particular interests, and necessarily collusional. At the same time, it is the way we make meaning of the world.

In therapeutic practice, the skilled meaning-making of the context is linked to an equal skill in communication (Boreham, 1992). Communication in this sense is described as a constant self-dialogue in which the practitioner links the environment and client problems to her own life experience in order to grow ever closer to a sense of 'knowing', or certainty, about how best to serve the problems of the individual concerned (Baskett, 1991, cited in Baskett & Marsick, 1992; Schoen, 1983). Equally, and as all human experience differs, professional opinions will vary, and individual therapists will attach greater or lesser emphasis to particular issues. This making of meaning in the therapeutic encounter is, therefore, interpretive and reflective.

Research investigating implicit ways of knowing has necessarily, therefore, been associated with a shift in research methodology that reflects the inter-subjective (dialogic) and interpretative nature of thinking and acting in the world. Located within the hermeneutic paradigm of inquiry, it represents a fundamental departure from the empirical-analytical tradition. In essence, and by aiming to gain understanding of contextualised social practice through communicative interaction, researchers acknowledge the subjective and value-laden nature of discourse itself. By virtue of this acknowledgement, reality is allowed to be multiply-vocal and contingent on context. In

accepting that meaning is made according to the interests served by the particular voices involved, the creation of knowledge is therefore seen as jointly constructed, essentially collusional, and infused with the interests of the participants in its creation (Anderson, 1996; Guba and Lincoln, 1989; Cornbleth, 1990).

The claim to 'truth' of life history research, therefore, is that it constitutes one *version* of it. With regard to its research method, this has become a common criticism (Cohen and Manion, 1994), and will be explored in greater detail in the following Chapter. What needs to be highlighted here, however, and as has been argued extensively throughout, is that the interaction between knowledge, context and discourse in the debate around the professional model of development equally represents *versions* of truth. To date, however, and from the single source of insider-professionals, what has been articulated are two, conflicting, versions of curriculum reality: its legitimacy, or otherwise. This study aims to present a third.

It does so from the belief that re-problematisation of the model of professional development can only occur once the multiplicity of voices involved in the teaching and learning process are heard. And however inadequate, the subjective, collusional, interpretative medium of language is the only vehicle to articulate them.

Chapter Summary

This Chapter has attempted to argue for a professional model of development that is fundamentally resistant to change. Because of its historical reliance on the empirical-analytical tradition, and supported by its autonomous status within the autonomous university system of South Africa, professional training has been able to sustain assumptions and beliefs that, it has been suggested, fundamentally disadvantage non-mother tongue English/Afrikaans speaking students. Since there are significant interests to be protected by maintaining these beliefs, strategies and reforms have been implemented which at one and the same time serve to marginalise opposition to the current model, and also serve to distract attention from the inequity inherent within the assumptions themselves. Having said this, however, professional development currently occurs in a socio-political

context that is demanding educative parity. The opportunity exists, therefore, to re-problematise the current model. This Chapter has suggested a re-location of paradigm from empiricism to that of hermeneutic inquiry, arguing that such a shift allows communication to become central in debating the justice of the professional model of development. As part of this shift, it additionally allows the subjective and interpretative voice of the non-mother tongue English/Afrikaans student to be heard as a valid contributor to the debate itself.

*Chapter Three:
The Magnet*



Chapter Three: The Magnet

'...Though scientists have been able to harness the power of magnets for years, they have yet to determine what a magnetic field 'is'...'

(www.technicoil.com/magnetism.html)

Chapter Overview

The methodology of this study can be broadly conceptualised as an attempt to return the discourse of therapy into the context of academia by inserting “human experience, beliefs, doubts, emotions and intentions” into a context governed by issues of “truth, observation, analysis and proof” (Cortazzi, 1993; p132). By so doing, it challenges the assumptions of the scientific tradition upon which professional knowledge transmission and creation occurs. In addition, it highlights the importance of implicit ways of knowledge creation on which therapeutic practice is based.

Having said this, however, and as extensively argued in the previous Chapter, the discourse of empiricism has the greater legitimacy in voicing the debate around professional development. In presenting the research methodology of this study, therefore, emphasis is placed upon the validity, representativeness and reliability of narrative research techniques as vehicles for expressing one version of ‘truth’. As such, 3.1 presents a more detailed motivation for the use of narrative as the research approach, highlighting its appropriateness for introducing the historically silenced voice of a student. Thereafter, 3.2 locates the research approach within its case-study context by first describing the Department of Speech & Hearing Therapy at the University of Durban-Westville, and then introducing Nolwazi Mpumlwana, the research study participant. 3.3. Describes the methods of data collection, and 3.4 the methods of data analysis. In this concluding section, the reader is prepared for the presentation of the research material in Chapter Four, and for the broad categories of discussion that comprise Chapter Five.

3.1 The U-Shaped Magnet of Story and Voice

Section Overview

Chapter 2 has suggested that narrative provides the dialogic link between academic discourse (rational thought), and practice discourse (therapeutic action). In the following two-part section, it is hoped to emphasise the importance of story to re-problematising the nature of the debate around professional development, and at the same time to support its use in introducing the voice of a BAFL speaking student. The first part of the argument, therefore, stresses the centrality of narrative to the making – and changing – of meaning in the world; and the second motivates for narrative inquiry to be the appropriate research vehicle for introducing the student voice.

3.1.1 ***“Homo Fabula: we are storytelling beings.” (Okri, 1997; p114)***

The way we organise and understand our experience of life is expressed by the stories we tell (Mumby, 1993). “All the great religions, all the great prophets, found it necessary to spread their message through stories, fables, parables. The Bible is one of the world’s greatest fountains of fiction and dream. It is the stories, rather than the facts, which still enchant us towards belief” (Okri, 1997; pp110-111). Serving to join past, present and future, stories have, therefore, not only the power to influence how we think, but to transform the way people construct reality.

As has been argued in the previous Chapter, the model of professional development in SHT trains practitioners to focus on the empirical-analytical ‘it is said’ dimension of reality. Myers (1990) terms this bracketing of social reality into empirical givens as a ‘discovery narration’, whereby texts and thought, articulating an artificial and truncated view of social life, actually mystify the natural state of human affairs. Another way of putting this is that the rational empirical process of making ‘fact’ creates a tension between what Dillon (1992; p44) calls, “human situatedness and impersonal decorum.” The tension lies between what people say represents ‘truth’, and what lies beneath the truth-making process. In other words, there is a hidden dimension to the making of meaning in the empirical tradition (Harre, 1990; Mumby, 1993).

By acknowledging the centrality of this hidden dimension in the construction of knowledge, the concept of narrative as a research discourse has become central in understanding the nature of the teaching-learning relationship, and particularly so in contexts and times of change (Cortazzi, 1993). As Okri (1997; p111) points out, “Without fighting, stories have won over more people than all the great wars put together”. The reason lies in the nature and power of narrative itself.

Human discourse represents a string of narratives. As such, stories represent a basic element of human social life (Mumby, 1993; Jameson, 1998). In their telling they set forward powerful truth claims about the values and beliefs of the narrator. These values affect how individual reality is constructed and extended into new situations, how

problems are conceptualised, and on what basis 'correct' behaviour is adjudicated and acted upon (Witten, 1993). The important point is that stories do not convey an absolute meaning, or claim to 'truth', they rather *evoke* meaning. In this way, they do not perpetuate a scientific myth of control (Harre, 1990; Myers, 1990) but advance a process in which - and through which - self, other, and context make and exchange meaning (Goodson, 1992). At one and the same time, therefore, narratives allow access into how the narrator constructs knowledge on the basis of her thinking and culture, and also serve a 'revelationary' purpose in terms of audience collusion in 'making-meaning' of the narratives themselves (Mumby, 1993).

As was argued in the previous Chapter, the polemic around the professional model of development has been conducted by insider-professionals, educated within the gender-influenced academic discourse of empiricism. It was also suggested that this discourse is significantly different to that of practice. With its emphasis on dialogic, interpretative, and context-dependent 'human situatedness' (Dillon, 1992), the essence of practice discourse is that of story. As Witherell & Noddings (1991) have pointed out, life-history narration is the basis on which any therapeutic encounter is based.

The argument for an insertion of therapeutic discourse into that of academia is, therefore, in reality the argument for the acknowledgement of story as representing the hidden dimension of professional discourse. The following section extends this discussion by suggesting that the 'subject' of the professional development debate has been similarly hidden within the truth-making discourse of science.

3.1.2 The Absent Story

Chapter 2 pointed out that by virtue of its empirical discourse - both through its use of the symbol systems of English and Afrikaans and through the methods of knowledge construction - the professional enterprise is based upon observation. The professional teaching-learning environment is similarly structured, with surveillance mechanisms such as examinations, teacher observations, assignments and report-writing forming core training operations. According to Foucault (1979), an observing educative gaze is concerned with constituting the student as the 'subject' of its educational experiment in order to normalise the product. The purpose, as both he and Fairclough (1989) point

out, is to legitimise the existing power relationships between teacher and student. Translated to professional training, this means that the goal of the process is to effectively shape the student in terms of the existing ideological construction of what a South African Speech and Hearing therapist 'should be'. The aim being, that once graduated, the practitioner will conform to the normative values of professional behaviour.

The significance of this to the historical silence of the student voice is that while constituted as a 'subject', a "real subjection is born...He [sic] who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power ... he becomes the principle of his own subjection" (Foucault, 1979; p203). Failure to negotiate this 'field of visibility' results in negative self-attributions. As Fairclough (1989; p57) has pointed out, failing students attribute their lack of success to , "I can't because I'm stupid" as opposed to acknowledging the presence of different ideological positions in the teaching and learning process.

The consequence of negative, or self-handicapping, attributions is that while confirming the legitimacy of the teacher as the 'one who knows best', they also lead to a silent acceptance of the *status quo* on the part of the student (Foucault, 1979). This silence results in two key consequences of relevance to this study.

Firstly, it can allow the 'problem' of specifically BAFL speaking student failure to be objectified by insider-professional researchers, who may fulfil additional aims of the scientific enterprise by *describing* their interpretation of the student voice in regard to reforms to the curriculum – as opposed to listening to the voice itself.¹¹ Secondly, it allows student silence to be conceptualised of as a string of narrative events that have *not* occurred in the training context.

According to Lukes' (1974) three-dimensional view of power, the study of what events do *not* occur in specific contexts leads to an uncovering of the real interests inherent within them. Although he suggests the presence of 'inarticulate ideologies' in decision-

¹¹ Hugo's (1998) article, "Communication Pathology: The Way in Africa" is an interesting example of this phenomenon.

making that promote a selective perception and articulation of particular problems for discussion, the argument here has proposed specific interests within professional/institutional empirical discourse that have contributed to a subjugation of the student voice.

In other words, the reasons underlying the silence of the student can be linked to the dominant paradigm of professional inquiry. In this analysis, therefore, the hidden dimension of making meaning in the empirical tradition conceals not only story, but the stories of students.

This study attempts to synthesis both story and BAFL speaking student in articulating the narrative of how professional training discourse is experienced. As Nolwazi is immersed within it, the interpretations offered will represent an important shift from previous research regarding the professional training programme. By altering the source of critique to the student in training, the voice that will be heard is one not yet normalised into teacher-professional interpretations of what a Speech and Hearing therapist 'should be.' Her insights should, therefore, reflect aspects of the normalisation process itself. At the same time, and by adopting a life-history approach to framing this narrative, access may be granted to her implicit ways of knowledge creation that reflect her historical and socialised situatedness as a Black South African woman.

At the risk of repeating points made in Chapter 2.3, yet as a summative preparation for the following sections of this Chapter, the narration of a life-history is an interactive technique that, especially in educational settings, provides valuable insights about how people make sense of their current experiences (Cohen & Manion, 1994). In the narration, the teller is reflecting on the sum total of her interpretations of past memories in order to make meaning of the present. The coherence of the self-narrative occurs through the integration of meaning, purpose and value. In this way, it links past, present and future (Witherell, 1991). In other words, the narrator, by reflecting on the past, interprets the present and future through its lens. The telling of a life-history accesses, therefore, the individual's implicit knowing, yet does so by following the traditions of story-telling. It is through these traditions that individuals "make their meanings count" (Witten, 1993; p100).

Yet while the narration of a life history compels belief, it also shields the claims made by the narrator from testing and debate (Elbaz, 1990). It is not a ‘copying process’, but a “decision-making process where people see what they want or need to see and actively reconstruct it” (Cortazzi 1993, p80; citing Buckhart, 1982). Life-history narratives compel attention and belief through mechanisms within the nature of the discourse itself. One set of these lies within the teller’s organisation of the textual schema, and the other within acceptance and endorsement by the audience (van Dijk, 1977; Labov, 1972 & 1977; Cortazzi, 1993). The claims to truth of a life-history narrative lie, therefore, in a joint, interpretative, construction by the teller and listener.

It is in the nature of this interpretative construction that the researcher needs vigilance as to methodological considerations. It is her task to provide adequate methods and means of gathering and analysing the data in order to ensure a reasonable level of research validity. The following sections of this Chapter attempt to provide this. 3.2 describes the context of the research study, and introduces Nolwazi Mpumlwana to the reader. 3.3 discusses the methods of data collection, and 3.4 provides the methods of data analysis.

3.2 The Research Context: The Space between Magnet and Casing of Compass.

Section Overview

Chapter 2.2 discussed the ‘institutionalised rules’ of discourse that operate in particular communicative environments. Context, therefore, shapes discourse. To formalise the notion of ‘context’, Fairclough (1989) delineates three levels of social organisation that shape people’s resources when interpreting or producing discourse:

- (a) The level of society as a whole
- (b) The social institution within which the discourse is located
- (c) The immediate social environment in which the discourse occurs

Chapters One and Two have attempted to position the profession’s discourse within the history and current socio-political realities of South Africa (Level 1), in addition to the social institutions of university and professional systems (Level 2). This section considers Level 3, the immediate discourse environment of this case study: The Department of Speech and Hearing Therapy at the University of Durban-Westville (UDW). Divided into two parts, the first introduces the Department, and the second introduces Nolwazi Mpumlwana, the research participant.

3.2.1 The Department of Speech and Hearing Therapy at UDW

There are three main tensions in attempting to describe the training context in which the research participant, Nolwazi Mpumlwana, is currently being educated. The first is related to the loss of all documentation concerning the Department's early history. This would have provided crucial textual support for revealing the origins of the second tension; that of the see-saw effect of the many forces acting upon and within the Department that derive from its position as the only historically Black training department in the national professional training grid. The third tension is how to best represent the multiplicity of teacher-professional opinion regarding these forces - in the context of the Department attempting change to its curriculum.

I perceive these tensions to be complicated by the sensitivity of this study as, in addition to one of the Departmental students being the research participant, I was also a teacher within the Department during 1993 and 1994, and there is general acknowledgement of my being an outspoken opponent of the current curriculum.

At the same time, the Department has welcomed the research initiative, hoping it will provide insight into their curriculum change process (Kathard, Personal Communication, 1999).

Currently, there are ten full-time, and one part-time, academic staff in the SHT Department of UDW, only two of whom are male. One of these teaches the Phonetics and Linguistics component of the course, and is not a Speech & Hearing Therapist. Of the nine women teacher-professionals, seven completed their undergraduate training at UDW, and originate from the KwaZulu-Natal Indian community.

This following representation of the Departmental context is based on interviews held with one male, and three female (one of whom was the Head of Department) teacher-professionals. Of these, one male and one female were selected on the basis of their knowledge of the Department, their long involvement in curriculum change, and their sensitivity to broad contextual issues impacting upon both. In this sense, both informants were selected on the basis of their opinion offering a rich data source, and

thus represented an instance of purposive sampling (Cohen & Manion, 1994). The additional participation of the two female staff members was unplanned, yet welcomed.

Largely deriving from points raised in Chapters One and Two of this study, I was interested in pursuing the following context-related issues in relation to their effects on the curriculum:

- The status of UDW as an historically Indian university
- The status of the UDW Department in relation to the other training departments at historically white institutions (HWIs)
- The level of politicisation of the student and staff body

It should be noted, however, that representing the data gained from the interview process proved contentious. Staff members, in addition to interpreting the above issues in different ways, were also positioned differently in relation to their role in operationalising their effect on the teaching and learning environment. Put simply, the contention derived from the tension between the life history experience of individual staff members and the systemic structures of the higher education system. There was, therefore, no ‘common view’ to be extracted from the opinions of staff as regards the above issues. In attempting, therefore, to represent the context of the SHT Department at UDW, the most central factor appears to be the contestation itself.

The following section attempts to highlight several important strands of this contestation, and as such prepares the reader for the introduction of Nolwazi into this educational context in 1994.

3.2.1.1 History, Politics, a Profession and Change.

The Department of Speech and Hearing Therapy at UDW, and as mentioned in 2.1.4, is the only training programme located within an historically Black university, one established to cater for the educational needs of the Indian community. The University itself has been an integral part of South Africa’s democratic struggle, and from its inception has been highly politicised – and actively political (Bhana, 1977; Singh, 1992).

In 1971, David Horner, a staff member of the Department of Drama, made approaches to Prof. M.L Aron at the University of the Witwatersrand, suggesting the opening of professional training at UDW. Specifically, he had noticed a high incidence of stuttering in the Indian community and was concerned that needs for remediation were not being met. He was invited to submit a curriculum. He did so; one based on communication principles from his own discipline. Prof. Aron rejected it, and she forwarded instead the national curriculum developed by the historically white Universities of Witwatersrand and Pretoria. Staffed by SHTs trained at the HWIs, professional training on this curriculum was offered at UDW from 1973, and the programme itself was located within the Faculty of Education.

In 1976, however, and after a Professional Board examination of which Prof. Aron (University of the Witwatersrand) and Profs. Hay and Pienaar (University of Pretoria) were involved; the programme was judged as not meeting national standards of training and was closed (Aron, 1991; Pillay, 1997). Students still in training were transferred to the University of the Witwatersrand to complete their degree, one of whom later became HOD of the re-opened UDW training programme.¹²

The influence of this closure – the only example in the profession’s history – cannot be viewed external to UDW’s status as a Black university. This is because the apartheid government, in establishing separate universities for the dis-enfranchised population of South Africa, also significantly under-resourced these institutions. Maintaining the staff-intensive, close observation of the national training programme results in intense workload for any Department. In the case of UDW, the significant under-resourcing also led to its teacher-professionals historically serving the student teaching and learning process as opposed to furthering their academic power in the form of post-graduate degrees and research.

The training programme at UDW was re-opened in 1981 with a Witwatersrand graduate, Mrs. S. Crossley, as head of department, a position she held until 1994. The Department was additionally re-located to the then newly formed Faculty of Health

¹² Mr. Cyril Govender, HOD of the UDW training Department (1994-1997; Jan-August 1999).

Sciences, whose seven Departments offer professional training degrees in Optometry, Physiotherapy, Pharmacy, Occupational Therapy, Speech & Hearing Therapy and Dentistry. They are served by the seventh Department, that of Anatomy. The importance of this, and relating to comments made in Chapter One (1.1 and 1.3), is that the specialised training of the profession occurs within a physically dedicated building training health professionals. With the exception of Psychology and some therapy practicals that occur off campus, all training takes place within this environment.

As Chapter One (1.3) pointed out, this physical isolation limits undergraduate opportunity to engage in the wider politicisation process of campus life. This separateness of undergraduate experience is compounded by systematic inculcation of the aspirant SHT into aspects of ‘professional behaviour’, ‘professional ethics’ and ‘professional responsibility’; all of which serve to subsume the political education of the learner to the humanitarian and benevolent aims of professional service to others. To this day, therefore, student practicals, clients, and therapy observations take primacy over the socio-political events of university life.

In the case of the UDW Department, there is an additional structure supporting this isolation. By virtue of its location within a Faculty of professional health training departments, strong bonds exist between departments through their common, legislated, affiliation to the South African Medical and Dental Council (currently: IMDCSA). All departments share, therefore, similar structures with regard to professional boards and professional associations, and all train students on nationally accredited non-elective curricula. There is, therefore, a strong need to maintain the ‘standards’ of other training institutions in their respective national grids. The fact of these common issues, in tandem to the geographical separateness of departments from mainstream campus life, has served to avert the primary gaze of the Faculty from its highly politicised home Institution.

For the Department of SHT, the nature of this inter-institutional gaze has been significantly influenced by its history as the only programme within its training grid that is situated within a Black institution, and as the only training programme to be closed by the Professional Board for SHT. Historically, this resulted in a Departmental

perception that there was a significant power inequity between itself and both the HWIs and the Professional Board of SHT.

Specific components of this perception were that:

- a) The Department was good enough to train at an undergraduate level, but had little academic contribution to make to the profession above this level.
- b) The Departmental staff were not sufficiently knowledgeable about discipline-specific information to contribute to national professional examinations.
- c) The HWIs locked the Department, as part of a Black university, into a 'Bush College' mentality. The consequence was perceived to be that the HWIs would consult the Department on 'community' training issues, as opposed to discipline-specific knowledge.

This perception was largely perpetuated until around 1994/5 as a result of a particular sequence of contextual events, linked to the demographics of the Departmental staff.

Until a majority of Indian graduates passed through the UDW training programme and became teacher-professionals, there was no significant challenge to the standards, and control, of professional behaviour and ethics that were filtered into the UDW Department from its white female leadership and staff who were trained at the HWIs. From 1993, however, the demographics altered to a majority of UDW graduates holding staff positions. In addition, and in 1995, Mrs. S. Crossley resigned as head of department. After an internal election by staff, Mr. C. Govender took her place.

As already stated, in the context of significant under-resourcing of the Institution by the apartheid regime, the intense workload severely compromised the research track record of the Department. In response to University pressure for up-grading of academic qualifications, and under Mr. Govender's leadership, in 1996 a decision was taken amongst staff members to increase their academic qualifications. By 1999, most staff members had achieved their Masters degree, and four are currently working towards their Doctoral degrees. A growing sense of academic equity with the HWIs has, therefore, weakened historic perceptions of Departmental disempowerment.

In tandem to this concentration upon personal/Departmental empowerment, however, and by virtue of the changing socio-political landscape of the country, staff have also needed to consider their responsibilities to train demographically equitable numbers of South Africans.

Within an Institutional context of fundamental change,¹³ and since 1991, the Department has been committed to the transformation of its teaching and learning programme in order to reflect equity and appropriateness of educational experience. At the same time, however, graduate statistics of BAFL speaking students do not reflect any improvement as a result of these changes. In the history of the Department, only six BAFL speaking students have passed the course, and not one of these has passed all years of study at the first attempt. Equally, BAFL student intake figures have dropped steadily from a 65% first year cohort in 1994, to 22% in 1999. Examined statistically, therefore, the Department has *regressed* in terms of promoting educative access equity.

These statistics, however, need to be seen in relation to three groups of contextual interests that have affected both the ability of the Department to change its curriculum, as well as constraining the direction and scope of any alterations that are made.

The first of these, and as already mentioned, concerns the wide acknowledgement within the Department that not all staff members stand in the same relationship to the scale, depth, or necessity for curriculum change. One symptom of deep-seated differences of belief results in different approaches to teaching and assessment; the consequence being an absence of constancy of educational experiences for students. In turn, the absence of constancy, in the context of a markedly overloaded syllabus, can result in profound confusion for the student. An example of this concerns my own experiences of teaching within the Department in 1993 and 1994. At that time, several students articulated to me that they viewed their prime educational task as learning the degree of social, political and educational awareness of each staff member, as they believed that complicity with the particular teacher's level of awareness was central to positive assessments of discipline-specific knowledge. A further example, supporting

¹³ Refer to Appendix Two and the Mission Statement of the University of Durban-Westville.

the current presence of educational inconsistency in the Department, is reflected in Nolwazi's narratives, 'Learning Alone', and 'The Monster' (Chapter Four).

The second group of contextual interests concern those exerted by the Faculty over the Department. As has been said, all Departments comprising the Faculty of Health Sciences have significantly similar interests. The similarity of these presumes that, if activated, there is significant lobbying power within the Faculty to press for changes to professional health curricula at a national level. Acknowledging this, and since 1993, there has been a history of certain individuals within the Department of SHT seeking to strategically access this lobbying power.

An important recent example of the lobbying power of the Faculty concerns the nature of its response to the necessity to increase BAFL speaking student access to, and success within, professional health training programmes.

In 1994 and 1995, and spear-headed by members of the SHT department, the Faculty reviewed its primary method of providing student support. Instead of its historical reliance on a variety of 'add-on' student development programmes, a faculty-wide decision was taken to reflect upon how changes to individual professional curricula could facilitate increased BAFL speaking student success. The aim was for individual professional programmes to interrogate their teaching programmes and processes and to establish in what manner these contributed to BAFL speaking student failure.

As part of this initiative, and recognising that the Faculty as a whole relied on academic success in mathematics and science as a central access criterion, a Social Redress policy was developed by the Faculty that increased BAFL speaking student access to 40%. While the academic entry requirements were relaxed and many more BAFL speaking students entered professional training programmes, there were, however, no associated, wide-sweeping, changes to individual curricula. Attributed to difficulties in negotiating the scale of changes perceived necessary to both individual staff members within Departments, as well as to the relevant professional boards, the result was an extremely high, and Faculty-wide, BAFL speaking student failure rate at the end of the first academic year of implementation.

As part of its response to this failure rate, in 1996, the Faculty actually *increased* its academic entry requirements – a situation that exists to this day. Instead, therefore, of matriculation in maths *or* physical science being a requirement of entry prior to the Social Redress Policy, now potential students need both subjects. Taking into account the apartheid linked difficulties of Black high school graduation in science and mathematics, in this context the Social Redress policy has been largely impossible to implement.

From this example, it is clear that there is a disjuncture between the publicly declared policy of ‘social redress’, and that which is enacted by the Faculty. Although the fact of heightened admission criteria goes some way to explain why comparatively few BAFL speaking students are granted access to the SHT training programme, it also points clearly to other influences impacting upon the Faculty’s notion of commitment to equity of educational opportunity in professional health worker training.

Without the Faculty entering a process of articulating the components of this disjuncture, the logic behind the heightening of admission criteria remains subject to question. The fact that these components *remain* unarticulated does, however, suggest that the Faculty has, and by virtue of its unexamined adherence to professional health worker policy, positioned itself in a certain way in relation to South Africa’s constitution. By increasing its restrictive access criteria, the Faculty is directly at odds with the country’s legislation. More significantly, and in light of its Mission Statement, this situation remains unchallenged by the University. With the Institution as its silently powerful supporter, it could be argued that the Faculty can, by virtue of its professional health worker status, continue *ad infinitum* to exert power over South African constitutional policy.

In light of the Faculty’s restrictive entry criteria, therefore, smaller numbers of aspirant SHT students are able to access training. In spite of this, curricular reform still continues in the Department. The direction and extent of this reform is, however, and in addition to being significantly influenced by the two contextual forces discussed above, largely dependent on the success of its negotiations with the third group of important contextual interests: those deriving from the Professional Board for Speech and Hearing therapy.

Throughout this thesis, I have attempted to point out the central role the Professional Board plays in controlling and maintaining training programmes to conform to a national standard. In addition, in Chapter Two (2.1 and 2.2) I developed an argument as to why the profession is fundamentally resistant to change. Placing the issues raised in these Chapters alongside the interests I have discussed thus far in this section, it is not, perhaps, surprising that the changes successfully made to the UDW curriculum over the years through negotiation with the Professional Board do not represent any fundamental re-conceptualisation of the epistemological basis of the training programme.

Pillay (1997) has discussed several of the attempts to change the training programme made by the Department prior to 1996. In addition to an attempt to alter student selection procedures (Smith & Beecham, 1994), a pertinent example is the 'Health and Services' course, which I developed and taught to first year students in 1993 and 1994. This 26-lecture course was inserted as an 'add-on' offering to the syllabus. It was aimed at conscientising aspirant SHTs to many of the issues raised in this thesis, at the earliest point of their student careers. The highly politicised objective was to raise the critical awareness of students as regards the profession and its activities in South Africa. Interestingly, at the time I accepted that neither the course, nor any motivation for such a course *could* be exposed to, or shared with, the national profession. Rather, I believed that the Health and Services course represented a necessary - yet essentially subversive - educational action.

Once I had left the Department, and from 1995, the course was withdrawn from the syllabus. Elements of it were, however, integrated into other parts of the teaching programme. Although this was dependent on the choice of individual teachers, in 1998, and largely as a result of the motivations of Harsha Kathard and Mershen Pillay, the course as a whole was resuscitated, modularised, and re-named 'Primary Health Care'. Although there have been attempts to publicise the course at a national level through professional meetings, there exists no leverage to insist upon the necessity for its inclusion within the national curriculum (Kathard, Personal Communication, 2002). Without this, the course itself, as well as the issues it raises about the profession, remain localised within the UDW department. In addition, and as the level of critical awareness raised within the students is intimately related to the level of politicisation of the teacher

improvement in the mechanics of the SHT training programme at UDW. The Department, therefore, is embracing change, even though several members of it acknowledge that the nature of this change constitutes a 're-structuring' as opposed to 're-conceptualising' approach to the curriculum.

Given, however, that all the changes the Department has made lie within a narrow negotiated space, hedged around by the different interests of individual staff members, the Faculty, and the Professional Board for SHT, it could be argued that any change in a positive direction is a matter for congratulation.

3.2.1.2 Summary: Research Context

The aim of this discussion was to outline, and as a preparation for Nolwazi Mpumlwana's introduction in the following section, the educational environment within which the research participant of this study is being educated.

I hope to have stressed that this environment is dominated by the power and primacy of professional health worker policy in determining the nature, extent, and components of the agenda with regard to educational redress. Although I acknowledge that this point invokes the cultural, political, and epistemological biases underpinning the 'standards' debate in South African higher education, what I hope to have emphasised in this section are its results. Chief amongst these is that the educational environment into which a student enters training is highly contested and non-neutral, subject to multiple interpretations, and enveloped by multiple levels of interest.

3.2.2 Nolwazi Mpumlwana: An Introduction.

Nolwazi Mpumlwana was admitted to training in January 1994 on the basis of a range of alternate selection criteria drawn up by a working group of senior students and staff (Smith & Beecham, 1994). The aim of these was to challenge the national professional trend of student access being largely determined by high matriculation scores and science subjects. The purpose was to democratise student access procedures by admitting students who could communicate well in English (via text and dialogue),

creatively problem-solve, and demonstrate a basic understanding of professional activities through personal experience of people with communication disorders. The selection criteria were designed to advantage BAFL speaking students, even though the working committee were all mother-tongue English speakers. The overall aim was to achieve a first year intake representative of the demographics of the Country. As such, and of the 25 students admitted, fourteen were BAFL speakers. Nolwazi was one of only two BAFL speaking students to pass all courses and be admitted into the second year of study. Table 5, A & B, compares the 'ideal' student progression through the four year syllabus with Nolwazi's training history:

Table 5 A) and 5 B): Nolwazi's Training History: A Comparison to the Ideal

5A: The 'Ideal' Student Training History*

Year of Study:	Registered Subjects
1994	Speech Pathology I Physiology I Psychology I Phonetics & Linguistics I
1995	Speech Pathology II Psychology II Phonetics & Linguistics II Audiology I Anatomy Clinical Speech Therapy I
1996	Speech Pathology III Psychology III Audiology II Medical Pathology Clinical Speech Pathology II Clinical Audiology I
1997	Speech Pathology IV Audiology III Clinical Speech Therapy III Clinical Audiology II Research Project

* Taken from the University of Durban-Westville's Calendar for 1998

5B:Nolwazi's Training History

Year of Study	Courses Registered	Courses Re-examined via Supplementary Papers	Courses Passed	Courses De-Registered	Courses Failed
1994	Speech Pathology I Physiology Psychology I Phonetics & Linguistics	Speech Pathology I	Speech Pathology I Physiology Psychology I Phonetics & Linguistics		
1995	Speech Pathology II Psychology II Phonetics & Linguistics II Audiology I Anatomy Clinical Speech Therapy I	Speech Pathology II Anatomy	Speech Pathology II Phonetics & Linguistics II Anatomy	Audiology I Clinical Speech Therapy I	Psychology II
1996	Psychology II Audiology I Clinical Speech Therapy I	Audiology I	Psychology II Audiology I Clinical Speech Therapy I		
1997	Speech Pathology III Psychology III Audiology II Medical Pathology Clinical Speech Therapy II Clinical Audiology I	Speech Pathology III Audiology II 9	Psychology III Medical Pathology Clinical Speech Therapy II		Speech Pathology III Audiology II Clinical Audiology I
1998	Speech Pathology III Audiology II Clinical Audiology I		Speech Pathology III Audiology II Clinical Audiology I		
1999	Speech Pathology IV Audiology III Research Project Clinical Speech Therapy III Clinical Audiology II	Speech Pathology IV Audiology III Research Project		Clinical Speech Therapy III Clinical Audiology II	Speech Pathology IV Audiology III
2000	Clinical Speech Therapy III Clinical Audiology II Speech Pathology IV Audiology III		ALL		

I was part of the selection committee, and also one of her teachers in her first year of training. I left the Department at the end of 1994. On returning to visit the Department in 1998, I saw Nolwazi and expressed surprise and concern that she was still in training. We had a short conversation, and her words regarding the training process impressed me with their critical depth. An attempt to re-create the essence of this conversation occurred in one of the research interviews. It is transcribed verbatim and included as Transcript Excerpt One.

Transcript Excerpt One:

A Meaningful Conversation.

(Interview Two, 12th August 1999; text pp18-19)

N (Nolwazi): ‘...It - it did feel as if I had to come up to their standard, to, to climb the ladder and come to them, otherwise there was no way of doing well in this degree. It - it scared me. It really scared me because I didn’t know how I was going to do that. Because I always have this – this unexplained things. I always say things go deeper than that. You can’t look at the outside, because if I’m trying to change and become a professional like they - they explained it, then it meant I would have to change; and how was I going to go back and forget all the things that I knew about my, my development? I - I - I just didn’t know how I was going to. I kept thinking, “If I try to do it I’m going to make a lot of mistakes, because it’s artificial.” It was all artificial. It was really –

R (Ruth): So – did it feel to you that the task was to turn yourself into something else?

N: Yes. Exactly.

R: But that task was to turn yourself into somebody that you didn’t believe in?

N: Yes. Exactly.

R: And in that process you had to forget what you really did believe in, which was your past -?

N: - My past. My past and – ja – as far as interactions are concerned and as far as communication is concerned.

R: Okay, do you remember when we first met when I came back from Vienna and I saw you for the first time and you came into the Department and I was shocked that you were still around and you asked me that question?

N: I remember asking you a question.

R: I can’t exactly remember the words – but it shocked me at how perceptive it was – it was something about believing –

N: I said that (pause), but it was something like things were happening in the Department ... You know, you have to do things in a way, where you have to do this degree even though you don’t really... even though you don’t believe that you have to do it like this. That’s what I meant, but I don’t know what was going on in my head at that moment.’

The point being made here is that Nolwazi and I had a pre-existing relationship before participating in this research venture. Historically, and placed in the socio-political context of South Africa just prior to the first democratic election, this relationship was based on myself as a white ‘gatekeeper-teacher’ (Murray & Sondhi, 1987) and Nolwazi as a Black student. Extended to the current communicative context, I am a researcher hoping to gain a post-graduate degree, and Nolwazi is a student having experienced significant failure in achieving her under-graduate degree. The relationship rests,

therefore, on power inequities. While I may have aimed as a researcher to promote egalitarianism and reciprocity, unfounded claims of equity in the dialogic, collusional and interpretative nature of joint meaning-making in the narrative process would represent a sweeping and naïve assumption. Woven into the fabric of the research process are essentially political inequities around relationship, appropriation, exploitation and hierarchy (Wolf, 1996). The centrality of these needs confrontation and consideration. As a starting point, therefore, it is necessary to interrogate the positions of Nolwazi and myself as researcher and researched. I shall do so by using the useful framework suggested by Wolf (1996), who, and in discussing feminist dilemmas in fieldwork, outlines three levels of control whereby the researcher exerts control of the research process.

The first derives from the different positions of researcher and researched, and concerns issues such as class, race, age, language and profession. Although Wolf (1996) points out that these dimensions of power difference cannot be altered, Murray and Sondhi (1987; p17), in their discussion of socio-political influences on cross-cultural encounters, cite Simonet & Dodderidge (1984) who emphasise the importance of attempting to define “the degree of ethnicity, ethnocentricity and racism present in the individual[s]”, by determining the attitudes and motives each participant attributes to the other in any given communicative context. As a cautionary counterpoint to this position, and in some way supporting Wolf (1996), De la Rey (1997) suggests that encouraging open communication around racial differences (specifically) does not solve, or make the race issue disappear. Particularly pertinent to a research context, this is because it is still the agenda and language of the researcher that initiates and sustains the discussion itself.

Sensitive to these issues, and in light of Nolwazi and my prior relationship, I felt it necessary to frankly acknowledge the interests and intentions lying beneath our collaboration in the research process. Our relationship was discussed during the course of the research interviews. Transcript Excerpt 2 records Nolwazi’s interpretations of me as one of her teachers in first year. Transcript Excerpt 3 defines Nolwazi’s interpretation of racism and of racist acts. Transcript Excerpt 4 states her reasons for wanting to participate in this research study.

Transcript Excerpt Two:

Ruth as Nolwazi's Teacher

(Interview Two, 12th August 1999; text pp 8-9)

N: Your course – Health and Services? Oh! This WONDERFUL lady!

R: No – no. Come on, be serious –

N: No – no, I am serious, that's how I thought. You know, you and Mr. Bailey¹⁵ were the only people who sounded human to me..... What I mean by 'human', Ruth. Well, I mean talking as if – you know, interacting with people as if they were people, not necessarily because they are your students that you have to give them this knowledge, this professional knowledge, okay. Because everybody [else] was coming in and saying, "Okay – this is how we're going to do this", you know, "This, this, this, this, we have to do this, do that, blah, blah, blah, blah.." And then – Pshew! – gone. You know, there's something so harsh - so not even harsh – so removed. They didn't seem as if they wanted to connect with us in any way. They were professionals, we're students. They were not talking to us, they didn't seem to realise that we were, we were thinking people – I don't know, feeling people.But when you came in, you know you would come and actually talk to us and laugh with us. I found that very incredible. I really did. I thought it was WONDERFUL. I remember saying to myself, "If there are people like this in this Department then it's, it's not going to be so bad. Ruth is there, Mr. Bailey's there, and Mershen."But I knew for a fact that you were human (laugh). And when I wrote your test, I knew I hadn't done so incredibly well, but at the same time I knew that all I needed was a 50%. ...Everyone [else] was emphasising 'A's', all the lecturers except Mr. Bailey and you were emphasising that. Not in as many words, of course But then you would come (laugh) and say that, "You won't know everything that you need to know now, you will get it through practice. If you get 50% that's a pass." And I would agree with you SO much in my heart, and I knew that you were right. And needless to say, the white students were not impressed with that statement, they were just not. I remember when the one particular one said, "You know, after Ruth said all those things I think I can leave now, because I don't like this. She's a nice person, but no, she can't talk like this, I mean she's de-motivating us." (laugh) I remember this, even after you'd left she said, "Oh, I'm glad she left", and I said, "Are you?" I said, "I'm sad. I'm actually sad she left now because I feel she, she was fine, she was just too good." But then they didn't say it anymore because they didn't agree with me, so we left the topic.'

¹⁵ The lecturer of the Linguistics and Phonetics component of the course. Richard Bailey is not a Speech and Hearing therapist.

Transcript Excerpt 3:

Nowazi's definition of racism and racist acts
(Interview Two, 12th August 1999; text pp 20-21)

R: We've been talking in the kitchen -

(Both laugh)

N: I'm saying how people say, "Somebody's racist", you, you have this picture. You know, if somebody could say, 'racist', behind me, usually it's a picture of your white person doing something that the Black person, or the Indian person, doesn't like – whether it's really racist or not. But I find there are so many types of racism. Everybody in South Africa is a racist –

R: - Absolutely –

N: - Even me. You know, in a sense, because I tend to think of white people who are, who have everything, you know. I know better now, but okay then, it was a matter of Black - white – people have it all, Indians are (laugh) medium, and - that is racism. That is pure racism, but because I haven't said, "You honky!" or something like that, I can't be called racist.You know Ruth, when, when somebody tries to treat me too specially - because I'm Black - that's racism to me.'

Transcript Excerpt 4:

Nolwazi's reasons for participating in the research process
(Interview Two, 12th August, 1999; text pp 19-20)

R: ...I want to ask you something to get on tape now. Why are you helping me with this research? What do you hope to get out of it for yourself?

N: From this research? (pause) Nothing (laugh). Nothing in the sense of, nothing personal, okay. But I also feel that if it's being done to improve the lives of the ones that are going to come after me, then let it be done. And also because I know that you're not doing that out of wanting to spite anyone, you know, it's not a matter of, 'I want to show them', but it's a matter of, 'Things are still not right.' They need to be corrected, and I believe that – I don't have – I can't say to them unless –

R: Why can't you say it? Why can't you say it?

N: I can't say it because I'm afraid that I'll be victimised. I'm very afraid of that, because they say that you must bring everything into the open so that you are not victimised, but I know I will be, because I have been before, because of my big mouth.... [Then I] said, "To hell with all that rubbish!" Sometimes I do think that, "I wonder what are they going to do to me after this?" Okay, but then, I tell myself they'll be too embarrassed to do anything...."

The second level of interviewing control suggested by Diane Wolf (1996) concerns the power exerted by the researcher upon the research process itself. Citing and discussing Oakley's (1981) contribution to feminist research relationships, Ribbens (1989) points out that different kinds of life history or narrative accounts will be given within an interview process, dependent upon the different styles and levels of intimacy established within the research relationship. The level of intimacy is as much dictated by the presence of any existing relationship as by the style of interview (e.g. 'structured', 'unstructured', or 'in-depth'). Cannell & Khan (1968) point out that the more the researched feels imposed upon and controlled by structured requests for information, the more de-motivated she is likely to become, and the less intimate the relationship is likely to be. On the other hand, Ribbens (1989) outlines the paradox of the unstructured and in-depth interview processes, whereby the researcher, and by giving (superficial) power to the researched to control the interview by virtue of a 'speaker-centred' approach (Patai, 1988, cited by Wolf, 1996; p 25), actually gains *more* power by virtue of the level of intimate exposure that results. Letting the researcher define and discuss the topic with few or no interruptions by the researcher is, therefore, as subject to power inequity as too much structure. One way of ethically strategising around this dilemma is suggested by Oakley (1981). By ensuring reciprocity, or 'deploying the self' (King, 1998; p179) in an exchange relationship, the interview process can move from the position of 'interviewer as stranger', through 'knowledgeable stranger', to 'interviewer as friend.'

Because of my sensitivity to issues of reciprocity, equity and exploitation within the research process, interwoven with our differing social characteristics of class, race and age, I felt it necessary to devise strategies to acknowledge – at least – their presence in the research process. While doing so, however, I was sharply aware that there was actually nothing that I could do to alter the different positions of Nolwazi and myself, or the basic asymmetry of the research relationship.

Specific strategies concerned Nolwazi dictating the physical environment in which the interviewing process occurred. Thus the interviews took place in her home, and at times convenient to herself. In addition to gaining her opinion upon our social differences (Transcripts One – Four), and before starting the interview process, I explained my

uneasiness about the power inequity inherent in an interviewing situation. In a frank manner, I explained that I needed her to expose herself so that I could achieve a post-graduate degree, and that the process was in no way reciprocal. Instead of answering directly, she reminded me of the topics I had taught her in the 'Health and Services' course in 1994. She pointed out that at that time I had made my position unambiguous with regard to the racial/linguistic composition of the profession, and that she had clearly understood my position with regard to the curriculum. This understanding underpinned the intuitive trust she had felt for me as her teacher; and this trust had extended to my current role as researcher. Nolwazi, therefore, thanked me for my honesty in admitting that I would be benefiting from her speaking about her life, but she said she would also be benefiting. She felt that by 'speaking out' she would be able to make sense of some of the emotional pain she experienced from constant failure in the Department. In addition, she was strongly motivated by the thought of her story somehow benefiting both BAFL speaking students who had failed the course, and those that would be recruited into the programme in future years.

At this time I also explained how the interview process would unfold, discussed with her issues of confidentiality, and why I would be using a combination of unstructured and structured approaches (these are more comprehensively discussed in 3.3.2.1). Nolwazi said that she trusted me to do 'whatever was necessary' in terms of methodology, and that she understood that many different techniques might be necessary. She expressed her commitment to try as hard as she could to help me, in order for her story to help others.

As a consequence of committing herself to a high degree of disclosure, during the interview process Nolwazi experienced pain over recalling and speaking about many distressing events in her life. Coincidentally, several of these events resonated very closely with my own life experiences. Rather than interrupt the flow of her narrative, at the time I attempted only to affirm her self-worth. Subsequent to the tape recorder being switched off, however, and after each interview, we spent time engaging in informal 'de-briefing' sessions. In addition to encouraging Nolwazi to reflect on her feelings, I also offered my personal experiences and learning from relevant childhood events for open discussion.

Oakley (1981) suggests that the development of a reciprocal researcher/researched relationship proceeds through three levels:

- a) The mutual exchange of personal information.
- b) The taking of similar risks of self-disclosure.
- c) The development of a long-term friendship

In the case of this research process, however, both Nolwazi and myself acknowledge that the crucial factor was her prior knowledge of my position regarding the curriculum of Speech and Hearing Therapy. Without her constructing me as positioned 'outside' the dominant professional discourse, neither of us believe that we would have achieved the level of disclosure, or the level of friendship, we now enjoy. In terms of this research process, therefore, the development of a reciprocal researcher/researched relationship proceeded through four levels:

- a) Trust as to each holding a similar ideological framework as regards the object of research.
- b) The mutual exchange of personal information.
- c) The taking of similar risks of self-disclosure.
- d) The development of a long-term friendship.

Wolf's (1996) third level of researcher control over the research process concerns the opportunities for the researcher to exert power post-fieldwork. By this she means those processes concerned with writing and representing the data gathered from the fieldwork process, referring specifically to the maintenance of control over the research agenda, the analysis of results, and of knowledge creation. Further on in this Chapter (3.4.1), I discuss the full editorial control Nolwazi had over the representational narratives. She was also aware that during the writing of the thesis she was welcome to read, discuss and critique the work itself. She chose, rather, to wait for a completed copy of the thesis to be given to her.

An obvious structural inequality in the post-fieldwork research process concerns the power that accrues to the author of any published work that derives from it. Although possibly more appropriately discussed later in this Chapter (3.3.1.2), part of my

motivation to promote Nolwazi's authorship of one part of her story (Mpumlwana and Beecham, 2000) derived from attempting publication equity.

In addition to Wolf's (1996) citing the writing and representational aspects of post-fieldwork research power I would like to add the crucial issue of support. Earlier, I mentioned that I was sharply aware that, at root, the essential asymmetry of the research relationship could not be altered. At that time, however, I felt that a number of support processes could be introduced. In response to her perception of vulnerability in the Department, I attempted to ensure that even if Nolwazi's position could not be improved, it would not deteriorate as a result of her participation in the research process. The specific strategies are more fully discussed in 3.3.1.2.

For myself, and largely as a result of the conversation we had in 1998, Nolwazi served as a significant motivator to engage in a narrative research project. Her participation, therefore, represents an instance of 'purposive sampling', (Cohen & Manion, 1994), where I specifically invited Nolwazi to share her experiences of training, based on my perception of her reflective insight into her position as a failing BAFL speaking student. In other words, I intuited that Nolwazi would offer critically perceptive interpretations of both professional discourse and her status as a South African, mother-tongue Xhosa speaking woman failing to negotiate this discourse.

Table 6 details significant events of Nolwazi's life-history. As the facts of this history reflect, her experiences prior to entering training at the age of twenty-four represent a rich tapestry of life-changing events. As has been stressed in 3.1.2, the inter-weaving of the past in constructing narrative interpretations of the present is the central strength of a life-history approach when used as a research tool in educational contexts.

Table 6 – Nolwazi’s Life-Time: Chronology of Learning from Change

Year	Place	Key Memories		Core Learning
		Home	Education	
1970-76	Urban: Randfontein/ Orkney (Gauteng)	Of Father: Physical and emotional abuse; financial instability Of Mother: Care, financial security, love		Powerful Man: Abuse and gained materially through silencing wife and children Powerless Woman: The caring abused who loses both voice and material possessions
Reason for Change in Environment: Mother’s protection of children				
1977	Rural: Mtshezi (Transkei)	Of Mother’s aunt’s family: Physical, sexual, emotional abuse, and material deprivation Of Brother: Care, love and attempts to protect.	Sub-A: Of teacher: Physical abuse	Powerful Men and Women: Abuse and gain materially through silencing children. Powerless Man: The caring co-abused who is unable to protect. Powerful Teachers: Abuse and silence the pupils.
Reason for Change in Environment: Mother finding financial security and able to re-unite the family				
1978	Urban: Umtata (Transkei)	Of Family re-united: Warmth, stability, love.	Sub-B: Excelling, encouraging teacher	Equal power lies within love and care. Optimal learning lies in open communication of care.
Reason for Change in Environment: Mother struggling financially and also having met step-father				
1979	Rural: Rainy (Transkei)	Emotional abuse due to care-giver’s substance abuse	Standard 1: Respected by teachers and doing well	Powerful Woman: Power exerted in unpredictable and manipulative bursts. Educational success results in control of environment.
Reason for Change in Environment: Mother married step-father and family re-united				
1980-83	Semi-Rural: Zimbane (outside Umtata, Transkei)	Intense period of adjustment to new family dynamics	Standard 2-5: Doing well and respected by teachers. (Std. 3: best teacher in life. Subject: English)	Powerful Man: Able to alter and control destiny of mother and step-children. Educational success results in control of environment. (Ideal teacher has qualities of her mother; warm, gentle care and encouragement)
Reason for Change in environment: Relationships with step-father deteriorating. Fear of physical abuse being directed at her mother. Nolwazi asked to go to school in Umtata.				

Table 6 – Nolwazi’s Life-Time: Chronology of Learning from Change

Year	Place	Key Memories		Core Learning
		Home	Education	
1984-85	Urban: Umtata (Transkei)	Tense relationship with Aunt with whom she lodged.	Standard 6-7: Doing very well and respected, in spite of problems with History	Powerful Woman: Power exerted through overtly biased communication and behaviour. Educational success results in control of environment.
Reason for Change in Environment: Mother’s aspirations for good high school placement for Nolwazi: Mariazell Catholic boarding school.				
1986-88	Rural: (Transkei)	Separated from family whilst step-father’s ill-treatment of mother and children escalated	Experiences of first educative failure in Std 8 that continued to Matric. Sup. in Matric	Powerless to protect Mother from suspected abuse of step-father. Powerless to overcome injustice of education system. Powerless to control the environment through educational success. Belief in the ‘loss’ of intelligence.
Reason for Change in Environment: School-leaving post-Matric. Due to supplementary exam, missed University of Transkei intake. Mother had left step-father at end 1988.				
1989	Semi-Rural: Zimbane (Outside Umtata, Transkei)	Living at home with mother and children.		Regaining confidence through quiet care and warmth of family life
1990	Urban: University of the Transkei, Umtata. (Medical School)		Failure re-inforced loss of intelligence. Powerless to fulfil life dream of becoming a doctor.	
Reason for Change in Environment: Failure of University courses and inability to re-structure curriculum to study B.Sc.				

Table 6 – Nolwazi’s Life-Time: Chronology of Learning from Change

Year	Place	Key Memories		Core Learning
		Home	Education	
1991-3	Semi-Rural: Zimbane (Outside Umtata, Transkei	Warmth, care and encouragement of mother and siblings. Work Experience: "Steers" (waitress) for 6 months. Sales Asst at florist for 2.5 years. Mother's death, June 1993	Applies for Physiotherapy in 1992. Access denied. Applies for Speech and Hearing Therapy in 1993. Accepted in 1994	A gradual recovery of self-esteem. Slowly developing perception of intelligence and belief in intellectual ability. Need to achieve professional qualification in order to help people and to provide financial security for mother and siblings. Reinforces perceptions of failure. Belief in ability to bear great sorrow with strength and fortitude. Belief in success
1994 - present	University of Durban Westville		Registered for the non-elective, four year Honours equivalent professional degree of Speech and Hearing Therapy.	See Table 5 for 'Training History'.

In order to tap the depth and range of Nolwazi’s ‘ways of knowing’ her training experience, a variety of data collection techniques were used. The following section describes them, motivating for each to contribute to some measure of research validity, while also serving to create a jointly crafted synthesis of narrative between us.

3.3 Methods of Data Collection: The Polar Force of the Magnet.

'...The magnetic ability of materials differ in relation to the ease with which their atoms can be lined up...'

(www.technicoil.com/magnetism.html)

Section Overview

Plummer (1983), cited by Cohen & Manion, (1994), identifies five broad research processes for conducting life-history research in educational contexts. The first of these, that of identifying the problem to be addressed, has been discussed at length in Chapters One and Two of this study. The second, that of selecting an appropriate informant who demonstrates both an awareness of the issues and a willingness to engage with the researcher, has been covered in 3.2.2 above. Several issues raised by the third research process, that of determining the intentions and motivations of both researcher and participant as regards the nature and uses of the research, have been clarified in Transcript Excerpts 2 and 4. This current section does, however, expand upon this point, particularly as concerns confidentiality and collaboration. In the main, however, the following discussion focuses on the fourth research process, that of describing the range of data collection techniques. Thereafter, 3.4 completes Plummer's research process recommendations by describing the methods of data analysis that seek to provide representativeness, reliability and validity.

3.3.1 The Nature of the Data

The data of this study rests on (primarily) written and spoken dialogue between Nolwazi and myself. The dialogue is conducted in English, because I am unable to speak Nolwazi's mother-tongue of Xhosa.

Chapter Two (2.2 and 2.3) suggested the inadequacy of language as a medium to construct joint meaning, and equally pointed out the inherent discourse constraints within the English symbol system. In 3.2.1 - and even in the context of a common first language - problems were experienced in claiming a link between words and thinking. There is no doubt, therefore, that data collection and analysis procedures need to be sensitive to the nature of the problems raised by language itself.

This point is expanded in 3.4, particularly in relation to the procedures of language analysis used in this study. At this stage, however, what needs to be highlighted is that in developing the data collection methods to be discussed in this section, I was aware of additional constraints imposed by the cross-linguistic nature of the research process. In

other words, I was concerned about the influence of performative (*parole*) aspects of our communication and the difficulties these may impose on joint meaning-making.

In addition, and as has been highlighted in Chapter Two (2.3) and in 3.1, the heart of establishing joint meaning-making in the narrative research process lies within a trusting communicative relationship between researcher and participant. Before describing the data collection process, therefore, and as supplementary points to those described in 3.2.2 and Transcript Excerpts 2 and 4, the important processes of confidentiality and collaboration need elaboration because of their role in enhancing and preserving our relationship.

3.3.1.1 Confidentiality

As can be seen from Table 6, Nolwazi's biography relates many life-changing events. Several of these have included abuse of herself and others in her family. During the interview process, Nolwazi preceded four narratives by asking for confidentiality to be respected. The incidents were related to me in the context of an increasingly trustful relationship, and in order to demonstrate on what basis her insight into human relationships has developed over the years. In respecting this confidentiality, these narratives do not appear in the verbatim transcriptions of the research interviews.

3.3.1.2 Collaboration

The Department of Speech and Hearing therapy at UDW was fully informed of Nolwazi's participation in this research venture. Early in the interview process, however, I became aware of Nolwazi's perceptions of personal risk by so doing.¹⁶ Equally, it became clear that the depth of her alienation from the training programme had resulted in a loss of confidence as a therapist.¹⁷ In combination, these factors made me consider my collaborative responsibilities, and resulted in several courses of action:

- a) The first was to add my motivation - to that of others - for Michael Samuel, my research supervisor, to make a presentation around the uses

¹⁶ Refer to Transcript Excerpt 4.

¹⁷ By this is meant Nolwazi's perception of inability to apply *professional knowledge* in a caring, responsible, respectful (Fromm, 1956) manner to people with communication disorders.

of narrative and life-history research to the Departmental staff. This was in order to conscientise Nolwazi's teachers to the value of the research approach in contexts of educational change, and hopefully to legitimise Nolwazi's involvement in this research endeavour. The presentation occurred in September, 1999.

- b) The second was concern regarding Nolwazi's poor sense of self-worth as a thinker and knower. Deeply impressed with her critical analysis of the professional curriculum, (Research Interview Three), I submitted the co-authored narrative result of this interview (Refer to Chapter 4.2.3 'The Monster') to an academic journal (Mpumlwana & Beecham, 2000). In addition to increasing her own self-worth if publication should occur, I also hoped to facilitate doubt in teachers' minds as to Nolwazi's status as a failing student.
- c) The third arose from my sense of sadness that Nolwazi's interpretations of her experiences of the training programme were progressively leading her to a loss of vocation to be a therapist. Mr. and Mrs van Dokkum, the parents of Ian, a child with a severe autistic syndrome, kindly agreed to Nolwazi and I working with him. The aim was to prove to Nolwazi that her therapeutic abilities were real and needed, and that the range and extent of her implicit knowing could make a significant and immediate difference to a child's communication. This occurred in a two hour encounter which was video-taped in September 1999.

As referred to here, the topic of collaboration has been specifically directed at the relationship dimension of our interaction. 3.4 extends the topic to the collaborative nature of the data analysis process. Before doing so, the following section describes the methods of data collection.

3.3.2 Data Collection Methods

There is no one-to-one correspondence between the way people interpret their life-history experience and map it onto current experience (Cortazzi, 1993). To access the complexity of thought inter-relationships involves using a range of strategies in order to tap different 'ways of knowing' past life experiences as they interact with the current situation. It is for this reason that life-history research needs a variety of data collection methods (Samuel, 1998). In this study, three groups of collection method were used, each concerned with a different modality of communicative expression:

3.3.2.1 The Oral Mode

A) Interviewing

In addition to the interviews with Nolwazi described below, interviews were conducted with the following:

- Four teacher-professionals from the SHT training Department at UDW. The process of data collection, analysis and complexities around representation have already been discussed in section 3.2.1.1
- Noshene Shaik, a SHT in private practice. The language data from the audio-recorded one and a half hour interview on the 'process and procedures of speech-language therapy' was formulated by myself into a narrative and sent to Noshene for her editorial input. The final version has been presented in Chapter Two as Narrative Three.

The four research interviews with Nolwazi, each ranging between two and three and a half hours in length, were openly audio-recorded and transcribed verbatim to provide the raw data for analysis. All interviewing occurred in Nolwazi's apartment, at times convenient to herself, during the month of August 1999. The first three interviews followed a sequence comprising:

Interview One: Narration of life-history prior to training.

Interview Two: Experiences of the training programme.

Interview Three: The inter-relationship between life-history and training experiences (Nolwazi's interpretative synthesis of **Interviews One** and **Two**)

Interviews One and Three were unstructured, and proceeded from a broad definition of the topic of inquiry as stated above. **Interview Two**, and because of the complexity of Nolwazi's training history, followed a semi-structured interview approach.¹⁸

In sum, this sequence of interviews aimed to access 'Inertial and Programmatic'¹⁹ forces as categories impacting upon Nolwazi's 'ways of knowing' her training experience (adapted from Samuel, 1998; p571, with the author's permission). Although, and as he points out, this is not an exhaustive categorisation of influences, it does "foreground the 'messiness' of the process of influence on student[s]... developing identities".

Table 7: Inertial and Programmatic Forces Impacting on 'Ways of Knowing' the Training Experience (Adapted from Samuel, 1998).

<p>Inertial forces:</p> <ol style="list-style-type: none"> 1. A student's past personal biographical experiences of learning and teaching ('Biographical Forces'). 2. A student's personal religious/ ideological/ cultural philosophy of teaching and learning ('Cultural Forces'). 3. A student's gender identity and projection of that identity ('Gender Forces'). 4. A student's racial identity and the projection of that identity in relation to other/same race group/s ('Racial Forces'). 5. A student's class identity and projection of that identity ('Class Forces') 6. A student's language status, i.e. as a first or second language English speaker ('Linguistic Forces') <p style="text-align: center;">Programmatic Forces:</p> <ol style="list-style-type: none"> 7. The forces exerted from within the training programme in terms of propositional knowledge that is presented ('Propositional Forces'). 8. The forces exerted via the teacher's biography on the student's identity (Educator Forces') 9. The forces of other student's biographies on the student ('Collegial Forces') 10. The forces exerted on the student from experiences during the training process ('Experiential Forces')
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¹⁸ Refer to Appendix 3; 'Interview Two: Schedule of Questions'

¹⁹ Refer to Table 7, a truncated adaptation of Samuel's (1998) categorisation. In full, this has been formalised into his 'Force Field Model of Teacher Development'.

Interview Four probed deeper into three areas that had emerged as issues of significance in the preceding interviews, namely:

- a) Nolwazi's life-history experience of racism, and its influence in her interpretations of the training programme.
- b) Nolwazi's life-history experience of English language learning, and its influence on her interpretations of the training programme.
- c) Nolwazi's life-history experience and understanding of herself as a learner and creator of knowledge, and its influence in her production of undergraduate research as part of the professional training programme.

In addition, **Interview Four** included an oral analysis of a narrative text. This is discussed below.

B) Oral Analysis of a Narrative Text.

As part of Interview Four, a text was given to Nolwazi to read with my question, "When you've finished reading, and when you're ready, won't you tell me what you think about it?"

The text used was adapted from Samuel's (1998) study into how student teachers experience the learning and teaching of English. It is a co-authored narrative between a BAFL speaking student teacher (Emmanuel) and the researcher, a mother-tongue English speaker.²⁰ This oral analysis task was included because it offered two key opportunities to ensure research validity through triangulation.

The first opportunity arose as a result of my awareness of the cross-linguistic nature of our dialogue. As the co-authoring of narratives was to be an important part of the data analysis process, I was concerned that the co-construction of narratives across different symbol systems may represent a submerging of the 'voice' of a student to the 'voice' of the researcher. In other words, I was interested in determining whether a writer-researcher, by virtue of mother-tongue competence and performance in English, would serve to 'drown' the non-mother tongue English student voice. I wished, therefore, to discover whose voice Nolwazi responded to in her oral analysis of the text.

²⁰ The text is presented as Appendix 4.

The second opportunity to ensure validity concerned the content of this particular text. It appeared to represent a point of view having significant, yet subtle, differences to that which I was understanding from Nolwazi in the prior interviews. The oral text-analysis was used, therefore, as a strategy to confirm my interpretations of her 'ways of knowing' the inter-relationship of race, teaching and learning in the South African context.

The following section extends the discussion of the research methods contributing to our joint meaning-making by describing those used in the written mode.

3.3.2.2 The Written Mode

A) Reflective Journal

Nolwazi kept a reflective research journal from the first week of August until the end of October 1999.²¹ Keeping a journal is a way of resymbolising experience, and of imposing form upon it (Grumet, 1991). The form being narrative, telling one's own story creates order out of experiences that could otherwise seem chaotic. In addition, the act of composing the narrative allows the writer to privately examine the relationships between herself and others, allowing insight, growth, and personal development (Cooper, 1991).

When the writing of a journal is part of a participative research process, however, the private world of self-discovery through narrative is expanded to include the researcher as audience. Nolwazi's experiences of her training were narrated to me through her interpretative framework. The importance of this is that the dialogic emphasis was shifted, from the 'researcher as questioner' in the interview process, to 'the researcher as receiver' in the written mode. The choices Nolwazi made as to content, expression, and style thus placed her narratives in the centre of a relationship triad, with the training programme on one side, and myself on the other. The choices made about the stories for inclusion additionally served a defining or focussing role, signalling to me her experiential and interpretative pre-occupations regarding the relationship between herself and her training.

B) Creative Writing

Although unsolicited as part of the research process, Nolwazi used the medium of poetry as the summative and final entry in her reflective journal. The poem, '**We could have been Friends**', provides the conclusion for Chapter Four.

C) Personal Reflection on the Research Process

At the beginning of 2001, after Nolwazi had finally passed her degree, I asked her to reflect upon her participation in the research process; what – if anything – it had meant to her; and what – if anything – had changed in her thinking since 1999. Her written transcript is produced in 6.3, and included as the final words of this study.

3.3.2.3 The Visual Mode

The production of visual material in the form of collages or drawings was seen as an additional and important data collection method. By creating meaning independent of the English symbol system, even though their explication would still depend on English performance, the use of the two modes in tandem was felt important in triangulating the data, and also in contributing to a deeper understanding of Nolwazi's interpretations of her learning experiences.

3.3.3 Summary of Data Collection Methods.

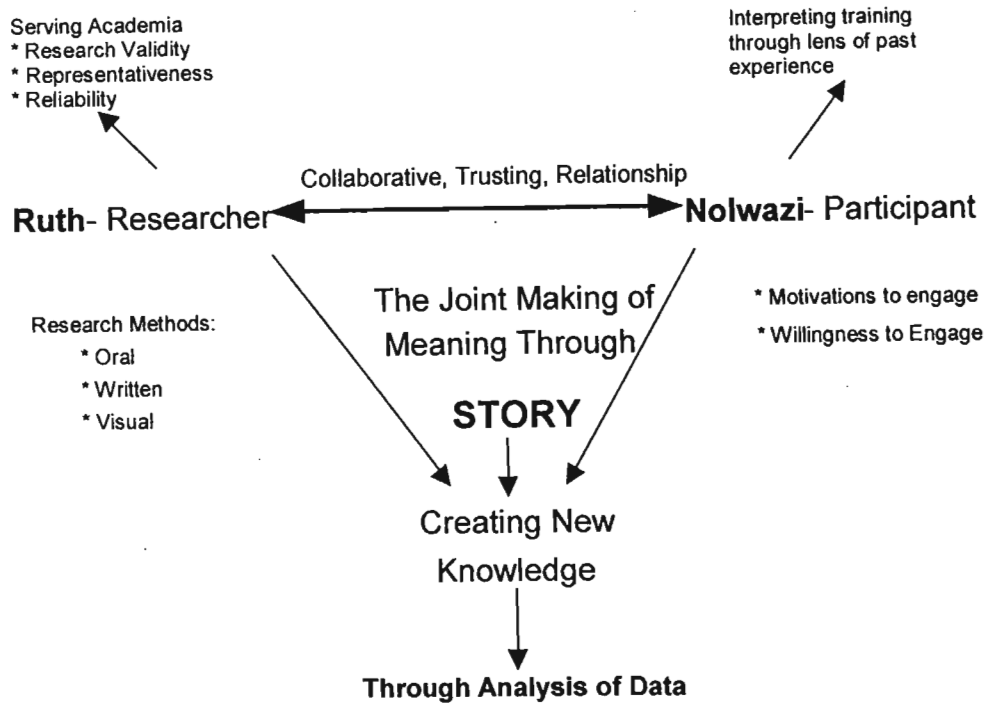
The strategies outlined in this section were chosen in order to allow me maximal opportunity to become immersed in how Nolwazi experiences her training programme: in essence, to become immersed in how she *thinks* about it. Such a process can be conceptualised of as detailed involvement in the relationships of the unfolding narrative. **Figure 4** may be relevant in summarising my understanding of the relationships accounted for in the data collection methods, and equally provide an introduction to 3.4, where I describe the methods of analysis used to create new knowledge from the data itself.

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²¹ Appendix 5 is the written text that accompanied the journal. As journal-writing was an unfamiliar research data collection method to Nolwazi, these comments were supplemented with discussion.

Figure 4: The Narrative Relationships



3.4 Data Analysis: The Force of a Magnetic Story.

A recurring criticism of life-history research is that it atypical (Cohen & Manion, 1994). In other words, that the knowledge created from such an approach is not representative of the educational issues themselves, but rather presents a biased collusion between researcher and participant, representing their interests and worldview.

It is for this reason that this study has attempted to access multiple voices. Apart from the theoretical and academic voice represented by the argument of Chapters Two and Three, and my narrative voice represented by Narratives One, Two, and Four; Narrative Three represents the voice of a therapist in practice. It is precisely this multi-voice that contributes to representativeness. This contribution, however, accepts that representativeness itself constitutes no more than *versions* of the issues themselves.

In ensuring some measure of validity within this representativeness, however, section 3.3 has detailed the range of research strategies used in the study, and the attempts at

triangulation that were part of their development and use. In analysing the data, further attempts were made to ensure reliability and consistency.

Freeman (1996) makes an important distinction between representational and presentational analysis of language data in educational narrative research. In brief, he suggests that language taken as *representing* how people think, should be complemented by an analysis of how this language is *presented*. In other words, he argues for a deeper understanding of the relationship between language and thinking by adding the ‘how’ of language use (presentational analysis), to the ‘what is said’ (representational) dimension. In essence, and because of the inadequacies of language itself to ensure common meaning between narrator and audience, his argument is for an increasing rigour of narrative as research. By fusing the two approaches to the language data, some reduction of charges of biased collusion between researcher and participant can be hoped for.

To ensure maximal validity, therefore, the analysis of the language data in this study attempts this synthesis of representational and presentational approaches. The specific methods are detailed below.

3.4.1 Representational Analysis

A representational analysis of narrative research in educational settings adopts an iterative, symbiotic and collusional process to the analysis of language data (Freeman, 1996). The researcher attempts to position herself as an ‘insider’ to the thinking of the participant, by a constant back and forth engagement with the research context, the data, and the source of the data herself (Samuel, 1998). The analysis, therefore, unfolds as a result of intense collaboration, where image and metaphor are intended to integrate the participant’s life-history and training experience into a jointly interpreted whole (Connelly & Clandinin, 1990). This means – and as opposed to the empirical-analytical tradition – that there are no a priori categories for data analysis. In other words, the data analysis methods are not developed prior to the data collection itself (Miles & Huberman, 1994). Rather, the categories for analysis are grounded within the analysis process, and emerge from within it with very little prior expectation of what these will be (Strauss, 1987).

As a consequence of this, an important distinction needs to be made here with regard to how I *aimed* to analyse the data, and how the analysis process actually unfolded.

The twin *aims*, and based upon the raw language data from sources discussed in 3.4, were:

- To co-construct three narratives regarding the learning experiences of Nolwazi (Representational findings). From these narratives, I intended to extract a set of recurring themes and constructs that would inform the discussion of Chapter Five.
- To support the Representational findings, I planned to engage in a critical discourse analysis of the verbatim language data (Presentational analysis), intended to enrich the discussion in Chapter Five.

The data analysis process unfolded differently, however, due to the influence of the data itself.

The raw data from Interview Three (Nolwazi's interpretative synthesis of her life-history experiences and those of the training programme) offered a highly sophisticated analysis of a 'non-caring' curriculum *as a result of* the western thinking at the heart of its knowledge creation and transmission processes. To ensure that I had understood her analysis correctly, I composed the narrative '**The Monster**' (4.2.3) (Mpumlwana & Beecham; 2000). After her editorial changes had been made, the pressing research question became, 'How has Nolwazi come to *think* like this?' The answer, clearly, lay within her life experience.

The first step in exploring this question resulted in the compilation of Table 6: Nolwazi's Life-Time: Chronology of Learning from Change (3.2.2). The core learning (as interpreted from the verbatim data) pointed to a clear division of attributing 'care' and 'non-care' to a variety of life-changing events.

In attempting to access how these life history experiences related to her emphasis on a fundamentally non-caring curriculum, and her sophisticated analysis of the origins of this lack of care, I was interested in *how* the language data reflected patterns of

expression and relationship. These patterns were at one and the same time reflections of Nolwazi's current interpretation of the *past* events, expressed in a *present* dialogue to me, while anticipating *future* use in the form of this research study. In understanding her emphasis on care as a central issue impacting on her interpretations of her training, it seemed vital to "lay out in a passage of language data how thinking and reasoning is working" by studying the language data in relation to itself (Freeman, 1996; p751). I therefore focused the critical discourse analysis process (Presentational analysis) *only* upon events of 'care' and 'non-care' she had spoken of in Interview One (life-history narration).

The themes revealed by the discourse analysis (Presentational analysis) were formalised into a model represented by Figure 7: Nolwazi's 'Way of Learning to Think about Care' (Chapter Four 4.1.3).

It was upon the basis of this model that I then proceeded to compose the first two narratives in the sequence of three that *conclude* with '**The Monster**'. These are '**Learning to Care**' (concerning key life-history learning experiences) and '**Learning Alone**' (concerning learning experiences during training).

To summarise the Data Analysis sequence, therefore:

- a) Co-construction of representational narrative, '**The Monster**'
- b) Compilation of Table 6
- c) Presentational (critical discourse) analysis of key life-history events of 'care' and 'non-care'
- d) Formulation of Figure 7
- e) Co-construction of representational narratives '**Learning to Care**' and '**Learning Alone**'

It is on the basis of the themes emerging from this sequence that the discussion in Chapter Five rests. In addition, and as a consequence of the congruence between these themes and the discussions of Chapter Two that resulted in the model of professional development presented there (2.1.6), Chapter Five offers an alternate construction of professional development, 'Connecting with Care: A Process Model of Development for a Therapeutic Discipline.'

As a final point before proceeding to further comments regarding the presentational analysis, and relating to the validity of the representational narrative compositions, Nolwazi had full content and editorial control. In responding to an editor of the *International Journal of Teaching in Higher Education*, and his desire to ascertain her authorship of **'The Monster of Professional Power'** (Mpumlwana & Beecham, 2000), she states, "...this is as much my own story as my brain is mine". Further on, and in response to his query regarding her editorial input, she asserts that "I really do not wish to make any further changes as I feel the ones I made before you saw the document were sufficient. Whatever you have read is a true reflection of what I think and feel about the 'Profession'." (Letter to the Editor, November, 1999).

3.4.2 Presentational Analysis

As discussed above, the composition of the first two narratives in the sequence of three to be presented in Chapter Four was based upon the way language was used in the verbatim transcripts, and how the choices of words stood in relation to each other in the telling of several highly charged events.

The origins of structural linguistics have been discussed in 2.1.2.2. Although historically located within the empirical-analytical tradition, and thus representing a fundamental paradigmatic difference to the hermeneutic tradition on which the representational approach rests, its methods have relevance to narrative research in educational contexts (Freeman, 1996). Particularly pertinent for the topic of this study are the methods of discourse analysis suggested by Fairclough (1989), and his emphasis on the critically interpretative stance of the researcher:

Table 8: Ten Questions to Guide Critical Discourse Analysis
(From Fairclough, 1989)

Vocabulary	<ol style="list-style-type: none"> 1. What <i>experiential</i> values do words have? <ul style="list-style-type: none"> • What classification schemes are drawn upon? • Are there words which are ideologically contested? • Is there <i>rewording</i> or <i>overwording</i>? • What ideologically significant meaning relations (<i>synonymy</i>, <i>hyponymy</i>, <i>antonymy</i>) are there between words? 2. What <i>relational</i> values do words have? <ul style="list-style-type: none"> • Are there euphemistic expressions? • Are there markedly formal or informal words? 3. What <i>expressive</i> values do words have? 4. What metaphors are used?
Grammar	<ol style="list-style-type: none"> 5. What experiential values do grammatical features have? <ul style="list-style-type: none"> What types of <i>process</i> and <i>participant</i> predominate? Is agency unclear? Are processes what they seem? Are <i>nominalizations</i> used? Are sentences active or passive? Are sentences positive or negative? 6. What relational values do grammatical features have? <ul style="list-style-type: none"> What <i>modes</i> (<i>declarative</i>, <i>grammatical question</i>, <i>imperative</i>) are used? Are there important features of <i>relational modality</i>? Are the pronouns <i>we</i> and <i>you</i> used, and if so, how? 7. What expressive values do grammatical features have? <ul style="list-style-type: none"> Are there important features of <i>expressive modality</i>? 8. How are (simple) sentences linked together? <ul style="list-style-type: none"> What logical connectors are used? Are complex sentences characterized by <i>coordination</i> or <i>subordination</i>?
Textual Structures	<ol style="list-style-type: none"> 9. What interactional conventions are used? <ul style="list-style-type: none"> Are there other ways in which one participant controls the turns of others? 10. What larger-scale structures does the text have?

The presentational analysis of key learning events in of Nolwazi’s life-history prior to training was based upon the critical discourse analysis techniques outlined by Fairclough (1989) and which are included as Table 8. Perhaps the validity of the resultant analysis, and its formulation into Figure 7: Nolwazi’s ‘Way of Learning to Think about Care’ (Chapter Four 4.1.3) can be best determined by its use. As the framework for the composition of the first story in the representational sequence, ‘Learning to Care’, Nolwazi asserts that the pattern of thinking revealed in it reflects an unconscious, previously non-verbalisable, expression of her reality. After reading it,

her sense of ‘self-knowing’ the truth of the pattern itself resulted in her having to “lie in the bath and cry for three hours” (Mpumlwana, Personal Communication, 1999).

Chapter Summary

This Chapter has attempted to methodologically support the argument presented in Chapter Two: That a re-problematisation of the nature of the profession’s model of professional development can occur by both shifting the paradigm of research inquiry, and by introducing the BAFL speaking student voice to the debate itself. Although frankly acknowledging that the research methods and procedures used in this study provide *one version* of this debate, significant efforts have been made to ensure some semblance of research validity, representativeness and reliability in its presentation.

Chapter Four presents the two levels of data analysis outlined in 3.4. In terms of ease of reading, I have chosen to present the critical discourse analysis (Presentational Level) first. This section, culminating in Figure 7: Nolwazi’s ‘Way of Learning to Think about Care’ (4.1.3), provides for a coherent transition into the chronologically sequenced narratives (Representational Level) of ‘**Learning to Care**’, ‘**Learning Alone**’ and ‘**The Monster**’. Subsequent to each of these narratives, a synthesis of emerging issues provides the basis for Chapter Five’s discussion.



*Chapter
Four: The
Magnetic Lines
Of Story Force*

Chapter Four: The Magnetic Lines of Story-Force

'...Magnet lines of force are a way of representing a magnetic field. They form complete loops. They never cross...'

(www.technicoil.com/magnetism.html)

Chapter Overview

To re-state the broad purpose of this Chapter: It aims to reveal a recurring set of themes that provide a response to the question: 'How does a BAFL speaking student, experiencing significant difficulty in negotiating the curriculum, interpret her teaching and learning experiences?'

It is the aim of Chapter Five to discursively expand upon these recurring constructs as a contribution to the professional curriculum debate.

As preparation for this discussion, therefore, the analysis that follows is divided into two:

4.1 Presentational Level (critical discourse analysis): *How* the data reveals meaning; i.e. how particular forms of language are chosen to communicate thought (Samuel, 1998).

4.2 Representational Level (co-authored narrative compositions): *What* the data means.

Because of the complexity of Nolwazi's life-history, and as an aid to the reader in chronologically locating the events sub-serving both levels of presentation, referral is made to Table 6, 'Nolwazi's Life-Time: Chronology of Learning from Change.' This chronology, and as mentioned in 3.4.1, additionally serves as a summative guide to the influence of care, voice and power on Nolwazi's early learning – issues that recur throughout this Chapter.

4.1 Presentational Analysis.

Section Overview

As mentioned in 3.4.2, the aim of the presentational analysis was to reveal a *pattern* of relationship in the language data that could account for Nolwazi's emphasis on 'care' and her perception of its lack in her professional training experiences.

The origins of her emphasis on 'care' are to be found in the narratives of life-history Interview One describing:

4.1.1 Early learning of care from her mother and;

4.1.2 Early childhood events of non-care.

The task of the presentational analysis is, therefore, to reveal how the language data itself suggests a *pattern of thinking* about care. Using Fairclough's (1989) guide to critical discourse analysis (Table 8) on a variety of text excerpts, it became possible to formulate the model presented in Figure 7: Nolwazi's 'Way of Learning to Think about Care' (4.1.3).

The discussion here, therefore, describes this analysis. Divided into three parts, the first two (4.1.1 and 4.1.2) use verbatim text excerpts as the basis for identifying this pattern. The third, 4.1.3, is a schematic attempt to synthesise the elements of both discussions into Figure 7: Nolwazi's 'Way of Learning to Think about Care'. As already stated in 3.4.1, this model provided the conceptual framework from which to compose the first two representational narratives 'Learning to Care' and 'Learning Alone'. The presentation of Figure 7, therefore, forms a logical introduction to the second part of this Chapter, and its presentation of the three co-authored narrative texts.

4.1.1 The Caring Context of Childhood.

4.1.1.1 Overview of Analysis Presentation

The earliest, and consistent, use of the term 'care' occurs when Nolwazi speaks of her mother. On each page of the verbatim transcript of the life-history Interview One there are, upon average, six references to Nolwazi's mother, one of the first Black physiotherapists trained in South Africa. These references are either explicit, i.e. 'my mum' or 'mother', or indicated by personal pronoun use. Interwoven therefore, into the fabric of Nolwazi's life-story are interpretations she has made regarding the story of her mother.

In order to understand the influence of these interpretations, a selection of short excerpts have been chosen for presentational analysis and are displayed in Figure 4. The basis upon which they have been selected is that they highlight trends in Nolwazi's language use when speaking of her mother.

In terms of presentation, the sequencing of the excerpts attempts a crude tracing of her mother's life story. In addition, the excerpts are page referenced from the original transcript, and line referenced for the discussion that follows in 4.1.1.2. Acknowledging

the necessity for brevity in terms of this analysis, the excerpts have been presented orthographically. While accepting that much of the linguistic depth is therefore lost; it is stressed, however, that the aim of this analysis was to reveal textual cues contributing to my understanding of Nolwazi’s thinking about ‘care’. Its objective, therefore, was to confirm that my interpretations of meaning were actually cued by the language data itself.

Figure 5: A Mother’s Care: Transcript Extracts

Page Reference: (Original Transcript)	Line Number:	Verbatim Extract from Interview Transcript One:
p.26	1 2 3	‘She taught me, she always said God comes first and other people come second and you come last. She always taught us like that – so we knew that. “Okay: God first, others second, us last...”’
p.8	4 5 6 7	‘I never, I don’t remember ever thinking that my mother’s not caring, I always thought she loved us, I always knew that she loved us very much. She was – well – she was a really nice person, Ruth. Um, anybody would have felt like that – she was too good. Even – that’s why all these things happened to her.’
p.32	8 9 10 11	‘She was also the kind of person who was so very considerate and patient. She would sit and think of ways to make somebody’s life better health-wise...Ja, my mum worked to make life better for that person, and she’d want to take stuff from home to give to them.’
p.34	12 13 14 15 16 17 18 19	‘You know also, I must tell you this, my mum invited people to come and stay with us, because whenever I’d come from school and say, “Mum, mum, there’s this child – she comes to school with no shoes on and she’s always hungry,” she’d want to go and meet the family and give something to them, and she would. I remember people who didn’t have homes, a place to stay, then my, my mum would say, “Let the child come and stay with us” while the parents were trying to sort out. And we’d end up with being so many in the house, at some stage there were sixteen children staying in the house. Sixteen!’
p.27	20 21 22	‘She wasn’t the kind of mother who’d force you to do anything. She would try to reason with you, and make you see things – I also didn’t like to break her heart because I kind of felt I had to really protect her from heartbreak.’
p.39	23 24 25	‘...I had to get an education and become somebody. You know, also because my mum was a professional and she always made us feel we were capable of being somebody.’
p.18	26 27 28	‘You know, at that age [ten], I was already aware of people gossiping, hating us because we were the only people who really had these nice things – you know, having an educated mum.’
p.29	29 30	‘She was afraid of him [Stepfather], really....I did say to her, “Leave him. Let’s go, we don’t need to stay with him.’ And her sisters also urged her to leave this man, really

Figure 5: A Mother’s Care: Transcript Extracts

	31 32	tried to persuade her so many times, but she said, “No. He’s my husband. I have to find other ways of dealing with this.”
p.35	33 34 35 36 37	‘I said, “No! Stop right there! I know my mother!” You know, I just went for him [stepfather], I don’t even remember some of the things that I said, but I know that I said things that my mum was very shocked to hear, and she said, “Okay, we are going now.” Now I got the message: “We are going now”, and we packed our clothes and again we left.’
p.43	38 39 40 41 42 43 44 45	‘She fooled a lot of people. But I kind of knew when she was actually acting (...) I didn’t know how to get through to her, make her say it, you know. So I went to see her and she said, “Fine, everything’s fine.” But she was in a hell of a lot of pain.....And I think she knew she was going to die soon. Well, she did – because the doctor had told her that she didn’t have much time, it would be a miracle for her to be long. But I don’t know if they told her exactly how long. But she never – she didn’t breathe a word about it. She just kept quiet.....And she’d still smile, through all that pain. So there was no way of really catching her out.’
p.45	46 47 48 49 50	‘So you can see, it’s like she knew she was going to die that day and so she was hoping to die with as few of us about as possible. Well, I guess she realised that I could take it because she didn’t hint at me going away or anything, but she made sure that – she wanted everybody to go and she encouraged Phila [sister] to sleep – she gave her a sleeping tablet so that she could fall asleep.’
p.46	51 52 53 54 55 56 57 58 59	‘...it’s strange that, Ruth, none of my mother’s sisters really took over. I guess because they didn’t know what to do. They knew we were brought up differently from their children. My mum – the kind of person she was – you know, made it so difficult for anybody else to be able to live with us and make us feel special. She was very different from her family. She was also a tower of strength for everyone in her family. So I guess they knew they couldn’t give us what she was giving us. They just didn’t know what to do for us. We were too high up there, I think, as far as personality – quarrels – I don’t know. I just don’t know what – we were different.’

4.1.1.2 Discussion: The Care of A Mother

When discussing her mother, there are three prominent textual cues that occur not only in the excerpts above, but throughout the transcript material. Firstly, Nolwazi uses very few intermediate modalities (i.e ‘possibly’, ‘probably’, ‘may’) in describing her mother’s attributes or actions. This indicates that she is presenting transparent and categorical ‘truths’ about her mother.

The second cue concerns the dividing of sentences into relatively prominent and relatively unimportant parts - the grammatical process of ‘subordination’. More often

than not, the motivations of her mother are placed as dominant to the actions – or effects – of them. For example: ‘**Ja, my mum worked to make life better for that person, and she’d want to take stuff from home to give to them**’ (lines 9-11), places the action as subordinate to the thinking that generated it. This trend of placing motivation first, and action second, is pervasive throughout Nolwazi’s narratives when referring to ‘good’ people. The effect on the listener is to focus attention on the importance of the underlying thinking in motivating social action.

The third general point regarding Nolwazi’s language use are the markers she uses to forge a relationship of solidarity regarding the claims she makes about her mother. For example: ‘**...Ruth. Um, anybody would have felt like that...**’ (line 6); and her use of ‘**you**’ in, ‘**She would try to reason with you, and make you see things**’ (lines 20-21); and ‘**So you can see...**’ (line 46); and ‘**...it’s strange that, Ruth...**’ (line 51). The pervasive, ‘**You know**’, occurs throughout the transcripts.

In sum, these three cues led me to believe I was being asked to collude in a joint interpretation about her mother, and to share in a categorical truth regarding not only the virtues of Nolwazi’s mother, but in the influence of her mother’s thinking in determining Nolwazi’s own.

The underlying theme of this influence appears to be the tenets of the Christian faith. The choice of words throughout the text excerpts suggests that Nolwazi’s mother has been invested with Christian virtues of service (lines 8-12); a subjugation of self-interest to the interest of others (lines 9-12 and 15-18); and a commitment to religious vows (lines 31-32). Within the explicit claims of self-sacrifice (lines 1-3 and 12-16), goodness (line 7), and consideration of others (line 8); however, are indications of a higher-order interpretation of her mother’s Christian virtue.

Her mother had ‘**taught**’ (lines 1-2) Christian beliefs to Nolwazi as part of the family unit. Yet the use of the logical connector ‘**so**’ in this context, in addition to the use of ‘**knowing**’ as the effect of this teaching, presumes that *because* her mother taught this, it was *necessarily* true. This sense of her mother as representative of ‘truth’ and ‘goodness’ is supported by line 6, and its claim that her mother’s virtues would have been universally acknowledged. In line 7, and its revision of ‘**Even**’ for ‘**that’s**’, this

universality is extended into an evaluative attribution, of 'bad things happening to good people'. Line 48 invests an omnipotent 'self-knowing' to her mother's approaching death, while Lines 51-57 suggest that on the basis of her virtue and 'special-ness', other family members became dis-empowered. In combination, these textual indicators presume an interpretation of 'ideal' Christian worth, as narrated to believers through the story of Jesus.

There are additional cues in the text excerpts that appear to place Nolwazi and her siblings in the nature of disciples to this narrative. This is particularly evident in the use of the pronouns 'us' and 'we', and the manner in which they stress sibling unity with their mother's spiritual teaching. Nolwazi speaks on behalf of the siblings throughout the extracts, not acknowledging the presence of any division of interest or interpretation. For example, in lines 1-3, '**She taught me...**' is altered to '**...we knew that.**' Within this unity of belief, however, it appears that Nolwazi is also claiming a favoured bond with her mother. Not only is this borne out by Nolwazi having served as the catalyst in removing her mother from an abusive situation (lines 29-37), but that in line 38, Nolwazi asserts a '**...kind of knowing**' her mother's mind, presuming a special relationship which is borne out by lines 47 and 48, where Nolwazi was the chosen child to be present at her mother's death.

This 'insider' status is further supported by Nolwazi's need - and perception of ability - to protect (line 22) her mother, not only from events, but to protect her status as an educated woman (line 28). Yet protection of her mother as a '**somebody**' (line 23), from the negative perceptions of society (lines 26-28), is equally linked to Nolwazi's aspirations towards this 'somebody' status (lines 23-25). When examined in relation to the causal '**because**' of her mother being a professional, the influence of the logical connector '**and**' is significant in forging the equivalence between '**education**' = '**becoming somebody**' = '**professional**' = **like mother** (lines 23-26).

Within this, 'like mother' equivalence, however, must be included the spiritual values and virtues discussed earlier. In summarising an interpretation of the textual cues in these excerpts, therefore, it can be suggested that Nolwazi's interpretations of 'care' has its roots in Christian teaching and beliefs. Yet the strength of her belief in 'care' as a

fundamental tenet of social life is intimately woven within the love of her mother, and her mother's role as a helping professional.

It seems possible to assume, therefore, the importance of the influence of her mother on Nolwazi's belief in the necessity for a caring curriculum. What is not so readily explicable is the depth of critical insight and detailed observation Nolwazi provides in evaluating the curriculum as 'non-caring'. The following discussion proposes that the sharp contrast between her interpretations of her mother's 'care', and those of 'non-care' resulting from various abusive situations in early childhood, have combined to create a pattern of thinking about care which is highly insightful and critical. To put this another way, the suggestion is being made that Nolwazi's understanding and focus upon care in the training curriculum is as a result of very influential, and yet essentially oppositional, experiences of love and care in her early life-history.

4.1.2 The Non-Caring Context of Childhood

In light of this suggestion, this section of the presentational analysis is aimed at uncovering a pattern in the language data when Nolwazi narrates instances of early childhood abuse.

To attempt this, I have selected one narrative from the transcript of Interview One (Original page No. 13), and duplicated it fully in Figure 6. In the discussion that follows, reference to it is supplemented by additional transcript excerpts. This is in order to provide the reader with a richer insight into how textual cues throughout the transcript support my suggestion of a pattern of thinking about 'care' and 'non-care' being present in the language data itself.

In terms of locating this story in its broader chronological context, the reader is referred to Table 6. The narrow setting of the narrative is that the eight year old Nolwazi, and her seven year old sister, were sent to Rainy, in Pondoland near Port St. Johns in the Transkei, and into the care of her great-aunt. This is a rural area, and the home was a compound comprising rondavels, a three-roomed house, a chicken run and pigsty. Behind this was a wood, of which the children were very frightened, as **“everyone [was] still talking about ghosts.”** Nolwazi's great-aunt fell sick and was taken to

hospital, and rather than stay alone, the great-aunt's sister-in-law was sent to look after the children.

Figure 6: Non-Care: The Rainy Story

Line Reference	Verbatim Transcript Narrative:
1	Nolwazi: 'AWWW! That horrible woman – horrible, sweet woman –
2	because whenever she was not drunk she was so sweet, so kind, you know
3	she would take care of us, she wouldn't let us go fetch water from the river
4	and all that. But as soon as she was drunk she was a different person
5	ALLtogether. I remember one night she came back from wherever (laugh)
6	wherever she was drinking – some tavern you know – and she had some
7	pork with her. We had to go out and get firewood from that wood. The
8	place was so dark, Ruth, there was no moon that night, it was so scary. I
9	don't know what time it was, we didn't have any knowledge of time then.
10	We didn't know what time it was, but I know that we were already sleeping
11	– fast asleep – when she came back and she woke us and told us, “Go and
12	get wood!” We were so SCARED, like SO afraid, but we had no choice but
13	to go. If you are a child you have to do what the older person tells you to
14	do. So we went there, crying, and, “Oh! You kids! No crying – don't you –
15	GO! Go and come back. Nothing is going to eat you!” We went and got the
16	firewood and she cooked the pork. We had to sing for her so she could
17	dance. Okay – so we didn't even KNOW this type of songs, because we
18	didn't – you know – we were not used to this kind of life – but we had to
19	learn them instantly! She taught us, and she told us, “Okay, SING, now!”
20	You know, these songs. Half asleep, we're singing and we're – ogh –
21	Ruth: And scared –
22	Nolwazi: Very scared. We couldn't NOT do it. Okay – we had to do it,
23	we're afraid that if we didn't she would hit us – but I don't remember her
24	really hitting us. She – I don't think she ever beat us up, never.
25	Ruth: But you had the fear that she might?
26	Nolwazi: Yeah.
27	Ruth: Is that a common fear – I mean from your background it sounds like

Figure 6: Non-Care: The Rainy Story

Line Reference	Verbatim Transcript Narrative:
25	- whenever you're farmed out to different whatever, there's always that fear.
26	Nolwazi: Yes, there's always that fear. You know, we always think, "How
27	are these people going to be like? How are they going to treat me? And –
28	you tend to expect the worst and it's, it's possible that she was treating us
29	badly, but because I expected worse than that I didn't feel it...."

4.1.2.1 Introduction to Discussion

The nightmare quality of this narrative is carried through vocabulary and grammatical relationships that emphasis fear and helpless manipulation at the hands of an unpredictable human agent. As the following discussions will support, these are textual cues that pervade the 'non-caring' narratives in Nolwazi's life-history. In order to do justice to the analysis of these cues, and at the same time build the argument for a pattern of Nolwazi's thinking around 'care' and 'non-care', the following discussion has been divided into three: 'Fear', 'Voice' and 'Gender'. The reason for this division, together with the comparative detail offered by the section on 'Voice', is that issues raised here become focal to Nolwazi's later interpretations of her training. In providing more detail than is strictly warranted to support the claim of a pattern in language use regarding her thinking about 'care' and 'non-care', therefore, it is hoped that the latter two representational narratives (4.2.2 and 4.2.3), in addition to the discussions of Chapter 5, will contribute to the reader's integration of the points made here.

4.1.2.2 Fear

The use of synonymy (words having similar meanings) to express fear in the text is marked, ie 'Scary', 'scared', 'afraid', 'fear' and 'crying'. The link between fear and nightmare is made not only through the fact of Nolwazi being asleep, but the sense of being propelled into irrational actions (singing), in a timeless sequence, particularly noted in the mixing of tense from past to present (lines 17-26). The interweaving of nightmare and fear in vocabulary choice is marked throughout Nolwazi's 'non-caring'

life-history narratives. For example, at age six (p.3) **“I was very scared – ghosts and zombies – people would say, ‘Oh! It’s misty today, you’re going to meet a zombie, you’re going to meet a ghost – Ah! It’s going to lead you to a faraway place and you’re going to be so scared!’ ”**

Interestingly, and as demonstrated by both this excerpt and the Rainy story, Nolwazi’s fear most often derives from the agency of people, as opposed to events themselves. This fear of ‘expecting the worst’ from the unpredictability of people’s words and actions is a core feature of her ‘non-caring’ narratives. Equally, it is a marked feature of later narratives concerning her training experiences.

The resultant powerlessness within this expectation is particularly evident in lines 11 and 19 of the Rainy story. While the use of the preposition ‘**you**’ in line 11 expresses a universal belief regarding the power relations of children to adults, the double negative of ‘**We couldn’t NOT do it**’ in line 19, followed by the attribution of punishment as the result of not obeying, indicates a marked sense of fearful powerlessness. This is an important element of her interpretations of her training, and will be more thoroughly reflected in the last two representational narratives. A final excerpt from Interview One, however, may serve to demonstrate its origins in her early life history (p.24): **‘You know, because that’s another thing that frightens me about the abuse. You meet this person and you are so suspicious that they are going to change and do all these horrible things. Some people do, but it never really shocks me because I’m used to it. I’m used to people being nice and then deciding that they’re tired of being nice and I call it, ‘artificiality’, that’s what I call it. I believe they are not being genuine, so they try to be nice and then they get tired, because they’re not used to being nice...’**

4.1.2.3 Voice

A central component contributing to Nolwazi’s sense of fearful powerlessness in narrating ‘non-caring’ childhood experiences concerns the manipulation and/or silencing of her voice by others. By ‘voice’, I mean the overruling or distortion of her point of view, and/or her feelings and emotions. There are several important aspects of her understanding of voicelessness that have relevance to her interpretations of her

training. In addition, there are important symbolic links between voicelessness and 'non-care', primarily expressed through the nurturing image of food.

The Rainy text above gives an example of this, with the abuser nurturing herself with food, while the silenced abused is deprived of food; deprived of the right to voice her fear (line 12); and at the same time has her voice manipulated into song. This link between voice and a lack of nurturing is found elsewhere in Interview One, a notable example being that (p.4): **'...they [cousins] didn't let her [sister] have the eggs because she talked too much, and they didn't allow her to give her anything. And you should have seen us sitting there, worried about our sister – she couldn't get, she couldn't eat eggs because she talked too much and – you know – such a terrible thing. It was, you know, a terrible kind of ugliness, you know – I don't know how to describe that one.'**

That 'speaking out' results in the denial of nurturing care is a strong theme throughout the early narratives of the life history transcript, and presumes a strong link between voicing one's opinion and resultant punishment. Difficulty in 'speaking out' has relevance to Nolwazi's later interpretations of training, and is reflected more clearly in the representational narratives of **'Learning Alone' (4.2.2)** and **'The Monster' (4.2.3)**.

The second aspect of voicelessness that has relevance to her understandings of her professional teaching and learning process is that of an inability to negotiate a favourable outcome through voicing her opinion. In the Rainy narrative, the woman is quoted by Nolwazi in the imperative voice (line 10 and 12-13). Imperatives, or orders, suggest the presence of formal social relations (Fairclough, 1989), and at the same time deny the listener (Nolwazi) the opportunity to dialogically negotiate. Throughout the 'non-caring' narratives of the life history transcript, there is a trend towards the imperative mode being used by all powerful adults. An interesting example is offered in Nolwazi's reported conversation with her stepfather, when she wanted to go to a better school away from home (p.25): **'[Stepfather:] "You can't go, you must stay here!" I said, "Well, what if I change my surname to yours? What if I'm going to use your surname?" He said, "Can you really do that?" Can you believe it! And I said, "Yes", and he said, "Okay then, if you're really going to change it." Can you, can you believe it? I mean, honestly, you know that makes me angry – how could he?**

He knew I didn't want to change my surname, but because I wanted something, I could do it. I mean, if I could, if – okay (crying). Anyway, I changed my surname...'

This excerpt, with Nolwazi's own reported speech including modifiers such as **'well,'** and **'what if..?'** indicates the asymmetry of power relations in the dialogue, and her status as a compliant actor in the communicative process. Significantly, however, her compliance did not result in a favourable outcome. In this example, Nolwazi lost her surname. In the Rainy story, her compliance with the woman in fetching firewood did not result in her returning to sleep, but in a further abuse of her voice.

This 'can't win' aspect to the ability to negotiate through communication is an important component of her later interpretations of training and her understanding of it as uncaring. In terms of its links to formal education, the origins of this 'can't win' belief are to be found in her interpretation of her first teacher (age 6) (p.6): **'Ruth, I don't know what was wrong with that woman. I don't know whether she hated me or WHAT!....She would just give me a clap – she just didn't want me. She wasn't nice to me at all. I was soon scared of school...I – I – I thought that I was doing something wrong. I – I used to think that I must have done something wrong to the teacher – a bad child...'**

As a counterpoint to this, the positive evaluations she makes about powerful 'good' adults are frequently made on the lack of perceived violence, and the presence of open communication. For example, and in describing a favourite teacher (p.11): **'She would never fling a book at me, you know. She would talk nicely to me.'**

The emphasis on punishment and voicelessness is pervasive throughout the life history text, and is also to be found in the Rainy narrative in line 19. In describing their effects on her developing personality, Nolwazi explains the emergence of herself as a highly observant and silent individual (p18-19): **'You are taught to accept things as they come. You are taught to accept everything, you know. It's like everything should be okay – you're a child. How can you say "No?" I mean an older person is saying this, so you, you grow up thinking that you can't talk about your feelings, you can't show your feelings, you can't be angry..... I've always been a shy person,**

especially when I was much younger. I never really talked. You know, I would be quiet, watching all these people talking and playing. I – I – I didn't even play, I was afraid that if I made a mistake people would laugh at me if I was not confident.'

4.1.2.4 Gender

The reason for emphasising issues of gender in this discussion of non-caring childhood experiences is that moral judgements of 'good' and 'bad' men, women, and events, appear textually differentiated. Thus in the first lines of the Rainy story, Nolwazi uses antonymy (the meaning of one word being incompatible with another) to reflect a sense of ambiguity regarding her moral judgement of the care-giving woman. At the same time, she has no difficulty in conveying her moral judgements of the event itself. To the listener, therefore, the events in the Rainy story are 'bad', yet there is some doubt about the 'badness' of the perpetrator herself.

This device is pervasive throughout the Interview One text, serving to distance bad *actions*, from bad *people*. What is significant, however, is that there are significant gender differences in the criteria she uses to create this distance.

A 'good' man, for example, shows caring *actions*, as in (p.6): **'My brother was very protective of us...[he] was a very good cook, at his age [nine] he could cook for the whole family.. he has always been really protective...'**; whereas a caring female (teacher) shows caring *motivations* such as being (p.24): **'... very nice to me and to the other children and I learnt to trust her and to believe that anything she did, you know, she did it from the heart and she would never change.'**

In the Rainy story, however, there is an interesting reversal of this trend. The woman's 'kindness' is reflected in a 'male-type' *action* (carrying water), as opposed to a 'female-type' *motivation*. Yet the division of 'action', i.e. a person's treatment (line 27), from 'motivation' (lines 27-29), and whether reversed in terms of gender or not, appears to serve a 'distancing' function, resulting in a suspension of personal judgement. This point is clearly demonstrated by the following excerpt, concerning her adolescent feelings about her father, (p.31): **'I wanted to see my father. (pause) I wanted to see my dad. I'd see him and wonder what it would be like to have a father. And then**

I'd remember my father is not a nice man – he wasn't nice to my mum. But sometimes I felt – no, man! My father was a nice man – but also not nice. You know, I was not sure how to – how to describe him, or how to think about him. He was another father in my head, not a cruel father, but a cruel husband to my mother, and I loved my mother very much. But she didn't know this. I kind of withdrew and I kind of withdrew and I didn't talk much.'

A further linguistic division on the basis of gender is to be found in the vocabulary Nolwazi uses to describe 'good' (i.e. caring) actions versus 'bad' (i.e. non-caring). In the Rainy Story, there is an interesting reversal of this in that the woman's 'unkindness' is shown by the 'male' action of 'beating' (line 21) instead of the 'female' version of physical abuse being most frequently represented by the words, 'hit', 'slap', or 'clap'. Support for 'beating' being a 'male' attribute is found elsewhere in the text, for example (p1) **'He [father] used to beat her up, when we would hear her cry we would cry as well and then he'd come and beat us up as well.'**

In using gendered vocabulary markers, therefore, Nolwazi leads the listener to a division of 'male' from 'female', with the stronger male markers emphasising the punitive and painful, a point that is significant in her later attributions of her 'uncaring' training programme being significantly 'male'.²²

The importance of this internal conflict between 'good' and 'bad' men, women and actions, together with the hesitation Nolwazi demonstrates in the making of moral judgements, is that they are pervasive throughout the research interview sequence, and are clearly apparent in her interpretations of her training experiences. The transcripts are infused with her careful and thoughtful evaluation of 'action' versus 'motivation', and charitable divisions between her interpretations of 'bad' actions and the personalities involved in perpetrating them.

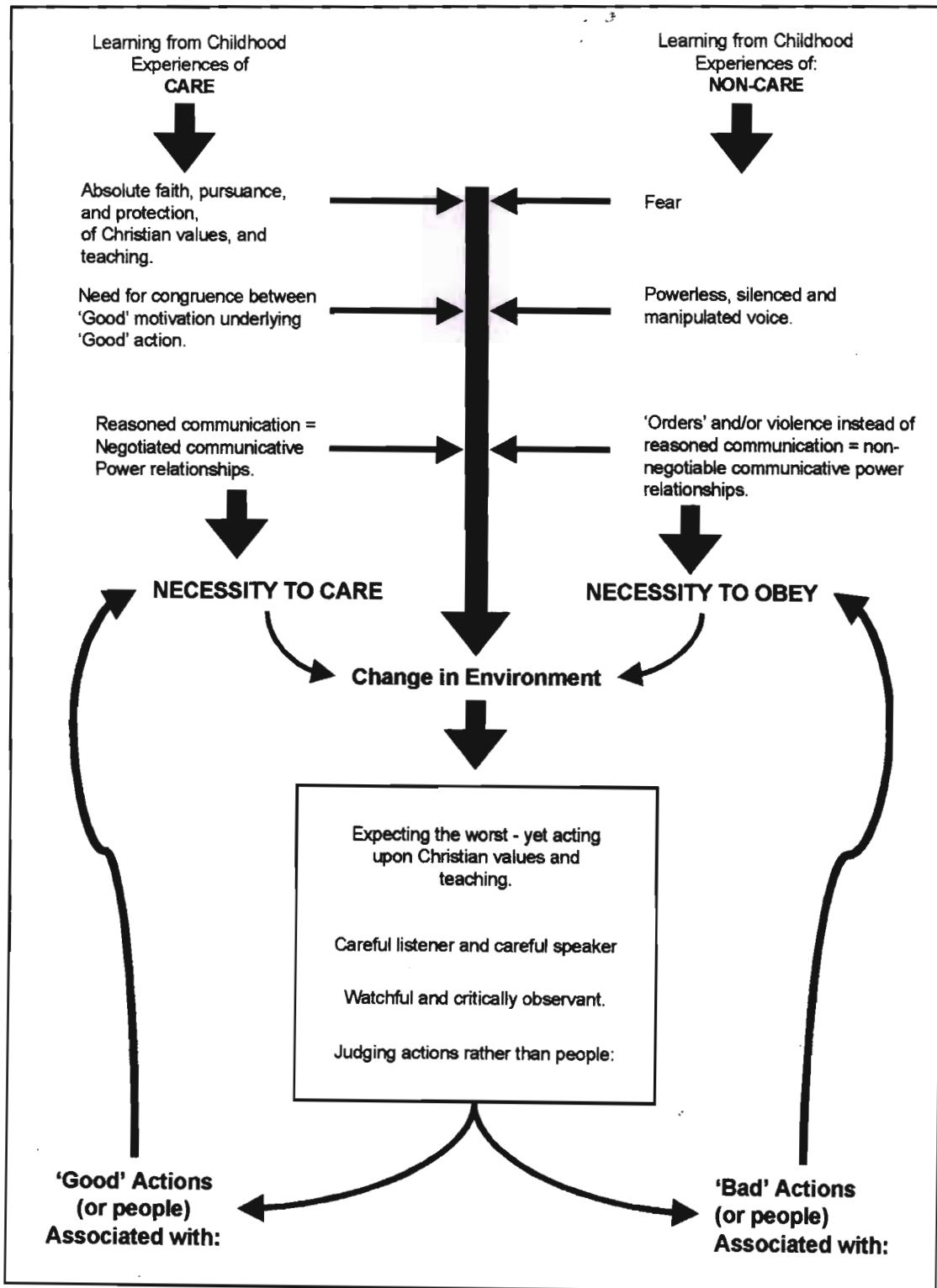
In conclusion, the summary of this section presents my schematic impression of Nolwazi's thinking as regards the influence of the oppositional forces of 'care' and 'non-care', learnt from her early childhood experiences. Figure 7: Nolwazi's 'Way of

²² Refer to 'The Monster' narrative, (4.2.3)

Learning to Think about Care' functions as a synthesis of the main points of this two-part presentational analysis, and also as an introduction to the representational narratives that follow. As already stated in 3.4.2, this conceptual framework, based upon the analysis of textual cues reported here, was constructed in order to try and understand Nolwazi's emphasis on her training as 'non-caring'. Its formulation informed the composition of the representational narratives of '**Learning to Care**' (4.2.1) and '**Learning Alone**' (4.2.2).

4.1.3 Summary of Presentational Analysis.

Figure 7: Nolwazi's ' Way of Learning to Think about Care



4.2 Representational Analysis

Section Overview

As mentioned in 4.1, Figure 7: Nolwazi's 'Way of Learning to Think about Care' provided the conceptual underpinning for the composition of the first two of the three representational narratives. The following data sources, however, informed the content, theme, tone and style of all three:

- a) **The Research Interview sequence**
- b) **Nolwazi's Reflective diary**
- c) **Nolwazi's drawing of the 'Monster of Professional Power'**
- d) **Nolwazi's oral analysis of a narrative text (refer to 3.3.2.1)**

'**Learning to Care**' (4.2.1) captures the essence of her learning from her mother and early life-history experience. It attempts to convey a sense of Samuel's (1998) 'Inertial forces' (Table 7) that have impacted upon Nolwazi's 'way of knowing' her training experience. The second narrative, '**Learning Alone**' (4.2.2) tries to represent the Samuel's (1998) 'Programmatic forces' (Table 7) by relating Nolwazi's interpretations of the teaching and learning process in the Department of Speech and Hearing therapy at the University of Durban-Westville. The final story, '**The Monster**' (4.2.3) represents a synthesis of the first two narratives; yet additionally presents both a challenge - and appeal - to the profession's knowledge and power as expressed through her interpretation of its training process.

In terms of preparing the reader for the emerging issues that form the three part discussion of Chapter Five, a brief summary of key themes is offered after each narrative. The aim of these is to attempt some linkage between the presentational and representational data analysis processes of this Chapter, and the issues of 'care' and 'separation' which form the core discussion of Chapter Five.

NARRATIVE FIVE

Learning to Care

To really believe in anything new, it has to make sense in terms of the pattern. And the pattern of my life is that of care.

I have learnt to care the same way you learn anything; because things got repeated so many times. Yet this repeating has not been like the lessons you do in class, when you give back to the teachers just what they've said. It is the pattern under the repeating that I have learnt. That is how I learn, that's how I really learn; by listening to the words and to things that happen, and making sense of it all in terms of the pattern.

The story of how I came to learn this pattern is also the story of my mother. My story has grown from what she taught me about caring, and yet also from what she couldn't see, and could not say about it either. I was seventeen when I learnt that she needed me to see for her, and that she needed my voice to guide her away from the betrayal that her caring and goodness had brought her. Until then it was like I'd been part of her pattern - silently bound by what others did to me.

My mum was one of the first Black physiotherapists in South Africa. She left Tsolo - that's her home in the Transkei - and came to Durban to learn to be a physiotherapist. It was a big thing to do that back then in the 60's. But she did it, and doing this made her different. She was a professional - a professional woman - able to look after herself and us. She never really needed a man to rely on, and that made her

different to the men she married, and also to her family. So she was always different to the people around her, and she made us different as well. But this difference was more than in just being a professional woman, or in the things that she taught us and the way she spoke. It was because she really cared about people. She gave and gave of herself to others and we, as her children, were wrapped in her care and its learning.

Yet bad things happened to her. She got a lot of pain - a lot of heart pain - from other people, especially from the men that she loved. So as well as the learning about giving, I learnt that you must watch for that time when you get nothing back from the caring except pain. I don't think my mum ever felt this pain for herself - she'd always smile, however bad things got for her. She wouldn't say anything, she'd just smile and carry on caring. She would bear things, you know, long after we, her children, could see that there was no hope for anything good to come out of it. Me and my elder brother, we learnt very early to protect her. But it was also strange for us to do this, because by then the bad things had started to happen to us.

There are four of us children by the man that is called my father. My brother is two years older than me, then there are two younger sisters. Our early years were in Johannesburg, because my mother had a good job with the mines. My father - like my step-father who came later - didn't contribute to the household. It was always my mum who

made the home, and it was always she who paid for it.

I was six when my mum took us away from him and we went back down to the Transkei to live. She left because she knew that the beatings were traumatic for us. Almost every night we'd lie awake in the dark, and listen as my father beat her up. We would hear her cry and we'd cry as well, then he'd come and beat us up as well. But not always beat us. He had this belt, you know, and sometimes he'd just pretend to beat us. He'd hit the wall with this belt to stop us crying - just make the noise so we would stop it. He didn't want the noise because of the neighbours. So we learnt to be silent. Scared and silent. And that fear was more than the fear of the beatings. It was the fear of not knowing what to expect, yet always somehow expecting the worst.

There was confusion in that fear as well, because we knew he really cared about us. On the one hand I know that he cared for us children very much. He kind of specialised in children, because by the time he died in 1996 there were twenty-seven of us. But there was a dark side as well, and it came out in the dark. I don't know why he did it. I could never speak about it with my mum. You can't ask those kind of things of a grown-up.

So we left him, and she lost everything she'd worked so hard to give us. There were a lot of things to leave, because she had made our home really special for us. She never fought out about it, never spoke up. She kind of absorbed all the losing; just left everything and took us away.

That's really the pattern of care that I learned from my mother. She did everything she could to make things

work, even after that care was betrayed. First with my father, then with my step-father, she carried on trying to care for them until she finally saw that her caring was hurting others. Only then she'd get out of the situation, not for herself, but to protect those others. And each time she left, she went with nothing; and she's absorb all those losses in silence.

There's a lot of who I am, what I believe in and how I act in this pattern, because it's a pattern based on good, and believing in the good of others. But what is different about me and my mother is that she gave me the gift of being able to watch and to learn from the injustice that was done to her. It was from seeing this that when I was seventeen I was able to speak out. At the very same time though, I spoke in the voice that should have been hers.

Until we left Johannesburg and went down to the Transkei, the bad parts of my story were part of hers. Down there, though, we were separated. She had to find work in Umtata to make a home for us, and we children went to stay with an aunt of hers.

So it was that my own stories began. But never - not ever - in the many changes of my childhood, in the many bad things done to me by others, did I ever lose sight of the pattern of care she had set. Never once did I believe she had deserted us. I always understood that her love for us was true. I always understood that she cared for us, and this gave me strength to bear all the things that were done to me and my brother and sisters.

There was a lot done to all of us during that year when I was six. We were so different to these relatives of my mother's in Mtshezi. We came from a town and a house - and didn't even

Speak the same as they did. We came from toys and a stove and never thought of food. And these relatives wanted to show us what real life was like. They went out of their way to show us a real rural life, and they did a really good job. They scared us with zombies and ghosts, and they worked my brother and me hard. There wasn't enough food, especially for us girls. When you are six and you steal food because you are so hungry and then you are hit for it, it's very difficult to understand. Especially when you know that your mother is paying and giving and believing you are all right. My two sisters got Kwashiorkor and my mum took them away. My brother and me had to wait till the end of the year. Yet even when it was over and we were all together for a short time, we never really told her how bad it had been. We had already learnt to protect her.

In a way, that dark time also taught me to protect myself. The beginnings of this lesson had been taught by my father, but now I learnt that you could distance yourself from expecting the worst from people's unpredictable words and actions by being silent and watchful. I learnt that this quiet, watchful fear trains your mind to be very observant. And apart from this watching sometimes helping to avoid what comes at you, it also makes you think. You need to think, because you need to make sense of the fear. So you go under the surface of the actions themselves and look for the reasons. I spent a lot of time looking for reasons. Maybe I spent too much time, because as the changes and pain of my childhood built one upon each other, I became very aware of time and its passing.

At home, time was passing with a heavy, loud tick. For most of my schooling years my mum was tied up in

the marriage to my step-father. She had another two daughters from him, and even adopted two others because their own family was very cruel to them. Like with my father, it was she - working so hard, caring so much, deserving so much - who supported us all. And however we tried, my brother and I could not prove that this man was beating her, yet we knew it. It was under the words and the actions, I could feel it there, but it took till my matric year to finally prove it. It seemed for all those years I was watching her pain and living it. I'd spend hours thinking, just sitting and thinking and asking, 'Why? Why should this happen to this good woman?'

By the time I was seventeen, though, I was also asking that, 'Why?' of myself. And this was to do with my schooling.

I started off school in that terrible place of Mtshezi. I was really gifted then - really intelligent - can you believe it? I learnt everything very quickly - everything except how to draw a '4' the right way up. It was such a big thing to get wrong for my teacher, and she'd hit me. I'd try - try so very hard - to do it right so she wouldn't hit me, but it would not come right; this '4' seemed out of my control.

So it was that the fear from my home life entered into the classroom, and with it the waiting for the worst to happen. I was silent, watchful, and waiting for the punishment. It was the pattern again, yet it was also different. Because this time I was truly on my own. My mum could not help me with her faith and with caring. This was education, there was nothing familiar to hang my mother's lessons upon.

So in all the schools I went to there was another pattern I had to learn. It was to sit quietly and listen, try very fast to

understand what it was the teacher was saying, and give enough of it back to show I had learnt. Most of them would explain on day one, explain again on day two, and then hit on day three if you didn't have the answer. All I thought of in class was what it was they were likely to ask. Yet I was very observant, in my silence and fear, and I learnt to avoid being hit. For many years school was where I excelled, and there I never had a hard time passing, until Standard 8.

It was in Standard 8 that I started failing. I knew, even then, that it wasn't my fault. We didn't have teachers for half of that year, and Standard eight was externally examined. But knowing that didn't make any difference, because it was as if the two patterns of fear and silence came together, the one from my home met the one of the classroom, and the slow clock in my head was all I could hear. Everything I did at school slowed to its sound. Because the fear in this failure was great, more than the loss of objects or people to hang my security on. The fear was because in losing my intelligence I felt I'd lost a great part of myself.

Yet I couldn't talk to my mum about it. In those years she was suffering too much with her husband, though her smile and her silence were like a wall protecting her. When I got my matric results and knew I had to write a sup., it was like a tumour of rage started growing in me. It grew and grew against this man, against him not seeing and caring for my mum like she deserved to be cared for. And this tumour kept telling me I had to do something, something to make her see that we were all suffering since she could not see it for herself.

I stopped sleeping three days before going back to school to write the

supplementary exam. Instead, I'd sit by their bedroom door and listen to his stupid quarrelling with her. I'd listen the whole night, with this tumour inside me swelling and hurting so much from its pain – my pain, her pain. On the third night I heard her say to him, 'But it's so strange that you are so busy wanting my money when everything that's in this house is here because I was working. All the furniture that's here – and you even took my back-pay – and now you're still wanting my money?'

It was her saying that that was like a knife in this tumour inside me. Because I knew how she loved us and wanted to provide for us, and hearing the betrayal of this man – this man who beat her – how he had stopped her from caring for us by taking all her money – it was – it was like this tumour was killing me and I didn't know what to do, except I had to do something, something to make her see, something to make her know that *now* she must go.

So I sat there, sat on the floor outside their bedroom door and started screaming. I started screaming and I couldn't stop. I screamed out her pain because she wouldn't scream it herself. And when the whole house came running, when this man stood in front of me, when he asked me, 'What's wrong?' I gave it to him. There, in front of my mother I went for him, told him everything – things that really shocked my mother – things I can't even remember saying, but I told him how badly he was treating her.

And somewhere in it all my mother heard our suffering. She said, 'We are going – now.' That's what she said, 'We are going.' And that's what we did - right then - we packed up our clothes and left.

So for the second time we left everything else, we lost everything. But my mother was safe. She was safe, so I could go back to school and write the sup., knowing that I had spoken, and through the speaking she was safe.

I didn't do well. I got exemption, but I didn't do well. So nothing changed my belief that I had lost my intelligence and was stupid. And I couldn't speak out about that, because there was no-one to speak to except myself. When I failed at UNITRA the following year, time stopped for quite a while. Me being stupid meant the loss of the dream of my life, to be a doctor. Being stupid had grown in me till it became me. And I'm still caught in this pattern. This loss of the faith in myself as intelligent still sits on my shoulder in tests and examinations, laughing at me as I try to answer the questions, slowing my mind and my hand, making me check and re-check every word that I write.

When I came back from UNITRA I was silent and still for several months. Yet I had come home to my mother, and she cared for me with all her love and gentle encouragement. Slowly, I started feeling almost free, staying at home, getting a job in Umtata, being part of my mother and the circle of love she made around her. Yet as the worry over the loss of my intelligence faded a little, I also wished I was doing something. I heard that clock ticking that time was passing again, because my mum was struggling, and I wanted to help her, and I knew that just doing the jobs I was doing wasn't going to make me the somebody I wanted to be. I had to become a professional, like my mum, because then there would always be a job, always the security of being able to earn for yourself. And I'd seen how my mum cared so much about her patients. All I'd ever wanted to do was to help people, that's why I'd wanted to be a

doctor. If I couldn't be a doctor, then I wanted to be a professional like my mum - but she really discouraged me from being a physiotherapist.

It was very hard work, and she would get really tired. At the hospital where she worked they moved her, because she couldn't do the hard work anymore. Sometimes, at night, I'd hear her groaning in her room, and when I'd run to her she'd say I must have been dreaming. She'd always smile. That smile fooled everyone, and though I kind of knew when she was acting, I think I really wanted to be fooled. It was like I didn't want to see at that time, because finally she was free of men that took everything, and life was really okay. We were finally having a nice life, and I guess I didn't want to see or hear anything to make it change.

I remember her talking to my brother and sisters and me in 1991. I remember her saying that one day, when she was dead, we must look after each other, that we must never allow anything to come between us, that we needed to stay together because we were brother and sister. But I didn't want to hear this because my mother was not going to die. I couldn't accept it, and I cried so bitterly she decided that this topic was never going to be mentioned again. You see, I could never imagine life without my mother. I told her that if she died, I'd die, too. I really lived in the love and the quiet strength of my mother. I couldn't bear to hear her pain anymore. I wanted that heart pain of hers to be just that - just a temporary pain in the heart.

She must have known for a long while that she didn't have much time, but she didn't breathe a word to us. She just kept quiet. I often sit and try and imagine what it must have been like for

her, watching her children and knowing she wouldn't see them for much longer.

Right up to the end she cared for us. I think she even knew the day she would die in 1993, because she sent most of us away. She kept me, though. I think she kept me close to her because she knew I would cope.

She died in her chair, watching the TV. Her great heart just stopped, and she died. I was right beside her.

Every day of my life, I miss her. We all miss her. Yet though I'm alone, what she taught me – all of us – is the biggest

part of my life. I learnt everything I know about caring and helping from my mum. I learnt everything I know about being brave enough to bear bad things, and to carry on going so you can get through them.

But what I also learnt from her is that you must also speak up if bad things come at you that cause suffering. It is a very difficult thing for me to do, and it seems that I still need help in order to do this, because speaking out is not how I was brought up. Yet under her words it was my mum that taught me that you have to do this. I learnt it from watching how her care was abused.

4.2.1.1 Summary of Emerging Issues: 'Learning to Care'

The comments here are centrally connected to Figure 7: Nolwazi's 'Way of Learning to Think about Care'. Included amongst those points under 'Change in Environment' are those relating to her optimal learning style of *listening*. On the basis of this attentive listening – whether through the visual or auditory modes - she determines the motivations of people in any communicative environment. The consequences of this finely honed skill result in attributions regarding her fundamental value of 'care'. When attributing 'non-care' to an event or context, it produces a tension between enduring it uncomplainingly (as her mother did) or 'speaking out' in order to provoke change that would serve to protect herself and others. Her motivations for engaging in this research are a good example of this latter point (refer to 3.2.2. and Transcript Excerpt 4). That she continues to endure year after year of failure in the professional training programme is an example of the former.

In terms of the arguments to be developed in Chapter Five, however, is the dialogic basis of her optimal learning style that is significant. The methodology of this study has suggested an insertion of the dialogic, interpersonal and collusional nature of therapeutic discourse into the rational, empirical discourse of academia (3.1). The following Chapter extends this discussion.

4.2.2 'Learning Alone'

The following story, '**Learning Alone**' concerns Nolwazi's experiences of the teaching and learning process at the Department of Speech and Hearing Therapy at UDW. It attempts, therefore, to capture the influence of Samuel's (1998) 'Programmatic forces'²³ on Nolwazi's 'way of knowing' her professional education.

²³ Refer to Table 7

NARRATIVE SIX

Learning Alone

I came to Durban-Westville to start my training six months after my mother died. I honestly thought I would pass it in four years and then be able to help people having problems with speaking and hearing. That's how I thought, because I had such a clear idea of what it was to help a person. I thought this course would teach me about the problems of these people and how to help them. For example, I believed we'd be taught how it *is* to be deaf, and that Deaf people would teach us this. I thought they would tell us if there was something we could do to help, and if so, what it was and how they would like us to do it – you know, like learning sign language or whatever. I thought we would be trained to listen to what this person says is a problem *now* - at this moment - and then do something about it.

So I got quite a shock. And the shock turned to worry very quickly. Because right from the beginning it was like I was in a mist, trying all the time to understand what it was the teachers were getting at with their talk of the profession and its 'ethics', and why we had to learn the things we did and in the way the teachers wanted them learnt.

It was like I was separated from everything, and yet under this separation was another pattern. But I had real difficulty in trying to work out what it was. It's taken a long time to work it out, and this is because I've been stuck in it.

Right from the start, the teacher would come in and she'd say, "This is what you need to know at the end of this little

bit of the course." But she never explained why it was we needed to know all this, and she never explained how all this theory fitted in to helping somebody with their problems. Instead, she'd come in and say, "This is the definition of this disorder according to so-and-so, 1989," – or whatever – and then go on to etiology, then assessment, and finally she'd get to intervention. But by that stage I didn't know anything. "Intervene?" I'd ask myself, "But how, and with what?" It seemed I'd have to do this helping with a book in one hand – and the right book, with the right date. It seemed a very long way away from the person concerned.

So I was confused, right from the beginning, and the way they taught us didn't help my confusion, it just made me scared to say I didn't understand. Because the teacher would say, "If you don't understand, just stop me." But early on I saw what happened when other students asked that very same question. Instead of answering, the teacher said, "Go and consult such-and-such a book." Or sometimes they'd turn the question around and ask the student instead. So asking didn't do any good, and it also made the student look stupid. I was really scared of looking stupid, and I grew very afraid of saying anything in class.

This fear was deeper than just not understanding how what the teachers were saying fitted in with people and their problems with speech or hearing. It was like a fear of the separation that they were teaching along with it. You know, when you go into a classroom you don't only use your academic

knowledge to learn, you put this information together with everything else that you've learnt in your life. But they never seemed to see this. It was like they had cut themselves off from learning from the life of other people, and all they had left was themselves and their theory.

For example, I'd never seen an overhead projector before. They'd put their transparencies on it, and yet instead of learning the information, I'd sit and worry about what this machine was called. It was like I didn't know the basics of what they were placing their information upon. And it wasn't just the machines that they used. The teachers kind of assumed that the students had been brought up in the same way as them, that they understood the same kind of things, had the same kind of lifestyle. They'd make comments like, "Don't you remember this from your Matric?" They didn't seem to realise some of us had done a different Matric, and I'd done mine a long time ago. Yet the other students always seemed to know what the teacher was talking about and found it easy to put people's problems under a microscope and analyse them – but I didn't. It was like they thought the same, agreed about the same things, and because of this they liked each other. I felt fear from being apart; from being put apart from it all. And I soon got to believe that it was a deliberate putting apart.

There was one time – early in the training – when the three white students in my class didn't come to a lecture. And instead of just going on, the teacher sent someone to find these three. You know, she actually didn't start the lecture until those three white girls had been found and were sitting in their seats. I remember sitting there, and I was so angry – because no-one would ever stop a lecture because I wasn't

there. I learnt a lot from that in terms of the separations they were teaching us in the course. I think we all did, because as time went on the separations between students, and those between teachers and students became very marked.

You know, I was never a political person. I never thought of people as 'white' or as 'Indian' before I came to do this course. They were just people, and I always thought that once you communicated with people, they would become colour-blind because they would see we are all human beings. Yet very early on in my training I remember thinking to myself, 'But these people are so *white*.' It was because I really thought things were slanted away from me as a Black person; that there was something wrong about me being Black.

A lot of this had to do with English, because a big separation happened here. Growing up, I always really liked to learn and speak English. I speak English pretty well, but it's English for communicating with people, and to allow people to communicate with me. It's not this special English of the profession. Everybody in class would have that same shorthand as the teacher, and be writing what the teacher was saying. So I did the same, and yet I was trying to listen as well – because that's how I learn – but all the time I'd be translating from English to Xhosa, then back into English for my notes, trying to understand what it was she was meaning. And then she'd say something – something interesting – and I'd just LOSE everything, trying to work out what it was that she meant. And I'd still be trying to fit that piece together with what she'd said before when she was long gone onto something else. So what I'd written didn't make any sense, and neither did what she was writing because of that shorthand, and neither

did what she was saying. Often the teachers would notice that I'd just drifted away and ask me a question – which I couldn't answer. It made me feel stupid, but at least it brought me back into the classroom.

You know how *tired* you get from translating the whole day? Especially when none of it makes sense. And worrying, as well, because they kept saying it would all make sense when you came to apply it 'later on.' So I tried really hard to learn all those dates and names, all those 'ethics' and rules about being a professional, all those bits of knowledge in these twenty-one courses that I couldn't connect to helping a person communicate better. I also tried really hard to set it down as they wanted me to do. Because a big problem seemed to be how it was that I gave them back their knowledge. It was like just being able to show that you knew the information wasn't good enough, you had to put it down according to the rules they had set. You had to stop communicating the way you naturally communicated and do it their way – but they didn't give you the rule book. They never told you *how*.

Even now there are still these two problems for me in all the tests, the exams and the report writing. It's like I am trying to pull enough information out of the mist so as to get to that 'later on' point when it will suddenly all come together, but also trying to do this *their* way. I get so scared, so confused, and so slow, that most of the time I fail these tests. And I've never once been able to write a report that they like straight away.

So by the time I got to do actual therapy with a person with a communication problem, the fear and confusion were so large within me it was as if these lay between me and the child - instead of

the books they expected to be there. I knew I didn't know enough of the information from the books to be able to help the child, and by then I also had a great fear of the teachers. I was scared – very scared – of these distant tutors who watched me and were marking me. And I was scared of the English speaking parents of the clients. I felt they saw me separated - like the teachers saw me - into Black first, and a student second.

In the early years of my failure, the fear sometimes became overwhelming and I'd de-register for courses rather than fail them. I kind of learnt to agree with the teachers when they said I couldn't cope with more than three courses in a year, because as the fear overtook me, my work slowed down. It was like I got paralysed from the fear.

But you know, deep down I thought that all the failure seemed really unfair. It still seems unfair, especially since for some teachers I'd pass, and for some I could do nothing but stay at 46%. That was another lesson about separation I learnt early on in training, because that teacher who gave me 71% was a visitor to the Department, she wasn't really part of them. And it also seemed strange to me that I could pass the outside courses like Psychology and Physiology and Linguistics, but I mostly never seemed to pass the courses in the Department.

The ones I could pass, though, were the ones that made sense to me. Like stuttering, for example. My sister stutters, so I knew immediately what the teacher was speaking about. It was concrete, and though I still didn't understand what I'd have to do with a person who had a stuttering problem, the teacher said you have to adjust what you do in terms of each client. That rang a bell to me, it said, 'People'; you know, focussing on the person and the

person's problem. I could relate to that. It was as if, for the first time, you didn't need to be looking at a text-book to tell you what to say and how to help a person. It was as if you were free to listen to what they were saying, and then go with that.

When it came to deciding what to do for my research this year, I chose stuttering. That was about the only choice I made about my research. Because by then I'd really learnt to do what the teachers said. They are the ones who are going to mark you, so you need to do what they want.

That's the main lesson that all the failing has taught me; that you must do what they want. Even though I might not believe in what they want me to do, there's also nothing I can do about it. I can't call out, 'WHY?' And I can't explain myself - because I'm a failing student. Quite early on I learnt that I was caught inside the way they see my failing. Instead of it being, 'She's not understanding, how can we help her to understand?' it turned into, 'This student is stupid and lazy, she's not doing her work, she doesn't care about it.' It's like they see a pass mark as the goal, not understanding. It's like they are worried about their own good name as the Department, and that the way they get this name is through students passing. To pass, you have to perform - but perform just like them.

Yet I also know they want Black students to pass. They want this very much, and I think they want this so they can say to the profession, "See, we can pass Black ones, don't we have a good name?" I think they could really learn to not see my skin colour if only I would pass and so show them I'm one of them. But it's like they go about it by showing us that we're different to start with. You have a great bridge to cross

over, because the only way you can become one of them is to pass - and to pass you have to perform like the white and Indian students. So the only way you can cross this bridge is to overcome your Blackness in a way.

And this is very confusing. Because in that trying to perform, in the trying to prove yourself one with them, there is an enormous amount of work. I sometimes think that the amount of work is so that you don't have time to worry about losing your identity.

I often wonder what lay behind what they said to us right at the beginning. They said, "Don't think you're going to have a social life for the next four years." I thought they were joking to start with, but I think it's true now. It's like they need those four years without any disturbance to make you one of them, and how they do it is by making you work.

By second year I knew I wasn't coping with the workload. I learnt then to bunk the bunkable lectures like Psychology, so as to be able to get through the work of speech and hearing. But because of that, I ran into problems with those other subjects. Even for the Department's courses, I got into the habit of only learning for tests. There was never enough time for me to really try and understand what it was they were saying in class. Instead, I'd just listen hard for the things that the teachers stressed, and learn them. Sometimes I was lucky in the tests and exams and could give what they'd said straight back to them, but most of the times I wasn't.

When I fail, I feel them watching me harder. They're waiting and wanting me to prove myself, and they do this by treating me in a very special and separate way. I feel them watching my

skin and saying, 'Let us treat you very specially.'

I know they talk about me in their meetings and everywhere else. Everyone talks about everyone else in that Department, it's like another way they have of watching you, making you feel you are separate and special, but not in a good way. And it's like they've taken a decision to treat me in certain ways. Many of them are *too* kind and *too* nice. But instead of this helping me understand, it's like all this close watching; all this untrue smiling; all this telling me they're disappointed in me; that I should try harder; and that I need to go and see the AD²⁴ person – it all makes it very much worse. They don't seem to realise that I AM trying hard. All the time, I'm trying. So it's like all this being too nice is actually telling me that even the trying is wrong, that I'm still doing it wrong, that they expect me to do it wrong.

It threatens me, and over the years it's made me very unhappy. I've learnt to duck and dive, to stay clear of the teachers and the Department because of the way they see me and my Blackness. Sometimes it builds to a point where I feel I just can't take anymore and I want to run. Even up to this year I've thought about leaving the course.

The only thing that keeps me here is that it would destroy my family if I didn't finish. It would be like there was nothing to show for it – absolutely nothing at all to show for the pain of these years. So I stay on and on, bearing it all, swinging between passing and failing, between whiteness and Blackness, and trying to do what they want.

But at the very same time, and the more years that pass, the louder that time-tick sounds in my ears. It's because they don't *see*. It's like they've pushed themselves so far apart that they can't see the suffering, can't hear the pain of what they do to the students. I feel this pain, and I watch it for others. And more often lately, I think of the others that will come after me. It's then that the time-tick becomes all I can hear, and my anger and silence are at war with this sound.

Because I don't really think that this pushing apart is an accident. I think they want it like that because they don't really care.

So something deep in me says someone must speak out. And the harder I listen to the pattern within me, it seems that this person is me

²⁴ Academic Development personnel

4.2.2.1 Summary of Emerging Issues: 'Learning Alone'

The dominant theme of this narrative is 'separation'. In point form, the dimensions of this can be expressed as divisions between :

- Client and disease
- Dialogue and text
- Teacher and student; student and student
- Past life history and present teaching and learning experience
- Theory and practice
- English for dialogic communication and English used to serve a professional 'meta' symbol system.

Referring to Figure 7: Nolwazi's 'Way of Learning to Think about Care', the elements of powerlessness, a silenced and/or manipulated voice, fear and the necessity to obey are all reflected in the narrative.

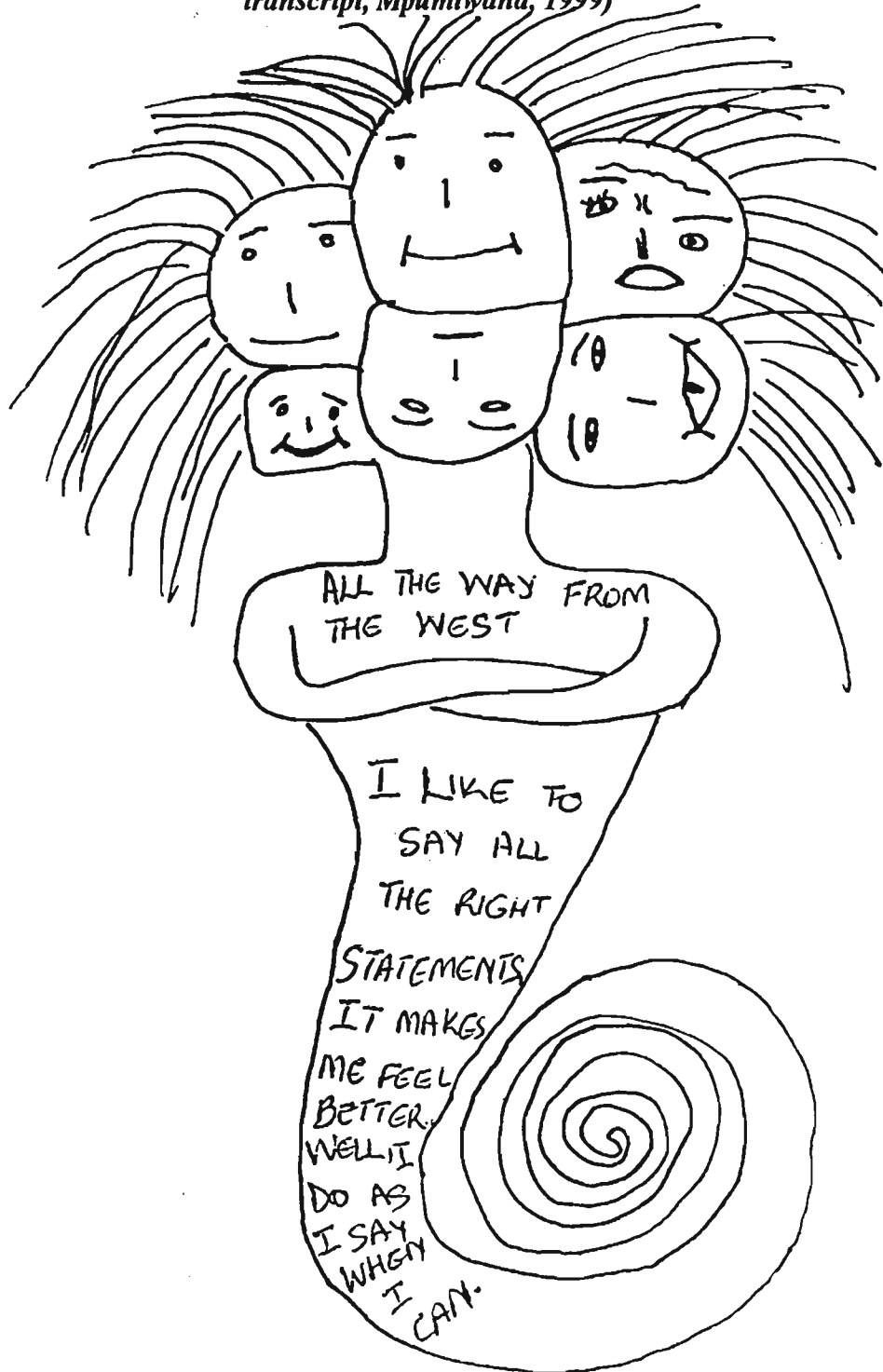
The result is that Nolwazi has attributed her training as 'non-caring'; and as a process concerned with de-valuing her identity.

4.2.3 'The Monster'

This last story, serving as a synthesis of the previous two, offers Nolwazi's interpretations of the origins of this 'separation'. 'The Monster of Professional Power' (Mpumlwana and Beecham, 2000) is a verbatim duplicate of this story, appended only by a brief introduction and postscript. The image that accompanies the narrative is the picture she holds in her mind as regards professional training. The drawing was included in her reflective diary, with extensive notes.

The Monster

"The multiple faced monster, with straight hair, folded arms, and a body of a snake, and coming all the way from the West, is extremely oppressive, racist, hypocritical, ignorant, partial, unfair, threatening, afraid, unfitting, confused, judgemental, insensitive, huge and definitely inhuman...and more." (Reflective Diary, verbatim transcript, Mpumhwana, 1999)



NARRATIVE SEVEN

The Monster

God gave us communication to share in each other. We share through speaking, and what we share is our humanness. I am human; I am one with you - and you are one with me.

The world is a test of our humanness. Each one of us has been hurt by people, or by circumstance. It gives each of us problems we must bear. But to counter the problems is this oneness with others, and the sharing through speaking and acting that eases the silent aloneness of suffering. This is our helping of others.

We all help. We all need to help. It is part of us. It is within us. And we should do this freely. I cannot set principles upon this helping. If a neighbour comes to me and asks for sugar, I cannot place rules upon the act of giving what she needs. I do not say, "But this lady should have planned her shopping better," or, "Her children are too fat," or something like that - and then decide to not give her the sugar. I give her the sugar, because this is the help that she asks for; so this is the help that she needs.

If I set principles on the act of helping, then I would set principles upon my humanness. I would set up divisions in my mind that would separate me from others. If I did this, I would become truly alone, and the events of my life that have hurt me would turn into the overwhelming path of my life. I would live in them, suffer in them, and blindly continue to act upon them. And I must not do this - I cannot do this. So it is that I cannot deny my human need to be part of another person - and to help.

And my human need to help does not set principles between me and another.

You allowed me into your training because you said I could communicate well. You said I had what it took to be a Speech and Hearing therapist. And I took what you said as the truth. I did not know then what I know now, that your training separates one person from another; that the way you have been taught divides the client from therapist; the student from teacher; the students from each other; and speech from hearing. For a long time I could not understand why you turned people into objects, turned 'sympathy' into 'empathy', and speech into 'science'. I could not understand how the way you think could have caused you to treat Black students differently, or to have caused you to be so un-genuine in your own communication with us. But I do understand it now.

I am sorry to say this, but I believe the reason you have made this great division is because you do not want to help. This western thinking of yours is not concerned with being one with all others. It is concerned with YOU; with what you need, with your place, and with your space. The way you think has separated our God given gift of communication from the people who need it, and divided you from the people you are supposed to train to help satisfy that need.

Instead of giving yourself to another, you have created a monster and placed it in that dark division between you and all others. This is an inhumane monster, and it feeds on your students and

clients. It is called 'The Profession' and it has already eaten you.

So because this monster has eaten you, you are now part of IT, instead of you being part of other people. And it is you, the monster, who looks out at me through its many faces. It is you that wait, that hope - and help - me to fail. You watch me very carefully, are very much too nice to me, and very harsh to me when I make a mistake. I think you do this because you are scared of the thinking that lies in my Blackness. I think you are scared that if this thinking entered your monster it may eat him up from within. If this happened I think you are afraid that your monster would topple and fall - and with it, you. The other face of this fear is that you are also afraid of the politics of the Country. This is why you have allowed me into your training by telling me the lie that I am good enough.

You have also allowed me into your training because your straight-haired western monster needs to eat. You teachers need to feed him because you need to keep your profession alive. So you would also like it if I was to be eaten as well, so I too could become part of the monster. Yet to do this I must prove that I have the right taste.

So your job as teachers is make me think like you: To think straight-haired and western, to deny my whole life of being part of others. You need me to join you in being 'objective', in writing 'scientifically', in setting principles on your idea of helping. Your job is to tear me from my past and what I know is right and turn me into a coconut - white on the inside and black on the outer. Then I will be good enough for your monster to eat.

Unless I submit and allow you to turn me into this other person - a person I

don't believe in or want to be - I will not become a South African Speech and Hearing therapist. So your monster is an oppressor as well as inhumane. It is, and because of the way it thinks, at root a monster of the western race.

Because I am not part of it yet, and because my understanding of the way it works has come slowly over the years of my failing your training, I can see him very clearly. I will tell you about him, and the reason I do this is because I do not think you can see what you have created - because you are as one with the many-faced monster, and you see through his eyes.

Its tail - a devious snaky tail curled in on itself and not rooted in the earth - is curled in upon itself because it is scared. You see, this monster is very afraid. It knows it has somewhere lost its helping, and it is afraid that it does not know what it is doing. Somewhere deep inside, this professional monster *knows* that it does not know what it is doing in South Africa, but it is scared to admit it to itself. It keeps teaching us about legal matters to cover itself for the mistakes it knows it is making, and that it knows we will make unless we are taught to watch our steps. It keeps saying, "There's a lot of research needed," yet teaches us to go to the western books to learn how it is to do this research. It's like this monster is scared of what it doesn't know about South Africa. But its fear is turned in on itself, and makes it says that whatever it doesn't know must be found out *its* way, and no other. So it is that it listens to its own fear, and feeds on it.

This makes the monster unpredictable. It does not know what it is going to do next. What I do know, though, is whatever the monster will do, it will put me at a disadvantage. That's maybe the real reason why you call me a

'disadvantaged student.' You've put me in a nice big box with this label 'disadvantaged' and that's a box you expect little of. And you expect little of me because you believe I don't know as much as the white and Indian students. You never stop to think that I might know different things, and that the way I know these things is not part of the western way of thinking.

At the same time, though, you expect me to provide the research to make you feel that you do know what you are doing in South Africa. This is because I'm Black, and you think you can use me to find out. You expect little, because I'm disadvantaged, but your monster is hungry to learn, because it is only from learning about Black culture that it can get over its fear of knowing nothing about South Africa. Yet *because* of its very same fear, the monster can only learn one way, and this western way stops the learning from happening.

You keep going on and on about 'Cultural sensitivity', and yet you *know* you know nothing about Black culture. Culture is not something you can put in a model and say, "This is the part of culture Speech and Hearing therapists are going to use." It's too big for you to bottle in your thinking – because it's part of a person and their life. So you have a problem. By dividing yourself from other people, by not seeing your oneness with another person, you will never know anything about culture - I promise you. The only thing that you can do is what you do now; taking this piece and that piece of what you believe, and teaching it like you teach everything else – under sub-headings.

Yet your fear is always there, and with it your need to treat Black people differently. Because isn't it strange how 'cultural sensitivity' is something you

western people need to show us Black ones? I sit in your classrooms and listen to the monster speak, and what I hear is how we must all be culturally sensitive to Black people. Yet I'm Black, and you are not culturally sensitive to me. You fail me again and again for not using your language appropriately, for not having learnt the same things in Matric as the white students, for not understanding the difference between articulation and phonology, empathy and sympathy, when these things are rooted in your language, your thinking, and in your divided self. You *expect* me to be white; you *need* me to be white. You must need and expect this, otherwise you would be sensitive to me, and you would teach me to be culturally sensitive to you.

Instead, your monster watches me with disrespectfully folded arms, waiting for me to fail in thinking and acting as he wants. And I say it is a 'he', not because all of it is masculine, but because so many parts of your monster are not female.

It seems like male thinking that started this profession, as a kind of exploring. I can see him thinking, "Well, let me do something special, something different" So he explored a bit and came up with Speech Therapy and Audiology. I don't think a woman would have invented it alone. I don't think a woman thinks like that. But maybe the 'helping' part came from a woman, and the men didn't mind adding this because a 'helping' profession sounds more correct. Yet I think the male thinking has been stronger, especially when it comes to this 'science.' Because it's men who like to take things apart and put them together again, like you do with speech and language. And I also think it's no accident that most doctors are men, and that we have to write reports in a way that doctors can understand. The

teachers say that, they say, "You must be able to communicate with doctors, because they tend to undermine us. So we must use their language and their knowledge so they can take us seriously." It's like for the profession to know what it's doing, it needs to know what the doctors are doing. We're women, but we're still trying to please men. It seems like the monster is scared of powerful men, but at the same time wants to be a powerful man. The monster is very confused here as well. This also makes it unpredictable.

It is this unpredictability of the monster that circles this tail on itself in fear. Because I am a student, I am caught in this tail. There are two ways that you communicate your fear to me, and keep me in the control of your confusion. The first is through how you speak to me and treat me, and the second is through you failing me.

You don't speak to me the same as white and Indian students. Through your narrow smiles and cautious words you tell me that I'm different. But in the very same telling you use words of care. You say, "But I care about you, Nowlazi. Nobody's going to victimise you, you can say what you want." Yet I know you're acting, like I know you all talk about me. You see me as Black, as disadvantaged, and then only as a student. Some of you tell me this very clearly in your words and your actions. Others of you are more subtle in your treating me as different. You are too nice, too friendly, and much too watchful of me. It is very rare to find one of you that is colour-blind, but they do exist. Yet your monster does not value them. Instead, you laugh at them, and make them small.

You fail these people as not part of your thinking, the same way you fail me. They think differently to your western

'us' and 'them' division, and they pay the price, the same as I.

Why is it the white students get the highest marks, the Indians the second highest, and the Blacks the lowest marks? It cannot be that our Blackness makes us stupid. You allowed me into your training because you said I was good enough, but once in it you fail me, over and over. You fail me because I cannot express myself in your language as well as the English speaking students, and I fail because I have to learn more than the words of your teaching - I have to give back to you the way you think. This is what you are really testing, this is how you assess my 'intelligence'. You test to see whether I have learnt to think like you yet. My failing is because I'm not a ripe coconut yet.

But this failing also gives you great power over me, and has kept me silent until now, the same way it has kept the many Black students silent through the years of their failure. You have words that you use to keep me silent. You say 'Empty vessels make the most noise.' You say, "There she goes, the empty vessel - she's making a noise because she's empty." It takes a lot of understanding to see how you failing me defends your monster from criticism from outside. It takes a lot of thinking to understand how words like these keeps the student quiet and makes her believe it is she who is wrong, and not the western monster of your profession.

I understand it now, and because of this I feel a little better. I can, with Ruth's help, tell you what I know of you. I can speak out, even though I stay scared of your victimising me for saying these things. I am still caught in your unpredictable and confused tail. Perhaps, though, this unpredictability will work for me this time, and that with

the monster's fear of the politics of the Country, all that will happen is that the monster will be embarrassed for itself by me seeing and speaking of it.

Either way, though, it will not help me. Because in seeing and understanding the monster, I have had to ask myself if I want to be part of it. In understanding what it is that lies between me and the helping of another person to communicate better, of the principles you have placed on the sharing of our humanness in this thing called therapy, I find the losing of my identity too big a price to pay. I don't want to be a tasty

coconut. I don't want to be a part of your monster. I truly do not.

Yet I want this degree, for my family - and in truth I want to pass myself, just to show you. So I will act for you and, as long ago advised, I will pretend not to see the racism of your actions and the racism of your thinking.

I will get this degree, but I won't be part of your monster. I will not make him stronger by practising your divided ideas about helping. I will not be a therapist. Truly, what I have learnt from your training is that I don't want to be one - not the way that you teach it.

4.2.3.1 Summary Emerging Issues: 'The Monster'

Nolwazi places the origins of 'separation' within the rational, objective and empirical discourse of western thinking. In turn, she locates this inside a rigid professional structure. Her interpretation of the result is that of an inwardly focused teaching and learning environment - and one powerfully resistant to change. While acknowledging its insecurity in terms of the South African context, she also perceives that as long as the profession can maintain its separation from human care, it will be able to maintain its training programme in an unchallenged form. As the task of professional training is to mechanistically duplicate its thinking in students, the implication is that to succeed in training, a BAFL speaking student needs to be prepared to *think* as the profession does. In the absence of Nolwazi believing in the legitimacy of empiricism as the foundation for providing 'help', the result has been a crisis of identity.

Chapter Summary

This Chapter has sought to reveal patterns of both influence and interpretation from Nolwazi's experiences of training. In combination, the presentational analysis of 4.1, and the representational analysis of 4.2, have served to uncover the major themes of 'care' and 'separation'. These themes lie, however, within a broader contestation of 'western discourse' and Nolwazi's belief as to its power to separate human beings from their necessity to care for each other. In summative terms, Nolwazi's articulation of herself as experiencing a crisis of authenticity and identity as a result of her training can be represented as a difference in belief as to the role and aims of a 'caring' professional health education programme. This difference can be diagrammatically represented as:

Figure 8: 'A Difference of Belief'

Life History Beliefs as to Role of a 'Caring' Health Professional:

(Professional) education = 'Becoming *somebody*' = 'Professional' = Like mother
Teaching integration of
People via Provision of
'Help'.

Interpretations of Training Experiences:

Teaching Separation of
People from each other = 'Becoming *inhumane* body' = 'Professional' = Like 'Monster'

Chapter Five discusses the major themes revealed in this Chapter. As a conclusion to this one, however, is Nolwazi's poem, 'We could Have been Friends':

We Could Have Been Friends

(23rd October 1999)

Had we met in a different setting
You and I,
Been just women or human females
We could have been friends.
We could have talked about men
We could have talked about marriages
We could have laughed and cried together.

Had we met in a non-racial world
You and me
Being just God's hand-maids or creatures
We could have sat down together
We could have plaited each other's hair
We could have shared many a mirror
We could have praised each other's beauty

Had we been kind strangers in a store
You, me
Being just shoppers, or browsers
We could have discussed prices
We could have discussed taxes
We could have discussed food
We could have exchanged recipes

But then – it's all different

We met at university
You and I
You are my teacher, I'm a student
-Not just human beings

And then –
Your colour is pink, or your hair is straight – my colour is brown and
My hair is curled – too much!
You are European or Indian – I am African
You came to my land and hate me

Well now
We supposedly eat different food
We shop at different shops or at
Different times
And we never meet.
We are just so different.

It appears we are incompatible
The differences are just too many
The shallowness is too much
Because you and me – us.
We major on minors
Shame on us!

Do you ever wonder what God thinks
Of you and me?
Or do you think I am not human
But just that “missing link”
Some creature

I do hate your deeds
But I cannot really hate you.
I pray for you sometimes
I ask God to keep you safe
To help you achieve your good goals
I pray for your health and happiness

It's not out of goodness
It's not that I'm perfect
But because I found God's gift
For all men
The gift of unconditional love
Love for him and my fellow men

We are so out of tune
We really must revise
I'm willing! Are you?
We need to recapture the first love
Come on, we can do it.

Chapter Five: Drawing Close



Chapter Five: Drawing Close

‘When a magnetic substance is brought near a magnet, its particles are lined up in one direction and it temporarily becomes a magnet itself.’

(www.technicoil.com/magnetism.html)

Chapter Overview

Chapter Four concluded with Figure 8, suggesting that a difference of belief as to the role of a ‘caring’ health professional lies at the heart of Nolwazi’s sense of ‘separateness’ from her teaching and learning programme. In this final Chapter, this central point is discussed in relation to the teaching and learning processes of professional training. In other words, the following text explores how the model of professional development presented in 2.1.6 translates to the emerging issues foregrounded in the prior Chapter. As a reference to it, the model is re-presented.

By virtue of the points raised in this discussion, an interpretative space is created for considering on what basis a ‘caring’ curriculum could be structured. Throughout the following text, therefore, threads are woven that suggest an alternate way of conceptualising the discipline’s development, based on the interpersonal and caring discourse of therapy. Thus while 5.1 links the institutionalised communicative rules in teaching and learning to the result of ‘separation’, it also offers the opportunity to consider ways in which the inter-subjective power of therapeutic dialogue can form the basis of its synthesis. Similarly, in 5.2, and within the discussion of the ‘meta-language’ of professional text production and its contribution to separation, an alternative argument suggests collusionial dialogue as an appropriate basis to the discipline’s activities of research and report writing. In 5.3, and as a result of its discussion of clinical practicals and their contribution to separation, ways of promoting the principles of PHC are suggested. In the summary of this Chapter, these various threads are formalised and presented as ‘Connecting with Care: A process model of Development for a therapeutic discipline.’

Figure 3: An Environmentally Safe Model of Professional Development

- a) The ideas sub-serving the profession's knowledge base have resulted in a rational, objective and empirical approach to problems of human communication**
- b) The ideas sub-serving the university context of professional training have supported a rational, objective and empirical approach to knowledge production and transmission.**
- c) The effects of a) and b) in the socio-political context of apartheid have resulted in a skewing of professional knowledge production and transmission towards the white English and Afrikaans population groups.**
- d) The effects of a), b) and c) have resulted in (particularly) the English language achieving dominance in transmission of knowledge, and also in the transmission of the ideals sub-serving 'professional behaviour.'**
- e) That all the above serve to advantage students in training who are mother-tongue speakers of English and/or Afrikaans.**
- f) That all the above hold significant ideological value to the institutions and sections of society concerned and are thus resistant to fundamental change.**

5.1 Separation: Teaching, and Gender

In Chapter Two (2.2), a thesis was developed proposing that the profession's silent response to opposition represents the inadequacy of academic discourse to either express – or escape – its own institutional interests. One important dimension of these interests implicated gender, and the suggestion that the profession's survival within the university system necessitated a high level of collusion with its male-dominated institutionalised discourse rules.

Interestingly, and as a result of her life history experiences, Nolwazi's sensitivity to gender has resulted in her understanding training's empirical-analytical 'subject/object' separation as a male trait ('The Monster', paragraph 19). That a masculine bias to knowledge construction lies at the heart of most academic disciplines is not a new concept. Neither is the historical emphasis on 'thinking' itself representing the abstract

and impersonal, with these mental processes being attributed to men (Belenky et al., 1986). At the same time, those mental processes that deal with the interpersonal and personal aspects of human experience have been classified as 'emotion', attributed to women, and de-legitimated as processes producing knowledge (Belenky et al., 1986; Rose, 1994).

At the risk of repetition from 2.2.2.2, what needs to be emphasised here, however, is that the predominately female teacher-professionals, aspiring to high levels of collusion in the male-dominated discourse rules of the institution, have a vested interest in speaking with a male voice. This voice de-legitimises attributes such as interdependence, intimacy, nurturance and contextual thought (Belenky et al., 1986; Gilligan, 1982), female qualities that Nolwazi values highly.

It could be argued, therefore, that a significant influence on Nolwazi's inability to negotiate the training curriculum occurs from the fact that she thinks 'like a woman', in a context where such thinking has little value or currency. Her emphasis on connectedness, sharing and caring through negotiated communication is a clear theme of both the presentational and representational analyses of Chapter Four. At the same time, it is the disconnected or 'separated' nature of her training's communication channels, both in knowledge transmission, production, and in the co-construction of relationships, that lie at the heart of her attributing a lack of care to it. In paragraph 7 of 'Learning Alone' she stresses her interpretation that other students found it easy to "put people's problems under a microscope and analyse them", a clear reference to the 'male' science at the root of the model of professional development, and an equally clear reference to her sense of her thinking as different to her non-BAFL speaking student colleagues. It could be suggested, therefore, that her female 'voice' is in a position of dis-power by virtue of the thinking it reveals, and also by virtue of her failure and/or resistance to subjugate it to the masculine voice of training.

An insistent and recurring feature of Nolwazi's 'female' voice is its continual reference to 'taking responsibility' as a primary expression of a caring communicative relationship. In the excerpts cited below in (5.3), she is clear about a therapist's responsibility in caring for the whole person, not just the problem of communication in isolation. The provision of comfort and nurturance in the form of shoes and food is a

kind of 'social or occupational mothering' (Rose, 1994, citing Simonen; p37) that is part and part of the responsible relational skills acknowledged and valued by women, taught by her mother as a health professional, yet not legitimated by the scientific model of caring developed by the profession.

A second aspect of 'taking responsibility' is that demonstrated within - and by - the teaching and learning process. An extract from Nolwazi's reflective diary relates the story of a final year student who leaves training six weeks before the end of the 1999 academic year: **"This really disturbed the class. It really didn't have to come to this....Since the lecturers knew that she had not participated much in the class projects that were done, we were given little evaluation sheets to evaluate each group member's participation. I mean, honestly, this was done to catch out one student.... She [lecturer] first asked [us] to write a letter stating that she [student] did not participate adequately....Sick! Cruel! Immature!"** While her response underscores her perception of an abnegation of responsibility by the teachers, her own sense of responsibility as 'personal involvement' prompts her to add, **"She [student] must have been having a really tough time. I don't know how I could help her.....She does not need any negativity but she needs help. I am going to be praying very hard for this poor girl. She's a single Mom, too."**

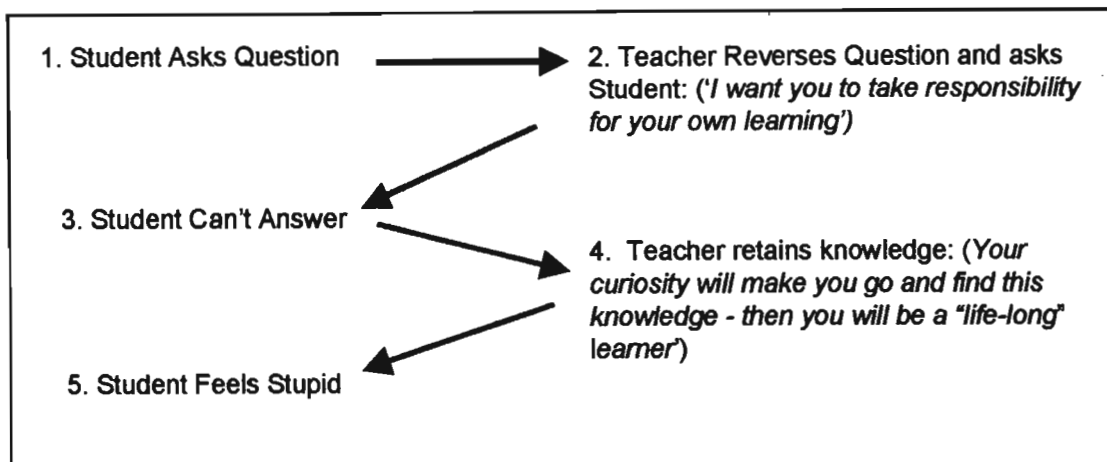
In terms of communicative process, this example also highlights the dialogic gap between the voices of teachers and students. Although acknowledging the significant irony of this in a training programme aimed at educating professional communicators, the focus here is rather on how the profession's aim to provide 'helping' educational training has actually de-legitimised 'taking responsibility' and 'care'; submerging them beneath the "arrogant, objectivizing [sic] science [that] seeks to instruct women in its own practices" (Rose, 1994; p37).

What has occurred as a result of this separation is a profound disconnection of communicative process. Throughout her experiences of training, Nolwazi reflects her powerlessness to effect change to her reactive, dependent and largely passive response to the authority of the 'male' voice. Belenky et al., (1986; p28) in discussing 'silence' as one way of a woman 'knowing' her world, powerfully expresses Nolwazi's sense of the communicative authority within this relationship:

“These women are aware of power that is accrued to authorities through might but not through expertise. They do not envision authorities communicating their thoughts through words imbued with shared meanings. In their experience authorities seldom tell you what they want you to do; they apparently expect you to know in advance. If authorities do tell you *what* is right, they never tell you *why* it is right. Authorities bellow but do not explain. They are unpredictable.”

In terms of classroom-based theoretical teaching, it is interesting to consider Nolwazi’s comments regarding the communicative practices between teacher and student outlined in paragraph 5 of ‘Learning Alone’. As a teacher, I frequently used this technique, and have included a gloss of my interpretation of the skills I hoped to facilitate:

Figure 9a: A Teaching Dialogue



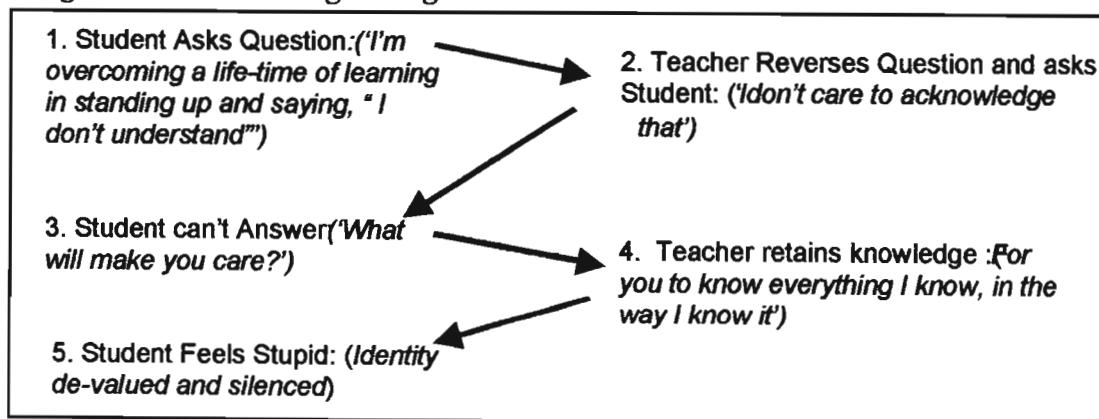
However well-meaning the teacher’s intention, the superior and subordinate power relationships interpreted by Nolwazi need acknowledgement. In addition, what needs further discussion is how this exchange relates to Nolwazi’s equating ‘caring’ communication with open, reasoned, and therefore participative dialogue in the teaching and learning process. To aid in expanding this point, the reader is referred to Appendix 4, the co-authored narrative text of Michael Samuel and ‘Emmanuel’ (from Samuel, 1998).

Nolwazi is sharply critical of ‘Emmanuel’s’ interpretation of the reasons for the failure of Black female learners in his multicultural classroom to participate in the teaching and

learning process. Instead, she equates their lack of participation to children being taught that, “...whatever is said this older person is right. So now look at it this way, a Black child has seen that white people are right, [and] teachers have to be right, okay? Now you bring this child into a white school. She will automatically feel she doesn’t know as much as everybody else knows. And these are older people teaching her, so they’re right. ” (Interview 4, p18) Further on, she states, “... if you participate you will learn more, but what if you don’t have anything to participate IN? I mean, you don’t feel – you don’t have that thinking, that kind of thinking, you know, you don’t think like that. ...You don’t think you can actually stand up and say, ‘Okay, I don’t understand this.’ I don’t know – you don’t have that kind of – you were not brought up like that. So it’s not just not WANTING to participate, it’s not THINKING about participation. They’re not sitting there saying, ‘I’m not going to say anything,’ they’re sitting there not knowing what to say – but wishing they could say something, but they don’t know what to say.”

If Figure 9b is re-configured in light of these comments, Nolwazi’s interpretation of the dialogue may be glossed similarly to:

Figure 9b: A Teaching Dialogue



It seems important to explore the implications for a ‘caring’ curriculum when ‘male’ rational, abstract and impersonal communicative teaching styles are used with students coming from educative experiences that may have taught different ways of *thinking about* the teaching and learning process. Before doing so, however, and because of the linkage between the issues themselves, the following section discusses the

communicative separation that is taught within the profession's text production processes; particularly those of report writing on clients, and the expansion of professional knowledge through research.

5.2 Separation: Theory and Text

In Chapter One (1.1) it was pointed out that professional theory is based upon human communication representing pathological (diseased) deviations from a *socialised* standard of 'normal' linguistic functioning. In light of the origins of its theory, the 'normal' linguistic standard is largely derived from America and/or Europe. Theoretical teaching is therefore concerned with teaching disease, and the 'norm' from which the disease represents deviation is most often referenced upon the English (or Afrikaans) symbol system. Removed from the context and individual, the disease of communication is the focus of theoretical teaching.

In his critique of medical discourse, Foucault (1973) suggests that when disease is taught as an autonomous entity what is learnt by the student is an attentive, yet one-dimensional, perception of pathology as standing alone - framed rather as a portrait. The classificatory task of the student becomes a subtractive or summative process of resemblance. For example, 'This picture is *not* Aunt Amy, because' Or 'It's *like* Aunt Amy, but *not* like because...'.²⁵

With disease being taught, and examined, in relation to its own self and others like – and unlike – it, the human conveyor of disease is removed. Theoretical teaching in this manner, most commonly following the format referred to by Nolwazi in the 4th paragraph of 'Learning Alone', is independent of the kinships between the person, the family, and even the unitary world of disease itself.²⁵

Even, however, if theoretical teaching was integrated with clinical practice, this does not mark a resolution of the 'separation' problem. This is because the uni-dimensional

²⁵ A personal example: Individually taught pathologies (in different years of study) of 'Articulation' 'Learning Disabilities' 'Phonology' 'Apraxia', 'Dysarthria' 'Cleft palate' (and others) may include a person having difficulty with clear pronunciation of [s]. Only when preparing for my final examinations did it occur to me that this was not a qualitatively 'different' [s] pronunciation problem in each case. Until then, I had conceptualised the [s] mispronunciation as a specific – and different - symptom located within each individual portrait of disease in the long picture gallery of training.

plane of the observing gaze still remains: That of the subject/object separation that exists between the observer and the image itself. To pursue the image of portraiture: integration of theory with practice would represent nothing more than a removal of the portrait frames, and of the canvases being placed side by side.

The reason is because the division of disease from the world and people is attended by a further separation, one located in the type of discourse used to describe it. Superimposed upon the rational, objective, written word - the valued communication of the university setting - is a 'meta-language' used specifically to describe and document the presence of disease. This 'meta-language' is a phenomena of all 'helping' professions - from medicine to social work. Edelman (1984; p45) suggests that these professions develop it as a result of their primary concern with defining other people's status - in SHT's case, a person being a 'diseased' communicator. In other words, and laid upon rational empiricism, it is a language developed to 'justify restrictions of their [client/patient] physical movements and of their moral and intellectual influence'.

In this analysis, Nolwazi's emphasis on writing as an alienating experience (paragraphs 12-13 in 'Learning Alone') indicates more than the difficulty of writing in a second language, but expresses rather the difficulty of learning this 'meta-language.' A language, moreover, and as she points out, without a clear rule book, and one that also requires translation into her second language of English.

There are two central loci of professional activity where proficiency in 'meta-language' is needed. Firstly, and through the function of report writing on clients, the profession needs it to describe its relationship to the society it serves and to other professionals. Secondly, and through the research it produces, the profession uses it to describe its relationship to academia and to the international profession. It is for these reasons that in training, the student's ability to communicate in the profession-specific 'meta-language' is specifically evaluated. Because of Nolwazi's particular emphasis upon these contexts, the following sub-sections discuss reports written on and about clients seen in practice and, secondly, the mandatory research component of student training.

5.2.1 The Discourse of Report writing

Nolwazi has never submitted one report without having to re-write it, sometimes up to five times. The problem is that, **“I was writing in a roundabout way. I wasn’t straight to the point. I was writing in long sentences and that’s how I talk....Well, really, they wanted me to write it in a scientific way. I don’t know WHY it should be scientific if I’m just explaining the problem, or explaining the results – but it had to be scientific. And I still don’t understand what they really wanted me to write.....My language had to kind of change...And it has never changed. I’m still writing like this. It’s hard to, to actually write in their style”** (Interview Transcript Two, p28).

The action of writing a report is a commentary in hindsight. This commentary is not, however, upon what has actually been said, but upon the therapist’s interpretation of what has been said, mediated by objective and rational language. It represents, therefore, a life-history, yet without the collaboration - and most frequently the knowledge - of the participant.

With the emotional and feeling ‘life’ of the person carefully re-worked so as to reflect a one-dimensional ‘scientific’ plane, report-writing at one and the same time serves to distance the therapist from personal involvement in the shaping of the original dialogue, while facilitating the presentation of a person’s life as an objective (diagnostic) ‘truth’. The life of the client is, therefore, re-constituted within the words of the professional and, by discursive sleight of hand, presented without the therapist taking responsibility for this re-constitution. The separation of client and therapist is a creation of ‘subject’ and ‘object’ relationships; relationships of significantly unequal power - and of significant distance.

Foucault (1973), in tracing the ontological roots of professional commentary upon diseased individuals, links its secrecy and specialised nature to the desire of a privileged group to maintain their knowledge amongst themselves. Thus the production of reports presumes competence in the ‘meta-language’ of subordinate and superior relations of power – a position clearly perceived by Nolwazi as non-caring.

This point is extended to the second context of professional text production, that of the creation of professional knowledge through research.

5.2.2 The Discourse of Research

A mandatory requirement for SHT graduation is the production of an honours equivalent, mini-research dissertation. It is examined as a separate course of study, and is most usually undertaken in the final year of study. Nolwazi submitted her research project in 1999, and instead of failing outright, she was given a mark that allowed her to re-submit the report in early January 2000. Transcript Excerpt 5 describes the multiple levels of separation she experienced over this project, an attitude survey of BAFL speaking clients receiving therapy for dysfluent speech patterns (Interview Four, pp10-11):

Ruth: ‘Okay, if it had been you, would you have done it the way you’ve ended up doing the research?’

Nolwazi: No.

Ruth: How would you have done it?...

Nolwazi: Oh! (laugh) I would have gone and spoken to these people and asked them questions as to how they felt about therapy, to find out from them how they felt about therapy, and how they, how they were benefiting....

Ruth: And how did you end up doing it?

Nolwazi: Well, I ended up having to go and look for literature, a lot of literature that dealt with this research, because I could not do it – you know, it wouldn’t be my thing – you know, it had to come from somewhere. I could not use my general knowledge (laugh) I had to go and find someone else’s knowledge and then use it. Because you can’t say anything unless you can say ‘Orlando Taylor, 1999’ or something like that....

Ruth: And then how did you actually do it?....

Nolwazi: I sent them questionnaires.

(.....)

Ruth:Was that when you phoned me and asked how the hell you analyse a Lickert scale?

Nolwazi: Yes.

Ruth: And I said, ‘Go to the book that told you to do a Lickert scale in the first place?’

(Both laugh)

Nolwazi: Yes.

Ruth: Why did you – did you understand why you had to do it?

Nolwazi: NO! (laugh)You know, I don’t know. I still feel that I didn’t get any information. I didn’t get enough information, even though I did it. Because the questions were too structured, they were looking for certain information. You know, they were not looking for what the client was feeling.

Ruth: But you keep using ‘They’..... to explain this research.

Nolwazi: Well, I didn't feel part of it. It didn't feel like MY thing. You know when you do something because you can't do what you want to do? You know, you're not so interested in it. You're just doing it because somebody wants you, and the person who wants you to do it is the person who's going to mark you; so why not do what she wants, then? Then it's over and done with.'

To summarise the issues she raises here: firstly, that the separation of the researcher from the subjects of the research occurred through the written word being granted primacy over dialogue. Secondly, that the written word was legitimated both in terms of methodology (questionnaire), and in terms of knowledge (literature survey). In this process, 'subject' feeling and emotion was re-constituted by the therapist-researcher and largely removed. And finally, that the consequence of engaging in research was Nolwazi experiencing herself as separate from it.

From this excerpt, it is also clear that Nolwazi remains unconvinced that the objective and rational power of the written word is superior to that of the spoken word, especially when attempting to access people's feelings and attitudes. She continues to believe in the inter-subjective power of dialogue as the primary vehicle for both the creation of knowledge and the expression of care as a basis from which to create this knowledge. Yet she also clearly expresses her position of dislocated powerlessness as a result of the non-negotiable communicative context underscoring the research process, understanding her response to it as a necessity to obey. This last point finds a resonance with Figure 7 (4.1.3), and her childhood learning from non-caring experiences.

To highlight the effects of separation as a core function of professional research production, it is perhaps appropriate to contrast the discussion thus far with the legitimate 'meta-language' of professional knowledge creation. Included as Appendix 6 is the abstract of a research paper based upon a doctoral dissertation being produced by a Departmental teacher-professional.²⁶

The interest of this particular example lies not only in the clear demonstration of analytical-empiricism in its design with regard to 'subjects', 'test instruments', 'statistical analysis' 'reliability control' and aims at 'standardisation', but also in its

²⁶ Appendix 6: 'Issues and Outcomes in the development of a "culture-fair" test of verbal reasoning for rural Zulu-speaking children' (Solarsh, 1999).

subject matter. The aim of the study is to access how children think. More particularly, how a particular group of rural, isiZulu-speaking children think in one 'mode' of thought, that of verbal reasoning; and to thereafter reveal 'significant differences' in thinking between rural isiZulu speaking children and other groups of children.

It is not within the scope of this study to offer detailed critique of the fundamental 'separation' that will emerge from this project, or to link the 'significant differences' that will be revealed to the debates between Walter Lippmann and Lewis Terman in 1923, and the subsequent much publicised work of Arthur Jansen (Block & Dworkin, 1977). It is rather necessary to point out that research concentrating upon individual differences of reasoning as part of 'intelligence' are part of larger interests in control, particularly those of 'explaining' why Black children fail at school (Lawler, 1978).

What, however, is important in terms of this discussion is that the discrete parceling of 'verbal reasoning' as an ability and skill independent of the entire sum of a child's experience, constitutes a separation of 'thinking' from the child as a cultural whole. This point is not only raised in relation to the methodology of this study in 2.3.2, but is highlighted by Nolwazi in paragraphs 15 and 16 of 'The Monster'. Her claim that the profession will be unable to learn about Black South Africa through its current method of discrete and separated study of 'culture' appears supported when critically considered in light of Solarsh's (1999) research paper and the study upon which it is based.

In concluding this part of the discussion regarding the promotion of 'separation' through several key text production processes of the profession, it is useful to re-cap on Fromm's (1956) discussion of the aims of the therapeutic encounter. As first mentioned in Chapter 2.2.2.1, its purpose is to demonstrate care, responsibility, respect and knowledge. In the first instance, these qualities are expressed and understood by attentive listening, reflection and speaking. To contrast this with the image of the portrait gallery, and the 'meta-language' sustaining the uni-dimensional subject/object separation of portrait and observer, it would appear something akin to investing the picture itself with the right to speak - and to be heard. Another way of putting this is that instead of the dialogue occurring *about* the pictures, and being established between visitors to the gallery (insider-professionals, or trans-professional groupings of a referral

or research audience), the primary and essential dialogue is between image and observer.

A speaking portrait would therefore no longer be a passive representative of disease, or an uninformed subject upon the which research or diagnosis is performed, but an active participant and collaborator in co-authoring the *nature of the problem itself*. By establishing the trusting and collaborative relationship I described in Figure 4: The Narrative Relationships (3.3.3), the texts of reports, research questions and methodology could be co-constructed. In this way people could claim their right to challenge and reject objectivising ‘meta-language’ and specialist terms that disempower access to, and creation of, knowledge about themselves as unitary actors in the world. The emphasis would shift, therefore, from that of creating ‘differences’ between people, to that of establishing collusion between them through negotiated dialogue. In many ways, by allowing the ‘subjects’ of reports and research to speak and be heard, it invokes the idea of the images in the portraits stepping out from the canvases.

Having said this, however, the admittance of the ‘subject’ as a person to be talked *with*, as opposed to talked *about*, presumes a radical change to the current model of professional development. As a first step, it would require deep reflection as regards the communicative heart of the therapeutic encounter and its comparison to the communicative aims of the ‘meta-language’ perpetuated through vehicles such as report-writing and research. Issues of power, participation and responsibility would need to be examined in relation to whose interests are being served in preserving the current separation. As a central part of this exploration, the aims of the empirical-analytical model of knowledge creation and construction would need careful re-evaluation, and a critical approach adopted to texts promoting reductionism, empiricism, statistical analysis and rationality because of their separating, differentiating, and normalising aims. Particularly, these aims would need to be researched in terms of their purpose in establishing differences between people on the grounds of pathology and/or culture.

Re-examination of the aims and issues concerning text, however, form only one part of the complex influence of the current model of professional development in promoting separation of people from each other. A key contributor is the subject/object

relationship learnt by the student in the therapy practicals. The following section expands upon this theme.

5.3 Separation, Therapy and Talk

As mentioned in Chapter One (1.1), theoretical teaching and examining of the diseases of communication most commonly occurs the year before the student is exposed to clinical practice with individuals ‘having’ the disease itself. Thereafter, clinical tutoring occurs in highly controlled experimental environments of a university-based ‘clinic’, selected sites outside the institution, for example ‘special’ schools/facilities, hospitals, or as part of community ‘projects’.

There are two, linked, points that need to be made with regard to the clinical teaching context of training. The first concerns the influence of theoretical knowledge on interpretations of clinical teaching and learning. The second relates to the controlled and ‘separated’ nature of the clinical teaching environment itself.

It has already been suggested in 5.2 that the theoretical teaching of disease marks a separation of the person from the disease she carries. The subsequent clinical practical experience, in Foucault’s (1973) analysis, is based on ‘re-discovering’ the human individual, yet with the professional gaze attentively and insistently focused upon the disease process itself. The understanding of a person through clinical dialogue is, therefore, an understanding based on the manifestations of disease. The significance of this is that a division is formed in the aims of the ‘helping’ enterprise. Foucault (1973) makes the distinction between ‘assistance’ and ‘care’, where the observing, clinical gaze of the health professional is focused upon *assisting* the alleviation of symptomatology; while the *care* that, for example, occurs in a family system involves a responsible and systemic support of the individual in context. The importance of this latter focus is that the symptoms of the disease are perceived and treated as part of an integrated – and compassionate – whole.

It is this conception of care and help, and as stressed in the presentational analysis of 4.1.1.2, that Nolwazi has learnt from her mother. Because of its importance in influencing her ability to negotiate the clinical curriculum, it is relevant to elaborate

upon Nolwazi's conception of it. In Interview Two (p6), and in the context of speaking about the division of 'empathy' and 'sympathy' taught in training, Nolwazi says, **"How can I not be sympathetic? How can I not – if somebody comes with a problem. This person comes – for instance – for therapy having not eaten and I've got money to buy them food, how – why can't I just go and buy food for them – let them eat?"** And later, in describing an incident occurring in her fourth year of study, after undergoing two years of controlled clinical practice (CST I) and failing the course at the first attempt, she tells of a woman coming to the University for therapy in winter from a local hospital, **"...she wasn't wearing shoes and I have stacks of shoes, and I had a nice pair for her in my mind, but I was, I was too scared to actually offer her, because I didn't know what was going to be said by the lecturers and staff – because I can't be separate."**

As already pointed out, what is learnt from structuring clinical practice on the basis of disease is that the disease itself provides the text of the learning experience. As Foucault (1973; p59) states, "the patient is only that through which the text can be read". Yet, and as already described in the representational narrative of **'Learning Alone'**, prior to clinical exposure Nolwazi had already experienced a severe dislocation from the theoretical teaching 'text' of training, interpreting it as divisive in terms of human relationships. In approaching clinical learning, and as she points out in paragraph 14 of **'Learning Alone'**, she was unable to apply the conception of 'separation', as she had no fundamental understanding of it. In other words, she was unable to conceptualise the "patient [as] the accident of his disease, the transitory object that it happens to have seized upon" (Foucault, 1973; p.59).

This inability to understand 'assistance' as the primary goal of the therapeutic encounter as opposed to 'care' is compounded by the aim of clinical teaching being the construction of 'ideal' teaching and learning experiences that allow students to develop expertise in assessing and treating particular pathologies. To do so, clients have to be 'captured' (Brandon, 1976) for practice upon by the student corps. Clinical teaching, therefore, occurs in contexts where firstly, individuals have been removed from their home environments, e.g. 'special' facilities for the disabled, the university speech/language/hearing clinic or hospitals; and secondly, have been made available for practice upon by aspiring professional therapists.

In the creation of what Foucault (1979) terms ‘functional sites’ within which practice occurs, what actually moves are the people, not the architecture that serves to temporarily enclose them. What is learnt firstly from such an approach is that therapy occurs separate to the family and community. Assistance as regards the alleviation of the communication pathology, therefore, occurs ‘naturally’ as external to the person and her support systems. Secondly, and as a result of the availability of individuals with disease for practice upon, aspirant therapists learn that the provision of their services stand in a similar relationship to a ‘functional site’, with themselves as stationary, and clients moving towards them. Both these points, and as highlighted by the text excerpts in Figure 4: ‘A Mother’s Care’ (4.1.1.1), do not follow the pattern of learning Nolwazi gained from her mother’s example as a professional health worker.

As discussed in Chapter One, (1.2.1) South Africa has adopted Primary Health Care as the nation’s health service delivery model of choice. The practice of Nolwazi’s mother bears a striking resemblance to the ideals of PHC and its central tenets of democracy, equity, and access in a holistic approach to health care, involving prevention, promotion and rehabilitation – all encompassed within a framework of *community involvement* (Pillay, 1997. *Emphasis mine*). The points made above with regard to the context of clinical training may have implications therefore, for not only the promotion of a ‘caring’ curriculum, but for the national goals of primary health *care*.

For if a therapist is to learn her role as the provision of holistic health *care*, as opposed to discrete symptomatic *assistance*; and if she is to learn that her activities are integral to the community she finds herself within, then it would seem that the current orientation to clinical training needs re-examination. It would appear that the formative early years of therapeutic practice would need to occur in contexts that are constructed around - and actively practicing - the ideology of PHC, and that the student should be absorbed within these learning environments. The base-line aim of clinical training would not, therefore be focussed upon ‘captured’ communicatively diseased individuals in the second year of study, but constitute, and from the first day of training, an immersion in learning to respond to people’s problems of communication *that co-occur* in the context of holistic welfare and health objectives. Contexts for training would need to be selected on the basis of their active fulfillment of national health/welfare policy.

Teaching and learning occurring in these - necessarily - politicised environments would represent a fundamental shift from the currently de-politicised and de-contextualised focus on pathology. By providing opportunities for students to seek out people in need, and to respond to their stated problems as communicative helpers, the evaluation of practice excellence would presumably be based on co-authored and reflective assessment of the nature and type of care offered by the student - and help received by the person (or people) concerned.

This notion, however, presumes that theoretical teaching is subsumed under the umbrella of care, and becomes responsive to it. If this occurred, it raises two major questions. The first refers to the role of the university in promoting such a conception of professional health worker training. Linked to this is the second: the abilities of the teacher-professionals to undertake it.

Presuming that a university acknowledged that establishing a caring health worker curriculum would be best served by its removal from its dominant discourse, then training may very well be re-located to the contexts of practice mentioned above. In other words, by the physical removal of students and teachers from the dominance of academic discourse, it would be hoped that new ways of thinking about the teaching and learning process would result from immersion in the practice discourse of the new environment. There are however, two major objections to this; both, I would argue, serving to promote a reformative, as opposed to a transformative, training agenda.

Firstly, it presumes that the discourse of the university system remains unchallenged. As the current model of professional development cannot be quickly divorced from its current epistemological origins; or the contexts it is located within; or the interests that are served in maintaining its current professional degree status, removal of it from the university system *at this stage* means its removal from the source of the struggle: the legitimacy of the discourse itself.

The second objection to re-locating training concerns the teaching and learning process. The fact of re-location does not presume alteration to the thinking that underlies teaching practice, or the primacy of theoretical over therapeutic dialogue. Without a deep understanding of the 'separation' currently promoted by training, and an equal

conceptualisation of the provision of a ‘caring’ communicative context, the action of re-location may very well entrench the current model of professional development, yet in a different geographic environment. In other words, and through physical movement alone, there is no guarantee that the discourse of theory would be subordinated to the discourse of therapy/practice.

It would appear, therefore, that a more fundamental process is indicated, one centrally concerned with changing the way people *think about* the aims and objectives of professional teaching and learning. The Summary of this Chapter formalises this idea and presents it as: ‘Connecting with Care: A Process Model of Development for a Therapeutic Discipline’

Chapter Summary

As stressed throughout this study, dialogue is the essence of the therapeutic encounter. Inserting the discourse of therapy into that training is at heart, therefore, a dialogic enterprise. As in all dialogic encounters, the skills of acute listening and sharing are premised on the need to collude in a trustful, collaborative, joint making of meaning.

In proposing Figure 10: ‘Connecting with Care: A Process Model of Development for a Therapeutic Discipline’, therefore, I am arguing for a process of collusional making of meaning *within the self* as the primary basis to consider the points already highlighted in this Chapter. Without understanding the impact of personal life experience on the interpretations that have led to uncritical absorption of the current professional ‘separation’ of people from each other, I would argue that no firm ground exists upon which to base transformative ‘connective’ action.

In other words, I am suggesting that the first and fundamental process would be an internal migration into the understanding of self as a caring actor in the world. Without interpreting the overwhelming influence of the private past into the public present (and future) as teacher-professionals or as aspirant professionals, I do not believe that a transformative re-uniting of the teachers and students in creating a caring curriculum will occur.

The model presents four 'Internal Journeys'. The aims of each - taken separately and as a cycle – would be to understand the complex web of influence that has resulted in professional thinking de-legitimising the nurturing, interpersonal, and collusional nature of therapeutic discourse. At the same time, however, their purpose is that of encouraging personal responsibility in the finding of creative and caring solutions for its introduction as the foundation of the training programme. Methods such as reflective journals, creative writing, drawings and collages are all resources that - and as demonstrated in a preliminary way in this study - have significant power to reveal private patterns of thinking and to create new knowledge.

Subsequent to each 'journey', a dialogic process of listening and sharing with others would occur in order to collude in both the building of joint meaning about care, and also its foundational role in the teaching and learning process. This crucial dialogue would serve to build not only understanding and relationship between teachers and students, but by the exchange of interpretation, allow significant negotiation and learning to occur that would lead to the development of alternative points of view.

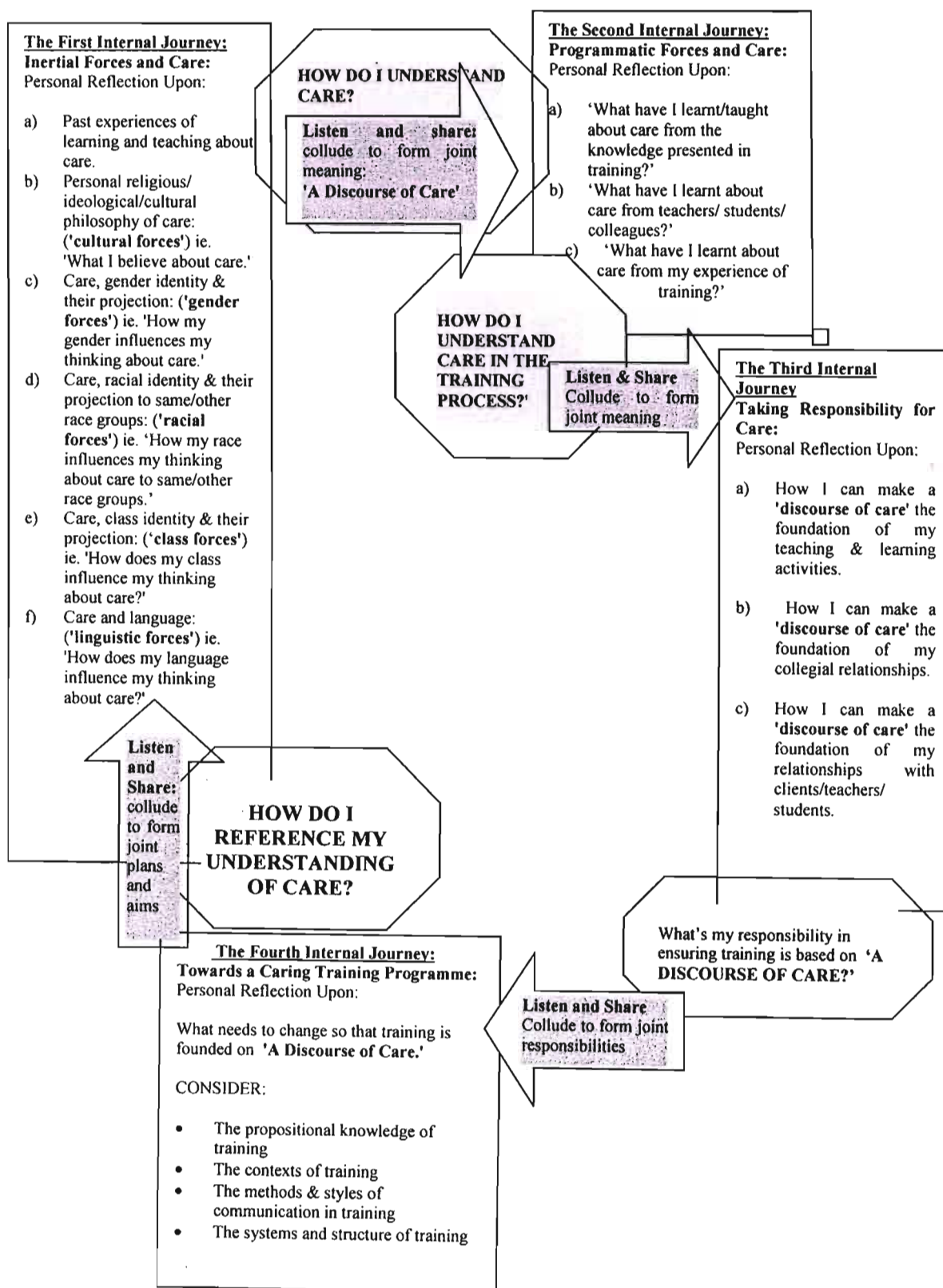
Deep engagement in this dialogue would necessarily lead to questions regarding the validity of a rational, objective and empirical approach to professional knowledge transmission and creation. So too, would it result in consideration of the current approach to the teaching of communication disease as separate from people as communicating totalities. This may, perhaps, lead to alterations in the contexts of both clinical and theoretical teaching and learning. Most importantly, however, such dialogue would lead to the legitimating of sharing of stories; stories bred and interpreted within the context of South Africa – and thus representing a contextualised and politicised foundation for knowledge creation.

While the results of this dialogue would result in plans of purpose and action, it is important to stress the circular nature of the arrows in Figure 10. The reason is that the understanding, learning, and acting from 'care' cannot be separated from a personal recognition and desire for its expression. The reference point of a curriculum based on care would be each individual involved in the process. It's

success – or failure – is therefore entirely dependent on all its participants *taking* care – as well as showing it.

Figure 10 presents the model, acknowledging its debt to the adaptation of Samuel's (1998) model of 'Inertial and Programmatic Forces Impacting on the Training Experience' (Table 7):

Figure 10: Connecting with Care: A Process Model of Development for a Therapeutic Discipline.



Having presented this model, however, it becomes important to introduce a degree of pessimism as to the likelihood of its adoption. This is because while Figure 10 formalises certain ideals, it does so by ignoring the final point of the existing model of professional development proposed in 2.1.6. In other words, that the current model holds ‘significant ideological value to the institutions and sections of society concerned and [is] thus resistant to fundamental change’.

I have avoided this central discussion in order to create a clear division of argument, rather sweepingly assuming in this Chapter that both the profession and university system are *able* to attempt re-conceptualisation of the existing model of professional development.

The Conclusion of this study presents the counterpoint to this assumption. By returning to the core policy legislations of OBE and PHC discussed in Chapter One, I suggest there are significant contextual forces that will effectively prevent this re-conceptualisation from occurring.

Following that, however, and linked to her engagement with this narrative research process, Nowazi’s ‘final words’ imply the development of an optimism within herself; an optimism resulting from the *practice* of care that was so central to this project.



***Conclusion: Loss
of the Story Force***

Conclusion: Loss of the Story Force

‘..When the magnetic substance is removed, the particles revert back to their random distribution and the magnetism – well, it just disappears.’

(www.technicoil.com/magnetism.html)

Overview

In the Preface of this study, I indicated my choice not to enter the complex policy debates between the Professional Board for Speech-Language Therapy and Audiology; the National Qualifications Framework (NQF); and the South African Qualification Authority (SAQA). It is sufficient to note that these latter two bodies are, and through their interaction with the IMDCSA (Interim Medical and Dental Council of South Africa), attempting to exert pressure upon the Professional Board to re-conceptualise professional training. The summary of Chapter Five has suggested a process whereby this re-conceptualisation could be explored. Having suggested this, however, the first part of this conclusion (6.1) re-visits the two policy contexts of PHC and OBE to examine the possibility of this exploration actually occurring. It does so in relation to Nolwazi’s crucial sense that the aim of her training programme is to turn her into a ‘coconut’ (‘white on the inside, Black on the outer’). From this position, the second section (6.2) notes several implications and limitations of this research study, while 6.3 offers final comments from Nolwazi.

6.1 The Loss of Identity and Authenticity

“The black man wants to be like the white man. For the black man there is only one destiny. And it is white. Long ago the black man admitted the unarguable superiority of the white man, and all his efforts are aimed at achieving white existence” Frantz Fanon (1986; p228).

Nolwazi (Interview Four, p22) states, “...we are definitely heading towards a disaster if you may call it that. People are losing their identity. We are all – Black people – are really losing their identity and nobody is doing anything about it to help them realise that you don’t have to be white; you don’t have to be ‘white to be right.’ Later, (p23) she adds, ‘Even those people who always talk about culture...they are not real Black people now – who always say, “We must preserve our culture.” They are not really preserving it themselves, because they don’t

know how. I mean, Ruth, we grew up being taught, I mean this thing being drummed into our heads, over and over again, directly and indirectly like that, ‘White is better, you must become, you must learn to be white’.’

Re-conceptualisation of professional training cannot be viewed separately from such a powerful societal reality, inculcated through the apartheid-based school system and carried, in Nolwazi’s case, by extreme value being placed upon proficiency in the anti-rhetorical, positivist-empirical, deductive, individualistic, egalitarian, and institutionally sanctioned symbol system of English (Scollon & Scollon, 1995).

As a central part of the globalisation process, media - both nationally and internationally - reinforce English as the dominant language for economic and educative success. The training universities of the profession teach in the medium of English (and Afrikaans). Set against this, and as was extensively discussed in Chapter Two, the disadvantage for BAFL speaking students in professional training is centrally connected to a lack of competence in these languages.

It can be argued, therefore, that Nolwazi’s failure to negotiate training represents a failure of her school and social experience to provide sufficient western thinking, as carried through the medium of English, to allow her to successfully negotiate it. It can be suggested that the failure of her school education was that of preparing her for educative success as a white thinker with a Black skin. The confusion of identity – together with her extreme awareness of this confusion – could therefore be interpreted as a result of her education’s failure to strip her of her racial and linguistic identity *sufficiently*. As she discusses in reference to a Black student colleague whose school education was multiracial, and who is succeeding in training, **“She’s white – sometimes whiter than white. She’s really white....[she] has all that it takes to be, to belong to the white community.”** (Interview Transcript 3, p20).

Chapter One (1.2.2) discussed the swift introduction of OBE (‘Curriculum 2005’) as the national education and training curricula. It also mentioned that in its attempt to provide redress to apartheid-era inequity, the design of context-sensitive curricula lies in the hands of the teacher-educators. While acknowledging the progressive aims of the

national outcomes, I also highlighted that for progressive implementation in the classrooms, a similar set of values is needed by the teacher-educators.

Using the generalised lack of development of critique within professional training as an example, yet examining the issue in relation to Nolwazi's interpretation of her schooling, both the speed at which OBE is being implemented, and the outcry by teachers at not understanding the initiative, could suggest that OBE will be superimposed on an education system whose existing beliefs have historically supported English and 'whiteness' above the nine African languages /cultures of South Africa. If so, and without due reflection upon the effects of this orientation, the result may very well be a skewed emphasis in school education upon producing competent English (and Afrikaans) speakers. In other words, and to adopt Nolwazi's image for a moment, the establishment of a 'Coconut Plantation' approach to South African school education.

If this occurs, then OBE as a coherent national curriculum strategy offers two, linked, opportunities for the profession to resist change to its current model of development. Firstly, and as OBE permeates throughout the school system, an ever-expanding pool of potential BAFL speaking students will become available for successful processing through the professional training programmes. Within a few years, 'transformation' itself may, therefore, come to be viewed as an established professional fact, as the problem of equity for Black people (viewed as skin colour) will be solved by the school system engaging in competent transmission of western thinking carried by its languages of English (and Afrikaans). Secondly, and to fill in the interim years until this occurs, the profession has OBE itself.

As pointed out in Chapter One (1.2.2) the vagueness of the national outcomes allow wide scope for mis-interpretation. In addition, and by adopting its progressive rhetoric, the initiative itself can be subjected to significant mystification by teacher-educators. In combination, the advent of OBE to professional training may very well result in an unequal emphasis upon the re-formative 're-structuring' approach to the curriculum, as opposed to a transformative 're-conceptualisation' of it. In some measure, and as reflected in Chapter 3 (3.2.1.2), this skewing of emphasis is already borne out by the current activities of the SHT training Department at UDW, .

Yet it is not only OBE that offers the profession the opportunity to resist re-examination of its epistemological foundations. Neither does OBE offer the sole opportunity for marking time until a sufficient number of potential SHT's are prepared by the school system. The second important contextual force operating against re-conceptualisation of its curriculum is connected to the profession's location within the powerful medical establishment.

To briefly summarise issues discussed more thoroughly in Chapter Two (2.1), the profession is autonomous, and training is located within the autonomous university system of the country. Its autonomy means that society has granted it the right to pursue its graduate production programme without interference. In other words, and guaranteed by legislation, the profession is granted the right to 'know best' about its knowledge base, and the manner in which this knowledge is applied to society. Guarding its interests in this regard is the Professional Board for Speech-Language Therapy and Audiology, located within the IMDCSA. The IMDCSA, in turn, houses all the autonomous health professions of South Africa. While autonomy protects the profession from interference from society, therefore, a further layer of protection is offered through its power of association to all health professions via the IMDCSA.

Primary health care, as the nation's health policy of choice, presumes all health workers - of whatever professional category - will work together for the common goals outlined in Chapter Five (5.2), and in Chapter One (1.2.1). The value-rhetoric of PHC, however, sweeps over the powerful, autonomous, professional interests of each individual group. Legislated bodies such as the NQF and SAQA, attempting to negotiate progressive change to health education in order to accommodate the ideals of PHC, face the IMDCSA cartel of autonomous, individualised and specialised bodies of knowledge, all claiming a particular market share, and all determined to maintain it through their current training programmes. Training for PHC, therefore, and using the SHT profession as an example, may very well become an 'add-on' reform to existing health syllabi, with its progressive ideals re-interpreted through the lens of western empiricism.

The likelihood, therefore, of a re-conceptualisation of training based upon Figure 10: 'Connecting with Care: A Process Model of Development for a Therapeutic Discipline', cannot be seen independent to the relationships and interests of the IMDCSA. While the

current autonomous interests of the various health professions are guaranteed legislatively, and while there exists no powerful lobby at government level to aid in exerting pressure, I do not believe that there exists the dialectical space from which to consider it.

Equally, there seems little guarantee, from considering the national initiative of OBE in relation to the protectionist interests of the health professions, that issues of cultural identity, or 'ways of knowing' that are centrally concerned with 'connection', will survive a thorough process of westernising the thinking of the population of the Country.

I would suggest, therefore, that Nolwazi's sense of cultural alienation represents her locatedness within a transitional part of South Africa's history. I would also suggest that the confusion she expresses with regard to her identity reflects an inevitable yet *historically temporary* consequence of her apartheid-based school education failing to inculcate sufficient western thinking to allow her to succeed in the professional training programme. As she herself points out, the aims of her schooling experiences were, "... **all working towards being more white than staying Black**", (Interview Four, p22), yet her training programme has not, "... **let me be white. They'll always remind me that I'm Black.**"

From such an analysis, perhaps a crisis of identity and authenticity is inevitable.

6.2 Implications and Limitations of the Study

Having said this, however, and in realistically evaluating the contribution of this study to re-problematising the nature of the debate around the professional curriculum, I would like to return to the opening paragraphs of the Preface concerning 'hopes for change' from engaging in it. A central limitation of the study is that it stands outside the legitimate body of professional research. In claiming this project as a re-problematisation of its model of development, therefore, I consider it more as a re-problematisation in a vacuum.

This does not, however, mean the study has no value, or implications for further research.

Possibly the most important contribution has been Nolwazi's growing sense of 'taking responsibility' for making her opinion heard in regard to her interpretations of injustices within the training curriculum (Refer: 6.3 'The Practice of Care'). She attributes this to her participation in the 'back and forth' sharing of speech, listening, reading and writing of her life experiences so central to this project. Significantly, Belenky et al. (1986, p26), point out that it is precisely this process that leads people to escape the 'silent' way of knowing themselves, allowing them to "enter the social and intellectual life of their community".

As a research tool for educational empowerment, therefore, I believe the implications for narrative life history research in South Africa are significant. In light of this, I would like to focus the remainder of this section upon the implications and limitations of the research method itself.

Life history research proceeds from the premise that each person's unique life experience will give rise to a unique way of interpreting current experience. I do not believe, therefore, that the lack of a 'representative sample' of BAFL speaking students in this project is a research limitation, for I hope sufficient data has been presented so as to support the arguments presented. An implication for further research, however, is certainly the development of a library of individual lives. Within the complex power relationships holding training programmes such as SHT in unchanged forms, there are also committed teacher-professionals seeking deeper understanding of the complexities of the South African teaching and learning context. In light of my belief that fundamental re-conceptualisation of the training curriculum is itself unlikely, resources leading to greater understanding and learning *need* to be made available to individual teachers.

Having said this, however, invokes the issue of skills development. As I was composing the representational narratives in this study, I became highly aware of the writing skills I was relying upon. The success – or otherwise – of a reader's engagement with these texts and in accepting their 'truth', is largely dependent on the skills of a writer – not the

argumentation skills of an academic researcher. To engage in this level of representation involves not only an immersion in another person's story, but also requires the skills of a writer of fiction. Moreover, and in this case, a fictive tradition carried through the symbol system of English. On the one hand, this presumes that researchers have these skills, a situation I do not necessarily believe is so. There appears a danger, therefore, that representational 'writing of lives' could become the specialised province of some. On the other hand, and relating particularly to the points I made in 6.1, the English fictive tradition presumes competence in the English language. The danger here would appear to be that the 'writing of lives' becomes a linguistically exclusionary exercise. Without acknowledging, researching and teaching the fictive traditions of the nine African languages of South Africa, therefore, the result may be a contribution to the colonisation of these languages by English. Implications for further research include the introduction of courses developing narrative skills, yet celebrating the skills of all South African languages *equally*.

I would like to conclude with what I believe to be the most positive benefit of this particular research process. Specifically relating to the empowerment aim I discussed in the Preface, the following - and final - words of this study belong to Nolwazi.

The Final Words



6.3 The Practice of Care: Final Words.

During the final days of this study's completion in December 1999, Nolwazi learnt that she had failed all courses with the exception of her research project. Although she sat supplementary examinations in late January 2000, she also failed these. She had exhausted the bursary from the ex-Transkei government, been locked out of her flat as a consequence, and had no money to pay for an extra year of study. She started the new academic year of 2000 in a chronic depression, living from hand to mouth, and staying with any friends who had a bed for a night, a week, or a fortnight. I was fortunate enough to know Mr. Prem Singh, who with Professor Robert Paul Wolff in the United States, had founded the student bursary scheme of NUSSAS. Through their efforts, Nolwazi received just enough to cover her fees and subsistence for the year. She wrote all her examinations at the end of 2000 - and passed.

During 2000, however, this research became embroiled in a University-based, rule-driven, bureaucratic tangle that effectively prevented it from progressing through its examination process. Nolwazi's concerns about her own failure became projected onto what she perceived as mine.

After a holiday at the end of 2000, and passing through Durban on the way home to the Transkei in order to collect her examination results from the University, she came to stay overnight. I asked her whether, and for inclusion here as her 'last words', she would reflect on her participation in the research, what it had meant to her, and what, if anything, had changed in her thinking since our interviews in 1999. Although willing to do so, she continually postponed her departure for the Transkei because of her difficulties in writing it. Finally, she phoned from where she was staying, asking me to pick up her testimony. As she was leaving immediately, she would not be able to give it to me personally.

What follows is this verbatim text.

11.2.2001

‘The courage to actually sit and write these thoughts did not come easy. It could be because the professional monster has devoured me, turning me into one of its comfortable parts. Another reason could be that I am too excited to complete my degree (for completions’ sake), that at the moment I take everything lightly. Related to this could be the third reason, that I am not willing to go back to the pain I have felt over the past seven years. Pain as a result of repeated failures, as it could bring back the things I would prefer to forget.

‘The truth is that I am being dishonest, and taking the easiest route out, trying to forget what I don’t like, at the expense of another, and those that come after me.

‘I have realised that I cannot forget that easily. Although I am so happy about the end of the degree, I am not yet free. The monster haunts and torments me. Through my excitement I get flashbacks and nightmares from the seven years. I still have to build up the courage to be able to go to the Speech and Hearing Department. When I get there I smile, joke and laugh with my ex-lecturers. I believe that their laughter is as genuine as mine. The human being in them loves me as much as the one in me loves them. However the big monster inside all of us causes a problem. I feel there are unspoken truths between us – from both sides. One of these could be that I did not really get through all my exams but they had to pass me – for the reasons known to them. That’s their side. The unspoken truth from my side is that even though I have been in the Department for seven years, I feel I have not learnt much. I am so afraid to start work because I feel completely incompetent. People say everybody feels like that after being a student. I, however, do not feel it is as bad with other people as it is for me.

‘I still feel the thickness of the air in the Department. I can still hear the words of the remaining students, see despair in their faces, perceiving the knowledge that, ‘We are at the mercy of the lecturers – if we’re good to them, then we will make it. We can’t oppose them’ and I can still smell the stench of distrust.

‘The reason I want to say something is the fact that I strongly believe (more than ever) that the professional monster is all over and can attack at any moment and

anywhere. Since it begins at the academic level I will give it a 'synonym':
ACADEMIC MONSTER.

'I was so excited to hear that the person who allowed me to discover my voice and pour out my heart about how I felt about my profession was going to be examined for a Ph.D. It is not the 'Dr.' title that excited me, but the fact that somebody was being recognised for her intelligence, creativity, hard work, compassion, and most importantly (for me), Love. I was also happy that my voice was going to be LOUD! There are some confident academics out there, confident because they are not afraid of the fact that the study was not done in the traditional manner. This did not matter to them because tradition and academia do not override truth.

'I was shocked, when I heard towards the end of 2000 that there were suddenly problems. I was also extremely disappointed. One reason is selfish, and it's the fact that when my voice was finally being heard – somebody was successfully trying to choke me. The second is that it brought despair to my heart. I must say that I feel disappointed and cheated. It feels like crying out for help and the only people that must at least acknowledge that you cried, try to strangle you. I only then began to realise that the academic monster is all over.

'They were effectively saying truth can only be truth only when it is found in a certain way: an elephant is only an elephant only if I'm standing on my feet and looking at it in the traditional way. If I stand on my head and say it's an elephant, then I must re-arrange it and try very hard to prove to the world that I saw an elephant. I don't like that. I know that the world is not trying to do what I like, but I feel that people in the world do, at least, want to FEEL they are doing the right thing. Now I wonder if it ends with 'wanting to feel', or should it become, "I want to DO the right thing, and I'm going to."

'It is so ironical that the same monster Ruth and I were talking about is busy standing in her way of telling the truth. When she wrote those pages, she knew that the monster existed, but I don't think she ever realised that it was busy finding means and ways of stopping her. It feels like the old myth that, 'if you mention a monster's name, it would come for you... when you're on your own.' Ruth is on

her own, and the monster is making impossible and tricky demands – just to show her that it still has the last word. They say it's 'Rules' (magic word). This magic word is the monster's defense when it feels defeated. Who wants to go against 'rules'? You wonder, though, whether rules made men, or men rules, or rules came before men. Why are they so inflexible?

'The problem is, I believe, that everybody can see the elephant, but because Ruth's head was on the floor, and her feet up in the air when she saw it – so she MUST prove she saw an elephant. Why?

'I can only say one thing. Rather, give one piece of advice. Ruth – don't try to inform people who don't want new information, people who are sitting in comfort zones and will do anything to defend their territory – even if it means telling lies. Pass the information to those that are hungry to learn and will use the knowledge. I just hope that on day somebody – here at home – sees and hears the truth and acknowledges it, at least.

'Thank-you Ruth for trying to get my voice to be heard. You gave it back to me and tried to help me shout as loud as I could. You might begin to think that you have failed me - by not receiving the Ph.D. - but the truth is, you haven't. I say this because since we started this work, I have become less and less angry, and more and more assertive. You gave me, along with the voice, a way of venting my anger and I'll be forever grateful to you for it.

'You and I are lucky to have recognised the spirit of the academic monster that worms its way through everyone. I'm going to live to control the professional/academic monster in me, instead of it controlling me. I hope this gives you a fraction of consolation.

'I AM PRAYING FOR YOU. I AM ALSO BEHIND YOU. WE'RE IN THIS TOGETHER.

May God Bless your efforts and you, Ruth.

God bless.

Now I can leave for home.'

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APPENDICES

APPENDIX 3

Experiences of Training Programme: Interview Two Question Schedule

The purpose of this interview is to document Nolwazi Mpulwana's experience of training during the five and a half years she has been a student within the Department of Speech and Hearing Therapy at the University of Durban-Westville. The interview is concerned with revealing how she has interpreted these experiences, and how these interpretations may have altered over the years. The various groups of questions will be asked in relation to individual years of study, in order to gain a sense of how her interpretation may have developed over time.

- **Before entering the training programme, what were your beliefs about:**

Section A:

1. Becoming a 'therapist'?
2. Becoming a 'Speech and Hearing' therapist?
3. Becoming a 'professional'?
4. A university education?
5. Your chances of success?

- **In each year of *theoretical* study, what were your experiences of:**

Section B:

1. The sequencing of the courses?
2. The content of courses?
3. The way the courses were taught?
4. The way the courses were evaluated?
5. The work load?
6. The memorable learning experience(s) of this year of study, and why?
7. The relationships between you and your student colleagues?
8. The relationships between you and your teachers?
9. Your ability to express yourself in:
 - a) Class?
 - b) In written assignments?
 - c) Examinations and tests?
 - d) To your peers?
 - e) To teachers outside class?

- **In each year of *practical* work with clients, how did you experience your:**

Section C:

1. Ability to put theoretical knowledge into practice? Use and appropriate
2. Most memorable learning experience?
3. Emotions?
4. Evaluation?
5. Communication with
 - a) Clients?
 - b) Professional teacher-tutors?

- c) Peers?
- d) Through report-writing?

- In your *research*, what was your experience of:

Section D:

1. Arriving at a research topic?
2. The method of 'doing' research?
3. The writing of your research report?
4. The supervisory process?

- In each year of your experience as a student in the Department, what were:

Section E:

1. The key events of importance to you that occurred *outside* the training programme and their impact on your learning process?
2. Your overall impressions of the training programme?
3. Key images/pictures in your mind that appeared to summarise the experiences of the particular year of study?

Experience of Training Programme: Interview Schedule Summary of Question Sections for each year of Study	
Year of Study:	Sections of Questions to ask:
Pre-Entry: 1994	Section A
1994	Section B, Section A, Section E
1995	Section B, Section C, Section A, Section E
1996	Section B, Section C, Section A, Section E
1997	Section B, Section C, Section A, Section E
1998	Section B, Section C, Section A, Section E
1999	Section B, Section D, Section A, Section E

APPENDIX 4

Narrative Text Analysis

**Co-Authored by academic-researcher, Michael Samuel, and student-teacher,
'Emmanuel' (From Samuel, 1998; pp 379-385)**

'Parting Comments regarding Emmanuel's Experience of his school-based Teaching Practicum'

'You have to learn how not to be ethnocentric, how not to think according to your own ways. You have to accommodate, to understand other cultures, then only you will benefit.

'I think this is part of the explanation for why the African pupils don't succeed in this school. I have tried all the things we talked about in our Special Method class to get the African pupils to participate but they don't. I had tried to stall my expectation that second language speakers would speak immediately in the classroom. I had tried to design my lessons such that the language usage was only slightly above their level of language competence. I had even resorted, much to their surprise, to using their mothertongue in the classroom. I brought in issues that were relevant to their everyday experiences. But still they would not participate.

I think it is because their culture has made a deep impact on their thinking about how to relate to teachers. Even if they want to ask me a question, they don't. If they did approach me, it was usually after the class and then too, they would have this "formal" kind of way of relating to me. I saw that this has an impact on their learning, because they would ask questions about something that happened a long time ago in the lesson. By not asking in the lesson they were denying themselves the opportunity to be corrected straight away. I feel that African pupils are holding back themselves in this school because of their cultural views.

We can maybe become trapped in "apartheid discourse" to explain the African pupils' actions. We could say that the culture of submission that Verwoed introduced with the Bantu Education in 1953 is responsible for pupils' passivity. Verwoed, being a psychologist, saw a way to develop in Black people a sense of inferiority and self-doubt. This eventually leads to endless subordination and passivity. I believe that if I had more time with these African pupils in this school I would be able to make a difference. Six weeks is too short a time to make any major impact.

I believe that culture is a social construct and that it is something that is subject to criticism. It is not an absolute. African pupils do not question their teachers immediately and this is part of the cultural concept of relating to teachers as adults. But Africans need to question whether these values are benefiting the learning of the pupils. I think that in the new South Africa, we need to develop a mingling of different cultures. This does not mean that the African people must simply assimilate to the cultural values of

other race groups. We should take things from each other's culture that are valuable so that we are able to live together as one nation. I see that other cultures besides the African cultures are doing this. For example, I found that most of the Indian children in this school were aware of some of the cultural practices of African people, but African pupils knew very little about other cultures. Yes, the Indian pupils did not know the finer details of the cultural practices of different cultures but there was a willingness to learn. I did not find this willingness to learn amongst the African pupils. They tended to despise the other cultural practices. I think the role of the English language teacher is to expose pupils to see that there are different cultural practices and that learners should learn not to stereotype individuals from different cultural groups. There is something valuable in all cultures.

I feel that the cultural practice of not participating directly in the lesson is not benefiting the African pupils. I benefited a lot from being actively involved in my learning process, I believe that the more you interact in class the more you learn. It is not about thinking that you need to show respect to the older person in the class to take responsibility for teaching you. This does not mean that you show disrespect for the teacher, but at the same time we have to treat them as our parents. The relationship between parents and children should not be tense. We should respect our parents but not be afraid of them. Teachers need to develop these values amongst the African pupils.

In a multicultural school I therefore, think it is necessary to address these cultural issues directly and openly with the pupils. This might even help the teachers who believe the African pupils are ignorant or passive learners. Teachers need to be taught these cultural values that pupils bring with them to the school. There are several different cultural values about teaching and learning, and teachers and learners need to be exposed to them. This might impact on their learning and teaching in the school.

I felt that the male African pupils were expecting me to be more lenient with them because we shared a common background. They initially regarded me from a distance, and I seemed to pick up that they felt, "He thinks he knows", that I was above them because of my higher education. I began to pick up some hostility when I chose not to be influenced by their expectation that I would expect less of them. The Indian male pupils by comparison I found to be childish, if not immature. I appreciated that they were willing to engage with me in debates, but later I realised that they seemed to take advantage of my kindness and sensitivities to their views. I had to choose to be more harsh with them to discipline them constructively.

The female Indian pupils were my most successful learners. They were always actively involved in the discussions in class; they were willing to go along with my experimental style of teaching. They became quite close to me. However, the African females were really intimidated by me. I really do not understand the reason for this. I tried addressing issues that I thought were appropriate to their lives but they simply shut me out. I still don't understand why.....

Unfortunately, I will not go back into the rural area to teach in my home village. I believe that my life will be wasted there, like my former principal who was fatally shot. I think I will wait for things to settle down in my home area when there is not so much conflict and violence. In the meantime I think I would like to teach in a multilingual school like Centenary Secondary. I think I can make a contribution there.

APPENDIX 5

Nolwazi's Reflective Diary

In addition to your reflections on your experiences of current and past training, there are two other areas where I'd really appreciate your thoughts and input. The first area is about the interviews themselves; and the second, around specific questions.

After each interview, I'd appreciate you writing down your impressions of what we spoke about, whether it felt meaningful, what was important to you, what wasn't, and why. Also, please feel free to say important things you feel we didn't discuss, or add points of clarification.

Specific Questions

I'd really welcome your reflection and written comments about the following questions:

1. As you wrote your research, and as you currently write assignments, how do you feel about the influence of the English language in how – and what – you write?
2. As you write your research and assignments, do you ever think about how it will be evaluated? If so, do these thoughts and feelings influence what - and how - you produce your written work?