CONTAINS A PULLOUT
ABSTRACT

The study is located in Botswana, a country in the southern part of Africa, where it was found that HIV and AIDS present an acute problem. As it was not clear how this situation affected students, it was considered important to establish how researching this medical condition could inform the nature of student support services, in particular counselling. The research anchored on:

- what are the perceived experiences of being affected by HIV and AIDS and the effects on young people, in particular students?
- what are the specific strategies young people are using to manage the situation?
- what is the role, if any, that counselling could play and in what way?

The philosophical perspective was positioned within interpretivism; this located constructivism and symbolic interactionism as the key theoretical perspectives of the study. The purpose was to engage an approach in the construction of a social reality that will guide the Grounded Theory methodology in exploring the questions. This perspective was critical in the qualitative understanding of underlying meaning implicit in human interactive processes.

Following this methodological perspective, open-ended interviews were the main data collection method validated by focus group discussions. These methods offered the atmosphere for self-expression to reach diverse dimensions of the self. This was imperative because of the sensitivity to HIV and AIDS as applied to young people. Since the study was focused on young people, they became the primary sources and the teacher-counsellors offered the complementary data. A total of 67 participants were involved. The constant comparative method of data analysis was used to generate a grounded emergent theory.

The study revealed that working with young people affected by HIV and AIDS is theoretically grounded on holding bifocal attention in managing self and others. The experiences of HIV and AIDS create vulnerabilities inherent in carrying personal burdens and those of others that expose them to rupturing-in-silence. The Field of Oppositional Force (FOF) is the basic socio-psychological process that contains tension and the struggle of being affected by HIV and AIDS. In managing, young people displayed getting-by-with-anchoring as a resilient coping resource for self-management. Getting-by-with-anchoring was grounded on ‘discounting’ which is a psychological defence mechanism for dealing with difficult situations. In the counselling context, yes-but-to-counselling meant preference for an integrative model that respects ‘customisation’ to position the contradictory processes in the conventional and traditional systems of support to carry equal value of respect. The model would develop a young person who will ‘instigate change
for inclusion' in dealing with HIV and AIDS. A blurring of visibility emerged as an area of concern that impinged on practice, administration and policy issues pertaining to the implementation of counselling within the school context.

The study has potential benefit in a range of contexts particularly for the HIV and AIDS affected individuals and families. A positive outcome was the recognition that when working with young people affected by HIV and AIDS, an integrative egalitarian approach to counselling and other support practices is critical. It is recommended that this approach should appreciate young people's vulnerability and yet respect their personal resiliency to cope with the challenges of life. The Botswana Government insists that a counselling service is offered to all young people affected by HIV and AIDS. However, this service has been instigated without first assessing whether potential clients (students) have expressed a need for this service and whether it is effective and appropriate for this age group. The research has demonstrated that there needs to be a much stronger critical evaluation of this service within the educational system and across other situations in Botswana. The research findings have illuminated many different levels of engagement with the issues of HIV and AIDS: personal, social, school, professional, administrative and policy levels with the overriding question of how to support children affected by HIV and AIDS.
ACKNOWLEDGEMENTS

I thank Dr Josephine Gregory and Dr Mark Olssen for guiding the supervision of this doctoral thesis. In particular, Dr Gregory lifted me from the deepest end all the way to the end of my studies. From you, I have learnt unconditional support that is aimed at personal and professional empowerment. I remain indebted to your style of modelling the spirit of love and compassion without compromising quality.

Thanks for the support received from the Centre for Therapeutic Education, in particular, Dr Del Loewenthal and Dr Robert Snell for guiding the initial process. I equally appreciate insights from Dr Dennis Greenwood as well as the MSc and doctoral peer support group. Naz, Chiaming, Christina, Chandra, Consuelo and Rahim: thanks for sharing the anxiety of taking the lonely journey of doing a doctorate. I am also grateful to the staff of the Department of Education, School of Arts for their support.

The students, counsellors and facilitators who participated in this study are of utmost importance; had it not been for you I would not have succeeded.

I am grateful to Professor Akindele and Dr A. Stannett for reading the manuscript many times and restoring my confidence at a critical moment.

I thank special friends and their families, in particular, Sephine Bothole and Bandie Ramothibe for the remarkable support at a difficult time. Eddie Piper, Tiny Sento-Pelaelo and Maseko Nxumalo were also there in unique ways. Siamisang, Khei, Itu, Neo and Nametso offered an amazing attitude of selflessness in their special ways.

My children have supported me: Koketso, you were my motivator and counsellor in the way you learned to apply independent growth in academic and personal development. Oarabile, you affirmed my role in the counselling field and I will stand firm in support of your future. Tsaone, you have been a blessing in my life.

Most of all, my brothers; Seabelo, Joe, Victor, Goodwill, Sabath and Thomas and their wives (and children) Anna, Banki, Goitseone, Maungo and Lily for providing indescribable forms of support. My uncle, Daniel Batsalelwang communicated his inspiration in a special way whereas my late grandfather, Hoffniel Thaselo, gave the blessings I needed. Pastor Andy and the brethren in Christ Embassy (Gaborone) offered their spiritual guidance and support. It is unfortunate that I cannot mention all the people who offered support in this learning process; however, it remains undoubted that I could not have completed this doctorate without my extended family, friends and colleagues at work. Lastly, to the Commonwealth Scholarship and Ministry of Education (Botswana) for according me this great opportunity, I thank you.

God bless you

IV
DEDICATION

I thank my late father Charles Keoikantse and my mother Goitsemang Tlhaselo for teaching me the value of education and consistently believing in me. It is sad my late affectionate father 'MoCharlie' is not witnessing this achievement however, in spirit you are.

I dedicate this doctorate to The Holy Spirit for teaching me ALL things.
You are the pillar of my strength and the source of my wisdom.
# TABLE OF CONTENTS

## CHAPTER 1  CONTEXT AND RATIONALE

<table>
<thead>
<tr>
<th>1.1.</th>
<th>Introduction</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.</td>
<td>Botswana as a country</td>
<td>1</td>
</tr>
<tr>
<td>1.3.</td>
<td>Biography</td>
<td>8</td>
</tr>
<tr>
<td>1.4.</td>
<td>Core field of study</td>
<td>13</td>
</tr>
<tr>
<td>1.5.</td>
<td>Aims of the study</td>
<td>14</td>
</tr>
<tr>
<td>1.6.</td>
<td>Research statement</td>
<td>14</td>
</tr>
<tr>
<td>1.7.</td>
<td>Unit of analysis</td>
<td>15</td>
</tr>
<tr>
<td>1.8.</td>
<td>Operational definitions</td>
<td>15</td>
</tr>
<tr>
<td>1.8.1.</td>
<td>Students</td>
<td>16</td>
</tr>
<tr>
<td>1.8.2.</td>
<td>Perceived experiences</td>
<td>16</td>
</tr>
<tr>
<td>1.8.3.</td>
<td>Being-affected-by</td>
<td>17</td>
</tr>
<tr>
<td>1.8.4.</td>
<td>Managing</td>
<td>17</td>
</tr>
<tr>
<td>1.8.5.</td>
<td>Counselling</td>
<td>18</td>
</tr>
<tr>
<td>1.9.</td>
<td>Contributions of the study</td>
<td>18</td>
</tr>
<tr>
<td>1.10.</td>
<td>Literature review in Grounded Theory</td>
<td>19</td>
</tr>
<tr>
<td>1.11.</td>
<td>HIV and AIDS: Biomedical perspective</td>
<td>20</td>
</tr>
<tr>
<td>1.12.</td>
<td>HIV and AIDS: regional and local perspectives</td>
<td>27</td>
</tr>
<tr>
<td>1.13.</td>
<td>Socio-cultural perspective</td>
<td>30</td>
</tr>
<tr>
<td>1.14.</td>
<td>Counselling: locating the argument</td>
<td>38</td>
</tr>
<tr>
<td>1.15.</td>
<td>Young people and their position in the study</td>
<td>40</td>
</tr>
<tr>
<td>1.16.</td>
<td>Overview of the research study</td>
<td>43</td>
</tr>
<tr>
<td>1.17.</td>
<td>Summary</td>
<td>43</td>
</tr>
</tbody>
</table>

## CHAPTER 2  DESIGN AND METHODOLOGY

| 2.1. | Introduction | 44 |
| 2.2. | What is research? | 45 |
| 2.3. | Research paradigm | 46 |
| 2.4. | Ontological and epistemological perspective | 47 |
| 2.5. | Research perspectives | 49 |
| 2.5.1. | Positivism | 49 |
| 2.5.2. | Post-positivism | 51 |
| 2.6. | Quantitative and qualitative research | 52 |
CHAPTER 7  HOLDING BIFOCAL ATTENTION IN MANAGING SELF AND OTHERS

7.1. Introduction 283
7.2. Conceptual framework of the BSSP 284
7.2.1. Research statement and questions 284
7.3. Definition of salient terms 285
7.3.1. Holding 285
7.3.2. Bifocal 285
7.3.3. Attention 287
7.3.4. Managing 287
7.3.5. Self and others 288
<table>
<thead>
<tr>
<th>Chapter 7</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.4</td>
<td>Unveiling the context of the phenomenon</td>
<td>288</td>
</tr>
<tr>
<td>7.4.1</td>
<td>Fields of experiencing, managing and counselling</td>
<td>291</td>
</tr>
<tr>
<td>7.4.2</td>
<td>HIV and AIDS: a phenomenological experience</td>
<td>291</td>
</tr>
<tr>
<td>7.4.3</td>
<td>Adolescence: a global developmental phenomenon</td>
<td>292</td>
</tr>
<tr>
<td>7.4.4</td>
<td>Education system epitomised by the school context</td>
<td>293</td>
</tr>
<tr>
<td>7.4.5</td>
<td>Analyst reflections</td>
<td>295</td>
</tr>
<tr>
<td>7.5</td>
<td>Hypothetical statements</td>
<td>295</td>
</tr>
<tr>
<td>7.6</td>
<td>Field of Oppositional Force (FOF) – BSPP</td>
<td>296</td>
</tr>
<tr>
<td>7.6.1</td>
<td>Vulnerability to violence: a source of primal wounding</td>
<td>296</td>
</tr>
<tr>
<td>7.6.2</td>
<td>Punishing-the-already-punished</td>
<td>300</td>
</tr>
<tr>
<td>7.7</td>
<td>Resiliency factors for self-management</td>
<td>308</td>
</tr>
<tr>
<td>7.8</td>
<td>Integrative theorising in counselling</td>
<td>314</td>
</tr>
<tr>
<td>7.8.1</td>
<td>Distribution of power in counselling</td>
<td>315</td>
</tr>
<tr>
<td>7.8.2</td>
<td>Experiential processes in counselling</td>
<td>318</td>
</tr>
<tr>
<td>7.8.3</td>
<td>Exposing the blurring of visibility</td>
<td>318</td>
</tr>
<tr>
<td>7.8.4</td>
<td>Implications for counsellor training</td>
<td>321</td>
</tr>
<tr>
<td>7.8.5</td>
<td>Student support services in the school context</td>
<td>327</td>
</tr>
<tr>
<td>7.9</td>
<td>Summary</td>
<td>328</td>
</tr>
</tbody>
</table>

**CHAPTER 8**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Introduction</td>
<td>329</td>
</tr>
<tr>
<td>8.2</td>
<td>Summary of thesis</td>
<td>329</td>
</tr>
<tr>
<td>8.3</td>
<td>Managing threats in the inquiry process</td>
<td>333</td>
</tr>
<tr>
<td>8.3.1</td>
<td>Assessing trustworthiness of findings</td>
<td>333</td>
</tr>
<tr>
<td>8.3.1.1</td>
<td>Credibility of findings</td>
<td>333</td>
</tr>
<tr>
<td>8.3.1.2</td>
<td>Transferability of findings</td>
<td>336</td>
</tr>
<tr>
<td>8.3.1.3</td>
<td>Dependability of findings</td>
<td>337</td>
</tr>
<tr>
<td>8.3.1.4</td>
<td>Confirmability of findings</td>
<td>338</td>
</tr>
<tr>
<td>8.3.2</td>
<td>Managing authenticity of the study</td>
<td>344</td>
</tr>
<tr>
<td>8.3.2.1</td>
<td>Fairness in the research process</td>
<td>344</td>
</tr>
<tr>
<td>8.3.2.2</td>
<td>Claims of educational value of findings</td>
<td>345</td>
</tr>
<tr>
<td>8.3.2.3</td>
<td>Catalytic effects of findings</td>
<td>345</td>
</tr>
<tr>
<td>8.3.2.4</td>
<td>Tactical authenticity of findings</td>
<td>345</td>
</tr>
<tr>
<td>8.3.2.5</td>
<td>Ontological power</td>
<td>346</td>
</tr>
<tr>
<td>Chapter 8.4. Limitations of the study</td>
<td>346</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>8.4.1. Literature review in Grounded Theory</td>
<td>346</td>
<td></td>
</tr>
<tr>
<td>8.4.2. Methods of data gathering</td>
<td>347</td>
<td></td>
</tr>
<tr>
<td>8.4.3. Managing objectivity in Grounded Theory</td>
<td>347</td>
<td></td>
</tr>
<tr>
<td>8.4.4. Evidence-based-practice in qualitative research</td>
<td>347</td>
<td></td>
</tr>
<tr>
<td>8.5. Contributions and insights from the study</td>
<td>349</td>
<td></td>
</tr>
<tr>
<td>8.5.1. Psycho-social vulnerabilities of learners</td>
<td>349</td>
<td></td>
</tr>
<tr>
<td>8.5.2. Galvanising collective therapeutic communities</td>
<td>349</td>
<td></td>
</tr>
<tr>
<td>8.5.3. Counselling agenda</td>
<td>350</td>
<td></td>
</tr>
<tr>
<td>8.5.4. Policy and administration matters in service delivery</td>
<td>351</td>
<td></td>
</tr>
<tr>
<td>8.6. Recommendations</td>
<td>351</td>
<td></td>
</tr>
<tr>
<td>8.7. Possible future research areas</td>
<td>353</td>
<td></td>
</tr>
<tr>
<td>8.8. Finale</td>
<td>355</td>
<td></td>
</tr>
<tr>
<td>8.8.1. Personal and professional development</td>
<td>355</td>
<td></td>
</tr>
<tr>
<td>8.8.2. Lessons learnt</td>
<td>355</td>
<td></td>
</tr>
</tbody>
</table>
# TABLE OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Map of Africa</td>
<td>6</td>
</tr>
<tr>
<td>1.2</td>
<td>Map of Botswana</td>
<td>7</td>
</tr>
<tr>
<td>1.3</td>
<td>Units of analysis</td>
<td>15</td>
</tr>
<tr>
<td>2.1</td>
<td>Assumptions of positivism</td>
<td>51</td>
</tr>
<tr>
<td>2.2</td>
<td>Relativist assumptions</td>
<td>52</td>
</tr>
<tr>
<td>2.3</td>
<td>Phenomenological field of inquiry</td>
<td>64</td>
</tr>
<tr>
<td>2.4</td>
<td>Units of analysis</td>
<td>65</td>
</tr>
<tr>
<td>3.1</td>
<td>Representation in Focus Groups</td>
<td>101</td>
</tr>
<tr>
<td>3.2</td>
<td>Response patterns</td>
<td>106</td>
</tr>
<tr>
<td>3.3</td>
<td>Setswana-English Translation (sample)</td>
<td>120</td>
</tr>
<tr>
<td>3.4</td>
<td>Open coding (sample)</td>
<td>122</td>
</tr>
<tr>
<td>3.5</td>
<td>Descriptive coding (sample)</td>
<td>123</td>
</tr>
<tr>
<td>3.6</td>
<td>Descriptive coding in Units of Analysis</td>
<td>124</td>
</tr>
<tr>
<td>3.7</td>
<td>Condensing descriptive codes (sample)</td>
<td>128</td>
</tr>
<tr>
<td>3.8</td>
<td>Summary of theoretical codes</td>
<td>130</td>
</tr>
<tr>
<td>3.9</td>
<td>Theoretical coding (sample)</td>
<td>130</td>
</tr>
<tr>
<td>3.10</td>
<td>Condensing theoretical codes</td>
<td>131</td>
</tr>
<tr>
<td>3.11</td>
<td>Samples of transcripts</td>
<td>132</td>
</tr>
<tr>
<td>3.12</td>
<td>Conceptualising (sample)</td>
<td>137</td>
</tr>
<tr>
<td>3.13</td>
<td>Consolidation of core category (sample)</td>
<td>139</td>
</tr>
<tr>
<td>3.14</td>
<td>Theoretical saturation process</td>
<td>141</td>
</tr>
<tr>
<td>4.1</td>
<td>Carrying-personal-burdens-and-those-of-others</td>
<td>145</td>
</tr>
<tr>
<td>4.2</td>
<td>Rupturing-in-silence</td>
<td>168</td>
</tr>
<tr>
<td>5.1</td>
<td>Key categories in Getting-by-with-anchoring</td>
<td>191</td>
</tr>
<tr>
<td>5.2</td>
<td>Conceptualising Getting-by-with-anchoring</td>
<td>192</td>
</tr>
<tr>
<td>6.1</td>
<td>Yes-but-to-counselling</td>
<td>226</td>
</tr>
<tr>
<td>6.2</td>
<td>Heron's Helping Style Model</td>
<td>237</td>
</tr>
<tr>
<td>6.3</td>
<td>Synergy: formal and informal counselling</td>
<td>246</td>
</tr>
<tr>
<td>6.4</td>
<td>Maslow's Hierarchy of Needs</td>
<td>269</td>
</tr>
<tr>
<td>6.5</td>
<td>Blurring-of-visibility</td>
<td>277</td>
</tr>
<tr>
<td>7.1</td>
<td>Conceptual framework of the BSPP</td>
<td>290</td>
</tr>
<tr>
<td>7.2</td>
<td>Field of Oppositional Force (FOF)</td>
<td>299</td>
</tr>
<tr>
<td>Acronym</td>
<td>Meaning</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>ACHAP</td>
<td>African Comprehensive HIV/AIDS Partnership</td>
<td></td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
<td></td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-Retroviral</td>
<td></td>
</tr>
<tr>
<td>BACP</td>
<td>British Association for Counselling and Psychotherapy</td>
<td></td>
</tr>
<tr>
<td>BHRIMS</td>
<td>Botswana HIV/AIDS Response Information Management System</td>
<td></td>
</tr>
<tr>
<td>BSP</td>
<td>Basic Social Process</td>
<td></td>
</tr>
<tr>
<td>BSPP</td>
<td>Basic Social Psychological Process</td>
<td></td>
</tr>
<tr>
<td>CD and E</td>
<td>Curriculum Development and Evaluation</td>
<td></td>
</tr>
<tr>
<td>CD4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSO</td>
<td>Central Statistics Office</td>
<td></td>
</tr>
<tr>
<td>DNA</td>
<td>Deoxyribonucleic Acid</td>
<td></td>
</tr>
<tr>
<td>DSM IV</td>
<td>Diagnostic and Statistical Manual IV</td>
<td></td>
</tr>
<tr>
<td>ELISA</td>
<td>Enzyme Linked Immunosorbent Assay</td>
<td></td>
</tr>
<tr>
<td>FOF</td>
<td>Field of Oppositional Force</td>
<td></td>
</tr>
<tr>
<td>G and CD</td>
<td>Guidance and Counselling Division</td>
<td></td>
</tr>
<tr>
<td>GoB</td>
<td>Government of Botswana</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
<td></td>
</tr>
<tr>
<td>IIASA</td>
<td>International Institute of Applied Systems Analysis</td>
<td></td>
</tr>
<tr>
<td>MoE</td>
<td>Ministry of Education</td>
<td></td>
</tr>
<tr>
<td>MoF</td>
<td>Ministry of Finance</td>
<td></td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
<td></td>
</tr>
<tr>
<td>MoLGLH</td>
<td>Ministry of Local Government Lands and Housing</td>
<td></td>
</tr>
<tr>
<td>MTP II</td>
<td>Medium Term Plan 11</td>
<td></td>
</tr>
<tr>
<td>NACA</td>
<td>National AIDS Coordinating Agency</td>
<td></td>
</tr>
<tr>
<td>NDP</td>
<td>National Development Plan</td>
<td></td>
</tr>
<tr>
<td>PLWA's</td>
<td>People Living With AIDS</td>
<td></td>
</tr>
<tr>
<td>RNA</td>
<td>Ribonucleic Acid</td>
<td></td>
</tr>
<tr>
<td>RNPE</td>
<td>Revised National Policy on Education</td>
<td></td>
</tr>
<tr>
<td>SIAPAC</td>
<td>Social Impact Assessment and Policy Analysis Corporation</td>
<td></td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Trainers</td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
<td></td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
<td></td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations AIDS Agency</td>
<td></td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
<td></td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational</td>
<td></td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Emergency Fund</td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
<td></td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
<td></td>
</tr>
<tr>
<td>YWCA</td>
<td>Young Women's Christian Association</td>
<td></td>
</tr>
</tbody>
</table>
APPENDICES

1. Research permit granted by Office of the President (Botswana)
2. Research permit granted by the Ministry of Education (Botswana)
3. Letter of support from the Director, Centre for Therapeutic Education (University of Surrey, UK).
4. Request letter for institutional / organisational support in Botswana
5. Invitation for participation in the study
6. Contract form for the researcher
7. Participant concern form
8. Parental consent form
9. Contract form for research assistants and gate-keepers
10. Sample of transcript
CHAPTER 1
CONTEXT AND RATIONALE

1.1. Introduction
This chapter introduces the reader to the context and rationale of the study and the justification for focusing it on this particular area of research. I start by introducing Botswana as a country within the continent of Africa. Then I move towards illuminating the heuristic relevance by explaining my personal and professional presence in the study and the focus on guidance and counselling in the Ministry of Education (Botswana). The core field of the study is explored as well as the expected aims to be achieved. This is followed by the criteria used for narrowing the research field based on the 'phenomenological field', the 'research questions', and the 'unit of analysis'. The expected contributions of the study are discussed followed by the operational definitions and issues surrounding them. Then, the definition of HIV and AIDS is explored with a view to showing its contextual relevance. The chapter then goes on to outline the conceptual argument that the study intended to pursue in relation to the target population. Before the summary, the reader is given a broad overview of the entire study with respect to the various chapters and how they are sequentially ordered.

1.2. Botswana as a country

Background
The study is situated in Botswana: a former British colony known then as the British protectorate of Bechuanaland which set herself politically free in 1965 after 80 years of British governance (GoB-MoF NDP9 2003:1). The National Development Plan 9 (2003/4-2008/9), which captures the long-term vision of the country (GoB-MoF 2003:1) states that Botswana is a democratically ruled state and since 1966 has been known as Botswana. The capital city of Botswana is Gaborone, which is situated in the southern part of the country.
**Population**

Botswana has a comparatively small population in relation to other countries. Nevertheless, the growth rate has been fairly high when compared to many other African countries (National Population Policy 1991-2000). The population of Botswana is around 1.8 million (World Fact Book 2004) but according to the 2001 population census, the de facto population was 1,680,863 since when it has been growing at an average of 2.4 percent. The general character of the population of Botswana is inclined towards the younger age bracket and close to 43% is believed to be characterised by people who are 15 years old and below (Peolwane 2006:10-11). Although this decline has always been visible, a significant observation emerged after the advent of HIV/AIDS (GoB/MoF-NDP9 2003:9), hence the World Fact Book (2004) claims that the population would be lower (than 1.8 million) if the excess mortality rate due to AIDS could be taken into account. Gaborone alone has a total population of about a quarter of a million and figures from other towns include Francistown in the north (105,000), Lobatse in the south (60,000), Selibe Phikwe in the north-east (50,000). Other towns include Ghantsi, Maun, Kasane and Mahalapye. There has been a significant rural-urban migration that has skewed population distribution more towards the urban areas.

**Location**

Since Botswana is a landlocked semi-arid country, the population is sparsely spread in a landmass of 582,000 square kilometers positioned in the southern plateau of Africa (GoB-CSO 2001:7). The country is bordered by South Africa in the south, Namibia in the west, Zimbabwe in the north and Zambia in the northwest (GoB-MoF/NDP9 2003:2). (See Figure 1, Map of Africa).
People
The name ‘Botswana’ originates from ‘Tswana’ - a distinct ethnic language group that originated from the Bantu group which had settled along the equatorial region of Africa (World Fact Book 2004). A split occurred, leading to a massive separation, whereupon one of the groups migrated to the southern region of Africa. The Tswana constituted one of the major tribes that settled along the southern region. The delineation of borders, a result of the colonisation process, led to a split that left the Tswana settled in what is currently known as Botswana. The country is Bo-tswana, its people are Ba-tswana for plural and Mo-tswana for singular, and the national vernacular language is Se-tswana. The predominant national tribe is the Tswana; however, there are other indigenous groups including the Bakalanga in the north, Basarwa in the southwest, Baherero in the northeast, Bayei in the northeast, and Bakgalagadi in the west (op cit).

Languages
The national languages are Setswana and English both of which were used in the data gathering process. English is the official language and Setswana is the vernacular spoken across the country. There are however other languages spoken in specific ethnic tribes and these include Kalanga in the north, Seherero and Seyei in the West, Sekgalagadi and Sesarwa in the Kgalagadi and southern region.

Agriculture
As nearly seventy five percent of the geographical outlook in Botswana is fairly flat with undulating ‘rocky outcrops’ in certain areas, the dry unreliable rains and poor quality of soils make farming very unproductive (GoB-MoF/NDP9 2003:4-6). As a result, the population of Botswana is unevenly distributed because a significant proportion is found to be concentrated mainly along the southern and southeastern side where there are predominantly better rains, fertile soils
and a comparatively well-developed infrastructure for economic development opportunities. Most of the people in Botswana rear cattle, some of which is sold for beef, and others grow crops for subsistence. The Kalahari Desert which covers a significant proportion of the south-western part of the country creates an arid environment and this has not facilitated human habitation (op. cit.).

**Economy**

The past four decades have seen Botswana emerge as a developing country capable of sustaining a fairly stable and yet rapid economic development (World Bank Report Botswana 2001:v). Adequate civil management of the country and an uninterrupted political and economic stability have supported this environment (GoB-National Population Policy 1997; GoB-MoF/NDP9 2003:9; World Fact Book 2004). The resources supporting the country's economic expansion come mainly from the mining industry, especially diamonds, followed by tourism and beef (GoB-MoF/NDP9 2003:9; World Fact Book 2004). This intensive capital-based economy has played a critical role in the provision of basic services, especially education and health, and has protectively shielded the macro level impact of HIV and AIDS (UNDP-MoF/Botswana 2000:vi).

**Socio-cultural-politics**

A comparison with other African countries reveals that Botswana has enjoyed a reasonably stable political and economic environment (GoB-MoH MTPII 1997:5; World Bank Report 2001:v). The constitution of the country is essentially grounded on the four core democratic principles: democracy, development, self-reliance and unity (MoF-NDP9 2003). The World Fact Book (2004) claims that the majority of Batswana (eighty-five percent) have a belief system grounded on indigenous practices, fifteen percent is Christian-based and the rest remain tolerant of other belief practices (op cit.). Botswana has also found relevance in incorporating the socio-cultural concept of *botho* as
A national principle to position the African spirit that says cultural values and respect for human identity of the people are critical in human development processes (Annual Report–Botswana 2003:4). The main purpose for articulating the key principles is to show the country's intention to develop a socio-cultural heritage where *kagisano*, which essentially means social harmony, is the cornerstone of everything especially human values and conduct (GoB-Presidential Task Force 1997). In that light, there are efforts to respect and openly pursue development of human traits in their broad sense hence the ratification of the human rights international charter as reflected on Vision 2016 (GoB-Presidential Task Force 1997; GoB-MoF/NDP9 2003:13). Nonetheless, the country has faced its fair share of socio-cultural-political challenges including an acute unemployment rate, rural-urban migration, increased crime, poverty, HIV and AIDS, and their associated effects at micro, meso and macro level (GoB-MoH MTPII 1997:5; GoB-MoF/NDP 2003:22-23).

**Geographical location**

A map of Africa is provided to show the location of Botswana in relation to other African countries (Figure 1.1) and following that is the map of Botswana (Figure 1.2). Gaborone, the capital city of Botswana, is situated in the southeastern district. Botswana has five districts and Figure 1.2 shows the towns that were covered in the study. In addition to Gaborone, the other towns used in the study were Kanye in the southern district, Mahalapye and Palapye in the central district, Francistown in the north and Maun in the west.
Figure 1.1  Map of Africa
1.3. Biography

In this section, I explain what attracted me to a study that involves issues around young people, HIV and AIDS and counselling. Throughout the thesis the term ‘researcher’, ‘analyst’, and ‘interviewer’ will be used to identify myself. The reason I include the biographical data is because in a Grounded Theory study, the role of the analyst is very important and, therefore, sharing personal information is in line with methodological expectation (Strauss and Corbin 1998). This will give the reader a heuristic perspective that opens up public space for the co-construction of the phenomena in question. Strauss and Corbin (1998:48) assert that personal experiences increase human sensitivity to critical issues and, if used appropriately, they can facilitate the constant comparative analysis process.

I first came to know about HIV and AIDS in 1985 when the first case was reported in Botswana as confirmed by World Bank (2001:1). At the time, I was a fairly young teacher who had just entered the world of work. Since then, HIV and AIDS has affected various facets of my life, hence I am aware of my contextual shifts of roles and perspectives. This shifting depends on whether I am looking at the situation from the perspective of a partner, mother, sister, daughter, friend, cousin, trainer, counsellor, and/or policy-maker. In that light, HIV and AIDS has influenced the reflective use of my personal, psychological, social, economic, spiritual, professional, and national perspectives. I have struggled with fears, anxieties, and worries because I have seen pain and suffering from a distance and at close range in various capacities including the care-giving role. Therefore, dealing with loss due to HIV and AIDS has been a close reality with which I have had to contend. I have also dealt with the collective stress of attending frequent funerals and this has been challenging. On reflection, I realise that I had grown up at a time when death was not a common phenomenon and this highlighted the effects of presenting changes on time and processes.
Moving away from intrapersonal reflections, I will now look at my interpersonal relationships with young people. I have had the opportunity to relate extensively to adolescents - and young people in general - in my capacity as a secondary school-teacher. During this period, I found myself intuitively gravitating more towards the guidance and counselling role, and I ended up taking responsibility for co-ordinating the socio-psychological support programmes in the school (Ipelegeng Junior Community Secondary School) and within the community. I am also involved in various young people's programmes in church and have experiential knowledge in managing their personal and spiritual concerns.

At junior secondary school level, the role included performing multi disciplinary functions; hence, the terms 'school counsellor', 'teacher-counsellor', and 'guidance teacher' were used to refer to my role. I realised that these terms are still used in schools to identify the person running the programme and a similar situation has been identified in the Taiwanese context whereby 'school guidance' and 'school counselling' are used interchangeably (Shen and Herr 2003:28). In managing the school support programme, I came to an understanding of the needs of the students by asking the staff, students, and parents about what was needed. We used in and out of class activities and services such as information, orientation, consultation, follow-up, placement, and 'counselling' (GoB-MoE Policy Guidelines on the Implementation of Guidance and Counselling in Botswana 1996). Shen and Herr (2003) found that the Taiwanese history of school counselling reflected an American legacy, and this is also evident in the Botswana guidance and counselling programme. We used a developmental approach to deal with psycho-social issues often through the guidance lesson that is provided in the school timetable. I also conducted "individual and group counselling", "consultation", "supporting the instructional and disciplinary systems in the school", with the exclusion of the "testing" service (Shen and
Herr 2003: 28). Although the need has been established, psychometric testing is the one component of the programme that is still not progressing adequately in the delivery processes of psycho-social services in Botswana. To date, the school guidance and counselling programme is still structured along a similar model of delivery and is more driven by national ideals reflected in critical policy documents such as Vision 2016, Revised National Policy on Education (GoB-MoE/RNPE 1994) and National Development Plan 9 (GoB-MoF/NDP9 2003).

My involvement in the role of school counsellor offered me an opportunity to discern the psycho-social issues including HIV and AIDS with which young people and family members were grappling. This interpersonal interaction strengthened my desire to work actively with young people and it was after performing this school counsellor role for six years that I was transferred in 1990 to the MoE. I joined the Guidance and Counselling Division (G and CD) in the department of Curriculum Development and Evaluation (CD and E) within the Ministry of Education (MoE) as a Guidance and Counselling Officer. Then, I was responsible for the national guidance and counselling programmes at junior secondary level and I moved from Senior to Principal Education Officer. I then moved to supervision of the psychological field services, which, amongst other functions, coordinates counselling and HIV and AIDS services. I am currently responsible for the coordination of the Guidance and Counselling Division as the Head of Division. This is a ministerial level managerial function that is accountable for provision of support services at school level (primary and secondary). It involves supervision of 13 Principal Education Officers who manage the core functions of psychological services, career services, field supporting services and material development. The mandate is anchored on the development of the curriculum guidelines, in-service training, monitoring and supervision of the programme at school, regional and national level.
The Policy Guidelines on the Implementation of Guidance and Counselling (GoB/MoE 1996), state that the G and C is one of the key divisions that provides professional back-up support for the national curriculum. The guidance and counselling services essentially ensure that young people recognise and develop the soft qualitative skills that enable development of life skills to mature and thereby increase emotional management as a functional skill for human survival. The division also accounts for policy influence on life skills and counselling practice and other implementation processes. The back-up support system facilitates effective delivery and implementation of the national school curriculum from pre-primary to senior secondary level. The division liaises closely and extensively with other stakeholders for advocacy and partnership at organisational, institutional and programmatic level to ensure that a comprehensive national curriculum support service is delivered.

The provision of in-service training for school counsellors is a critical function for the division; hence the intention is to empower teacher-counsellors to meet the needs of the students. The training offered ranges from one day to two weeks depending on the presenting demands and the nature of desired needs. However, my observation is that training practices in the Division lack a deeper understanding of what is happening with respect to the specific concerns at school level because we do not conduct research to establish these needs. Although periodically we conduct school visits and run on-going programmes, these cannot equate to a focused deliberate research to establish what is really happening in the support system. The lack of a systematic programme evaluation makes it difficult to monitor and to direct in-service training and support programme to desired needs for specific populations. The programme may culminate in a generic programme whose approach can go amiss with respect to specific populations. Indeed, this peripheral input from the users and
beneficiaries within the school context creates a gap between training needs and uptake of training. This gap area has puzzled me greatly and galvanised me into researching that phenomenon.

In addition, as a researcher, I bring some level of training into the field of counselling and HIV and AIDS as it applies to young people in schools. I have a Diploma in Secondary Education (DSE) from the University of Botswana where I graduated in two taught subject areas (English and Geography). I also have a BA (Psychology) and MEd (Counselling), both attained from Virginia Commonwealth University in Richmond, Virginia [USA]. The training has given me insight into young people’s developmental and psycho-social issues and the underpinning counselling and human development theories. My observation has illuminated yet another concern, namely that the conventional models of counselling have been developed based on western psychological and philosophical tenets. I acknowledge that I have benefited from learning some of these theoretical models and I see their relevance in some of the counselling practices; however, I am also acutely aware and concerned that many of these western approaches may not necessarily transfer well to some of our specific and unique contexts.

I have already alluded to how I experienced HIV and AIDS from a personal perspective and my sensitivity and responsiveness to the challenge. In my professional context, I have grounding in HIV and AIDS issues that happened during long and short-term training. The training enabled me to serve as a Trainer-of-Trainers (ToT) and to develop a desire to broaden my knowledge base. Another dimension of my professional capacity includes serving on the Technical Committee (TC) for HIV and AIDS within the MoE. This role included developing the strategic programme for mainstreaming at departmental level and training the trainers for strategic implementation of the work-based programme. The HIV and AIDS co-
ordinator in the Ministry of Education works with the relevant key people to drive the agenda of the HIV and AIDS programme in the ministry. The co-ordinator works with the support of internal and external resources to ensure that the entire ministry responds and the division supports these wellness programmes.

The biographical perspective purported to give the research a grounded understanding from a methodological approach; this is essentially for the foreclosure of *a priori* forms of knowledge to give way to the inductive process (Glaser 1978; Strauss and Corbin 1998). In this study, the *a priori* forms of knowledge included acknowledging the influence of the reflexive processes to show how this pre-understanding of issues could affect the study. The heuristic disclosure of personal and professional background was presented to give way to opening the public space for justifying why this topical theme was a burning research question.

1.4. Core field of study
The core of study was initially centred on counselling in the context of HIV and AIDS; however, it was allowed to develop into a broader area of research. Young people's experiences of being affected by HIV and AIDS and how they manage to determine the role that counselling could play were explored. The practical application of the findings is therefore intended to be on counsellor training and general support practices that are aimed at students aged 14-21 years who have been affected by HIV and AIDS. The study is expected to benefit these young people and counsellors who work with them within the education system of Botswana and beyond.
1.5. Aims of the study

In particular, the aims of the study purport to:

1. Explore the students' experiences of being affected by HIV and AIDS.

2. Establish ways in which students manage these experiences.

3. Find out how students view counselling in the context of HIV and AIDS.

4. Develop confidence in conducting a professional piece of inquiry.

5. Contribute knowledge and interest in researching related topics.

1.6. Research statement

The research statement offers a broad framework from which several other questions will be explored to expand the context. Spradley (1979) in Hosek et al. (2001:271) differentiates between the "grand tour" and the "mini tour" questions. For Spradley, the grand tour questions aim to bring out the rich and descriptive information from the informants regarding the particular phenomena of concern. The mini tour questions aim to tease out the tiny units of experience (op. cit). Therefore, the research statement that positions the grand tour questions is:

*Exploring students' experiences of 'being affected by HIV and AIDS' and ways of managing the situation: Positioning the role (if any) of counselling in the educational system of Botswana.*
There are three main grand tour questions in this study that give the broader dimensions of the question; the mini tour questions are explored when going into the nuances of human experiences. These are the three ‘grand tour’ questions that aim to unpack the broad research statement, viz:

(1). What are the perceived experiences of being affected by HIV and AIDS and the effects on young people, in particular, students?

(2). In what way are young people who are affected by HIV and AIDS managing the situation?

(3). Does counselling have any role to play; if yes, what is it and in what way?

1.7. Unit of analysis

1.8. Operational definitions

This is an exploratory study aimed at facilitating an inductive experiential understanding of what will emerge from the substantive data (Bryman 2004:400). Therefore, assuming predetermined operational definitions in the preliminary phase could only lead to
foreclosure of the inductive process (op. cit.). Hence I avoided pre-
determining the operational definitions except in cases where the
explanation helped to widen contextual understanding.

1.8.1. Students
The term 'students' refers to all young people, male or female, aged
between 14 and 21 years, who have been affected by HIV and AIDS as
defined in this study (See section 1.8.3.). The students are the
informants who are still within the education system of Botswana.
Throughout the study, the students who participated will be referred
to as 'informants', 'participants', 'co-researchers', or 'respondents'. In
some cases, I use pseudonyms such as 'Kay' or 'Lebo'.

1.8.2. Perceived experiences
To understand the perceived experiences of the informants, I had to
listen to what emerged from the substantive data. The phenomenon
that was located in the substantive data is what emerged as perceived
experiences of being affected by HIV and AIDS. The question could be
what is a 'phenomenon' to unpack the contextual understanding of
perceived experiences? 'Phenomenon' (plural 'phenomena') is defined
as "something that is observed to happen or exist" (Collins CoBuild
further by stating that a phenomenon constitutes the fundamental
ideas that emerge from the substantive data to stand for concepts.
These concepts may constitute a concern, an issue, problem, a
specific happening as perceived important by the respondents
(op.cit:124). In this study, the understanding of the phenomenon
emerged through listening, observing, and interpreting the verbal and
non-verbal meaning of social interaction processes. These perceived
experiences were essentially co-constructed between the informants
and myself as expressed and contained in thoughts, views, ideas,
feelings, perceptions, attitudes, and behavioral facets of human
experience.
1.8.3. Being-affected-by

The construction of 'being-affected-by' is placed within the specific context of HIV and AIDS. To be affected by' is a phrasal verb implying that one is experiencing something that causes change in some way. The change often comes with a significant emotion particularly that which is related to sadness or pity (Collins Cobuild 2003:22, 189). In this study, the informant is the uninfected person that has a relationship with a significant other family member who has been diagnosed with HIV or has progressed to having AIDS. The infected family member may or may not have disclosed their sero-positive status to the informant; however the informant is aware either through verbal disclosure or by witnessing the presenting signs of the illness. It is through the relationship with the significant infected other person that the informant becomes directly connected with the phenomenon of being affected by HIV and AIDS. In most cases, as in the four rich cases involved in the first interviews, the infected family members were women. This verified the finding by UNICEF (2005:13) that in Botswana, generally those who are directly affected by HIV and AIDS are the children and women. The ‘thing’ or ‘phenomenon’ then that I am exploring is HIV and AIDS and the impact it has had on directly affected students. For me, 'being affected' includes a gamut of other sociological processes that will be articulated by the informants.

1.8.4. Managing

'Managing' the effects of being affected by HIV and AIDS stood out as a grand tour question in the study; therefore, its meaning could not be pre-empted prior to the data analysis. It emerged as an active and passive use of the internal and external resources used by the informants consciously and unconsciously to deal with the day-to-day challenges of 'being affected by' HIV and AIDS. The availability of these resources reflected the coping resources as strategies for getting on with life from which individuals were drawing strength; hence they could not be imposed on the informants. Since managing is part of the
grand tour question, these coping resources could only be allowed to emerge from the data.

### 1.8.5. Counselling

Similarly, as ‘counselling’ was another grand tour question, the study could not pre-empt the meaning of the inductive exploratory process. The understanding of counselling is a phenomenon that will be guided by the informants’ perceived understanding as it evolves from the data. In that light, allowing the exploratory process to reveal the operational definition of counselling became part of the inductive nature of the methodology of Grounded Theory.

### 1.9. Contribution of the study

HIV/AIDS has had an overwhelming effect in Botswana: its pervasive impact on livelihoods is noticeable and young people in particular have been greatly affected (UNICEF Botswana Annual Report 2005:12-13). The current report states that in Botswana, families are still wrestling with the effects of HIV and AIDS and these challenges are cutting across diverse dimensions of human life (op. cit). Currently, little has been done to find out what students directly affected by HIV and AIDS are experiencing and consequently what they would ideally find essential and relevant to manage the situation. The other expected ripple-effect of understanding what is going on right now is that training and other support programmes will benefit from the generated understanding. The experiential insights will widen the context with respect to what is going on that is influencing the affected students and illuminate what counsellor-training needs to focus on. Counsellor-training programmes will integrate what students, as beneficiaries, find relevant for them and the effects will reach the target population. The gap area is reiterated by UNDP-Botswana (2000:9) that: “Very little information on counselling capacity is available, and it is clear that counselling capacity building has not kept up with needs”.

18
I acknowledge that the research question is broad and no single study can claim to have all the components that would enable closure of the gap. The current study, however, concentrates on one of the many dimensions through which students' experiences of being affected by HIV and AIDS could be understood. These students constitute a core group of stakeholders within the education system of Botswana and if the intention is to assist them, then it is only fair to find out what matters to them. The aim is to meet the needs of young people through comprehensive support programmes from a human rights perspective to ensure that we meet the millennium goals of making this world a fit place for children (UNICEF Inter-Parliamentary Union 2004:86; UNICEF-A World Fit for Children 2004; UNICEF Annual Report 2005). Consequently, young people constitute a key group that ought to suggest what is relevant and essential, because, after all, it is for them that school counselling services are intended.

1.10. Literature review in Grounded Theory

Grounded Theory is a research methodology that articulates procedures to be followed when conducting research including the assertion that the suspension of the literature review prior to data collection is critical (Glaser 1978). This is because the process is inductively oriented towards the generation of theoretical concepts (Strauss and Corbin 1998:12). The purpose of doing so is to enable the analyst to retain a 'fresh' perspective when listening to the subjective views of the informants to generate a grounded theoretical understanding (Gregory 1994; Strauss and Corbin 1998). In this study, the suspension of the literature review happened in the preliminary phase. Initially, I became concerned that integrating the literature in the analysis could lead to loss of clarity especially on key issues within HIV and AIDS. The bio-medical perspective which follows, is meant to contextualise the understanding of HIV and AIDS.
1.11. HIV and AIDS: biomedical perspective

About fifteen years ago, Arthur Schafer in Overall and Zion (1991:1) stated that the "AIDS epidemic will become the greatest public health crisis of the twentieth century" and, to date, the statement is still relevant. There has been a fierce debate concerning the origin of HIV and AIDS and there are still no specific answers (Moore et al. 1996; Cooper 2000). There are strong assumptions that HIV has probably existed far longer than is realised; but these questions continue to generate other questions. For instance, some theories suggest that retrospective tests of preserved post-mortem human material would enable HIV to be traced back to the 1960s in some European countries (Singh and Madge 1998). Other theories have pointed to the African continent regarding the role of monkeys in the spread of the infection and these tentative assumptions provoke further debate (Moore et al. 1996; Cooper 2000). However, in 1983, Roberto Gallo and Luc Montagnier made significant scientific discoveries that demonstrated causal linkages between HIV and AIDS (Cooper 2000).

Understanding HIV and AIDS

HIV and AIDS are acronyms often used interchangeably and this needs clarity from the onset. HIV stands for Human Immunodeficiency Virus, which is a retrovirus, found specifically in human beings, that causes AIDS (Bor et al. 1992:947; Madigan et al. 2000:275). AIDS stands for the Acquired Immune Deficiency Syndrome. 'Acquired' means that it is not a contagious disease, but is obtained from elsewhere through an active process; 'immune-deficiency' implies that the virus selectively suppresses the immune system thus making the system vulnerable to a 'syndrome'; a collection of a group of symptomatic manifestations of opportunistic infections (Madigan et al. 2000). The diagnosis of AIDS requires the presence of antigens or antibodies in the blood to confirm HIV, a depressed count of the CD4 cell (less than 200 when a normal count is between 600-1000/3), and a prolonged presence of opportunistic infections (Madigan et al.
As a virus, HIV contains "genetic elements that can replicate independently of a cell's chromosomes but not independently of cells themselves" (Madigan et al. 2000:237). The DNA constitutes the major chromosomal constituents and it is this qualitative character that is conferred on to the host cell (Singh and Madge 1998; Madigan et al. 2000). The unique character of any virus is due to its propensity to enter biologically and successfully take full charge or command of the host cell. This happens by way of directing the host cell to take the newly conferred extra cellular genetic material, which in this case would be the HIV material. The ability of the virus to change morphologically and subsequently redefine the cellular composition of the host cell through the replication process gives it the distinct viral character (Cusack and Singh 1994; Cooper 2000; Madigan et al. 2000; Baylor College of Medicine 2001).

Van Dyk (1999:12) metaphorically described the human immune system as 'a war within the body'. The metaphoric analogy emerges because the immune system provides the greatest ammunition for the body against any foreign invasion. Van Dyk identified four main phases that the human immune response system uses to deal with any foreign invasion. The response follows a pattern that is characterised by the recognition of the invading enemy, mobilisation, and strengthening of the defense mechanism, launching the attack, culminating with the actual attack or the battle itself. The metaphoric use of attack or battle implies that the process could result in a win-or-lose situation. In biological terms, the human immune system engages the T-helper or T4 cells to fight the millions of invading antigens so as to protect the system from the attack coming from external enemies (Bor et al. 1992; Van Dyk, 1999).

Chipfakacha (2001) acknowledges that the human race (especially in Africa) has been subjected to a variety of epidemics and, therefore, HIV can only compound these existing calamities. The world has dealt
with cholera, venereal diseases, colds and flu, smallpox and rubella, amongst others. The history of sexually transmitted diseases reveals that sexual health for young people has always been a concern (Moore et al. 1996). These epidemics were, however, different in that they presented viral attacks that retained a traceable morphological character; hence, the medical response was able to develop curative vaccines. The difficulty with HIV is found in the uniqueness of the elusive character inherently contained within its chromosomal structure that allows it to do what no other virus could do (Van Dyk 1999; Madigan et al. 2000; Baylor College of Medicine 2001).

HIV has a protein-sugar coat and it is this chromosomal structure that gives the ribonucleic acid (RNA) a unique viral character compared with other viruses (Madigan et al. 2000). HIV is different in that it launches specific attacks on T-helper cells that offer protection from external invaders of the defence system. When HIV enters the human cellular system during the infection phase, the configuration of the protein-sugar coat enables it to lock itself into the human cell structure (Singh and Madge 1998; Van Dyk, 1999; Cooper 2000; Madigan et al. 2000; Bor et al., 1992).

The locking key system analogy facilitates the understanding of how the attachment of the virus happens in the human body cell system (Singh and Madge 1998). This analogy happens because the T-helper cells have receptors that enable the HIV glycoprotein found in its outer cellular layer to attract, attach, and lock itself into the receptors of the host cell, the T-helper cell. After the attachments have effectively happened, the HIV cell will then shed its outer coat by injecting the genetic chromosomal substance material into the T-helper cell. The injected genetic material is commonly referred to as the 'reverse transcriptase' (RNA) and it goes into the T-helper cell. This process then converts the DNA structure to that of its own (Bor et al. 1992; Van Dyk 1999; Cooper 2000; Madigan et al. 2000). The completion of
the conversion allows the T-helper cell to replicate itself as an infected cell within the human system. Since the T-helper cell has converted to the HIV character, it implies that the reversal process has now turned the protective machinery of the T-helper cell into a weapon to be used against the human system it was meant to protect. The reversal process then leaves the human system vulnerable to opportunistic infections. The uniqueness of HIV lies in its ability to change morphological character as well as in being able to turn the most powerful of all human defence mechanisms into one of its own enemies (Van Dyk 1999; Madigan et al. 2000).

There are two basic causative agents of AIDS: HIV1 and HIV2. The most prevalent type across the globe is HIV1 (Bor et al. 1992; Singh and Madge 1998). HIV1 has sub-types A to H and Africa mostly has sub-types strands of A, C, and D, commonly transmitted through heterosexual contact (Cooper 2000). The predominant viral strand in Botswana and the sub-Saharan region is known to be HIV1 sub-type C. The virus is perceived to have unique characters of aggressiveness in terms of a high volume of viral load, fast viral spread after infection, and rapid progression into the illness phase. The sources of the HIV can only be found in body fluids that have been exposed to virus. The most common fluids containing higher levels of HIV are blood, semen, and vaginal fluids whereas insignificant concentration can be found in sweat, saliva, and tears (Moore et al. 1996; Cooper 2000). There are multiple localised myths in sources of HIV to be corrected that play a facilitative role in the spread of HIV/AIDS, particularly in Africa where myths are culturally engrained (Chipfakacha 2001).

Cooper (2000) identifies three ways in which the HIV infection happens: unprotected sexual intercourse, contact with contaminated blood, and the mother to child transmission. Penetrative sexual contact can occur heterosexually, homosexually, or bisexually. Inoculation and nosocomial infections have been experienced where
the infection happens through contact with blood products and sharing of sharp objects such as needles. HIV infection can also occur peri-natally through inter-uterine sharing, childbirth procedures, and breast-feeding (Singh and Madge 1998; Madigan et al. 2000). Nevertheless, common HIV infection routes in the sub-Saharan region occur through heterosexual contact (Cooper 2000; Madigan et al. 2000; Painter 2001).

**Initial period**
My observation is that the progression of HIV infection to AIDS follows an individualised process. Different people seem to have varied resources that enable them to cope, such as physiological constitution, socio-economic status, stress levels, and other variables that affect functional ability of the immune system (Greenberg 1993). The progression of HIV to AIDS follows a similar pattern; however, this will vary from individual to individual and region to region. Singh and Madge (1998) have provided a framework based on the phases of the illness to broaden the understanding of HIV and AIDS as an illness. The initial period of infection happens when a person who is HIV negative becomes infected by a source that contains the HIV positive virus. In this initial process, the virus enters the body through any of the stated modes. In this phase, the body system may not immediately recognise the newly injected foreign element, and although the exposure to the virus may have occurred, HIV testing may not necessarily reflect the presence of the virus because the seroconversion process may not have happened.

**Sero-conversion phase**
The sero-conversion phase is when the body system recognises the presence of the virus and converts from a negative to positive status. The conversion happens as a result of the ‘reverse transcriptase’ that encourages self-replication of the infected cell to make its own copies. The individual’s body system may respond by displaying very non-
specific symptoms such as a bout of flu, herpes, fatigue, muscle aches, or swollen lymph glands that often disappear after two to six weeks (Singh and Madge 1998) whereas some people may not display any physiological symptoms. The infection and sero-conversion phase contain the metaphoric phase known as the *window period* (Moore *et al.* 1996). The *window period* means that the infected system is still able to infect other uninfected systems, but the source may not necessarily test positive. The sensitivity of this period necessitates for repeated testing to verify HIV results (Moore *et al.* 1996).

**Asymptomatic phase**

The asymptomatic phase happens because the individual has sero-positively converted to the HIV status and carries the virus in the body system. The phase is known as the *dormant phase* because the individual may not show any overt signs of the illness and yet they remain potentially effective in transmitting the virus to other uninfected people. The individual may intermittently fall sick and yet the body system may still have the capacity to replace its CD4 cells to sustain the functional level. Depending on the immune system, it may or may not be necessary to start the anti-retroviral therapy (Singh and Madge 1998).

**Symptomatic phase**

The symptomatic phase occurs because the lymphocyte cells can only sustain the immune body system for a certain period of time. Consequentially, there comes a moment when the CD4 count goes down significantly, reflecting a compromised immune system. The suppressed immune system makes the body highly susceptible to certain infections and viruses. When this happens, it creates an opening for opportunistic infections to mount an attack on the human system. The symptomatic phase occurs due to the repeated alternating phase of illnesses to which the individual may be exposed. In addition, in the absence of anti-retroviral drugs, the recovery
process may be difficult. The immune system subsequently collapses reflecting a decline in the functional level of the human system (Singh and Madge 1998).

**AIDS phase**
The definition of AIDS reveals that this is a syndrome and therefore the symptomatic expression will vary from country to country (Hubley 2002:24). Although the AIDS phase happens generally because the virus has depleted the immune system, it is the specific opportunistic infections prevalent in the locality that should define the presence of AIDS (op. cit). This explains why Europe has a higher prevalence of pneumonia found in *Pneumocystis carinii* than the African context whereas the latter has more of tuberculosis cases than the former (op cit). In the same light, common symptoms of AIDS may be evident in cases where people are not suffering from AIDS and therefore caution in generalizing AIDS definition is imperative (op cit). Notwithstanding, common symptoms of AIDS include TB, pneumonia, toxoplasmosis or brain abscess, shingles, warts, eczema, fungal infections, thrush, herpes, genital warts, kaposi sarcoma, lymphomas, diarrhoea, meningitis, oral thrush, cold sores, ulcers, gingivitis and many other viral and fungal infections (Singh and Madge 1998).

Edhonu-Elyetu (1998:75) conducted a study in the Kweneng district in Botswana to determine if there was any significant relevance in the use of the syndromic model in linking the occurrence of herpes zoster to other related opportunistic infections in the diagnosis of HIV infection. The study used retrospective case control information from the results of HIV request forms in fifty-five health facilities in one major district hospital. Six-hundred-and-forty-one valid request forms, distributed across age groups and genders, were analysed. Although the study was confined to a specific region of the country, the lessons learnt from the study were critical. The sensitivity and specificity test value results revealed that herpes zoster and diarrhoea
had high positive predictive values for revealing a positive HIV status in ninety-five-percent of the identified cases. An inference drawn from the study showed that in the absence of an HIV ELISA test, the syndromic model could, if confined to the Kweneng region, be used to predict HIV infection. Hence, a recommendation from the study was that the World Health Organisation (WHO) should consider recognition of herpes zoster as a major clinical indicator of HIV in clinical surveillance.

The inclusion of the study conducted by Edhonu-Elyetu (1998) in Botswana is intended to broaden the relevance of the operational definition of 'being affected by HIV and AIDS' to include experiences from a wide variety of situations. The definition of 'being affected' meant that the informants were aware of the visible signs and symptoms that constituted some of the syndromic illnesses that the infected others were experiencing. Many of the affected informants used the experiences that often captured the physical symptoms of what the sufferers were dealing with. These symptomatic signs became part of exploring the context of what 'being affected by' could have meant for the informants.

1.12. HIV and AIDS situation: regional and local perspective

Regional perspective

The number of children orphaned by HIV and AIDS globally has increased to 14 million from which 11 million are from the Sub-Saharan region although Sub-Saharan Africa only has 11% of the total world population (Botswana Country Report (2005:13). As stated, Sub-Saharan Africa has always been the region worst affected by HIV and AIDS across the world (UNAIDS 2002:22). In 2002, the Sunday Tribune revealed deeply worrying realities derived from the World Bank logical projections to the effect that "Deaths due to HIV/AIDS in Africa will soon surpass the 20 million Europeans killed by the plague of 1347-1357" (p.1).
The report further says that:

in 9 African countries, with the adult prevalence of 10% or more, HIV/AIDS will erase 17 years of potential gains in life expectancy, meaning that instead of reaching 64 years, by 2010-2015 life expectancy in these countries will regress to an average of just over 47 years; this represents a reversal of most development gains of the past 30 years affecting an entire generation"

(Sunday Tribune 2002:11).

I note a major concern that the Sub-Saharan region is one of the poorest regions in the world and the introduction of HIV and AIDS could only compound the already existing difficulties. HIV and AIDS is a major crisis that has far outweighed the impact of the massive political calamities that befell the continent in the last decade (UNAIDS 2002). Moreover, the HIV and AIDS problems come at a period when the Sub-Saharan region is recovering from other major crisis situations related to regional and civil wars, international debts, diseases, and asylum issues amongst others (GoB-NACA 2000:3). A cursory look at the regional crisis revealed that, in 1998, close to 200,000 Africans died from war-related deaths compared with 2 million deaths from AIDS. The UNAIDS Report further states that, by the end of 2001, fewer than 300,000 people in the region were able to access anti-retroviral therapy drugs and an estimated 11 million children were orphaned by HIV and AIDS. Although many countries are struggling with the experiences of dealing with the rising levels of the infection, an optimistic dimension of the regional situation reports that Uganda and Senegal are beginning to experience some level of control on the spread of HIV and AIDS (UNAIDS 2002). In contrast, the same report states that Botswana, Namibia, South Africa, and Zimbabwe in particular have reported the highest number of cases of HIV infection worldwide. It is important to take note of the geographical position of Botswana in relation to the other affected countries and the implications this may have on the dynamics of the spread of HIV infection within and across the country.
Local perspective

The pervasive nature of the impact of HIV and AIDS in Botswana and the statistical effects it has had are reflected in various sources (UNICEF Botswana Annual Report 2005:12). There is difficulty in getting true statistical reflections because the illness is still perceived as a “hidden epidemic” (GoB Country Report 2003:13). Five years ago, Sanderson et al (2001:vi) noted a concern that is still relevant that “Botswana is likely to have little or no population growth for the next two decades;” and “if no concerted effort is undertaken by 2021, the population may be less than it is now”. Botswana is one of the countries that has experienced the greatest impact of HIV and AIDS and this is a country that has a population which is far less than 2 million (http://www.avert.org/aidsbotswana.htm). The prevalence rate of HIV has been measured at 37.3% and this has been found to be remarkably high because the surveillance was focusing on pregnant women. It has since been established that the prevalence rate amongst the adult population in Botswana is estimated at 24.1% which is still the highest after Swaziland (op. cit). The same source states that life expectancy in Botswana dropped from 65 to 40 years from 1990-1995 to 2000-2005 respectively.

The Government of Botswana Country Report (2003:14) illuminates the HIV and AIDS situation through a pyramid which shows that at the bottom, there are close to 285,000 people who are currently infected. These are people who have the virus and may or may not be aware that they are infectious. In that pyramid, 28,000 adults and 2,500 children are estimated to be cumulative AIDS cases. This was at the end of 2002. It shows that the country still has to deal with the effects of the 285,000 cases that are still developing and have not shown any symptomatic effects (op. cit).
1.13. Socio-cultural perspective

About fifteen years ago, Overall and Zion (1991) recognised that HIV and AIDS presented challenges that provoked internal fear and anxiety, later reiterated by Small (1993), Lego (1994) and Van Dyk (1999). As stated, the issues that they identified more than a decade ago are still present to date. HIV is not a single problem, but a complex phenomenon with multiple dimensions (Singh and Madge 1998). The other concern is that research on HIV and AIDS has focused on the biomedical aspects, often giving information that is incomprehensible to human psycho-sociological-cultural processes. It is still a concern however that, in the third decade of its progression, studies still unearth misunderstandings and misinterpretations inherent in the understanding of HIV and AIDS (Uwakwe 2000:32; Mbanya et al. 2001:48; Umezulike and Efetie 2002:76).

In Botswana, the home-base care system is one of the key national response strategies for mitigating the impact of the scourge. Ndaba-Mbata and Seloilwe (2000:47) conducted a related study, which revealed that despite the extensive and deliberate efforts to disseminate information on the newly structured home based care system, there was a profound presence of knowledge deficit regarding HIV and AIDS in Botswana. Mbanya et al. (2001:48) conducted a similar study focusing on knowledge, attitudes, and practices concerning HIV by nursing staff in a rural hospital in Cameroon. The study reported that although 70% generally scored high on knowledge, some misconceptions still existed. The respondents attributed HIV to witchcraft (2.8%), not knowing what AIDS was (1.9%), and thinking it was inherited from birth (0.9%). Based on the understanding that half (50%) of the sample constituted nursing aides and licensed nurses whose age ranged from 40-49 years, the findings revealed a concern that in Africa and, indeed, other parts of the world, myths and misconceptions are still emerging as barriers.
The other concern was that scores on attitudes were generally lower than knowledge, highlighting the fact that knowledge was not necessarily transferred into practice. Therefore, possibilities of contracting the virus in hospital settings were still high and the scenario is not atypical for other African countries including Botswana. Ndaba-Mbata and Seloilwe (2000:47) echoed similar concerns indicating the continuing spread of the infection in various contexts. This suggests that being knowledgeable does not necessarily translate into behavioural change and a knowledge gap has been experienced in family care-giving situations.

The factors driving the HIV and AIDS epidemic in Sub-Saharan Africa are essentially similar for Botswana (Chipfakacha 2001). However, Botswana will be cited as a unique case. I notice that some of the positive efforts from which Botswana has benefited seem to have had paradoxical effects in the HIV and AIDS context. Botswana is one of the few countries in Africa to have enjoyed a relatively stable economic and political environment and this has always attracted global migration into the country. The economic strength of the country has facilitated a positive international desire for investment and this comes with a narrowing of the international divide. Therefore, the globalisation process has affected Botswana as a member of the international community. The country's economy has also led to a fairly well developed infrastructure; hence, migration and mobility within and outside of the country are quite easy. This has contributed to a lack of control of the internal and external export of viral infection across the country (GoB-MoH/MTPII 1997; Botswana National Policy on HIV/AIDS 1998:2). I argue that a young person of today in Botswana is a social product who simultaneously suffers and enjoys the benefits of being part of this global village.
Botswana's population is characterised by youthfulness, and currently the infection is centred on the sexually active age ranging between 15 and 49 years (UNAIDS 2002). The country has a high level of teenage pregnancy revealing that there is unprotected sexual contact amongst the young population band (Botswana National Policy on HIV/AIDS 1998:2). This feature exposes the vulnerable age band early in their developmental process. Another unique feature that relates to young people is the difficulty to contain the virus within a specific cohort. Botswana is one of the few countries where subtle and covert intergenerational sex is practised; this involves different intergenerational cohorts engaging in sexual practices thus making it difficult to contain the spread of the infection within specific age bands (GoB-MTPII 1997; UNDP-Botswana Report 2002:3).

Other mediating factors for the spread of HIV in Botswana relate to the socio-cultural dynamics at play in the social field. These factors include gender imbalances as regards power dynamics in the negotiation of sex and its related practices. In the family institution, women occupy positions of powerlessness and this makes it difficult to manage the infection process, as they struggle to take control of their reproductive health. The other factor is the biological constitution of women, which makes them more predisposed to the infection. These factors combine to account for the complexity of related problems that include unemployment, poverty, low literacy rate, urban-rural migration, the link between STDs, HIV and AIDS, cultural and sexual practices (GoB-MoH MTPII/1997; Botswana National Policy on HIV/AIDS 1998:2; Chipfakacha 2001; GoB-NACA 2002; UNDP Botswana Report 2002:3). Chipfakacha (2001) states further that marginalisation, inadequacy of recreational facilities and superstition also influence the socio-cultural dimensions in HIV and AIDS. Therefore, it is not possible to single out any particular factor to account for the various dimensions influencing the magnitude of the spread of HIV in Botswana (Chipfakacha 2001). HIV and AIDS
challenges are not only undermining the economic developments in Botswana (UNDP, Ministry of Finance 2000). The current VISION 2016 proclaims the long-term commitment to sustainable development; hence, Botswana’s main goal is that

By the end of 2016, the spread of the HIV virus that causes AIDS will have been stopped, so that there will be no new infections by the virus in that year (GoB-Presidental Task Force 1997).

To achieve the objective of the vision, Botswana needs an aggressive and focused comprehensive programme of action that is responsive, facilitative, proactive, and holistic in character. Botswana has adopted the multi-sectoral approach as the main comprehensive strategy for addressing the HIV and AIDS problem (GoB-MoH/MTPII 1997:69-71) and this national strategy has undergone a massive review. The response has moved from a narrow approach of screening blood, to information, education and communication and is now focused on aggressively expanding inclusiveness of all key stakeholders. The multi-sectoral approach cascades from the individual, family, community, organisations and institutions, government and non-governmental organisations to mobilise collectively all efforts across levels (GoB-MoH/MTPII 1997:69-71). The focus of the national response strategy is anchored on education, prevention, care, and support as response strategies for the country, and counselling in particular has been identified as critical (GoB-MoH/MTPII 1997:69-71). The young person affected by HIV and AIDS is a complex being that needs appropriate models to respond to these emerging challenges.

Botswana’s political commitment in the fight against HIV and AIDS has been demonstrated through prominent presidential leadership (GoB-NACA 2002:3). This leadership is spearheading the national
response through the National AIDS Coordinating Agency (NACA), which is the national co-ordinating body for the HIV and AIDS programme across the country (GoB-NACA 2002). Botswana is the first African country to make a political commitment to the provision of a free antiretroviral drug therapy programme by making it accessible to every qualifying citizen through the public health system (GoB-NACA 2002). This is a major milestone requiring a projected cost of P5 billion local currency (approximately £670 million) during the next 5 years which is beyond the scope of the national development budget as reflected in the current NDP9 (State of the Nation Address, Daily News Online 29 October 2001).

This continues to demonstrate the political commitment (GoB-NACA 2001:1) and other significant efforts coming from international partners such as African Comprehensive HIV and AIDS Partnerships (ACHAP Update 2004) and other United Nations aid agencies. For instance, ACHAP is a partnership developed between the government of Botswana and the Bill and Melinda Gates Foundation and Merk and Company (op. cit.). The joint programme is aimed at merging and harnessing support in terms of prevention and treatment and the general management of HIV and AIDS issues in the country (op. cit.). The presidential commitment to the acknowledgement of the scourge of HIV and AIDS, nationally and internationally has been publicly stated (Chipfakacha 2001; GoB/NACA 2002). A lamentation from the president of Botswana (State of the Nation Address, Daily News Online 29 October 2001) validated the concern by stating that "We are threatened with extinction. People are dying in chillingly high numbers. It is a crisis of the first magnitude" (United Kingdom Botswana Society Newsletter, February 2002:4).

People who receive the antiretroviral drug therapy are expected to undergo counselling to prepare the beneficiaries for use and management of the drug therapy (GoB-MTPII 1997). This phenomenon
has increased the role of the counselling service in preparing for the pre-test and post-test HIV testing, as well as in facilitating psycho-education, prevention, and care and support (GoB-MoH/MTPII 1997). I argue that the pre and post-test counselling service has since given rise to counselling services across the country and may have influenced the counselling agenda in Botswana. There are issues concerning this: who determines the counselling agenda and what is the counselling context for students affected by HIV and AIDS?

In the Education sector, HIV and AIDS is a cross-cutting theme in the curriculum and it is also expected to be a stand-alone educational programme. As a stand-alone, HIV and AIDS programme is focusing on lifeskills using Guidance and Counselling and other support programmes at school level. These programmes address the strategic implementation of various policies across departments in the Ministry of Education. Through this co-ordinating process, an aggressive educational programme implemented through education, prevention and support programme enables the student to come into direct contact with ways of understanding and managing HIV and AIDS. The strategies for education and prevention in the school system include infusion, integration, classroom discussion, media programmes through television, radio, and written messages, and peer support, among others. Counselling constitutes a fundamental support structure provided by the Guidance and Counselling teacher under the auspices of the Guidance and Counselling programme. The school counsellor offers counselling as a dual function alongside the teaching of a particular subject area. School counsellors work with a team of the Guidance and Counselling members as well as with the rest of the staff in offering integrated services. The dual role of teaching and counselling has provoked much distress in service delivery. The question to explore is what happens in the counselling context and how does it affect managing HIV and AIDS? According to the *Rapid Assessment of the Situation of Orphans in Botswana* (GoB-MoH 1998),
the circumstances of orphans reveal that the magnitude of the problem is "not only alarming but also shocking" and the predominant contributing factor was HIV and AIDS. The respondents revealed that they needed counselling as well as love and care; hence "COUNSELLING emerged not only as a basic-need for orphans but one that is urgently needed" (op cit:19). The report further indicated that in the Botswana schools counselling was not accessible or available altogether. In school, teachers mostly provided counselling related to educational and career development. They indicated that they have not had training in HIV/AIDS counselling and hence cannot provide such services...Lack of counselling has led some to orphans committing suicide

(GoB-MoH 1998:31)

In various capacities, I have observed that there is a significant population of students affected by HIV and AIDS within the education system of Botswana. The concern is that, without focused research, the affected student may fall unnoticed through the net of the support system. Although counselling was identified as a fundamental need, it is still not clear what else is happening and in what way counselling could respond to suit the specific needs and concerns of this particular population. A growing concern is that generalised responses may not only be inadequate, but may also be misdirected as regards the needs of the unique population. Moreover, they may also fail to target resources where they are most needed. Another concern is that making counselling a political strategy in education and health may predetermine as well as undermine the counselling agenda for the help-seeking person long before the individual enters the counselling process. In this study, I want to establish where the counselling agenda situated?

36
The United Nations agenda remains global and political, but its inclusion in this context is to show that, in some way, the research question is aligned with the international programme on HIV and AIDS [UNAIDS 2002]. The focus on young people is to meet human rights concerns, which constitute a core area guiding the new UN paradigm shift in HIV and AIDS (UNAIDS 2002). Young people are the window of hope for sustaining future generations; hence, it is imperative to listen to what they consider important with respect to their issues and concerns (GoB-MoL/National Youth Policy 1996). The focus justifies the statement that:

Young people are at the centre of the global HIV/AIDS pandemic. They also are the world’s greatest hope in the struggle against this fatal disease

(UNICEF/UNAIDS/WHO 2002:6)

The involvement of young people in issues that affect them should not come as a manipulative gesture or an offer of tokenism of engagement and participation, but should reflect trust in the authentic belief in young people's ability to influence practice (Willow 2002:49). A Joint Press Release from WHO/UNAIDS/57 of 4 July 2002 (http://www.who.int/inf/en/pr-2002-56 and 57.html 09/07/02), stated that as the cost of HIV programmes is alarmingly high resources need to be effectively targeted. The United Nations has declared that young people across the globe should become the fundamental focus for addressing the long-term effects of HIV and AIDS; allowing them to inform the counselling practice is not only appropriate but also empowering from the human rights perspective (UNAIDS 2002:22). The purpose of this study is to give young people the role of positioning counselling that is intended to meet their needs.
I appreciate the importance of and need for conducting the epidemiological research and other multiple-indicator-surveys. They offer insights into how the country can centrally control the epidemiological trends and the dynamics of the HIV and AIDS infection (GoB-UNDP 2000; UNICEF 2000:10; GoB/CSO 2001). Notwithstanding, I have a concern that HIV and AIDS challenges are becoming increasingly complex and I share the view that, as they become uniquely localised within specific social zones, new research approaches will be needed (GoB-MoH/MTPII 1997). This implies that research into HIV and AIDS has to recognise the unique features of the epidemic in relation to special populations and the need to find suitable and appropriate methods of response. In particular, research is needed to access special groups particularly the dependant vulnerable distressed orphans such as children, young people and the elderly (GoB-MoH/MTPII 1997:70). A supporting claim affirms that specialized research studies for specific groups will be needed to “gain more in-depth information and knowledge of the epidemic” (GoB-MoH/MTPII 1997:70). This is further reiterated that a need exists to ascertain if the various interventions and services defined in the strategic response are appropriate, implemented with fidelity, and implemented on a scale sufficient to make a difference

(GoB-NACA 2002:3)

1.14. Counselling: locating the argument

I consider counselling to be an inter-personal process that allows the help-receiver to explore what is important in facilitating desires and needs for personal and psychological growth and change. Van Deurzen (2002) argues counselling does not aim to direct help-receivers to what the counsellor or even the macro system wants, but to be there to facilitate adjustment, growth, and responsibility for self and others. Based on this study, a concern centres on the fact that in Botswana, the service seems appended to the broad fields of health
and education. This may be a strategy for meeting the political needs of the nation however the implicit and explicit signals may be set to preset what happens in the counselling process irrespective of the needs of the beneficiaries. In this context, the role of education and health in counselling is not undermined; however, determining what comes first and under what conditions forms the basis of the debate. The argument posed is that counselling should not be predetermined outside the process. Taking power-control outside the counselling agenda may assume that beneficiaries have similar issues whereas individuals and circumstances differ.

Counselling is not a new concept in Botswana. It is embedded within the systemic processes of the Setswana culture in the extended family and the moral fibre inherently holding the socio-cultural mores and values of the society (UNESCO 1998:16; Chipfakacha 2001; Chipfakacha 2002). Since counselling has been embraced as a national strategy to address the overwhelming issues and concerns surrounding HIV and AIDS, this has brought a renewed way of perceiving the concept. The argument posed in the study is that conventional counselling practices are fundamentally modelled on western philosophical and psychological theories and principles. Some of these conventional practices may not necessarily have suitable and relevant applicability in the Botswana context. Naidoo (1999) recognized similar concerns in South Africa when he developed a socio-dynamic model of counselling that appreciates the complexities of the contemporary students. Bodibe reiterated this when he said counselling in the African context will require a paradigmatic shift because the 'good old ways of doing things' are not necessarily working (Bodibe 1999:7). The western-based models of counselling tend to pathologise psychological and human inadequacies from an individualistic perspective to the exclusion of the collective dynamics (1997:11). I argue that these conventional principles may create tensions when directly superimposed, especially with little reflexivity,
on the Botswana context, which is essentially an African based perspective. Botswana has relied, and still relies, on the traditional nature of the collective negotiation and mobilised support system where the extended family and the community play a critical role in mediating personal and group problems (GoB-MoE 1996; Chipfakacha 2001 Chipfakacha 2002). I have noted that these collective and communal models of care and support have since experienced strain from societal pressures due to external demands from technology, industrialisation, globalisation, socio-economic factors and, above all, HIV and AIDS. I argue that the collapse of the communal support system and the advent of intense social problems could have served as catalysts in catapulting counselling to the fore as a national response strategy in Botswana. The concern is that the emergence of counselling from this perspective could have happened with little reflexivity and guided introspection on how conventional counselling models fit or suit the socio-cultural context of Botswana. In particular, where are they needed and how can they be mediated? A need exists to find out what this unique group of people affected by HIV and AIDS is experiencing and what they think needs to be done to manage their experiences. This will probe the research field in counselling to start reflecting by asking questions such as, what works and does not work, for whom, and under what conditions (Roth and Fonagy 1996).

1.15. Young people and their position in the study
The other argument is that the target population in this study constitutes a vulnerable group that is going through the developmental phase of adolescence. They are vulnerable in that they may easily go unnoticed, be forgotten or even fall through the tiny and invisible cracks within their society if nothing is done to bring their issues to the fore. Adolescence is a developmental phase characterized by a desire to discover the self by way of negotiating physical, social and emotional changes; it bridges one from child to adult, hence there are some inherent issues to be worked through (Wade and Tavris
1993; Huffman et al. 1994). It is a period that can come with uncertainty, excitement, frustration, happiness, fear, joy, boredom, freedom and control, and this can lead to questioning and challenging every presenting situation. The adolescent desires to balance freedom with control, and developing skills of negotiating these fine areas can be quite challenging. This implies then that in dealing with young people, it is necessary to be aware of the existing developmental needs. I argue then that the expected contribution from this study will be a prominent awareness creation of this unique marginalised population. Listening to young people and making their voices heard is critical in this study because it contributes to 'promoting meaningful and quality participation of children and adolescents' and is 'ensuring their growth and development' (UNICEF 2002: 9).

Moreover, young people have rich insights and experiences and have demonstrated that their involvement contributes significantly to global changes and later adulthood behaviours (op. cit). The global community has also pledged to inculcate principles and values of democracy that pivot on respect for human rights and the dignifying of a being (op. cit). Therefore, all people irrespective of difference and diversity need to be given an opportunity to contribute to decision-making processes that affect them. This is in line with the statement made at the closure of the Special Session on Children in May 2002 (op. cit). Here, the United Nations General Assembly made a global pledge to the construction of a world that is fit for the children of today and in this pledge, international leadership committed itself to a "world not only for children, but with their participation" (op. cit). In that light, young people and any other person affected by HIV and AIDS have the fundamental human right to be given the prerogative of making choices and decisions on what they think matters for them (Universal Declaration of Human Rights 1986; Botswana HIV/AIDS and Human Rights Charter 1995; UNICEF 2002; Willow 2002). A supporting view is reiterated in the National Youth Policy in Botswana
that young people should be given key roles of involvement in all forms of activities and decision-making affecting them to maximise their potentialities (GoB-MoL 1996:4). Moreover, Botswana has ratified The Convention on the Rights of the Child, adopted by the United Nations in 1989, pronouncing children's rights to be heard and be accorded ownership in freedom of expression (UNICEF 1992:4, 33).

Nonetheless, the practical translation of children's human rights in the socio-cultural context of Botswana is still meeting many challenges especially when exploring it in the context of HIV and AIDS. This is especially evident when considering the multifaceted nature of the issues of stigma and discrimination in the context of young people's rights, as reiterated by Wood and Aggleton (2002). Wood and Aggleton established that stigma due to being affected by HIV and AIDS creates psychological effects of silence and shame on young people www.unaids.org/publications/documents/human/law/JC295-Protocol-E.pdf.

These practical difficulties are entrenched within an adult-oriented culture of dominance and control often interpreted as acting in the best interest of the child (UNICEF/Botswana 1992:33). I am aware that making decisions for young people is a common cultural feature in the context of Botswana and it challenges people in positions of power to reflect on attitudes and values that trust and respect the voices of young people (op. cit). My argument is that superimposing the experiences of one group on the other is not only disempowering; it exerts a domineering force effect on the weaker voice which is not only unethical but also denies them legitimate rights of self-expression. Therefore, giving young people a prominent voice to influence counselling practice and other support measures meant for them seems to be an essential and relevant contribution that this study can offer. By doing so, the positive effects will be transmitted to other facets of student life including the intrapersonal, interpersonal, societal effects and the professional field.
1.16. Overview of the research study

Before summarising the chapter, I shall introduce the reader to the sequencing in this study. Chapter Two discusses the theoretical conceptualisation of the research study and in particular, focuses on the design and methodology. Chapter Three explores the application of grounded theory and its purpose with the intention to show how the methodology was practically implemented. Chapters Four, Five, and Six discuss the core categories that emerge in the study, in particular, carrying personal burdens and those of others, getting-by-with-anchoring and yes-but-to-counselling respectively. Chapter Seven takes the bottom-up approach to uncover theoretically how holding bifocal attention to manage self and others emerged as the basic social psychological process. Chapter Eight gives the summary and conclusion of the study and offers guidance on the way forward.

1.17. Summary

This chapter set out to indicate the context and rationale for the study. It has highlighted the critical research questions, issues, and arguments and has also located the geographical and heuristic perspective of the research. It has located the argument for exploring the socio-cultural issues for being affected by HIV and AIDS and the role of managing through counselling. The chapter ended with an overview of the research to offer a comprehensive view of what is in the study. The next chapter will explore the design and methodology used. It will include a discussion on the philosophical perspective of the researcher and methodological aspects of the research theory. Following that, methodological detail is given to offer the reader insight into the practical processes that were followed to develop the theory.
CHAPTER 2
DESIGN AND METHODOLOGY

2.1. Introduction

The chapter starts with a brief look at research as a concept to orientate the reader to my research perspective. There follows a discussion of what is a paradigm, the aim of which is to locate the understanding of the ontological and epistemological perspectives. Research perspectives follow, focusing on positivism and post-positivism, linking them with the quantitative and qualitative research approaches. Thereafter, the discussion moves to the theoretical perspective guiding the understanding of the researcher on interpretivism as the driving philosophical basis for constructivism and symbolic interaction. The discussion then locates the relevance of the various modes of knowing, of which presentational, propositional, affective, practical and tacit forms are particularly critical.

The methodological issues arising from the application process are discussed focusing on the research question, the researcher's relationship with the question and the research area. Phenomenology is introduced at this point because it has had a significant influence on theoretical application of Grounded Theory. In particular, it prepares the reader for a detailed discussion on the application of Grounded Theory as the methodology. Following that, critical methodological processes are addressed focusing on demographic variables, sampling, selection criteria, sources of threats, authenticity, and trustworthiness of the research methods processes in data gathering. Prior to the summary of this chapter, the role of pilot studies and how they practically influenced the methodological processes and procedures is discussed.
2.2. What is research?

In order to understand the design and methodology of the study, it is necessary to explore the concept of research and I hope to do so without getting entangled in what Punch (1998) referred to as the 'paradigm wars'. To research can be viewed as a process aimed at discovery of facts and information about something. To discover implies illuminating by bringing something to the fore by becoming aware of that which they did not know so as to learn about it (Collins CoBuild 1995:1411; 468-9). A fact is a piece of information that bears some element of truth or correctness and can also be identified through the discovery process (op. cit:595). The meaning of research discussed above gave me the impression that the concept could be narrowed down to the discovery of knowledge that could be perceived to be 'waiting out there', and I would challenge that assumption. I agree that research is a process that guides the researcher towards learning something new; it is, however, the manner in which the discovery of this learning process comes to the fore that is critical.

To answer the question, what is research? I foresee the temptation of getting entangled in epistemological debates and as stated, it is not my intention to be led into such a discussion. I conceive social reality as rather too complex a process for any research paradigm to claim to be the best. In agreement with Black and Hoffman (2003:10), I believe that research should provoke people to become sufficiently curious to actively ask questions that engage in shared experiential processes to facilitate emergence of knowledge. Hence, I perceive research as a collaborative experiential process between the researcher who goes out to ask questions and works with co-researchers in the shared generation of this common understanding. Since the research process can not be haphazard, it essentially becomes a “systematic and scholarly application of the principles of a science of behaviour to the problems of people within their social contexts” (Cohen and Manion (1994) in Black (2002:3).
Given the nature of the research question I purport to explore, I avoided the objectification of knowledge because it perpetuated what Stephens (2004:2) views as the westernised approach to the intellectual inquiry process. This intellectual form of inquiry disregards the cultural and human nuances inherent within the research process and detaches the self from the process. I concur with Stephens that research has to elevate culture sensitivity especially if the focus is intended to address people in the 'south'. By people in the 'south', Stephens was referring to the researchers who work with the African based communities because understanding cultural nuances is imperative to understanding the underlying socio-psychological meanings. This perspective was necessary because this study is located within the Botswana context, that is, an African based context. Karen L. Henwood in Richardson (1996:27) argues that different research is anchored on varying assumptions that are located within certain paradigms. Hence I had to locate the philosophical and theoretical assumptions guiding the 'paradigm' that influenced my worldview.

2.3. Research paradigm

In conducting research, it is imperative to articulate the paradigm model that the researcher uses in the characterisation of everyday reality (Berger and Luckman 1966:33). This is critical because we have to explain how we think we know that which we claim to know (Goles and Hirschheim 2000:250). For instance, is my purpose of conducting this research intended to reveal episteme, which would mean revealing 'that which is known to be true' and existing in reality (op. cit). A paradigm is a way of defining and understanding the nature of the world and that includes answering questions such as what constitutes the nature of the social world and how its specific components are related to each other (Denzin and Lincoln 1994:107). A paradigm is essentially a 'worldview, a general perspective, a way of breaking down the complexity of the real world' and this is often
entrenched in the socialisation of the researcher (Patton 1990:37). Tosey (1993:17) expands the concept further by stating that a paradigm is a

constellation of beliefs and values and related metaphors, models and practices. A paradigm is an underlying, fundamental worldview, in many ways tacit, so that it leads us to perceive and interpret our world in particular ways without us necessarily being aware of the assumptions we are making.

I appreciated Patton's emphasis on socialisation and Tosey's positioning of values, beliefs, metaphors, and models of practice in how people construct their worldviews. Tosey's perspective supports Stephens's (2004) argument that research paradigms reflect the culture of the people. For Tosey, a paradigm should go further to reflect what is held within tacit knowing and for me this is critical because it highlights intuitions within an individual's worldview (Tosey 1993). It follows that, consciously or subconsciously, people draw perceptions, attitudes, values, beliefs and interpretations of the world around them using the constructed internalised worldview (op. cit). Within a paradigm, then, lies the ontological and epistemological framework that guides the author's worldview (Mason 1996).

2.4. Ontological and epistemological perspective

Ontological issues

The ontological questions allow the research to raise philosophical questions pertaining to what is the nature of reality, being and or existence in its totality (Denzin and Lincoln 1994:108). These questions assist the researcher to illuminate what can be known about anything and what in particular about that thing is possible to be known and anything outside that realm would not be admissible (op. cit). Therefore, the ontological perspective enables us to question the 'very nature and essence of things in the social world' to scientifically appropriate what is knowable; anything outside is legitimately not considered (Mason 1996:11).
**Epistemological issues**

Epistemology offers a way of questioning the relationships that could be claimed to exist between the ‘knower (the inquirer) and the known (or knowable)’ (Guba 1990:18). It is a philosophical process that aims to answer issues pertaining to the relationship existing between the one who claims to be the ‘knower’ or ‘would be-knower’ and that which can actually be ‘known’ (Denzin and Lincoln 1994:108). In that light, the epistemological principles assist us to question how possible it can ever be that anyone could lay any claim to the existence of anything (Mason 1996:11). In research, it is necessary to ask these questions to establish the manner in which knowledge that is claimed to exist can ever be accessed as it appears or presents itself to the world of the perceiver or the experiencer (Hughes and Sharrock 1990:5). It suffices then to state that the ontological and epistemological principles will position different researchers in different worldviews. I agree therefore that the epistemological questions are constrained by the ontological questions because “not just any relationship can be postulated” (Denzin and Lincoln 1994:108).

**Methodological issues**

The methodological questions then give the researcher who is the ‘would-be-knower’ a procedural enablement to answer the stated questions based on the researcher’s beliefs of what is knowable (Denzin and Lincoln 1994:108). I agree then with the authors that the methodology can only answer the stated questions that are already constrained by the ontological and epistemological perspective because what is believed to constitute the nature of reality can only be knowable if the researcher uses the appropriate methodology (op. cit.). In that light, the methodological approach that is used should be established within the ontological and epistemological worldview that is guiding the inquiry process so as to effectively answer the stated research questions (op. cit).
2.5. Research perspectives

Given the confusion existing in the literature concerning the various research perspectives, I will focus on positivism and post-positivism (Robson 2002:22). Positivism and post-positivism should both have a place in the search for knowledge as long as they offer the best approach for the question they purport to answer (Gregory 1994:65). It is critical to mention that between positivism and post-positivism, there is a broad array of research approaches present within these broad paradigms (Robson 2002:25; Black and Hoffman, 2003:11). In this study, I will be discussing constructivism from the ontology of relativism because that is what grounds the perspective of this study.

2.5.1. Positivism

Over many years of scientific research, positivism has attracted diverse definitions and understandings (Goles and Hirschheim 2000:251). Goles and Hirschheim have identified five fundamental pillars that explain the position of positivist science (2000:251-252). Positivist science believes in the ‘unity of scientific method’ and this implies that it is the only acceptable and valid approach in carrying all forms of scientific inquiry. The search for causal relationships implies that a reductionist intention exists that purports to infer regularity amongst the existing constructs. The strong beliefs in empiricism also reflect value in giving credibility to evidence that emerges through witnessing using the human senses and anything outside this realm of existent is irrelevant. The positivist science is also based on an assumed nature that is value-free implying that any socio-cultural or external nuances inherent in the research process are not regarded as crucial to the research findings. The analytic processes of the research are then based on logical and mathematical interpretations and this helps to account for the causal inferences that have been drawn from the findings (op. cit).
Therefore, positivism makes an assumption that there is a tangible and/or observable reality that exists out there that needs to be exposed (Black and Hoffman 2003:10). The objective of the research process then aims to show existence in the relationships existing between the dependent and independent variables and have them treated as unitary constructs (op. cit). Positivism assumes then that understanding of human behaviour comes from positioning these pre-determined theoretical measures of standardisation and using that to locate the classification of human understanding (Patton 1990).

The positivistic paradigm then uses a hypothetico-deductive reasoning to establish what Denzin and Lincoln (1994:109) regard as the "true' state of affairs" which reflects an objectivist perspective to reality. The approach appropriates the value of statistical interpretation to analytic understanding of constructs using quasi-experimental research processes (Gregory 1994:64). This methodological approach develops stringent measures of control to manipulate possible extraneous factors and biases that are believed to subject the research findings to questioning (Black and Hoffman 2003). To do this, the researcher often uses randomised sampling techniques to attain a fixed representative number from which to generalise to the larger population (Black 2002:49). The outcome then becomes factual theoretical assumptions of human behaviour that can be tested out to establish repeatability of similar results in similar situations (Black and Hoffman 2003:10-11). Robson (2002:20) gives a summary of positivism assumptions in Figure 2.1.
Figure 2.1 Assumptions of positivism

<table>
<thead>
<tr>
<th>Assumptions of positivism; the standard view of science</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Objective knowledge (facts) can be gained from direct experience or observation, and is the only knowledge available to science.</td>
</tr>
<tr>
<td>2. Science separates facts from values; it is 'value-free'.</td>
</tr>
<tr>
<td>3. Science uses largely quantitative data, derived from the use of strict rules and procedures, fundamentally different from common sense.</td>
</tr>
<tr>
<td>4. All scientific propositions are founded on testable facts.</td>
</tr>
<tr>
<td>5. The purpose of science is to develop universal causal laws. The search for scientific laws involves finding empirical regularities.</td>
</tr>
<tr>
<td>6. Cause is established through demonstrating such empirical regularities— in fact, this is all that causal relations are.</td>
</tr>
<tr>
<td>7. Explaining an event is simply relating it to a general law.</td>
</tr>
<tr>
<td>8. Assumptions &amp; methods of natural science inform social science.</td>
</tr>
</tbody>
</table>

Adapted from Robson (2002:20)

2.5.2. Post-positivism

Contrary to the traditional nomothetic approach, post-positivism takes the idiographic approach to understanding human experiences (Black and Hoffman 2003). Post-positivism positions its assumptions in the belief that some form of reality does exist however in an “imperfectly apprehendable” form because of the existing complexities inherent in human nature and other intellectual processes alongside the “intractable nature of phenomena” (Denzin and Lincoln 1994:110). The post-positivism positions research in the subjective nature of people, their behaviour and/or performances as experienced and manifested at a particular time under defined conditions (Black and Huffman 2003:11). In post-positivism, it is not possible to maintain a dualistic stance because the assumptions are more guarded in finding a way of establishing a “fit” with what is knowable and in that light, replication may not always be applicable (Denzin and Lincoln 1994:110). Figure 2.2 gives the relativist assumptions from Robson (2002:25).
Figure 2.2 Relativist assumptions

Features of relativist approaches

1. Scientific accounts and theories are not accorded privileged position; they are equivalent to other accounts (including lay ones).
2. It is not accepted that there are rational criteria for choosing from among different theoretical frameworks or explanations, moral, aesthetic values play essential roles in choices.
3. Reality is represented through the eyes of participants.
4. Language is emphasised both as an object of study and as the central instrument for constructing or representing the world.
5. The meaning of experience and behaviour is viewed in context and its related complexities.
6. Research is emergent process for hypothesis generation and not for empirical fact finding.
7. The attitude of generating theories from data as opposed to coming up with the a priori forms of knowledge is emphasised.
8. The qualitative methodologies are used.

[Adapted from Robson 2002:25]

2.6. Quantitative and qualitative research

The quantitative research approaches have been greatly influenced by positivism hence there is a strong inclination in the methodology to be experimental and manipulative (Denzin and Lincoln 1994:110). The experimental methodology sets questions and hypothesis in a propositional manner and the researcher goes out to verify them (op. cit). Quantitative research establishes a fixed research design and determines the phenomena of study prior to data gathering and goes on to quantify that phenomenon (Robson 2002:95). The aim is often theory-driven and in this way, the researcher identifies constructs variables that are to be controlled (2002:95). This research approach anchors its process on statistical measurements hence causal inferences can be drawn (Richardson 1996; Black 2002:58). The quantitative research approaches then tend to rely more on randomised sampling strategies to accommodate statistical inferences that permit generalisation to the larger population (Black 2002:58-9).
The *qualitative* research approach is generally influenced by the relativist ontology. This perspective holds a flexible premise that progressively evolves while "*carrying out the study*" (Robson 2002:164-7). It is interpretative in nature because the researcher inductively seeks to explore the subjective world of the other person. There is less rigidity in specifying the research question, and the role of the researcher as opposed to the technical and control measures of the social reality. The relationships drawn in the analysis of data are not causal because they are drawn from subjective human experiences. Therefore, qualitative research looks more at the meaningful phenomenological insights drawn from engaging in a recursive and cyclical process of data analysis (2002:166). Hence the symbolic tools offered by culture, language and other communicative nuances inherent within human interaction are imperative (Henwood in Richardson 1996:27). This helps to position interpretivism as the key philosophical perspective upon which to base constructivism and symbolic interactionism as theoretical perspectives in this study.

### 2.7. Interpretivism

I will start by discussing *interpretivism* as the broad philosophical perspective and later move into *constructivism* and *symbolic interactionism* as critical theoretical perspectives. These theoretical assumptions are pivotal because they set the stage for understanding where the theoretical bases of the researcher in this study come from and how they link to Grounded Theory as the chosen methodology.

Wilhelm Dilthey is one of the critical thinkers who challenged the philosophical paradigm of knowledge based on the detachment and objectification of human experience (Richardson 1996: Goles and Hirschheim 2000:28; Moran 2000). Dilthey posited that the *verstehen* or the subjective meaning of the lived experiences and or the idiographic understanding of personal experiences of self and others could be understood through interpretivism (Richardson 1996).
In Hughes and Sharrock, Dilthey stated that

Knowledge of persons could only be gained through an interpretive procedure grounded in the imaginative recreation of the experiences of others to grasp the meaning which things in their world have for them...

(Hughes and Sharrock 1990:98)

Interpretivism is based on the notion that the social world can be understood through the meaningful interpretation of human actions (Carr and Kemmis 1986). The experiences that people have are held in the inner world of the person and this includes inter alia thoughts, values, beliefs, feelings, ideas, experiences, attitudes, and perceptions. This means that for me to understand the experiential world of the other person, that person has to bring those experiences to their awareness and articulate them in such a way that I can meaningfully interpret them as shared insights.

George Herbert Mead is another long-standing pragmatic philosophical thinker who integrated Cooley's model of self in society, but went further to include descriptive experiential insights and, to date, the model still remains conceptually relevant (Mead1934:xii; Coser 1971:333). Mead took a naturalistic approach to understanding the taken-for-granted everyday human experience, referring to it as "the world that is there" (Hammersley 1989:56). He [Mead] posited that human beings were social beings whose self-identity and consciousness could not be exclusively understood outside the societal context within which they were found (Mead 1934:6; Coser 1971:334; Hammersley 1989: 56-57). The understanding of a being was in the being's conduct, which fully blended in with the group conduct (Mead 1934:7).
In Mead's notion of the self in society, the self developed through processes of assimilating group attitudes, mores and values and, consequently, adopting the self as a social product (Hammersley 1989:59); the 'Me' is a self that has become integrated into society and can be regarded as the public self. It coexists with the private self (which is the 'I') and so the 'I' mediates the 'Me' by engaging in reflective, cognitive, creative and re-creative, constructive and reconstructive, internalised processes and, therefore, has the capacity to rise above the public 'Me' (Mead 1934:135-158). The synergy between the 'Me' and 'I' constitutes a mature developed self that is constantly adjusting to suit societal contexts and situations (op.cit:142). A mature self that has assimilated the attitudes of the group is perceived to have developed a 'generalised other' which is the 'Me' coexisting in harmony with the 'I' (op.cit:173).

In these social processes, language becomes a symbolic tool that the individual and the group use to negotiate meaningfully and reciprocate social communicative processes (Mead 1934). For Berger and Luckman (1996), language is a 'system of vocal signs' that facilitates the objectification of everyday life experiences. The manifestation process happens through the interpretation of signs and symbols as seen in the face-to-face interaction or as abstractions of what is happening. Through language, the meaning of the world can be given and received because language is a tool that facilitates the social construction of reality (Berger and Luckman 1996). It is through the use of language and other symbolic signs such as gestures, voice, and expressions that the understanding of human experiences is attained (Mead 1934; Hammersley 1989; Berger and Luckman 1996). For Berger and Luckman (1996:49) language allows 'human expressivity' to emerge.
2.7.1. Constructivism

Guba (1990:27) positions the principles guiding the worldview of constructivism in this manner:

**Ontology:** Relativist-realities exist in the form of multiple mental constructions, socially and experientially based, local and specific, dependent for their form and content on the persons who hold them.

**Epistemology:** Subjectivist-inquirer and inquired into are infused into a single (monistic) entity. Findings are literally the creation of the process of interaction between the two.

**Methodology:** Hermeneutic, dialectic-individual constructions are elicited and refined hermeneutically, and compared and contrasted dialectically, with the aim of generating one (or a few) constructions on which there is a substantial consensus.

Constructivism takes the ontological view that reality and knowledge are co-constructed between the inquirer and the informant and this happens within a specific context (Pope and Denicolo 1986; Guba 1990; Robson 2002). Relativism assumes then that there can be no single construction or account of social reality and since these are individual constructions, they can not hold absolute truths (Guba 1990). In the constructivist perspective then the ontological position is grounded on the understanding that social reality can be apprehended; however, this happens in the "form of multiple, intangible mental constructions" (Denzin and Lincoln 1994:110). These multiple social realities are apprehended in the mind as mental constructions and as a result they become localised, contextual and experiential and vary from persons and groups (op. cit). Therefore, what emerges is a representation of the multiple social co-constructions of possible versions of the presenting realities (Guba 1990:27).
The epistemological perspective then is that the researcher and the research are interconnected in a transactional and subjective manner and remain experientially inseparable (Denzin and Lincoln 1994:110-111). It becomes very difficult to make a dualistic separation of the researcher and the research process because the findings are progressively constructed. The epistemological principles are positioned then within subjectivism and this means that the co-constructed reality is generated from a shared involvement of the participants and the researcher (Guba 1990:27). It is during interpersonal interactions between the researcher and the informants when both become fused in this co-construction that a shared reality emerges (op. cit). During this process, both the researcher and the informants engage inter-subjectively in participatory processes. In this study, the participatory processes require local and contextual understanding to enhance cultural appropriateness, given that the study is based in Africa (Stephens 2004:4).

The methodology combines hermeneutics and dialectics in the search for knowledge to arrive at what Guba (1990:27) regards as an ‘informed construction’ or ‘consensus’ that is open to other possible constructions. As stated, this implies that the research variables and the personal interactions with the researcher and the participants become intramentally fused together hence there is construction, refinement and continual refinement (Denzin and Lincoln 1994:111). Stephens (2004) argues strongly about the methodological need to situate culture within research. It was important when reflecting on the philosophical paradigm of the research to situate the cultural context within the study. This underscores ownership of the emerging voice and inclusion of the others in culturally sensitive methodological processes (op. cit). The role of the researcher and the informant is viewed as pivotal in this interconnection as it releases informed construction of consensus (Guba 1990:27).
Constructivism places genuine emphasis on the democratic processes needed in the social construction of reality as well as in accessing authentic voices of others in the search for knowledge. Stephens (2004:3-5) refers to this as giving 'ownership of voice' and states that when doing 'research in the South a useful place to start is to pose the question: why is culture important in the research process?' I share the view that culture is a critical tool used in conveying knowledge as perceived by people within specific societal contexts. This seems in line with a study that is exploring young people's experiences of being affected by HIV and AIDS. Constructivism is a research paradigm that appreciates the need to raise cultural awareness and the inherent egalitarian stance of the researcher and informants in the search for knowledge. I found it culturally and personally liberating to give informants the platform to voice their personal experiences as opposed to giving the 'other' the prerogative to speak for the 'voiceless' other. For me, constructivism gives permission to a liberating research process to human experiences. It also facilitates a humane process of refining and distilling human interaction to reach an agreed consensus shared by informants and researcher.

I argue therefore that young people affected by HIV and AIDS are a vulnerable group that has suffered several forms of socio-cultural disempowerment. It was critical that the perspective of human understanding accessed and embraced the freedom offered by unlimited modes of self-expression, especially among young people. The argument posited is that research processes have favoured, for a long time, cultural dominance of the adult-oriented voice at the expense of the young. In this study, the argument is that young people are not only marginalised in terms of age, but also in terms of the unique adolescent challenges they experience and unique vulnerabilities to the effects of HIV and AIDS (Winkler and Bodenstein 2003:10); hence their active voices and participation are imperative (UNICEF 2002).
2.7.2. Symbolic Interactionism (SI)

The study uses interpretive constructivism as a broad ontological perspective whereas symbolic interactionism offers the epistemology that guides the methodological framework. Nick Pidgeon in Richardson (1996:77) states that symbolic interactionism is based on the assumption that social reality is defined, enacted and negotiated through an interactive and engaging interplay of important 'gestures, symbols, and systems of meaning within a significant social context'. SI posits then that human beings are interactive and creative agents who engage in shared communication processes that are interpreted through actions, behaviours, and attitudes (Blumer 1969; Kirby at al. 1997:34).

SI situates the role of language and other communicative processes. There is constant negotiation of meaning and this happens through language and other symbols of social interaction such as products of communication processes within a specific context (Kirby at al. 1997:34). In particular, gestures, voice, eye contact, and general nuances of human interaction are pronounced interactive processes that the researcher, as a member of a shared society uses to interpret meanings (Blumer 1969). People have the capacity to relate and empathise with others and all this occurs within a situation-bound context (Berg 2001:8-9). Symbolic interactionism is fitting in a model that regards the self as a socially constructed being that is influenced by human relations and cultural factors (Richardson 1996:77; Berg 2001:8). SI is relevant because I am able to enter a commonly negotiated understanding with the informants. In this study, I engaged in a communicative process where language, which is either Setswana or English, was a shared socio-cultural tool that facilitated verbal and non-verbal interaction. I aimed for avoidance of the preconceived assumptions in case I took some interactive processes for granted. SI is a fitting theoretical model for exploring practical
research questions using Grounded Theory. It would work well with young people because it encourages free and open talk without worrying about giving expected responses or controlling human responses. SI is theoretically aligned with constructivism because it liberates human experiences in the search for knowledge.

2.8. Modes of knowing
In discussing constructivism and symbolic interactionism as guiding theoretical perspectives, it is necessary to highlight what constitutes the various modes of knowing in this study. I concur with Heron (1992) that human beings are active, purposeful, and intentional beings whose behaviour, actions, and experiences are a manifestation of the human psyche [consciously or unconsciously]. In an attempt to understand human nature as part of knowledge, people have the capacity to use pluralistic means (consciously and unconsciously) to access the various facets of human faculties. These include bodily and sensory perception and reactions based on human sensing, imagining, reasoning, feeling, aesthetics, sensing, intuiting, remembering, and willingness (Braud and Anderson 1998:64).

Heron (1992) has identified the four main modes of knowing: affective, presentational, propositional, and practical. The affective domain deals with the experiential world of emotions and feelings which is attainable through face-to-face interaction with people, places, object or things. The presentational domain draws from tacit-sense making in the way it enables understanding the world of appearances. The presentational knowledge reflects the symbolic representation of patterns as contained in images, creative stories, fantasy as well as dreams. The propositional domain of knowing deals with essences in the way they conceptualise factual knowledge concerning people or things that are in the social world. The practical domain contains knowledge that exhibits the wilful and purposeful intentions inherent in human actions, desires, and performances hence it exposes skills
and competencies of what people can perform. In that light, for anyone to make propositional claims, they need some form of experiential and practical knowledge to appreciate the findings as understood by a researcher who has interacted with the participants (Denzin and Lincoln 1994:326). This means that at different times and in different ways, the individual, with self and others, draws on the different modes of sensing and meaning making to derive intrapersonal and interpersonal insights (Braud and Anderson 1998).

I argue that these stated modes of knowing do fit within the constructivist perspective. I also make the assertion that to understand sensitive and subjective human experiences related to HIV and AIDS and counselling, tacit sensing is imperative (Polanyi 1967). Polanyi regards tacit sensing as a form of knowing that enables human experience to be understood through the art and craft skill of intuitive judgment and harnessing bodily sensations. Tacit knowing uses alternative, integrative, remote, and multiple modes of meaning making (op. cit) and this underscores Tosey's (1993:17) assertion that tacit knowledge influences formation of worldviews. This assertion supports Braud and Anderson's (1998) claim that understanding human experience requires paying attention to intuition, imagination, perception, cognition and aesthetics, and even going to the ever-unknown aspects of human reaction. Therefore when conducting research in a sensitive area, there is need to engage in all these various forms of knowing.

2.9. Methodological struggles
There were some critical methodological struggles I encountered in the development of the study. In particular, they anchored on me as the researcher, the research question, locating the phenomenological field and establishing units of analysis.
2.9.1. Role of the researcher

Scheurich (1997) makes a claim that a thin line exists between the ontological and epistemological perspective because what is perceived to exist is intricately related to how it can be known. I share that assumption because I believe that conducting research in a sensitive topical area of HIV and AIDS within the counselling field should go beyond the articulation of technical methodological principles. Conducting qualitative research needs a methodological approach that is not a detached stand-alone process that receives the mechanical input of data, but is rather more involving on the researcher. This assertion is made because qualitative research leads the researcher into both the obvious and the hidden insights of the study (McLeod 2001: 54). In that light, research is not an objective process of excavating knowledge that is waiting out there, but is more of an emergent process that uses all forms of engaging the researcher. In articulating the theoretical framework of the study, the methodology should factor the role of the researcher; hence, constructivism and symbolic interactionism were selectively appropriate.

2.9.2. Research question

Silvia Gherardi and Barry Turner in Huberman and Miles (2002:86) mention Lower (1977) who viewed research as a journey that takes the researcher into unknown territories. Lower saw research as a non-linear and non-smooth sailing process, requiring constant twists and turns conceptually and practically, hence the need to welcome these unpredictable trajectories. I experienced struggles at different phases of the research process provoking intrapersonal and interpersonal tensions, and the exploration of the research question was no exception. Initially, the research area was aimed at conducting a need assessment for counsellors working in schools with the intention to support the students affected by HIV and AIDS and to influence training and practice. The intention was to take an indirect approach of getting the students, as people directly affected by HIV and AIDS, to
direct understanding of the counselling needs of counsellors working with them. A problem then emerged regarding how a different target group (students) can be used to guide the training needs of another group (counsellors). This question was an issue requiring a deeper reflective justification. Upon reflection, I maintained this perspective because often adults are used in research to identify the needs of young people. I took the reflective view that counsellors offer services to young people but young people are never given the authentic voice to influence what is best for them (UNICEF 2002). The purpose then was to continue to find out what was needed in counselling by asking the question from the beneficiaries' perspective. It should be noted, however, that, at this point, the question was narrowed down to hearing counselling experiences with the intention to appropriate relevance in what the students thought was relevant for them.

In pursuit of the original purpose of the study and the intention to make the project more practical, a decision was taken to broaden the question to include other areas to accommodate an exploratory methodology. Broadening the exploration of the research question permitted the understanding of a wider context of what was going on and what needed to be done to address the pressing issues of students. It then became appropriate to use the Grounded Theory research approach because it illuminated the understanding of what was going on for this group. The research aim then has always been focused on hearing the concerns of the students and what needed to be done as perceived by them, which would facilitate extrapolation of the counselling training needs.

2.9.3. Phenomenological field of inquiry

Gregory (1994:27) states that research questions should address burning issues and should take cognisance that some questions are rather too complex to be narrowed down. Moreover, when exploring Grounded Theory questions, it is necessary to 'fence off' the area of
focus because questions can be broadly defined at the initial phase. I similarly needed a strategy of narrowing down the research area because it was too broad. I used a three-pronged strategy to define the 'phenomenological field', 'research questions', and fencing-off the 'unit of analysis' as shown in Figure 2.3.

**Figure 2.3**  
Phenomenological field of inquiry

![Phenomenological field diagram](image)

**Phenomenological field**

Figure 2.3 shows the conceptual mapping of the phenomenological field as an area of human experience. This is the area that positions 'being affected by HIV and AIDS' as perceived by the students. The conventional counselling theories and the technical and biomedical aspects of HIV and AIDS have been excluded. The areas of inclusion will be only those which impact on the human experiences of being affected by HIV and AIDS. Therefore, the grounded phenomenological area of focus will be anchored on understanding how the students as human beings were experientially affected by the phenomenon of HIV...
and AIDS. For instance, medical and technical components of HIV and AIDS have been excluded; however, they could be considered under the phenomenological field if they constitute human experience.

2.9.4. Establishing units of analysis

The 'fenced off' area of analysis was anchored within the three broad units of analysis mentioned in Chapter One. Figure 2.4 further explains what is in these units.

![Figure 2.4 Units of Analysis](image)

**Experiences of being affected by HIV and AIDS**

The 'experiences of being affected by HIV and AIDS' constituted the core unit of analysis that situated the phenomenological field in this study. In this study, to 'be affected by HIV and AIDS' means that the informants were the uninfected people that had a relationship with a family member who was diagnosed HIV positive. The infected family member may or may not have disclosed their sero-positive status to the informant. However, the informants had access to information through either direct verbal disclosure or exposure to the presenting signs and symptoms of the illness. It was through the relationship with the HIV infected significant other person that the informant became directly connected to the experience of being affected.
Managing being affected by HIV and AIDS

'Managing being affected by HIV and AIDS' is the other area of analysis, which centred more on the manner in which the students were 'managing' the experiences of being affected. The understanding will illuminate the internal and external coping resources used to deal with the day-to-day challenges of being affected by HIV and AIDS and inform what sustained coping resources. Although the coping resources varied for every individual, collectively, they remained critical in understanding the fundamental resources used in managing the challenges of being affected by HIV and AIDS.

Perceived experiences of counselling

The other core unit of analysis focused on the 'perceived experiences of counselling' from the perspective of the student. The intention in this field was to understand the role that counselling could play, that is, if any, in managing the challenges of being affected by HIV and AIDS. The exploration required mapping out the contextual field within which counselling existed to attain an appreciation of what was happening on the ground. This was in view of the fact that counselling could not exist in a vacuum; it interacted with other contextual forces. The analysis allowed the study to define the contextual form of counselling as perceived by informants within the schools of Botswana.

2.10. Phenomenology and its contribution

I explored several methodologies, and phenomenology offered the greatest influence on this study. Moran (2000) regards phenomenology as a radical, philosophical approach to understanding reality. It explores "whatever appears in the manner in which it appears" and how it "manifests itself to consciousness" of the "experiencer" (Moran, 2000:4). Phenomenology concerns itself with meanings contained within the "small life worlds" of the participants and the understanding of those subjective meanings (Flick 2002:41). It
attempts to understand the phenomena, the 'thing' itself, or the subject as it appears in everyday life (Patton 1990). Patton claims that phenomenology answers the question, what is the structure and essence of experience of the phenomenon for these people? (Patton 1990:69). To answer these questions, phenomenology requires suspension of all forms of a priori impositions, be they upheld within constructs, conceptualisations, or dogmas as they characterise the subjective experiences of the participants (Patton 1990; Moran 2000; McLeod 2001; Flick 2002:41; Robson 2002).

Phenomenology embraces the notion of verstehen, a concept in which empathetic understanding of human experience is critical (Patton 1990). The worldview that I hold recognises the fundamental value of understanding the phenomenological experiences of participants, especially the intention of hearing what informants are experiencing by staying close to that very phenomenon. As previously stated, phenomenology has contributed to this study because I wanted to hear, by way of suspending the self from the research process, what the informants had to say. The suspension of a priori knowledge and 'bracketing off' of the self made a significant contribution to the understanding of the phenomenon. This explains why I had to give a detailed biography to state where I was coming from in this study. Phenomenology also contributed to defining the phenomenological field of the study because I wanted to hear the subjective experiences shared by the informants. Therefore, the relevance of the study was in offering a grounded phenomenological conception of human experiences. I wanted to engage with the study by way of revealing the phenomenon contained within the substantive field of the study. As stated previously, a grounded phenomenological understanding based on an action-oriented approach positioned Grounded Theory as a methodological approach (McLeod 2001).
2.11. Grounded Theory: a methodological perspective

Strauss and Corbin (1990) concur with Bryman (2004:401) that Grounded Theory is not just about grounding theory, but about one's ability to demonstrate being guided by a set of defined procedures, and that is what this section intends doing. Grounded Theory is a qualitative research methodology developed by Glaser and Strauss (Glaser 1978; Strauss and Corbin 1998; Strauss and Corbin 1990; Bryman 2004). The methodology is grounded in the inter-subjective exploration of human experiences to reveal shared meanings of action, ideas, and thoughts (Glaser 1978; Strauss and Corbin 1998; Flick 2002:41). The methodological approach fits within interpretivism, pragmatic sociological philosophy posited by Mead, the ontological paradigm of constructivism, and symbolic interactionism in guiding the conceptual framework of the study. Grounded Theory is particularly useful when dealing with complex practical questions; hence, it starts from the assumption that the research field is rich and thick with contextual and substantive data about the phenomenon in question and that this area requires untangling (Glaser 1978). This complex information is contained in multiple dimensions of social worlds; hence the need for the construction of the verstehen, or intersubjective meaning (Patton 1990; Lobatto 2002). Nick Pidgeon in Richardson (1996:75) posits that Grounded Theory facilitates the understanding of "local interactions and meanings as related to the social context in which they actually occur".

Grounded Theory requires the inquirer to suspend a priori knowledge and instead pay 'evenly suspended attention' to what is going on, whilst maintaining an open-minded attitude towards the substantive data (Flick 2002:41). The suspension of a priori concepts and the foreshadowing of preconceived knowledge are necessary in Grounded Theory to allow the research process to generate its own grounded understanding that is relevant to the situations from which it came.
(Glaser 1978; Strauss and Corbin 1998; Cutliffe 2000:31; Lobatto 2002). Strauss and Corbin state then that since the generated hypothetical concepts in Grounded Theory are derived from the substantive data, they are more likely to 'offer insight, enhance understanding, and provide a meaningful guide to action' (1998:12). Glaser (1978:5) states that Grounded Theory is characterised by capture or grab, relevance, fitness, modifiability and transcendental awareness, and applicability. In the world of the inquirer, the entire research process is continually in a state of flux and through modification, changeability, tractability, conceptual connections can be traced back and forth to account for relevance (Glaser 1978; Patton 1990; Richardson 1996; Strauss and Corbin 1998). The concept of flexibility and modifiability in the research process is critical because theoretical 'generation is an ever modifying process and nothing is sacred if the analyst is dedicated to giving priority to the data' (Glaser 1978:5).

Bryman (2004:401) differentiates the unique features of Grounded Theory as specifically grounded on "tools" and "outcomes". Bryman identified the tools of Grounded Theory as theoretical sampling, coding, theoretical saturation, constant comparison, and memos. The outcome in Grounded Theory relates to the concepts, which are the labels of the phenomena derived from the open coding process. Other outcomes include categories, properties, hypotheses, systematic and theoretically developed insights. I will be discussing and referring to these tools and outcomes that Bryman raised to show how they inform the grounded analysis of the data. Glaser and Strauss (1967) regard a category as a conceptual element that is able to 'stand alone' with its conceptual properties.
A property is joined conceptually and relationally to a category and, therefore, it should possess relational relevance. The characteristic features of the generated concepts of categories and their properties require analytic abstraction synthesising beyond the raw entities and a deep sensitising effect to bring the reader as close into the substantive experience as possible (op. cit). It is these analytic and sensitising features in the conceptualisation of the theory that enable grounded evidence to emerge and, therefore, it has to have grounded fitness to theoretically stand on its own (Glaser 1978).

A hypothesis is a theoretical suggestion that emerges as a result of the similarities and differences found within the substantive data accounting for the progressive conceptual relatedness of different categories and their properties (Strauss and Glaser 1967). The authors claim that it is these hypothetical suggestions that link the understanding of emerging themes. A methodological feature of Grounded Theory is constant comparative analysis. This involves moving back and forth within the data, which enables emergent theory to occur through the simultaneous process of data collection, coding, and analysis (Glaser 1978; Cutliffe 2000:31; Flick 2002).

The initial process of analysing data involves open coding usually done on the margins or on cards where critical incidents identified as discrete bits or units of information are coded into theoretical categories (Glaser and Strauss 1967; Devers and Robinson 2002:26). A category may emerge from the co-constructed understanding of the analyst or from the words, phrasal utterances, sentences, descriptions, or paragraphs as stated by informants. The process requires fracturing data into similarities to differentiate core properties to emerge. Once a category has emerged, a memo may be developed by the analyst to capture any related ideas and themes from the category
that make thematic sense for the analyst. Sensitisation to the initial categories through sampling requires constant questioning based on;

- What is or what could be happening in the data?
- What makes this happen?
- What does it tell the researcher?
- How are the categories similar and different?
- How are they linked together?
- Is there any other important meaning?

In the integration of categories, the analytic process moves from incidents to higher properties (Glaser and Strauss 1967). The comparison of incidents with the properties permits an integration of properties subsequently leading to thematic patterns of categories. For Glaser and Strauss (1967:109), this becomes important because various categories and related properties are integrated through the constant comparison process and these influence each other. They may influence the analyst to make theoretical sense of emerging categories and this is when in vivo patterns become critical (op cit). The linkages reveal the basic social processes (BSP) that expose the 'stand alone gerunds' hence the 'ing' is attached to the verb such as in 'watching, waiting, surviving, and negotiating' (Devers and Robinson (2002:247). The delimiting processes involve the removal of all unnecessary concepts and require the researcher to stay focused on the core theoretical concepts and their theoretical categories. The composite variables are solidified to develop hypothetical suggestions based on conceptual linkages, patterns, and uniformities. Consequently, the categories that do not fit the broad thematic scheme to explain the conceptual interrelations of processes and the underlying understandings are disregarded and it is at this point that theoretical saturation occurs (op. cit).
It is important to establish the nature of the emergent theory as conceived in this study. Slife and Reber in Slife et al. (2001:221) state that ‘theories are not and can never be universal and timeless’. Slife and Reber state that traditional theories are atemporal implying that they are characterised by timelessness, unchangeability, uniformity, permanence, and universal application (op.cit:219). Contrary to this form of theory, the temporal theories are characterised by specificity, relevance, sensitivity to change, particularities, flexibility and modifiability (op.cit). I have positioned this study with constructivism and I argue that the co-construction of the emergent theory was temporal because it happened within a specific moment and space.

I argue that the theoretical understanding emerging from this study is not waiting out there in a fixed and verifiable manner as a priori knowledge or grand theories. On the contrary, it will be a reflection of what will emerge from a relation-based interaction and therefore, theory is not ‘discovered’ per se but ‘generated’ through emerging insights. The participants and I will interact through language and other symbolic means of representation in co-creating multiple realities and these will be interpreted within a contextualised process. The expression of experiences of informants can be affected by space, time, and context and the theory generated from the data will be subjected to further questioning to determine contextual relevance.

Glaser and Strauss (1967:32) differentiate between discussional and propositional theory where the former denotes a theory that is continuous and ‘ever-developing’ and the latter is characterised by a fixed and static finality. The study will generate a discussional form of theory where an ever-continuing and evolutionary process of theory generation opens the study to further examination. In the final phase, using the discussional theory generation model, the analyst presents composite analysis using core themes from memos and from
categories and their properties to discuss the emerging hypotheses and their interrelatedness (Glaser and Strauss 1967; Bryman 2004). Glaser (1978) regards this as a presentation of the basic social problems (BSP) and the basic social psychological processes (BSPP), showing linkages between the co-ordination of concepts as revealed in the substantive data. I claim, therefore, that the exploration of experiences and perceptions of young people affected by HIV and AIDS requires sensitivity to achieve empathic understanding. Any theory emerging in the study will be understood as having been generated between the researcher and the co-researchers and any other factors surrounding the context of the relationship. Although the inquirer and the informants shared the basic language and cultural background, the unique nuances will not be taken for granted (Berg 2001).

Glaser (1978) articulates the role of the analyst in Grounded Theory as critical to the research process. The appropriateness and suitability of Grounded Theory is in allowing the analyst to enter the research field as an active interactive component of the research process. McLeod (2001) stresses the inseparability of the epistemological standpoint of the analyst and Robson (2002:167) views the role as 'researcher-as-instrument'. The researcher does not have technical instruments to process the substantive data, but uses the self in a qualitative way (op. cit.). In Grounded Theory, theory generation is influenced by the analyst’s vision to guide the conceptual and interpretive framework within the substantive data (Strauss and Corbin 1998) and this could make the process 'hard' and yet 'interesting' (Robson 2002:167).

Although it may be difficult for the researcher/analyst to enter the research field as an empty vessel or take a 'decontained' position (in the language of Glaser), as the researcher, I still have to stay true to the substantive conceptions while maintaining an 'open-minded posture' (op. cit). The analyst foreshadows preconceived notions and tradition-based claims to allow the emergence of a grounding
theoretical sensitisation (op. cit). As the analyst, I did not claim to be an expert or 'doctrinaire', but I emerged as a co-learner capable of thinking reflectively to make interpretations based on the substantive data (Glaser 1978). I needed however to develop 'open and enquiring' mind by being a 'good listener' and by sharpening the 'sensitivity and responsiveness to contradictory evidence' (Robson 2002:167-8).

*Constant comparative method analysis* based on the methodology of Grounded Theory was used to compare the similarities and differences within and across the substantive data. This involved a hermeneutic and dialectic process that required moving back and forth to compare and contrast emerging textual data (Strauss and Corbin 1998). It is through the constant comparative process that the core dimensions would be analysed according to the Six "Cs" (op. cit).

The Six 6 Cs are listed as follows:

- **Causes** address the reasons, sources, or explanations for the occurrence of a particular phenomenon.
- **Contingency** factors show the direction of variance within the existing phenomenon.
- **Context** depicts the social world in which the phenomenon occurs.
- **Consequences** relate to the results, outcomes and/or effects of the phenomenon.
- **Co-variances** pertain to the nature and extent of the relationship between the variables within the phenomenon.
- **Conditions** contain the circumstances under which the phenomenon exists.
**Micro, meso and macro unit of analysis**

Ritzer (2001:130-136) makes a critical point that relationism is imperative reciprocal interaction process because groups and societies are influenced by, as much as they have influence upon, individuals. Therefore, in grounded theory, analysing social behaviour needs to happen within a context that embraces socio-cultural and psychosociological factors. This means the analytic process has to appreciate micro processes (individual), meso processes (group interaction) and the macro processes (societal and wider context) (Ritzer 2001:137). However, it is not in all cases that the analytic process will require all three levels of analysis.

In this study, *units of analysis* in the study will help to focus the basic social psychological processes (BSPP) (Glaser 1978). The analysis will be anchored at the *micro level* focusing specifically on how the informants intra-personally experienced being affected by HIV and AIDS. The units will tease out the micro units contained in the subjective experiences of informants and this is in relation to how the informants interacted with the specific questions of the study.

**2.12. Demographic variables**

The purpose of the demographic variables was to show how the external factors can qualitatively influence experiences. For instance, age, gender, education, geographical location, socio-economic status, and culture are factors that shape the worldview of a human being.

**Age**

Age may be a factor because it brings out different levels of maturity in expressing perceived experiences, hence children and adults have different cognitive constructions.
**Gender**

Gender factors recognise that male and female have different socialization and culture-based processes and their ways of experiencing may influence the emerging variables. For instance, in this study, gender was prominent in the selection of participants because more females were willing to participate; this skewed the shared experiences to the female perspective. Moreover, most of the shared experiences of parents affected by HIV and AIDS were from female parents and this may or may not have an effect on nature of the collected data.

**Education**

Education can broaden the worldview of the informants because it offers exposure to a broader understanding of life issues and ways of dealing with them.

**Socio-economic status**

The socio-economic status can equally influence power dynamics and availability of resources; for instance, experiential variations will exist between the rich and poor.

**Culture**

A deeper understanding and interpretation of people's ethnographic nuances and cultural background is imperative in qualitative research (Denzin 1997; Geertz 1973). This is a critical variable that has influence on values, beliefs and mores; hence, the socialisation process is critical in the formation of personal worldviews.

**Geographical location**

The physical location can equally influence the nature of acquired life experiences. For instance, a person who has lived predominately in a rural setting has different experiences when compared with someone who grew up in an urban life setting.
2.13. Purposive sampling

Different research paradigms use different sampling strategies hence, the quantitative and qualitative studies will tend to use random and purposive sampling respectively (Patton 1990:169). Patton states that qualitative inquiry is intended to illuminate in-depth experiences; hence, Berg (2001:32) regards purposive sampling as 'judgmental'. Berg maintains this view because researchers can use their special esoteric knowledge or their expertise to select informants that qualitatively fit the characteristics of the required population. Patton (1990:169) states therefore that careful selection of the richest information cases is good enough to justify accessing "those from which one can learn a great deal about issues of central importance". The use of purposive sampling in this study is based on the intention to illuminate through identification thick and rich in-depth experiences of sensitive issues; hence, a guided selection of defined cases was critical (Patton 1990).

Patton identifies several strategies for purposeful sampling in qualitative research and careful consideration of the best fitting one is important since they serve different purposes (1990:169). These include these sampling strategies; extreme or deviant case, intensity, maximum variation, homogenous, typical case, stratified purposeful, critical case, snowball or chain, criterion, theoretical or operational construct, negative case, opportunistic and purposeful (1990:169-183). I considered the various forms of sampling and decided on criterion and theoretical sampling strategies.

2.13.1. Criterion sampling

This method of sampling helped in the initial phase to predetermine specific characteristics of cases to be included in the sample (Patton 1990:176-177). In setting the defined criteria, the rich and resourceful cases were selectively identified especially in the preliminary phase. The sampling process enabled the identification of 'in-depth qualitative
analyses' by selecting 'cases that meet a predetermined criterion of importance' (Patton 1990:177).

2.13.2. Theoretical sampling
The theoretical sampling process enabled the themes from the rich cases to be continually developed (Patton 1990:177). It offered the analyst the chance to follow through some of the specific constructs in the validation process because not everything in the data matters. Theoretical sampling permits the "potential manifestation or representation of important constructs" (1990:177) by allowing a sensitively guided theoretical exploration (Glaser and Strauss 1967; Patton 1990).

2.14. Selection criteria
The selection required developing criteria for the identification of both the primary and secondary sources. The primary sources offered the substantive sources for the rich data needed to construct the preliminary themes. The secondary sources were not key sources but they were equally imperative because they offered a point of reference for cross validation purposes.

2.14.1. Primary sources
The primary sources were the students affected by HIV and AIDS. Their selection was based on the following characteristics;

- *Experiences of being affected by HIV and AIDS in relation to others*
- *Age ranging between 14-21 years*
- *Currently being within the school system (primary or secondary)*
- *Prior awareness (at least a year) of the HIV and AIDS situation*
- *Willingness to share experiences shown by signing consent forms*
- *Acceptance to undergo a recorded interview process*
2.14.2. Secondary sources
The secondary sources were the teacher-counsellors who work in schools, especially if they had contact with students affected by HIV and AIDS. Their selection was based on the following:

- *Being counselling practitioners with a certified level of training*
- *Having some experiences with students affected by HIV and AIDS*
- *Being identified by the institution/organisation as counsellors*

2.15. Sources of threats
Guba and Lincoln in Huberman and Miles (2002:205) argue that qualitative research ought to be concerned with the quality of research products. In Robson (2002), Lincoln and Guba (1985) identify reactivity, as well as respondent and inquirer biases as the main sources of threats in qualitative research. The section below will highlight some of the possible threats inherent in qualitative research. Although they will be discussed separately, I assert that in practice, sources of threats may not necessarily be mutually exclusive. Moreover, in qualitative research, some of the threats may actually be the very essence of the qualitative data that the in-depth experiences may be looking for. It is important to ensure that rich qualitative information is not perceived as confounding factors in such a way that they end up compromising the richness of data.

2.15.1. Reactivity: personal, procedural and respondents bias
Reactivity captures the potential biases that may be introduced personally or procedurally and the subsequent reactions and their effects on the study. This is critical because what is introduced personally or procedurally has the ability to interfere with the quality of the findings and can confound reliability and validity (internal and external) of the findings.
Reactivity - personal

This may include the presence of the researcher with respect to their reactions, behaviour, and interaction (Robson 2002). It refers to the inquirer's preconceived notions, biases, attitudes, and assumptions that they may introduce into the research situation. It also captures the emotional sensitivities and reactions that the question may provoke in the researcher and the informants. The influential effects of appearance, self-presentation, use of language, gender and other overt and covert nuances (used consciously and unconsciously) by the researcher can affect the study. If a researcher does not address this area well, they may end up bringing themselves into the study to the point where they confound validity and reliability of the grounded analysis as perceived and/or experienced by the informants.

Reactivity - procedural

This relates to the manner in which the research processes are handled. This includes the people involved and their reactivity to the research processes. This may also include the procedures followed in the selection of participants, the nature of questions asked, observation, and selection of appropriate data and any other influential factors. The procedures have to be clear from inviting external contamination on the data and these procedures have to be addressed prior to data gathering. As stated, the inquirer and the procedures that are followed are critical in the research process because they can bias the validity and reliability of the findings.

Respondent bias

Robson (2002:172) states that informants may also bias the validity of the finding with the manner in which they influence the findings. For instance, this could happen if informants feed into the 'good bunny syndrome'. The good bunny syndrome occurs when informants tell the researcher what they think the researcher wants to hear or appears desirable to the research question. Similarly, the reverse may happen
in cases where informants knowingly withhold information to misguide what emerges in the findings of the study.

2.16. Criteria for trustworthiness
Bryman (2004:273) and Robson (2002:93) state that establishing an alternative form of assessing rigour in qualitative research is just as important as in quantitative research where validity and reliability are used. In qualitative research, 'trustworthiness' and 'authenticity' have been identified as the basic forms for establishing believability in the quality of the findings (Bryman 2004:273). Credibility, transferability, dependability, and confirmability are the set criteria for assessing the quality of trustworthiness (2004:273) whereas fairness, ontological, educative, catalytic and the tactical assess authenticity (2004:276).

**Credibility**
Credibility helps to establish and justify that the research was conducted following the proper 'canons of good practice' in social sciences (Bryman 2004:275). It ensures that researchers understand the world of the informants and have confirmed the findings with them for member validation. This also requires sharing the findings with the informants for member validation and opening them to the public domain.

**Confirmability**
Confirmability is the way in which the researcher demonstrates that they acted in good faith (personally and professionally) in executing the research process and generated concepts by staying true to the research process (Bryman 2004:276).

**Dependability**
This strategy enables the researcher to demonstrate consistency in following the canons of good research practice. This is done by keeping an audit record of what was happening in the various phases of the research process that can be shown for validation (2004:275).
**Transferability**

Qualitative research is intended to examine a specific area of study and reveal the experiences as opposed to generalising findings to a larger population. This implies that the qualitative researcher has to generate detailed descriptions of verbal accounts for others to make their own inferences. Therefore, relevance in qualitative research is assessed through the social significance of the study and often this is guided by context and time (Bryman 2004:275).

2.17. Ways of establishing authenticity

Bryman (2004:276) borrowed these guidelines from Guba and Lincoln.

**Fairness**

Fairness requires ensuring that the study was informed by multiple viewpoints within a specific social context.

**Ontological**

The study should account for whether it has assisted in broadening the understanding of the social milieu of the people involved and has been guided by the stated philosophical and theoretical perspectives.

**Educative**

The study should answer questions as to whether or not other people can claim to have learned something and, therefore, can appreciate the social aspects of other people.

**Catalytic**

The research should provoke others within the related fields to engage in change processes that were generated or influenced by what emerged from the study. If a study does not provoke others to reflect on practices, it may be perceived to lack this catalytic character.
**Tactical**

Tactical authenticity questions whether ‘necessary steps for engaging in action’ are deemed pertinent by others. That is, whether key people feel motivated and empowered to engage in the reconstructive changes and/or actions as suggested from the study.

2.18. **Managing trustworthiness and authenticity**

Managing trustworthiness and authenticity for quality assurance requires research strategies (Huberman and Miles 2002:205).

2.18.1. **Reflexivity**

I may keep a reflexive journal throughout the research process to capture personal concerns that may affect my reactions to researching a sensitive topic. The reflexive processes capture painful and discomforting issues that I may need to acknowledge. I may need a journal because being unable to reflect could result with an unconscious presence of my presence in the research process. My personal struggles may obstruct objective hearing and understanding from the informants without confusing them with my struggles. I may also need counselling for my personal issues. This is how deliberate separation of personal issues could help me to manage authenticity in the research process.

2.18.2. **Audit trail**

Audit trail involves keeping a record of what is happening throughout the research process by diarising specifics such as what, when, with whom, and making advanced preparations. This helps to control the complex schedule involved in the data gathering process.

2.18.3. **Rapport-building**

The research process may require becoming involved with the participants in the best way possible to make them comfortable. I will pay close attention to self-presentation, language, interaction, and
other minute communication nuances. I will take part in-group activities where games, role-plays, music, and other activities will be performed prior to the start of the focus group. I will also be conscious of dress and, therefore, most of the time I will wear jeans and T-shirts so as to conform to the level of young people. I will maintain a casual attitude to the interactive processes by allowing the young people to address me by using my first name. Further, I may learn the young people's vernacular especially the one used within the specific school context, and use it when talking to them. This may soften the hearts of the young people especially when they realise that I share the socio-linguistic culture with them.

2.18.4. Recruitment procedures
I keep a distance during the recruitment process to avoid influencing the selection and participation of informants. In all cases, the gatekeepers in the various institutions will be responsible for recruiting.

2.18.5. Triangulation
Denzin (1978) in Patton (2002) identifies four types of triangulation; data, investigator, theory and methodological. In this study, I use data triangulation and the various sources of triangulation achieved through

- Personal accounts from the informants
- Focus groups of informants and counsellors
- Reviewing of policy documents.
2.19. Methods of data collection considered

Methods are the step-by-step procedures that translate methodology into a practical process. They facilitate the practicalities of the research procedures and interviews, focus groups and observation.

2.19.1. Interviews: Structured, semi and unstructured

Interviewing is a “one-to-one and face-to-face” interaction process between the interviewer who asks and probes for issues and an interviewee who offers the responses (Robson 2002:270). Therefore, an interview is a data gathering method that is particularly critical, especially if the researcher is a critical component in the research process (2002:269). In this study, the role of the researcher was to engage in the co-construction of the social meaning as it emerged from the informants. Thus the interviews helped to illuminate the phenomena because they facilitated the free-flow of dialogue in the exploratory nature of the research process as they uncovered the story (2002:271). Therefore, interviewing was useful because it invited my direct involvement in getting the respondents to talk by probing and encouraging the interaction process (op. cit.). Robson differentiates three types of interviews: fully structured, semi-structured, and unstructured (2002:270).

Structured interviews

These usually have a ‘pre-set order’ of questions that respondents are expected to answer and are guided by some standard and pre-stated questions. Therefore, they share some similarities with survey questions except that they may have some level of open response to the pre-set questions (op. cit.). Although the pre-set questions may allow structure and order in the research process, they tend to have a rigid way of questioning. Therefore, they may miss exploring other dimensions. They also tend to detach the researcher from the research process because there may be issues that need exploring, but are outside the set questions.
**Semi-structured interviews**

These are more flexible in nature because although the researcher has pre-set questions, but s/he can still use personal judgement to adapt as and where necessary. Therefore, the semi-structured questions are friendlier because they allow the researcher to influence the interviewing process and yet allowing the interviewing process to remain structured.

**Unstructured interviews**

The unstructured questions are useful when conducting in-depth interviews because they openly explore issues as they emerge from the informants. The unstructured interview process is non-directive and centres more on the perceived experiences of the interviewee (2002:271). In this context, the researcher does not come with any pre-set form of questions but relies more on the flexibility of the interviewing process to explore issues from various dimensions. The mental structure of the leading questions serves to guide the overall framework of what needed to be explored in the free flowing nature of the interview (2002:270).

2.19.2. Focus group discussions (FGD): Homogenous and heterogenous

A focus group discussion (FGD) is a unique type of interviewing whereby a group of people comes together to talk or discuss a specific issue; hence, there is a ‘focus’ (Robson 2002:284). Focus groups usually engage a group of about 5-10 (Krueger and Casey 2000:7-10) or 8-12 people (Robson 2002:284) in an open discussion. For the researcher, anything from 5-12 was regarded appropriate to run the focus group. The FGDs can be used for various purposes including a primary source of data, validation, or as a precursor to a major study to elicit thematic sensitivity (Robson 2002:286).
Focus groups can also facilitate disclosure of personal opinions, ideas, perceptions, and feelings in a non-threatening group interactive environment (Krueger and Casey 2000:7-10). They facilitate an open spirit of group dynamic interaction and this can shed light on perceived experiences. Brown (1999:115) in Robson (2002:286) differentiates the characteristics of the homogenous from the heterogeneous types of focus groups in this manner.

**Homogenous focus groups**

A homogenous group contains membership of people who share a lot in common and therefore these commonalities enable them to bond and relate easily with one another. The commonalities could be characterised by age, gender, education, issues and concerns at hand.

A homogenous group may experience

- easy facilitation of communication
- ability to promote exchange of views, opinions and experiences
- offering a sense of safety in expressing conflicts or concerns
- may experience group-think mentality

**Heterogeneous focus groups**

A heterogeneous focus group is characterised by diversity in membership of people and therefore there will be variation in members of the group. The diversities expressed may be in age, gender, education and concerns at hand and it is this diversity that brings richness in the group. The character of the group may

- stimulate and enrich focus group discussion
- motivate different ways of looking at presenting issues
- reveal possible risks of power imbalances
- lack opinions emerging from other members
- experience a dominant participant in the group process
In this study, the role of focus groups was that of a complementary data gathering method to validate themes that would emerge from the in-depth interviews. Robson (2002:286) differentiates homogenous from heterogeneous focus groups and I would say in this study, most of the groups were heterogeneous in nature because they combined both girls and boys ranging from 14-21 years.

2.19.3. Observation
Observation was considered, but time was not sufficient to engage it as a primary research method. Although it was not a primary data collection method, it served the peripheral complementary role of enhancing data collection in interviews and focus groups. It was used to 'complement or put in perspective' what was emerging given that verbal and non-verbal responses were imperative to understanding human communication processes (Robson 2002:312).

2.20. Justification for using interviews
From the perspective of constructivism and symbolic interactionism, interviews and focused group discussions (FGDs) enable a shared reality to emerge in a negotiated interaction where language and other symbolic signals such as gestures and vocal communicative processes can emerge. This was appealing to my worldview because interviews and FGDs permit free-open talk as opposed to foreclosure of the communication. This was important for the question that I was asking to allow data to come out. Language and other means of self-expression were also considered liberatory when dealing with personal and emotional issues; hence, the use of open-ended questioning was deemed appropriate to open-up the space of self expression. Interviews and FGDs also harness the use of empathetic interviewing skills where the careful use of questioning, listening, flexibility, adaptability, interpretive skills, non-judgmental attitude, openness, and general sensitivity become necessary (Yin 1994).
In-depth interviews and FGDs also offer an opportunity to demonstrate empathetic interviewing skills because they open interaction processes. These include use of questioning, listening, attending, flexibility, adaptability, interpretive, non-judgmental attitude, openness, and general human sensitivity (Yin 1994). In addition, the core conditions of rapport building, genuineness, unconditional positive regard, support, care, and openness are needed. As the researcher, I would maximise the micro counselling interviewing skills and conditions of support to facilitate an open and yet supportive communication process for research purposes.

I considered open-ended in-depth interviewing appropriate because HIV and AIDS and counselling are sensitive exploratory areas of research. I needed a data gathering method that would permit the informants to talk about human experiences without any inhibitions. I also wanted the voices of these young people as primary informants to be given a prominent position in informing the study. Interviews were considered appropriate because the study is dealing with sensitive exploratory questions focusing on HIV and AIDS and counselling where personalised data is shared. Therefore, probing into young people's feelings, opinions, views, values and beliefs, thoughts, perceptions and attitudes was critical. It was important that verbal and non-verbal self-expression with minimum interruption is allowed. This was an ethical consideration for young people dealing with a sensitive topic.

From an inter-actionist perspective, the in-depth interviews and FGDs also seemed appropriate because they would facilitate engaging in a phenomenological worldview of others and this appealed to the researcher. I could engage in this way because I share elements of a cultural background and language with the respondents. It is through this shared social world that the meaning of symbolic signals from gestures and vocal communicative processes would be discerned.
Moreover, as stated in the biography, I have a counselling background and therefore interviewing is a critical skill of engaging with others. The inherent ability to engage in a relational manner facilitates a free-floating mechanism of talking as opposed to a foreclosure of the communication processes. As stated, language and other self-expressive gestures were considered personally and emotionally liberating as critical methodological imperatives. In addition to a counselling background, I also had the opportunity to attend a workshop for graduate research students on Interviewing Skills for Research, where concepts and practices were integrated, at the University of Surrey. The pilot studies assisted me to know the difference between counselling and interviewing for research purposes. I noted that although these are complementary, they serve different purposes. The exploration of HIV and AIDS issues with young people was an ethical inquiry issue that required utmost emotional sensitivity and merging both was effective in data gathering.

2.21. Pilot Studies
In preparation for fieldwork, I had to prepare prior to the practical application of the research processes. One of the preparatory processes required conducting pilot studies on the methods (interviews and focus groups) and analysis (constant comparative analysis). This is the summary of the phases and processes that were involved. After the submission of the research proposal to the research ethics committee in Botswana, a concern was raised regarding 'word of mouth' as a recruiting strategy and a suggestion was made to pilot test it. The initial pilot then tested the usability of word of mouth as a recruitment strategy and a suggestion was made to pilot test it. The initial pilot then tested the usability of word of mouth as a recruitment strategy. In August 2002, I went to Botswana and had the opportunity to attend a Youth Forum in Jwaneng, an activity organised by the Guidance and Counselling Division (MoE) for students in difficult circumstances. This was pilot tested in that forum and the aim was to determine the extent to which students would be willing to volunteer participation based on strategy of 'word of mouth'.

90
Students were informed, using word of mouth, and those who were willing to participate were invited for the interviews. The focus of the pilot study remained exploring experiences of being affected by HIV and AIDS, to listen to how students have been affected. I had the opportunity to conduct two individual interviews with students affected by HIV and AIDS, three focus groups for students and one group for the counsellors. I kept the material that emerged from the pilot study and integrated it into the main research for validation purposes. In that same event, I conducted unrecorded focus groups with students and counsellors where I came to the realization that word of mouth is effective and students were indeed free to talk in focus groups. However, students who were less than 12 years old found it difficult to express themselves and therefore very little communicative work could be achieved. This insight enabled me to determine that participants should be between 14 to 21 years of age.

The second pilot phase involved the use of constant comparative analysis used in Grounded Theory for data gathering and analysis. I interviewed an international student about her experiences of undergoing pregnancy and childbirth as a foreign student. The aim was to familiarise myself with conducting an open-ended interview and use of probing skills in the research context. I also sought input from knowledgeable experts in Grounded Theory to look at the transcript and several comments were given. I was able to sharpen my analytical skills because it emerged that I was quick to go into theoretical abstraction as opposed to staying grounded in the substantive data.

The last phase of the pilot study involved the use of focus groups in data gathering and analysis. I conducted a focus group discussion with four students in the University of Surrey, about their experiences of receiving or not receiving counselling. The group comprised one
male and three females; two were Africans and two were Europeans. The aim was to assess the skills of running a recorded focus group, transcribing, and analysing it, using the Grounded Theory method based on content and group dynamic processes. Throughout the pilot process, the participants gave consent for voluntary participation after a detailed explanation was given. They were informed about the availability of counselling services within the university for continued support. The focus group material was kept as well and, where relevant, it was integrated into the main research.

2.22. Summary
This chapter has positioned the theoretical framework, in particular, the ontological and epistemological perspectives in relation to ethical and methodological process. Furthermore, it offered the theoretical perspective to guide the methodological design needed in the application of Grounded Theory. The next chapter will explore methodological processes involved when applying Grounded Theory.
CHAPTER 3
APPLICATION OF GROUNDED THEORY

3.1. Introduction
The previous chapter discussed the theoretical and philosophical orientation of the study focusing specifically on the ontological, epistemological and methodological perspectives of the study. This chapter explores the processes that were involved in the practical application of Grounded Theory as a methodology. It starts with the ethical and legal issues focusing more on the practicalities concerning access and personal ethical guidelines. Before discussing the representation focusing on participation and procedures, the chapter discusses the research sites and recruitments strategies.

Thereafter, the discussion goes into application of data gathering methods followed by the experiences that emerged during data collection. Prior to a detailed discussion on how Grounded Theory was applied as a methodology, there is a brief discussion on the analyst’s perspective. The discussion then moves into the theoretical sampling processes to further demonstrate the application procedures involved in Grounded Theory. Before the summary, the composite model for constructing the theoretical saturation processes is shared to reveal how the basic socio-psychological processes were practically developed. This saturation processes helps to illuminate the validation processes that were followed in the application of this methodology.
3.2. Ethico-legal and access

Practicalities in ethics
This section covers the ethical and legal matters that emerged throughout the research process and how they were addressed. I applied for permission to conduct the study through the research and ethics committee in the Office of the President in Botswana (Appendix 1). The request was submitted in October 2002 to the National Health Research Unit and research clearance was granted in December 2002. The clearance letter granted permission for the study to be conducted from January to June 2003. However, due to time, finance, and practical logistics, the data gathering process was conducted from April to June 2003. The Ministry of Education (Botswana) granted permission to go into the primary, junior, and senior secondary schools throughout the country (Appendix 2). There was a supporting letter from the Director of the Centre for Therapeutic Education, School of Arts in the University of Surrey (UK) (Appendix 3).

The institutions and organization invited for participation received an invitation letter with accompanying details of the study (Appendix 4). Attached to the invitation letter, were other invitation letters for the participation of potential volunteers (Appendix 5) with the researcher's ethical commitment to the study (Appendix 6). Participation in this study required the informants above 18 years to sign consent forms (Appendix 7); those below that age needed parental consent (Appendix 8). In the same way, the gate-keepers and or research facilitators at institutional level had to observe ethical commitment to the study (Appendix 9). All the consent forms have details of human rights organizations dealing with research in Botswana, in case the respondents felt they needed to contact them.
Personal ethical guidelines

In maintaining fairness, the ethical guidelines were critical in this study because I was dealing with a sensitive topic on a sensitive group of people. I had to develop a set of personal ethical guidelines and since these were based on what would emerge in Botswana, I considered the ethical guidelines for research as outlined by the Advisory Committee on Ethics for the University of Surrey (2001:4-5), National Research Committee in Botswana the British Association Counselling and Psychotherapy (BACP 2001) to establish other universal expectations. In particular, I focused my personal ethical model on these principles:

- Trustworthiness: This meant I was sensitive and responsive to the responsibilities given to me as a trusted researcher.

- Voluntary participation: I communicated voluntary participation to the research participants on continuous basis to ensure they understood freedom to end participation without repercussions.

- Respect for confidentiality at all times was an ethical imperative.

- Well-being of informants: I was committed to promotion of their well-being and measures were prepared to ensure that I acted in the best interest of the informants. For instance, counselling services and sensitive interviewing skills were used.

- Avoidance of harm: I ensured that informants were protected from potential hurt and harm and this meant taking precautionary measures before time, e.g. debriefing.
• Impartiality: It was important that I treat all the informants with dignity that is inherent in all human beings. All informants were given the same respect and value for participating in the study.

• Self-care and support: I appreciated that I equally needed help as the research was on-going hence I made efforts for personal care and support. Counselling is one of the strategies I used.

• Human-rights approach: Throughout the study, the human rights of the informants were critical as stated in the consent forms. This was communicated clearly in the written consent forms and verbally.

**Critical ethico-legal consideration**

- signed consent from all volunteers (personal or parents).
- provision of local contact details of organizations dealing with human rights issues.
- revealing information about the nature of the study prior to the data gathering process to the potential informants
- ensuring that they have the capacity to make informed decisions about participation.
- screening and assessing the potential informants for suitability for inclusion prior to the data gathering process.
- using pseudo names to protect identity of the informants.
o protecting confidential tapes and other materials used until the study is complete and destroying them after confirmation of completion.

o informing participants and the stakeholders about the results of the study.

o explaining that the findings of the study remain the intellectual property of the researcher.

o Sharing findings through different means of publication for educational and professional purposes.

3.3. Research sites
The study needed a cross-sectional representation of participants' experiences. Given the sensitivity and difficulties of accessing the potential informants, criteria for entering the research field had to be determined. The researcher used geographical selection as the initial criteria for entry purposes. Gaborone, the capital city of Botswana, was chosen as the critical research site and the decision was based primarily on practical and logistical grounds. The reason for starting the selection of informants from this particular point was the richness of the area with regard to the availability of several organisations that work on HIV and AIDS programmes. In the locality, there are many research and support programmes in ministries, non-governmental organisations, the private sector, and voluntary services to assist.

A decision was taken that the initial interviewees would be identified through community organisations because they were easier to locate and comprised the richest sources within a supportive setting. Eight organisations in Gaborone were contacted, but three declined because they did not directly deal with the specific target group (students). Two
organisations had difficulties with managing confidential issues, due to staffing constraints. The researcher was left with three organisations that had direct contact with other bodies across the country which were willing to support the study. Community organisations assisted with identifying the informants for the individual interviews and the focus groups were used within schools. It was the intention of the researcher to leave the recruitment process to individual gate-keepers to reduce the external bias.

3.4. Recruitment strategies

I share the view that, when researching in the social world, the exigencies of these realities 'can mean that the requirements for representative sampling are very difficult, if not impossible, to fulfil' (Robson 2002:266). Chiang et al (2001:207) argue strongly that Grounded Theory requires primary sampling in which the researcher has control over the participants; this is part of theoretical sampling. In this study, the sensitivity of HIV and AIDS issues dictated the need for purposive sampling to select informants that would meet the needs of the research questions (Robson 2002:265). Therefore, a careful selection of sensitive recruiting techniques had to be employed. The recruiting measures were grounded in ethical concerns and respect for confidentiality, anonymity, and trust for meeting the needs of informants.

Therefore, 'advertising' and 'word of mouth' were perceived appropriate recruiting strategies. Leaflets were placed on notice boards in organisations where students affected by HIV and AIDS were likely to be found. 'Word of mouth' was, however, the most common strategy used by counselling practitioners and other gate-keepers who worked with the target population. The gate-keepers independently informed potential participants about the study. Those who were willing to volunteer were given a form to indicate interest and were later
contacted through the contact person within the organisation. The invitation form from the contact person was then passed on to the researcher to initiate preliminary contact and the process continued from there. The role of the gate-keepers was pivotal in the invitation process and this was maintained to guard against bias factors.

3.5. Representation, participation and procedures

Gregory (1994) used 167 participants to conduct a study on how education for interpersonal relating influences the way nurses relate to each other in college and on the ward. Lines (2004) developed theory of how individuals work their way towards the executive company director position: balancing visibility and invisibility and used 28 participants to satisfy the emergent theory. Gregory and Lines serve as examples to demonstrate how Grounded Theory respects numbers as far as the saturation of theory is concerned. Therefore, the 67 participants that were used in this study served as a 'group of people who can exemplify different facets of this question' (McLeod 1990:72).

I collected data following the Grounded Theory process and this is how data gathering process allowed the saturation process to take place. The initial aim was to interview at least twenty individuals who constituted the rich cases. However, when I reached the initial nineteenth (19) case, I temporarily stopped the data gathering to consolidate the emerging concepts. The nineteen cases prepared the ground for theoretical sampling which is critical in the theoretical saturation of concepts. In all, a total of 19 individual interviews and 48 focus group members were engaged and this accounted for 67 informants. The total number of informants involved in the study enabled the research process to saturate the generated concepts sufficiently to ground the basic socio-psychological process. Hence I
stopped when I intuitively felt the research process was saturated enough and was not yielding any new themes. The Guidance and Counselling Division offered practical support with respect to arranging the selection of schools and facilitating other communication processes. As stated, the informants needed personal or parental consent and in cases where the parents were not available and students wanted to participate, either the school counsellor or the youth counsellor within the organisation could give consent with permission from the institution or organisation. In one case, the school received verbal consent from a family member, hence the institution acted on behalf of the parents. In all cases, there was voluntary personal and parental consent (Appendix 7 and 8).

In identifying the participants for the focus groups, I worked through the Guidance and Counselling Division in the Ministry of Education. The gate-keeper identified 10 schools that would be involved in the focus groups. Most of the schools were based in the southern region and accessibility was a critical factor. The farthest region was more than one thousand kilometres away and required flying into the region. Its selection was based on the need for cultural diversity to broaden contextual variation. The schools were generally similar in that they were mixed schools and all used Setswana and English for communication. However, there were some variations in age, cultural nuances, rural and urban towns, and ethnicity. The final list of participation comprised three primary, four junior, and three senior schools making a total of ten schools. Out of these, six focus groups were selected. In the initial phase, all the schools were contacted and only three were able to organise successful focus groups. In one area, the local counselling centre that runs support groups for in-and-out-of-school youth groups was used to facilitate the focus group. The centre was ideal because it was very difficult to reach the area and so using it enabled accessing the rich informants.
Representation in focus group discussions

Figure 3.1 Representation in the Focus Groups

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 senior secondary schools</td>
<td>13 students (7 girls and 6 boys)</td>
</tr>
<tr>
<td>6 students (5 girls and 1 boy)</td>
<td></td>
</tr>
<tr>
<td>1 junior secondary school</td>
<td>5 students (4 girls and 1 boy)</td>
</tr>
<tr>
<td>1 primary school students from the counselling centre</td>
<td>10 students (4 girls and 6 boys)</td>
</tr>
<tr>
<td>1 focus group of counsellors (7 females)</td>
<td></td>
</tr>
<tr>
<td>1 focus group of counsellors (2 males and 5 females)</td>
<td></td>
</tr>
</tbody>
</table>

In three schools, no students volunteered to participate despite the invitation efforts. In one school, some students expressed the willingness to participate only if the study used anonymous questionnaires. However, the study had not set out to use questionnaires as a data gathering strategy. In another school, the school administration declined to accommodate the study due to the discomfort related to managing confidentiality issues when researching issues of HIV and AIDS. In yet another school, the school counsellor declined because she felt she was too new in the school-counselling role. She felt uncomfortable facilitating the nature of this research although she had been in the counselling role for almost a year. In two schools, it was simply poor logistical planning that accounted for the failure to run the group. For instance, the key gatekeepers were absent from school because they had to attend in-service training workshops and other school activities and that left no time for the researcher to make alternative plans to interview other students. The purpose of introducing a cross-sectional representation was to ensure a diverse range of experiences from varied backgrounds.
3.6. Application of data gathering methods

Research methods are the data gathering techniques that the researcher uses to gather the required data. There are several such methods for different purposes and I will focus on the ones I used in this study. Interviews served as primary methods of data gathering and were relevant to the Grounded Theory approach (Robson 2002:270). Focus groups and observation were used as secondary methods to validate what emerged from the interviews.

**Interviews**

In this study, the justification for the choice of using in-depth unstructured interviewing (see section 2.21.1) was part of the ethical decision-making process. I considered open-ended in-depth interviewing appropriate because HIV and AIDS and counselling are sensitive exploratory areas of research. I needed data gathering methods that would enable the informants to talk about human experiences without any inhibitions. I also wanted the voices of these young people as primary informants to be given a prominent position in informing the study. I therefore had to find a way of giving the informants a space to talk openly and express their emotions, thoughts and attitudes both verbally and non-verbally with minimum interruption. This was an ethical consideration for young people dealing with a sensitive topic.

From a symbolic interactionist perspective, the in-depth interviews seemed appropriate because they facilitated engaging in a phenomenological worldview of others and this appealed to the researcher. I could engage in this way because I shared a cultural background and language with the respondents. It is through this shared social world that the meaning of symbolic signals from gestures and vocal communicative processes would be discerned.
Moreover, as stated in the biography, as the researcher, I have a counselling background and interviewing is a natural process of engaging with the other person. The inherent ability to engage in a relational manner facilitated a free moment of talking that opened the communication processes. As stated, language and other self-expressive gestures were considered personally and emotionally liberating, hence these were some of the critical methodological imperatives. From an ethical perspective, the in-depth interview offered the researcher an opportunity to demonstrate empathetic interviewing skills.

As stated, I also had the opportunity to attend a workshop for graduate research students on Interviewing Skills for Research in the University of Surrey. The pilot studies also assisted me, as the researcher, to know the difference between counselling and interviewing for research purposes. I noted that these are complementary but different processes for different purposes. The exploration of HIV and AIDS issues with young people was a process that required utmost concern for emotional sensitivity. There were instances in the interview process when emotions became highly evident and these needed to be appropriately managed. Consequently, choosing an interviewing method that genuinely guided emotional ventilation was necessary. I noted that the rich qualitative nuances explored in the unstructured open-ended in-depth interview process would have been missed particularly if data gathering had relied on questionnaires.
Focus groups discussions (FGDs)

As stated earlier, the application of focus groups was intended to validate and expand on themes that emerged from the individual interviews. The Ministry of Education (MoE) was the first contact point in the identification of research sites. It assisted by granting permission through a written letter to enter the identified schools (Appendix 3.2). The procedure followed was that the researcher would call the school and make an appointment with the Head of School or any member of the administration. Thereafter, a meeting would be arranged for the researcher to explain to key stakeholders what the study concerned. The school guidance and counselling senior teachers or school counsellors were involved as liaison people or gate-keepers as were any other people who were involved in counselling and HIV and AIDS issues.

The school guidance and counselling teachers were the key gatekeepers because it was through them that the researcher expected to have contact with the students. The counsellor's responsibility towards confidentiality and other key issues regarding participation of students were addressed with the school counsellor. The students were also expected to sign a consent form to show that they were volunteering and understood the implications of participation in the study.

3.7. Data collection: experiences

As stated in the previous section, the division identified 10 junior and senior secondary schools in the southern region and a specific area in the northwest region. Therefore, the majority of schools included in the focus groups came from the southern region.
As stated, the reasons for concentrating the focus groups in the southern region were based on logistics and accessibility. The study did not have enough resources to travel around the country and, therefore, a defined area was identified. The other reason was that the researcher also came from the southern region and she shared language, socio-cultural understanding with the informants. It was also logistically difficult to organise focus groups in distant regions and, therefore, being in an easily accessible area was imperative. The specific criteria for the selection and identification of schools was generally based on the richness of the area in terms of the experiences of HIV and AIDS as seen and informed by the insightful perspectives of programme reports. However, some level of balance was taken by considering schools in the urban and rural areas.

Within the urban area, the selection of schools also took cognisance of differences in location to bring out qualitative variances. As the researcher, I insisted that the informants in the focus groups be students that had been affected by HIV and AIDS so that they could relate to the identified themes. The reason why I insisted on the definition of 'being affected' was that the focus groups were validating the core themes that emerged from the rich 19 individual sources of in-depth interviews. Given that the rich sources immediately related to the experience of being affected by HIV and AIDS, the validating sources had to be equally affected to relate the same way.

As stated earlier, I made a decision not to become part of the recruitment process to avoid introducing any external biases. The research participants were identified by the school counsellors as gate-keepers either through 'word of mouth' or through open, written forms. 'Word of mouth' was used by the gate-keepers in the guidance
and counselling lessons to inform the students about the study and to invite student participation. In other cases, the invitation was followed up with the filling in of a form that gave the informants a chance to decide on participation (Appendix 3.3). The use of a form did not necessarily mean the students participated any differently. In fact, in a school where this form was extensively used, unique dimensions emerged. A concern was expressed that there were many volunteers coming forward and that made the selection strategy difficult. The forms were circulated amongst students and 87 students responded. See Figure 3.2 for the break down of the response patterns.

| Clear positive indication of interest | 27 |
| Needed to decide after talking to researcher | 14 |
| Mixed (unclear) responses | 24 |
| Not interested | 22 |
| Total number of responses | 87 |

The analysis showed that twenty-seven students were willing to participate with minimum reservations. The other people were not sure and, therefore, needed to give it further consideration. The selection created a problem because it was difficult to identify a few participants and leave the rest out. The researcher advised the gatekeepers to use the ‘first come, first served’ method of selection. The school ended up identifying twelve students from the group that, according to analysis, had already indicated an ‘unreserved desire’ for participation. The identified students were informed about the study and when it was going to be conducted. It was, however, interesting that in a school where major efforts were made to ensure that students were selected following this process, only six out of twelve students turned up for the focus group. I wanted to understand this
dynamic. Talking to the informants that decided not to participate was necessary for me because rich data was located within the decision not to take part. However, it was not possible to interview them because of logistical reasons. Several tentative reasons were given that could explain the reversal of the decision.

The reasons given for the situation revealed that the gate-keepers arranged the focus group in the afternoon when the students were expected to attend afternoon club meetings. The reason was logical and practical in that the gate-keepers were hoping to reduce unnecessary clashes given that the students were supposed to be attending various activities anyway. However, it turned out that it was logistically and practically inappropriate for the gathering of data. There were too many activities going on in the school that particular afternoon which created a subtle tug of war between the researcher and school club coordinators.

In one instance, one of the informants was removed from the focus group because she had to attend the club meeting and that left the group with a total of five members. Moreover, there were too many environmental distractions in the form of singing, banging of doors, chairs, constant movement, and peeping through the windows. In one instance, the electrician came into the room and started fixing the switch without any awareness of what was going on around him. The room itself was too big and the acoustics were not good for a focus group. The room seemed to have been selected on the spur of the moment; hence, it was not prepared for the meeting.

I raised the issue of absenteeism of other people within the group. The reasons given by the group members were that the focus group coincided with the various club sessions and some of the students might have opted to join the clubs. Notwithstanding, I instantly
engaged intuitively in the co-construction of other deep-seated psychological reasons. Although selection was based on people who had expressed interest for participation, my constructed assumption for non-attendance revealed flight-reaction to escape from the situation (Wade and Tavris 1993). The informants might have felt a discomforting anxiety that came with talking about HIV and AIDS at a personal level, a theme that emerged from the study.

I observed that some of the reactions that came from the Heads of Schools and the school guidance and counselling teachers often reflected similar anxieties around HIV and AIDS. The observation revealed that some of the personal anxieties were projected at an institutional level. In one school, after the Head of School was informed about the focus of the study, she showed a sinking facial expression and lowered her eye contact towards the researcher. I sensed doubt and trepidation, which was characteristic of personal anxiety. She had her face down almost throughout the entire conversation and later verbally validated her expressed concern about issues of confidentiality and parental consent around HIV and AIDS related issues.

The concerns for most of the administrators were whether the study would really attract any student volunteers and managing confidentiality with parents. As the researcher, in all cases, I confirmed personal awareness of how the study was anxiety provoking and expressed the difficulty that this may create concerning individual participation. I acknowledged to all involved that, in the context of this study, failure to attract participation was not a bad thing per se; in fact, it offered more insight into the qualitative nuances of data. Such reassurance and affirmation was necessary because in cases where there were no volunteers, the gate-keepers felt guilty and that they were not appearing to be helpful to the researcher.
The level of anxiety that the administrators expressed demonstrated that HIV and AIDS was a cross cutting issue in Botswana society. The secrecy, lack of openness, anxiety, and difficulty of talking about it was a common challenge. I observed the discomfort, fears, and anxieties at a personal and an institutional level. It also revealed how personal denial and discomfort could be transferred to institutional level. In an attempt to penetrate the school, I felt uncomfortable that the school counsellors as gate-keepers could, consciously or unconsciously, be projecting their own fears onto the research process and that this could bias the research process. These concerns were informed by the observation that, generally, the institutions that had supportive gate-keepers also had a greater number of more willing volunteers, and where discomfort and trepidation was observed, recruitment received few respondents.

For instance, in one school, the administrator was very enthusiastic and supportive. However, following the consultative briefing meeting, the researcher intuitively was aware that the gate-keeper had personal concerns, fears and anxieties. On reflection, the intuitive feeling carried some level of truth because the study was unable to attract any volunteers. I was aware that the school was a potentially rich source because the village had a history of HIV and AIDS and a well-developed home-based care support structure. The school was suggested for its richness, but I assumed that the research process, in particular the recruitment process, could have affected participation.

I will use one focus group to illustrate the uniqueness of the observational nuances and how they validated what emerged from the substantive data. The observational lens is focused on the ‘insider-outsider’ perspective. This means that depending on the situational context, I observed what was going on as an ‘insider’ who understood
the Setswana culture and also as someone who could be perceived as an 'outsider' by self and others. Therefore, I was both an internal and an external factor that could influence what was happening. The region has cultural nuances that affect the role of children in the family and this explains why the average age in the group of young people attending primary school was 15 instead of 12 years. The group was made up of ten participants: six boys, and four girls.

As the researcher, I thought I had the 'insider' position because I already knew many people and the operational system and this was helpful. I also understood the language and the culture and this reduced the tension. However, in this context, I felt as though I had the 'outsider' position in an insider's stance. I was in the western region of Botswana whereas I come from the southern region and geographical and cultural differences are distinguishable. Moreover, I was presented as a woman scholar, which is unusual in the context. They could have perceived me as economically advantaged in relation to their situation. Therefore, the factors of culture, education, socioeconomic status, language dialect, dress, amongst others, were critical variables that could have created psychological barrier between the informants and myself. This is my 'insider-outsider' perception based on what I observed in the interaction process.

In this group, the gate-keepers prepared well for the focus group discussion, but there were dynamics that demanded immediate social adjustment. The research process was conducted in an open space. Although this was not a problem *per se*, the environmental distracters were a major concern. The open space was attached to the kitchen area and so there was cooking taking place. Therefore, the effect of cooking and the aroma of food were sensational cues that had a subtle effect on the group process. The kitchen staff went about their duty pretending that they were not affected and, similarly, we had to utilise
the same process of 'pretending not to see the others'. However, there was an expected and human reality of curiosity. The people around seemed curious in their non-verbal expressions about what was going on in the group and interested in hearing what was being discussed. I observed people peeping, extending their necks, and positioning themselves to have a good insider view by listening.

Interestingly, the gate-keeper stated that the group needed to be warmed-up first for them to engage actively in the discussion. I immediately noticed the cultural nuances emerging in the group. I noted then that this was the only group where great effort was made to energise and warm-up the participants with group activities prior to the focus group. Given the dynamics, I decided that the group should be co-facilitated with one of the coordinators within the organisation to enhance the comfort level with a familiar figure. The supporting coordinators worked very hard at the beginning with warm-up exercises. The process included a very vibrant and exciting exercise where the informants, the researcher, and other coordinators participated. The activities were characterised by much singing, clapping, miming, role-playing, poems, jokes and laughter. I felt very pleased that the group started with a high positive mood of group interaction and this would energise participation. Most of the participants laughed and joked with the other members hence I expected high interactive engagement and a vibrant group discussion because of the warm-up activities prior to the discussion.

It was, however, interesting that, contrary to my expectation, observation showed that the intensive warm up activities did very little to prepare the group for open verbal participation. I observed a reversal encounter in that the group that had participated in warm-up exercises prior to verbal engagement in the focus group found it difficult to engage verbally whereas groups that had been not warmed-
up easily opened up to verbal discussion. I noted that the difficulty in opening-up to verbal discussion reflected culture and gender dimensions in communication processes. On reflection, I realised that I should have varied the creative strategies of data collection for this particular group. These included using role-plays, dramatisation, art, play, and creative ways of data collection that did not necessarily require verbal expression.

The hypothetical question could be: why did I not use these experiential strategies since I realised where the problem lay? There are several reasons: I was not able to vary the data gathering approach at the time because I was not ready and had not prepared to run the group in that way; I could still have come back to run the group but it would have been ethically unfair to subject the same informants to yet another research process. The other reason was the logistical fact that this is a region more than a thousand kilometres away from my residential town and, therefore, flying into the region yet again was simply out of the question in terms of time and finance.

I also observed that the group presented the most unique gender dynamics as compared with all other groups. The boys were more willing to contribute to the group processes than the girls. The group was also unique in that the sitting arrangement was exclusively based on gender preference: girls sat on one side and boys on the other. Despite the verbal and non-verbal invitation to intermingle, there was a notable feel of resistance to gender mixing. The boys attempted to invite intermixing whereas the girls refused the invitation. I observed one female informant who seemed uncomfortable from the beginning to the end of the session. Although she participated in the warm up group activities, she resisted making verbal comments or giving any form of opinion on what was going on. She appeared to have withdrawn into her world. For me, she seemed to have taken the
outsider position from an insider's position. This phenomenon seemed to have affected personal ownership of speech. As stated earlier on, this seemed to be influenced by culture, gender, socio-economic status, education, and a lack of exposure. These variables appeared to have an observable impact on self-esteem and identity. Such issues emerged in the study, and the group process offered another dimension of validation.

I could personally relate to the experiences of the informant just described. I have been in support groups where, because of my minority status as a black woman from Africa, I was made by others as well as myself, to internalise this 'insider-outsider' position. I felt misunderstood and misinterpreted and, because my cultural script of who I am was not aligned with the group, I lost self-esteem and self-worth. My identity was shaken and the process rendered me powerless and voiceless. Then I engaged the self-defence mechanism of retreatism to protect myself from the overwhelming feeling of inadequacy. I could empathise with the informant as she went through these mixed socio-psychological struggles of exclusion and failure to belong in the group. I reflected with the other group facilitator and it was decided that the facilitator would follow up with her to explore the issues she was dealing with to offer to continued support.

The other unique observation involved adult-domination in the process of data gathering. Despite the fact that only one person (co-facilitator) was briefed and informed about the expected roles she was to perform, the rest of the support staff helping with the group found their way into the focus group discussion. I observed that adult domination, a cultural feature in the Setswana context, emerged as an external influence. Most of the adult figures wanted to hear what was being discussed. They found a way into the group that was not easy to
control and this could have affected group participation. The phenomenon that emerged in the study as perceived by the informants was that some Batswana like social talk or gossip, meaning that they like to listen to other people's issues. The negative effect of this phenomenon is that it increases stigmatisation and exclusion when working with marginalised groups.

The other dimension observed in the group revealed some patterns of internal sub-grouping. Although sub-grouping was evident in all the groups, it manifested itself differently in this group. Here it emerged as a resistance strategy reflecting a culture-based defence mechanism. For instance, one member of the group would occasionally attempt to invite the silent member (a girl) to say something by directly giving her the microphone and this appeared intimidating. As in the other group, the use of the microphone seemed to have a negative impact in the group dynamics. This was the only group that had to deal with the inclusion of a late-comer. Although the session had progressed halfway, the researcher and the co-facilitator found it difficult to resist inclusion of the new member. The inclusion had some effect on group dynamics in that there was an implicit desire to overcompensate for the late arrival, which created domination and stagnation in the group. I felt pressure indicating that this was an informative person and yet inclusion seemed to have affected the internal process. My concern was that I was observing a bias in the selection process over which I had no control. On reflection, I realised that except for coming late, it was still within the intention of purposive sampling to select informants that would talk and inform the theory.

There were some environmental effects in the process that needed highlighting from an inside-outsider position. As stated earlier, this was the only group that was conducted in an open space. The other groups were in an enclosed room where it was easier to maintain some

114
level of privacy, which was not possible in this context. There were a
number of external distractions in the environment. In the
background, there were people talking, banging on top of the roof,
chickens crawling in and around us, children playing, eating, praying,
and engaging in the normal day care activities. Interestingly, I noticed
that despite the constant banging that was evident when listening to
the tape recorder, at the time, I seemed not to have been distracted by
the noise in the way it distracted me when listening to the tape.
During the interview, I seemed to have been completely immersed in
the existential moment of human interaction and in what emerged in
the moment of talk. My insider position blended in with the process in
such a way that I focused on the informants, deselected the external
distraction, and became an insider included in the moment. I
validated social psychological immersion in the process. For me, social
inclusion is about feeling included and accepted to the point of not
worrying about what is happening around you. There was some level
of 'withness' with the informants that typified co-construction of
shared reality from a symbolic interactionist perspective.

Although the group appeared to have some unique variations, there
were some similarities observed to be common for all groups. There
was a collective desire to be part of the group and to talk in the best
way possible about their needs. The focus groups validated the rich
themes that emerged from the theoretical concepts. There was an
expectation that the researcher should lead in the group processes;
that is a cultural expectation, yet some groups were self-facilitative
revealing autonomy. Their characters such as the silent, dominating,
comics, educators, parents, mediators, controllers, supporters
demonstrated that this was a microcosm of the society. The use of
managing strategies included psychological rationalising, deflecting,
withdrawing, avoiding, and discounting. On reflection, I could relate to
the informants in the way they were experiencing the group process.
Loss of esteem and feeling worthless in a group is intimidating and can provoke lack of desire to participate. Cultural variation is a noteworthy factor, especially when it occurs within a context that traditionally places the marginalised in difficult positions. I used this particular group as a rich sample from the focus group to demonstrate how the observation of group dynamics validated what emerged from the interviews.

3.8. Analyst reflections

Glaser (1978:58) articulates the active and participative role of the analyst in conducting inductive Grounded Theory processes. The analyst is not passive but is expected to engage with the substantive data in the co-construction process. Stephens (2004:5) similarly shares the view that research should enhance the researcher’s personal growth and maturity by playing an active role in the process. Devers and Robinson (2002:241) reiterate the labour intensity of descriptively dwelling in qualitative data where the analyst becomes a critical tool in the analytic process. As the analyst, the data analysis process presented the most interesting challenge as a personal learning process. I realised that data analysis and the research process were recursive, non-linear processes that required going back and forth while staying truly focused on what the informants were saying.

In the preliminary process, I committed some of the common mistakes of not staying grounded in the substantive data. For quite a long time, the stagnation was at the point where I was tempted to raise the raw data quickly to the abstract level. I abstracted conceptual meanings rapidly, often by glossing over the real substantive issues; superimposing concepts is unacceptable in Grounded Theory. The analysis became enjoyable once the stage-by-stage supervised process of data analysis began. I concur with Glaser
(1978:58) and Eaves (2001:657) that much of Grounded Theory research fails to stay true to Grounded Theory processing because of the analyst’s limited understanding of the methodological approach of grounded analysis. Apart from extensive reading on methodological application, I benefited from a rigorous supervised process in Grounded Theory.

3.9. Applying Grounded Theory
The Grounded Theory analysis aims to discover what happens for a group of people at the basic social process level (BSPP) (Glaser 1978). I employed the use of the Six Cs to question the understanding of the processes from the raw data. The Six Cs of Grounded Theory analysis constituted what Glaser (1978) regarded as the ‘bread and butter’ of psycho-sociological coding. According to Glaser, the Six Cs are “causes, contexts, contingencies, consequences, covariances, and conditions” (1978:74). For instance, the ‘causal’ processes show the relationship between the ‘independent and dependent variables’ whereas ‘context’ reflects ‘ambience’ of the study (op. cit). When going through these underlying processes, it remained vital to pay attention to the key questions of the study to unravel the phenomena and processes that explain what was happening.

Gender dynamics in the analysis
In section 2.11, I mention gender as a factor that is worth noting in this study. There were more females who volunteered to participate in this study than males and could consequently affect the nature of the findings. Similarly, more of the informants came from single-female headed families and this may also affect the character of the data. I mention this phenomenon to prepare the reader for what may emerge in the data analysis.
The interview question

To avoid the premature closure of the full extent of the concerns and issues of what was going on, it was important to pay attention to the broad issues that the informants wanted to share. As stated in the previous chapter, the researcher had the broad open-ended questions clearly mapped out in her mind; these became the fundamental mental signposts guiding the interview process and were common across all the interviews. The open-ended questions were followed up with clarifying and probing questions whose intention was to deepen exploration of other dimensions of the research questions. Therefore, every interviewing encounter presented unique conversational features because informants went through unique human interpersonal processes. This is typical in constructivism because multiple versions are constructed.

Translation process

The interviews were conducted in Setswana. I had the advantage that Setswana is my first language and, therefore, was familiar with the spoken vernacular commonly used by the informants. I worked on first translating the interviews before working on the analysis. When doing the translation, I was aware that the best translation practice would have been to give the transcript to an independent professional translator. The ideal translation process would start from the vernacular Setswana to English and be retraced back to English for internal consistency. This was, however, difficult due to both the practical limitations and resources needed for this process. I felt that I had sufficient proficiency and competence in speaking and writing in both Setswana and English to do the translation work myself. Moreover, as the person who conducted the interviews, this offered me enhanced understanding about what the informants were discussing. It enabled me to decipher some of the faint verbal areas on the tape recording that would have been difficult to discern from an external
translator's perspective. In view of the presenting context, it was necessary to maximise my linguistic resources.

I started the translation process of the four rich cases by repeatedly listening to the tape recording. The verbatim datum was maintained first in its original language and the translation into English was done within the same transcript. The purpose of keeping the English and Setswana versions together was to facilitate the constant verification process by easily going back and forth within the same transcript. A colleague in Botswana was asked to review one translated interview and the feedback was that the original meanings of concepts were retained, although in some cases different words and expressions could be used.

The feedback provided a reason to read the translated material repeatedly to ensure that the two languages reflected the same meaning. The tapes were read at different times to ensure that a fresh view was given to every process and until the researcher felt there were no more emerging feelings of wanting to change the translated transcripts. The intuitive feeling of contentment validated the appropriateness of the translation (Appendix 10). A sample is given below to illustrate the translation process. See Figure 3.3 for a sample of the Setswana-English Translation.
Figure 3.3  Setswana-English translation - Sample

TK: O buile gore bana ba bangwe ga ba go tseye sentle, ga ba go tseye sentle ka tsela e ntseng jang?
You talked about the way other children do not treat you well; in what way are they not treating you well?

NEO: Ke gore ga ba mpone ke le motho fela yaana, ka gore ga ba tlotla fela jaana, ba bo ba mpona ke tla kwa go bone, ba didimala.
It's like really they do not regard me as human because when I come to a group of them talking or conversing, they suddenly keep quiet.

TK: Mmhh... go go tsayajang ga ba dira jaana mo go wena?
Mhh... How do you react when they do that to you?

NEO: Pelepele gone go ntshwenya, jaanong ga go sa thlhole go ntshwenya ka gore jaanong ke a itse gore batho ke bone ba sa thaloganyeng.
At first, it used to bother me a great deal but now it does not bother me anymore because, because I have realised that it is them (those people) who lack understanding.

TK: Gone go go tsayajang ka nako eo ga go diragala?
At the time it happened, how did it affect you?

NEO: Ke ne ke utlwa bothoko hela thata ka gore pelepele ke ne ke tsayajang gore ha gotue motho o na le mogare wa AIDS ke jaaka ha a swa fela gone foo.
It used to hurt me very deeply because at first, I used to think when people are said to have AIDS then it meant that was the end of their life and they were now going to die.

TK: Mmmhhh... o ka bua ka gone mo o sa tswa go go bua.
Mmmhhh... Can you tell me a bit more about that?

NEO: 0 raya ke...
You mean I...(incomplete).

TK: Ke gore ke batla go thaloganyag se o se buang jaanong ke eletsa o ka bua o thalosa thata gore ke thaloganyenj sentle, go ne go no tshwenya jang?
Its just that I really would like to understand what you said a bit more and so I just wanted you to say more so I can understand.

NEO: Gone go ntshwenya bogolo jang mo malapeng a batho jaana, ke tlaare ke tsaana sentle fela le bana ba teng, ha ke tla mo lapeng o tla fitlhela gore bagolo ke bone ba nthlaolang. A re re ke kopa metsi jaana, ba tla bo ba nneela metsi ka kopi e sa dirisiweng malapeng.
It really hurt me a great deal, especially in other people's homes, because at times I would go into a friend's home thinking everything was fine to play with the children, but the parents would be the ones who would discriminate or isolate me from their children. Let's say I asked for water to drink, they would give me water in a cup that was not used by the rest of the family.
Following the intuitive contentment of the translation process, I then removed the Setswana version from the original transcript and remained with the English version. The English version was then used as the substantive source of data on which the analyst worked to base the analysis. I have decided that, where necessary, some of the Setswana concepts will be retained to ensure that the analysis maintains meaningful originality.

**Descriptive coding**

The preliminary open coding process started by minutely going through every interview, looking for any *in-vivo* signs and symbols that communicated meaningful themes and insights (Eaves 2001:658). According to Strauss and Corbin (1990), the open coding process requires repeated reading of the substantive data to identify emerging key themes. I had to go through the four thick descriptive transcripts line by line looking for words, phrases, sentences, paragraphs, and any other indicator that could reveal meaningful insights to what was going on (Eaves 2001:658). Glaser and Strauss (1968) regard this process as a way of enabling the qualitative nature of the research data to come alive in its way of describing the social context of the experiences and the phenomena in question. The initial open coding process required staying qualitatively grounded to the substantive statements of what the informants communicated to capture key original themes. Although not necessarily guided by that model, the analyst realised later that the analytic process used was similarly aligned to the analytic model described by Eaves (2001). Figure 3.4 shows an *open coding* sample.
Neo: I have been affected by HIV/AIDS because...my mother is infected and...she has openly told us in the family that she has tested positive....she has also come out publicly about her status and...so people know that my mother is positive...because they hear her talking on the radios and other things. I am really affected...because there are people who do not treat me the same way they treat other children...so I think I need help with such people...I need help so that I could be comfortable when I am with others and when I’m playing with friends.

(1). Being affected by public disclosure of HIV+ diagnosis by a significant other (mother).

(2). Being separated/singled-out.

(3). Needing support to deal with social discomfort.

Social acceptance and inclusion is important especially for young people and this separating out due to negative differential treatment can affect esteem and identity formation / development of a growing private and social self. It would be interesting to see how this presents itself.

After the open coding process, I numerically listed all the identified codes of themes from all four interviews. At this point, I needed to move away from seeing the interviews as individual entities and consider them more as a collection of core themes. The open coding process generated descriptive codes and these were collectively drawn out of the original transcript/s and listed as identified. Some of the themes at this level appeared repetitive and were left that way to allow the rich sources to have equal chances of qualitatively informing the generated understanding. The descriptive codes became the bases upon which the major theoretical grounding was conceptualised. A sample of the descriptive codes is shown below in Figure 3.5.
Significance of numbers

The numerical codes in Grounded Theory often reflect the number of times the concepts were represented in the data and this was also critical in this process. However, in this context, numbering is used for a different purpose. When the descriptive coding started, I labelled the emerging themes using numbering. Throughout the analysis, numbers are used to identify descriptive codes back to the verbatim datum. The ordering is important because it facilitated conceptual tracking of descriptive codes back to the raw verbatim in the four transcripts. Three-hundred-and-three descriptive codes were
generated from four rich cases (Figure 3.4). These were validated in the theoretical sampling.

**Construction of descriptive codes**
The analysis went on to condense the descriptive codes that were identified according to the three broad units of analysis. The areas of analysis allowed the themes to lose their individuality; hence, the conceptual sorting commenced. Below (Figure 3.6) is a sample of the sorting process according to 'experience', 'managing' and 'counselling'.

**Figure 3.6  Descriptive Coding in Units of Analysis (Sample)**

**Experience and effects of HIV/AIDS**

1. Being affected by public disclosure of HIV+ diagnosis by a significant other (mother).
3. Needing support to deal with social discomfort.
4. Sensing personal devaluation and dehumanisation due to social avoidance and exclusion.
5. Pain and suffering due to fear of death.
6. Being separated out from others (by parents).
7. Sensing rejection and discrimination.
8. Difficulty of dealing with socially discomforting contexts.
9. Ashamed of being personally associated with HIV/AIDS.
12. Being socially and emotionally singled-out/isolated in class.
13. Acknowledging difficulty.
14. Living in pretence.
15. Accepting emotional difficulty of living in pretence.
17. Disliking and disapproving of personal actions.
18. People's opinions and views.
19. Becoming sensitively emotional and easily provoked by the situation.
20. Visual witnessing of symptomatic signs of HIV/AIDS.
21. Concerned about social talk and gossip as means of social exclusion (stigma)
22. Awareness of being personally singled out (by parental figures).
23. Bringing a past experience to the present provokes emotional hurt.
24. Personal awareness that it is not everything matters.
**Managing the HIV/AIDS situation**

(11). Just ignoring and shrugging it off.
(12). Liking praying a lot.
(13). Defocusing attention on HIV/AIDS by praying.
(5). Minimising effect in the present.
(6). Recognising the effect of ignorance on others.
(7). Awareness of others' problem of being in darkness/ignorance.
(27). Awareness of personal resources
(28). Not taking everything to heart.
(29). Shrugging things off.
(30). Personal difficulty of projecting hatred towards others
(31). Shifting source of support from self to others/counselling.
(37). Not feeling good about being personally separated/singled out.
(38). Being personally ignored and unrecognised (rejection).
(41). Distancing self from hate and prejudice towards others.
(62). Resigning by understanding other people's limitations.
(63). Putting oneself in the other's position gives a different understanding.
(64). Ignoring by not listening.
(59). Being aware of the effects of ignorance on others.
(67). Managing by just shrugging it off.
(90). Minimising effect by generalising or globalising.
(91). Generalising / globalising problems enhances reduction of prejudice.
(222). Empowered through knowledge information.
(223). Self-talking allays worries.
(224). Belief in the presence of God.
(225). Connecting with the dead through thoughts and prayer.
(120). Refusing to be disturbed.
(121). Shifting attention/focus to school work.
(122). Engaging in contextual splitting.
(113). Pretending to be busy to avoid social interaction with the other.
(114). Prolonging play.
(115). Finding excuses or busying oneself.
(167). Minimising the effect.
(169). Shifting focus (to academics).
(170). Being supported by others through advice & guidance (grandmother).
(187). Globalising and generalising the suffering.
(109). Personal awareness and appreciation of the ARV support programme.
(110). Being informed about HIV broadens understanding and reduce prejudice.
(244). Participating in local groups to contribute to compassionate support.
(264). Managed by just ignoring.
(266). Just ignoring and shrugging them off.
Counselling experiences and perceptions

(14). Needing counselling and encouragement.
(15). Having personal experience of counselling.
(16). Finding it difficult to talk about counselling in Setswana (vernacular).
(17). Seeing counselling as encouragement.
(18). Seeing counselling as an educational process that focuses on life issues.
(19). Instilling patience and self-control in social interaction (counselling).
(20). Reducing prejudice and judgmental attitude and increasing compassion towards others (counselling).
(21). Encouragement in counselling is an educational process on life issues.
(22). Being encouraged facilitates knowing how to handle life issues/challenges.
(23). Liking to be assisted by an HIV+ person.
(24). Learning from self-disclosure of similar practical life experiences.
(25). Receiving brief-focused home-based interactive support.
(26). Accepting one's situation eases the counselling support process.
(34). Acknowledging usefulness of counselling.
(35). Gaining confidence in handling social interactions.
(156). Lacking concentration on critical issues.
(1). Instillation of self-pride in identifying with HIV situation.
(239). Being assisted with problem-resolution.
(240). Dealing with the protection of human rights.
(241). Protection of human rights towards the vulnerability to risk of infection.
(248). Being contacted to access community support group.
(249). Being refused permission to participate in the local support groups.
(250). Participating in many of various activities.
(251). Accessing food and clothing.
(252). Meeting and sharing common problems / issues.
(253). Engaging in dramatization, role-plays and singing.
(254). Interacting and bonding with others in the same situation.
(255). Universalising the problem to all.
(256). Defocusing attention and thoughts from the situation by busying oneself with practical activities.
(257). Mentoring received through adult advice and guidance.
(267). Having counselling experience.
(268). Experiencing counselling as brief-focused, advice-oriented, multiple-repeated doses of conversational interaction.
(269). Focusing on ignoring, minimizing, not taking issues to heart and being offered practical support.
(270). Embracing networking and advocacy in the counselling role.
(271). Using advocacy & networking to mobilise resources to support practical needs.
Counselling (cont)

(272). Counselling was advice-oriented.
(273). Universalising problems to all in counselling.
(274). Reflecting personal adjustment.
(275). Receiving home-based counselling support (client).
(276). Being appeased to feel comfortable to open up.
(277). Receiving home-based counselling support (counsellor).
(278). Being counselled outside the house.
(279). Experiencing counselling as casual conversational contact / small talk.
(280). Counselling can steer one away from trouble.
(281). Creating a conducive counselling atmosphere (by appeasing, being gentle, calm, non-threatening, loving, genuineness and doing what is in the best interest of the child).
(282). Creating a sense of belonging and security.
(283). Providing needs and instilling personal love and acknowledgement in counselling.
(284). Meeting needs enhances the sense of acceptance, security, & confidence.
(285). Wants to be given advice-oriented counselling support.
(286). Seeing counselling as encouragement that assists with life issues.
(287). Encouragement gives the right direction and broadens scope of understanding.
(288). Complaining about inadequacy of guidance and counselling in school.
(289). Teachers are placing too much emphasis on HIV/AIDS compared with other critical issues.
(290). One-on-one instead of group counselling due to fear/embarrassment of disclosure.
(291). Preferring one on one instead of group support.
(292). Preferring collective / combined counselling support.
(293). Combined-counselling enables co-partners to support one another in the process.
(294). Combining effort gives a message of commitment and desire to support.
(295). Aligning collective / combined counselling with the Setswana proverb reinforces cultural appropriateness and relevance.
(296). The assisted person benefits from the mobilisation of collective and substantive rewards of receiving collective support.
**Constant comparative analysis**

Constant comparative method is a fundamental analytic tool used in Grounded Theory analysis; it is used to sort out themes that are fitting as developed from the substantive data. The extracted descriptive codes were sorted using the constant comparison analysis method to find the fitting similarities and differences that ground thematic grouping. The theoretical sub-grouping was used where there were many concepts; however, it was not always necessary to use them to reach theoretical coding level. A sample of clustering and condensing descriptive codes is shown below in Figure 3.7.

![Figure 3.7 Condensing Descriptive Codes - Sample](image)

- Being separated out (9)
- Aware of being singled out (2)
- Having personal presence ignored (38)
- Sensing rejection and discrimination (10)
- Being hurtfully singled out (60)
- Being verbally singled out (60)
- Being verbally ridiculed and separated out (185)
- Being singled out in class discussions (65)
- Difficulty separating out HIV/AIDS as a subject topic from social and personal issues (179)

The descriptive codes listed above have been collectively condensed. It is important to note, however, that an indiscriminate and unguided mechanical process of condensing descriptive codes would be undesirable and uninformative unless the analyst was able to gather the conceptual themes. The emergence of themes requires the analyst to attain some deeper level of immersion in the substantive data for these descriptive codes to become informative. As the analyst, I had to find a way of making the shared presence of this reality become felt in the analytic process, and this happened by using theoretical memos.
**Theoretical memos**

The keeping of *theoretical memos* is critical in the analysis process because it serves several purposes. According to Glaser (1978:83), theoretical memos are the 'theorizing write-up of ideas about codes and their relationships as they strike the analyst while coding'. The main purpose, therefore, is to capture the thought processes of the analyst by allowing a way in which she can talk and immerse herself in the substantive data without necessarily getting personal thoughts, feelings and issues mixed up with the substantive data. The memos facilitate conceptual development and cross-referencing as the analysis was ongoing by questioning and linking emerging themes. Consequently, theoretical memos allow the voice of the analyst to be heard in the analytic process without overshadowing the originality of the informants.

**Theoretical coding**

As stated earlier, the descriptive codes were sorted according to the three main focal areas using the *constant comparison method* of analysis. This required moving back and forth to ensure that broader abstracting condensed the descriptive codes into theoretical codes. It is important to point out that as much as I could commit the error of quick conceptual abstraction or superimposing concepts on the raw data earlier on, a similar reversed error process could occur, for instance, if I became fixated on the substantive raw data and failed to abstract the theoretical process to a higher conceptual level. Hence, Glaser (1978:55) placed greater emphasis on *theoretical coding* as a process that conceptually abstracts the theoretical data further away from the raw data. In doing this, the analyst is subsuming the lower level themes to the higher theoretical codes. By engaging in this process, I developed twenty-nine theoretical codes that were spread
across the three broad areas of analysis. Figure 3.8 shows a summary of these theoretical codes.

**Figure 3.8 Summary of Theoretical Codes**

<table>
<thead>
<tr>
<th>Category</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences</td>
<td>Thirteen</td>
</tr>
<tr>
<td>Managing</td>
<td>Four</td>
</tr>
<tr>
<td>Counselling</td>
<td>Twelve</td>
</tr>
</tbody>
</table>

A summary illustrating the formation of a single theoretical code is shown below in Figure 3.9. Figure 3.10 shows the condensed conceptual cluster around the theoretical code.

**Figure 3.9 Theoretical Coding– Sample**

*(Descriptive codes collapsed)*

(Descriptive codes collapsed) (Theoretical code)

- Being separated out (9)
- Having personal presence ignored (38)
- Aware of being singled out (2)
- Sensing rejection and discrimination (10)
- Being hurtfully singled out (60)
- Being verbally singled out (60)
- Being verbally ridiculed and separated out (185)
- Being singled out in class discussions (65)
- Difficulty separating out HIV/AIDS as a subject topic from social and personal issues (179)

Ostracism from visibility and invisibility
The conceptual model of ordering the theoretical codes as constructed in Figure 3.10 is borrowed from Lines (2004). It helps to raise the grounded analysis to a higher level to abstract major conceptual categories. The constant comparison method continued to facilitate the analytic process by ensuring that similar theoretical codes were in the same cluster that held a category. These involved moving back and forth in the substantive data to name and re-name the emerging categories.
Illustration of the analysis

I looked at the four interviews after descriptively coding them for the *in-vivo* themes. The *in-vivo* codes below reflect the responses from three different informants to the same question. The aim of the question was to find out 'how they have been affected by HIV and AIDS' to open-up the field area of 'experiences'. The question was fundamental to all four informants because it opened the way for furthering the discussion. It also assisted in verifying appropriateness of the rich sources within the group. Figure 3.11 shows Neo, Kay and Rato's responses to the same question.

Figure 3.11 Samples of Transcript One (NEO)

<table>
<thead>
<tr>
<th>Raw data</th>
<th>Descriptive coding</th>
<th>Theoretical memo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tk: (Intro. first)... I would like you to tell me more about how you have been affected by HIV and AIDS?</td>
<td>Neo: You mean...in what way have I been affected and how can I be assisted?</td>
<td>(1). Being affected by public disclosure by a significant other (E) social connection and identification with the pain of the other.</td>
</tr>
<tr>
<td>Tk: Well, yes...but first, I would like to know more about your situation and, how you have been affected by HIV and AIDS?</td>
<td>Neo: I have been affected by HIV and AIDS because...my mother is infected and...she has openly told us in the family that she has tested positive.... she has also come out publicly about her status and...so people know that my mother is</td>
<td></td>
</tr>
</tbody>
</table>
positive...because they hear her talking in the radios and other things. I am really affected... because there are people who do not treat me the same way they treat other children...so I think I need help me with such people...I need help so that I could be comfortable when I am with others and also when I’m playing with my friends.

Tk: You talk about the way other children do not treat you well, can you say more about it?

Neo: It's like...really...they do not regard me as a normal person/human being, (ke gore... tota ga ba niseye jaaka motho fela yo tshwanang le ba bangue) because when they are talking...or playing with others and they see me coming towards them...they suddenly keep quiet... or sometimes they just avoid me and go their separate ways just to avoid playing with me.

Tk: Mmhh...how do you react when that happens to you? (looks down)

Neo: It used to really bother me a lot but...now I do not worry anymore because...I have realised that it is people themselves who have a problem due to not understanding what is going on.

(2). Being singled-out. (E)

(3). Needing social support. (E)

(4). personal devaluation

Dehumanizing attitude

social avoidance and exclusion. (E)

(5). Minimizing effect (M)

(6). Recognizing effect of ignorance on others. (M)

Social acceptance and inclusion is important especially for young people and this separating out due to negative differential treatment can affect esteem and identity formation / development of a growing private and social self. It would be interesting to see how this presents itself.

Psychological exclusion and avoidance.

Self-realization that education changes behaviour, attitudes and prejudice.
Transcript Two (KAY)

<table>
<thead>
<tr>
<th>Raw verbatim</th>
<th>Descriptive coding</th>
<th>Theoretical memo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TK:</strong> I would like you to share with me how HIV and AIDS has affected you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kay:</strong> Its like... its my aunt is the one who has the virus. (silence)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TK:</strong> Could you say a bit more about that?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kay:</strong> You mean... I should talk about her or myself?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(She seems to be uncomfortable in the way she is fidgeting and moving her body and eye contact. Generally her body language seems uncomfortable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TK:</strong> I just would like to hear how you have been affected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kay:</strong> It started last year when my aunt... my mother's younger sister tested positive...but then she had not yet started taking the medication...I mean...the one that is given to people who are sick. When it started, she developed very bad sores; I mean sores all over her body. She started sweating and the only way for her stopping this (heat and sweating) was to keep eating a lot of ice cubes. To me it was like she</td>
<td>(104). Premature exposed to symptomatic signs of HIV and AIDS (E)</td>
<td>Perceived fear of the reality of death.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Misperception/s and its effect.</td>
</tr>
</tbody>
</table>
was just about to die and so I was constantly worried.

**TK:** Tell me about how it affected you, how was it for you?

**Kay:** It's like...at the time...really I did not understand much about HIV/AIDS, and so it's like...I thought if I touched her then I would also instantly contract the virus and also fall sick. It's like...It's like...I really found it difficult to treat her like all other people...to be honest, it's like I was really afraid of her.

**TK:** Mmmhhh...tell me more.

---

### Transcript Three (RATO)

**Raw verbatim**

**TK:** (Intro...) Would you share with me how you have been affected by HIV/AIDS?

**Rato:** Yes...I was staying with my mum and she fell sick...after a long while she was told that she had contracted the big illness called TB...all this happened when I was doing Standard 5. ...and after sometime, the illness intensified and

<table>
<thead>
<tr>
<th>Raw verbatim</th>
<th>Descriptive coding</th>
<th>Theoretical memo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TK:</strong> (Intro...) Would you share with me how you have been affected by HIV/AIDS?</td>
<td><strong>165 exposure to loss - terminal illness/death. (E).</strong></td>
<td>Sounds like an overwhelming early life experience. What could be the immediate and long-term effects?</td>
</tr>
<tr>
<td><strong>Rato:</strong> Yes...I was staying with my mum and she fell sick...after a long while she was told that she had contracted the big illness called TB...all this happened when I was doing Standard 5. ...and after sometime, the illness intensified and</td>
<td><strong>(105). Looming presence of death (E).</strong></td>
<td></td>
</tr>
</tbody>
</table>
she was hospitalised. When she was hospitalised, most of the time...we stayed on our own at home with my younger siblings. When we thought her condition was becoming better, she became ill again...and started going in and out of the hospital. She was constantly in and out of the hospital and this continued until she finally died.

**TK:** What grade were you doing at the time of your mum's death?

**Rato:** I was doing Standard 7 and was just about to write my Standard 7 final examination.

| (166). Caring for self and others - lacking parental supervision. (E). |
| Symbolic loss of childhood through early parentification. How is this affecting growth and learning? How is she managing this experience? |

The analysis extracted all the descriptive codes that were relevant and specific to the question and the fenced off unit of experiences into one box. The analytic process removed the individuality within the descriptive codes by communicating, collectively and conceptually, the meaningful insights that bound them together. As stated earlier, by maintaining the numerical labelling of the descriptive codes unitary and collective relevance could be double-checked and traced back to the in-vivo codes. Based on the transcripts above, these two major theoretical themes emerged from the combined responses of the descriptive codes.
In Transcript 1, Neo is ‘witnessing pain and suffering’ through awareness of a parent that has offered public disclosure of her HIV positive diagnosis. This parent has chosen to come out publicly about her status and Neo has to deal with these experiences at a personal level. This is the preliminary understanding that defined what being affected by HIV/AIDS was like for Neo. Neo’s experiences have to be further explored to identify consequential effects, but this is what brought Neo into the context of being affected by HIV and AIDS. In Transcript 2, Kay is ‘witnessing pain and suffering’ because her aunt is infected by HIV and has opened up to some members of the family. There is a common understanding regarding the situation in the family and Kay is struggling with managing awareness of the problem. Kay’s major struggle is dealing with ‘witnessing being physically exposed to the overt signs of AIDS’ and she seems to be ‘traumatised by a range of experiences’. This is what defined the experiences of being affected by HIV and AIDS from Kay’s perspective.
In Transcript 3, Rato is reflecting on an experience that predisposed her to early traumatic life experiences of seeing physical and symbolic loss. This seems to reflect early exposure to a range of traumatic experiences happening through ‘witnessing’. This experience started with ‘terminal illness’ that subsequently led to her ‘mother’s death’. This difficult experience captured Rato’s struggles with bereavement, grief, and loss, an experience that continues to have an impact on Rato’s present life. Rato’s challenges are reflected even in the moment of her sharing the experiences of being affected by HIV and AIDS. This is what defined the entry point of Rato to the context of being affected by HIV and AIDS.

Consolidating categories
When collapsing the theoretical codes, it was apparent that they all had a significant other person in their lives that was infected by HIV. The informants had a ‘range of personal traumatic experiences’ and dealt with witnessing and identifying with pain and suffering which was a defining feature for ‘being affected by HIV and AIDS’. Collectively, these concepts informed the consolidation of a core category. Figure 3.13 reveals how six related concepts were conceptually put together to construct the core category of carrying personal burdens and those of others.
Figure 3.13  Consolidation of a Core Category – Sample
[carrying personal burdens and those of others]

- Being separated out (9) (363)
- Aware of being singled out (2)
- Having personal presence ignored (38)
- Sensing rejection and discrimination (10)
- Being hurtfully singled out (61)
- Being verbally singled out (60)
- Being verbally ridiculed and separated out (185)
- Conversationally isolated (38a)
- Being singled out in class/subject discussion (65)
- Difficulty separating out HIV/AIDS as a subject topic from a social/personal issue (179)
- Missing school to offer practical support (172)
- Being needed to be there for a dying parent (173)
- Caring for self and siblings (166)
- Lacking familial support (188)
- Being prematurely thrown into unsupported burden of primary caring (189)
- Looming presence of death (105)
- Associating HIV/AIDS with end of life (8)
- Personal entrapment in fear and anxiety due to myths associated with HIV/AIDS (106)
- Being curtailed / blocked from knowing the truth (180)
- Being silent and secretive in dealing with unspoken taboo issues (176)
- Pretending to be busy to deflect social interaction (113)
- Living in pretence to keep a facade (111)
- Prolonging play (114)
- Being curtailed / blocked from knowing the truth (180)
- Being silent and secretive in dealing with unspoken taboo issues (176)
- Worrying about people's opinions / views (259)
- Concerned about social village talk / gossip (262)
- Liking to pray a lot (12)
- Personal belief in the presence of God (224)
- Connection with the dead through thought and prayer (225)
- Noticing challenges of HIV/AIDS
- Public disclosure of HIV+ diagnosis (1)
- Exposure to loss and suffering due to terminal illness and death (246)
- Reflecting on early life exposure to experiences of loss through terminal illness and death (165)
- Early exposure to signs of HIV/AIDS (261; 104)
- Aware of use of stigma and discrimination on others (243)
- Concerned about singling out of others (242)
- Having difficulty singling others out (107)
3.10. Theoretical sampling

Theoretical sampling is a process that allowed the analyst to be guided by the concepts that had already emerged in the interviews. It enabled the analyst to select themes that enhanced theoretical validation and verification (Strauss and Corbin 1998). In the context of the theoretical codes above, I went to the secondary sources to find out what other similar codes were validating the identified codes. At this level, anything that emerged outside the developed theoretical mapping was disregarded because it had no conceptual relevance.

3.11. Sources of validation

The theoretical validation and verification came from various sources. These included the subsequent individual interviews, focus groups, pilot studies, documentary evidence, and conferences attended by the analyst. The theoretical saturation of the basic social psychological processes occurred when I felt there was nothing new emerging in the analytic process because the core categories were theoretically solidified into a composite theory (Glaser and Strauss 1968).

3.12. Theoretical saturation process

Figure 3.14 shows the practical processes that facilitated the saturation of the composite picture of the basic social psychological processes (BSPP).
Figure 3.14  Theoretical Saturation Process

Basic socio-psychological process

[Total of 67 contacts]

Focus groups:
FG with counsellors 7 (2 males and 5 Females) [7]

Focus groups:
FG with 6 participants in a senior secondary school (5 girls and 1 boy) [6]

Focus group:
FG with 10 informants (4 girls and 6 boys) in the North West region. [10]

Theoretical sampling continued leading to saturation after interviewing 3 more informants in the central region (1 boy and 2 girls). [3]
[Giving total of 19 interviews]

Phase 4: Focus group:
FG with 7 counsellors (2 males and 5 females). [7]

Focus group:
FG with 5 informants (1 boy and 4 girls) in a junior secondary school (southern). [5]

Phase 3: Focus groups:
FG with 13 informants (5 girls and 8 boys) in senior secondary school (southern). [13]

Phase 2: Individual interviews
Theoretical coding with 8 new sources (3 females and 5 males) identified through local organisations in the northern region (Francistown). [8]

Phase 1: Individual interviews
Initial contact with 4 students (3 females and 1 male) identified through a local organisation in Gaborone in the southern region. [4]

Validation of generated descriptive codes with the same sources leading to 4 contacts. [4]
3.13. Summary

This chapter focused on the practical procedures that were undertaken to apply Grounded Theory therefore, it is punctuated by many samples and illustrations to show how these were actually done. The next three chapters will explore the emerging properties that supported the theoretical construction of major categories. In particular, the next chapter will focus on carrying personal burdens and those of others as a core category.
A prelude to the discussion chapters

The prelude plans to show the reader what is contained in the entire analysis of the study and how it was theoretically constructed. I used constructivism and symbolic interactionism as the guiding theoretical perspectives and these were situated within culture as a major factor in understanding human experiences. I used inductive analysis, which takes the bottom-up-approach as opposed to the deductive analysis, which positions theory before data. The layout of the analysis begins with Chapters 4 and continues on to 5, and 6. These three chapters constitute the main body of Grounded Theory in the way they discuss carrying personal burdens and those of others, getting-by-with-anchoring and yes-but-to-counselling respectively as core theoretical grounding for the studies. I employed the constant comparative method of analysis as I dialectically engaged in the analytic framework by way of moving forward and backward identifying key theoretical similarities and differences across the data (Glaser 1978). Spradley (1979) in Hosek et al. (2001:271) differentiates between 'grand tour' and 'mini tour' questions. The grand tour questions reveal the rich qualitative descriptions and the mini tour questions probe into the finer areas. To remind the reader, the grand tour questions in this study are stated below.

(1). What are the perceived experiences of being affected by HIV and AIDS and the effects on young people, in particular students?

(2). In what way are young people affected by HIV and AIDS managing the situation?

(3). Does counselling have any role to play, if yes, what is it and in what way?
CHAPTER 4
CARRYING PERSONAL BURDENS
AND THOSE OF OTHERS

4.1. Introduction

This chapter looks at the research question that sought to explore the perceived experiences of being affected by HIV and AIDS and the effects it has on young people, in particular students. The discussion focuses on carrying personal burdens and those of others as the core category (See Figure 4.1). These were the supporting concepts for this category: witnessing and identifying with pain and suffering, self-needs conflicting with situational demands, noticing personal vulnerability of death, ostracism from visibility and invisibility, guarding against exposure by pretending, realistic self struggling with the spiritual being. The chapter goes on to discuss the theoretical link to rupturing in silence, which looks at the effects of being affected by HIV and AIDS. In particular, the rupture is focused on immersing in the meaning of trauma and diminished esteem. When exploring the meaning of this category, I found myself immersed and journeying along in the co-construction of emerging insights and doing so by engaging the different modes of knowing. Although personal experience gave me some inkling of what could surface, nothing prepared me for the richness of insights that emerged.

I complete the chapter with a discussion on anxiety as a co-constructed psychological effect of the phenomenon that broadened the context. The discussion on rupturing illuminates anxiety state and underscores the various dimensions of its manifestation and their consequential effects on the self. In particular, the aim is to expose the vulnerabilities of young people in Botswana as part of the global community.
Figure 4.1  Carrying personal burdens and those of others

Carrying personal burdens and those of

Self  Others

Rupturing-in-silence (phatlogano ka tidimalo)

- Witnessing and identifying with pain and suffering
- Self-needs conflicting with situational demands
- Noticing personal vulnerability of death
- Ostracism from visibility and invisibility
- Guarding against exposure by pretending
- Realistic self struggling with the spiritual being
4.2. Carrying personal burdens and those of others
The burdens of self and those of others explain the double-faced nature of the mask that is carrying personal burdens to enrich the theoretical development of this category. The category dealt with the experiences of being affected by HIV and AIDS, and will be discussed using the supporting properties shown in Figure 4.1.

4.2.1. Witnessing and identifying with pain and suffering
It is critical to note that the study is focused on adolescence, a critical 'complex' and yet 'fascinating' phase that matters to all young people (UNICEF 2002:1). To 'witness' means that the young person either saw or evidenced something that they perceived as an event, person or an activity and this affected them. In dealing with AIDS, the complexity is that this is a 'package of illnesses'; and making assumptions that all illnesses are AIDS-related can distort the reality of the truth (Draimin 1993:12). Draimin notes therefore that it is critical not to assume that the parent or other family member is suffering from AIDS, and that asking is the best way of dealing with it (op cit). In a context where there is little open discussion the young person was not always permitted open talk, hence they relied on assumptions based on presenting symptoms and the witnessing which led to identifying with what parents were experiencing. In this study, the informants identified experientially with the pain and suffering of the significant family members and such fears are to be expected (Draimin 1993:17-18). The young person is socially and symbolically connected with what Blumer (1969:6) regards as the 'root images' of the others in that what is affecting the related other was experienced as a personal struggle. The 'self' that was considered private by the informants was experientially able to connect with the self that was considered social (Mead 1934). Therefore, when one was affected, the related other experienced similar effects at inner level. The human interaction processes revealed that the informants struggled with the 'difficulty of singling others out'. The constructed meaning is that the informants
found it difficult to isolate others in the way that they were personally isolated due to being associated with HIV and AIDS. This reflected the individual's ability to identify and connect with the difficulties experienced by others. To be concerned about the 'singling out of others' and to project 'awareness of discrimination of others' meant that the informants were meaningfully able to step out of the territory of 'self' to take the perspective of others at personal level. This served to indicate that human beings have an internal natural niche of connecting because they share an "intricate web of life" with others (Mead 1934). In the following verbatim datum, Nina talks about how she struggled with the suffering that others experienced due to witnessing and identifying with what the significant others experienced in a school.

[KT: Tell me how you have been affected by HIV/AIDS?]
Nina: HIV/AIDS has really affected me, I will say it has affected all of us in the school...nowadays HIV/AIDS has affected many children in the schools and also in the villages. For instance, some of the parents are not aware of this deadly disease and yet a lot of other parents have died leaving many orphans behind...in the schools, especially in the school where I am ...these students are really suffering, they do not have parents who are guiding them on issues of life...and this really affects me because if their parents were there they would have someone who would provide the guidance and support they need. It affects me because I am feeling very sorry for the orphans in schools because they no longer have hope in their lives and when they do not have hope they no longer care and so they develop a very carefree attitude to education because it does not matter whether they attend or not (ga bana sepe le thuto mo matshelong a bone). They do not see the importance of going to school and the need for education and I fear that, because they do not have information and guidance on issues of HIV, this makes them equally vulnerable to the possibility of acquiring the same virus (go ira gore le bone ba nne mo dipatseng tsa go tsenwa ke mogare.)

In constructing the meaning of witnessing and identifying with pain and suffering, it emerged that the informants were thrown into the 'difficulty of being socially associated with HIV and AIDS'. From a symbolic interactionist perspective, being a part of the social world of the infected family member meant the informants were symbolically
drawn into constructing the double-faced meaning of what this experience held for them (Blumer 1969:2). The source of the double meaning was not just confined to what Blumer regards as the 'psychical accretion' as held in the human psyche in the form of "sensations, feelings, ideas, memories, motives, and attitudes"; instead, it included "meaning as arising in the process of interaction between people" (1969:4). The struggle of witnessing meant therefore that the informants suffered the internal struggle of seeing pain and suffering of others and identifying with it at personal level.

The *witnessing and identifying with pain and suffering* revealed another meaning depicting a paradoxical effect of being in this HIV and AIDS situation. A 'paradox' is a situation or context that presents contradictory or conflicting messages (Collins Cobuild 2003:1041). In this context, the paradoxical effect reflected the double-faced nature of what the informants struggled with. They struggled with *witnessing and identifying with pain and suffering* because a family member had chosen to declare 'public disclosure of an HIV diagnosis'. Through this action, the informants were symbolically drawn into dealing with the social reality of managing the public disclosure of HIV diagnosis of an infected family member at a personal level. The double-faced mask in the situation revealed that such public disclosure was supposed to encourage openness in order to de-stigmatise the illness. However, in this context, it was the very act of publicly engaging in openness about the illness that exposed the family members including the informants to negative social reaction and personal discrimination. The paradoxical effect emerged in that something that was intentionally aimed at a positive effect seemed to have brought pain and suffering to the family and the individuals. In this verbatim account, Neo talked about how she struggled with 'public disclosure of an HIV positive diagnosis' and how this shared experience affected him.
The other constructed meaning of witnessing and identifying with pain and suffering emerged from the progressive development of the HIV and AIDS illness as a psychosocial process for the infected sufferer. The informants struggled with 'exposure to loss and suffering due to terminal illness and death' and 'early exposure to signs of HIV and AIDS'. In this context, the informants were experientially drawn into witnessing the symbolic presentation of pain and suffering through human interaction processes. This occurred when the informants psychologically dealt with the mother's progressive deterioration into the AIDS phase. The reality of being intra-personally drawn into witnessing the deteriorating health of a significant person in their lives signalled a discomforting intrapersonal struggle. The manifestation of physical deterioration of health happened until the mother lost her life, and for the informants, that became a significant source of anxiety. This was a consequence of loss due to witnessing and identifying with what was going on in their lives through relationships with infected others. People who 'witness and identify with different forms of loss' are subjected to complex psychosocial issues related to grief, mourning and bereavement (Rando 1984:15-20; Shapiro 1994).

Tate and George (2001) conducted a study into the effects that loss of body weight had on the body image of gay men. They found that confidence and self-esteem were greatly undermined by the vivid expression of HIV and AIDS as an illness constructed in the face of society. Therefore, the informants in that study grappled with the symbolic loss of control in managing confidentiality. The vivid
expression of the illness visually and symbolically drew people into witnessing and identifying with the 'physical manifestation of the illness' (2001:168). In this study, the informants were part of the social reality of the infected person and were similarly drawn into the social reality of 'knowing that other people were aware' of and knew about the illness. The 'loss of control in making the HIV and AIDS situation confidential within the family' invited an unwelcome presence of others in their lives and that 'provoked distress and anxiety' at personal level. In illustrating this angst due to anxiety, one informant in the Tate and George study states relates to the experience by stating that: "you look at people and you know they're dying and they're losing weight and they're wasting away and nothing they're going to do is going to stop that, and you think ah God this is happening to me" (Tate and George 2001:167). In the current study, Kay expressed the same angst of human anxiety and the distress of ‘witnessing and identifying with pain and suffering’ in this way:

**[Kay: It started last year when my aunt...my mother's younger sister tested positive...but then she had not yet started taking the medication...I mean...the one that is given to people who are sick, when it started, she developed very bad sores...I mean sores all over her body...she started sweating and the only way for her to stop this (fever and sweating) was to keep eating a lot of ice cubes...I mean to me it was like she was just about to die and so I was always scared and worried]**

In Lebo’s case, **witnessing and identifying with pain and suffering** was constructed through another unique experience of being affected by 'infected significant others'. Although the struggle started early in life, some of the informants were still able to talk about this as part of their current ‘memories of personally living with being affected by HIV and AIDS’. Lebo talked about the experience of witnessing the progressive decline of a significant member of the family and how she observed the reactions of the family and the community. Post-traumatic stress can be a major psychological effect of 'being
prematurely exposed to traumatic life events’ that remained buried in
the subconscious as life long memories (Klein and Last 1989; Foy
‘witnessing psychosocial effects of terminal illness on the sufferers’
took away personal power and control by affirming the possibility of
irreversible loss. This was a psychological process that undermined
personal choices of deciding to be a part of witnessing or not (Tate and
George 2001:167). Lebo expressed the painful threat of the anxiety of
witnessing and identifying with the affected others in this verbatim:

\[\text{For instance, my mother started falling ill when I was doing}
\text{Standard one; she went into the hospital for a long time, and then}
\text{she started deteriorating very fast and lost a lot of weight. The}
\text{grapevine talk intensified in the village, especially in our ward}
\text{where we lived people concluded that she was dying from the virus}
\text{(mogare).}\]

The concept of ‘witnessing and identifying’ meant, therefore, that the
informants ‘suffered the pain experienced by family members’ (inter-
subjective) alongside the ‘pain that they themselves felt’ (intra-
subjective). Mead has discussed how the private ‘I’, which is the part
of the inner self, is able to take an integrated view of the ‘other’ (Mead
1934:142-173). This process happens because the ‘individual
integrates the experiences of family members into the self and
experiences them as though they were theirs’ (Hallam 1992:5). As an
African, I did not find it surprising that the informants responded in
this way because key elements of African culture are grounded on the
principles of collective human connectedness. Based on the
discussion of this concept and its supporting properties, one can infer
then that living in the context of witnessing and identifying with
HIV/AIDS contributes to double-faced tensions and struggles. These
struggles originate from interacting with infected others but the
struggles that the self is dealing with are just as significant.
4.2.2. Self-needs conflicting with situational demands

Another double-faced mask of personal struggle that the informants struggled with involved noticing that self-needs are conflicting with situational demands. This theoretical concept showed that 'being affected by HIV/AIDS meant being personally thrown into socially defined roles' within which there were cultural expectations over which the self had little or no control. The cultural expectation seemed to offer signals or symbolic images and gestures of what was expected of the self (Blumer 1969:9). Informants seemed to feel the pressure from the societal obligations to satisfy these conflicting demands. The personal and societal conflicts and/or expectations were descriptively brought out by 'missing school to offer practical support', 'caring for self and others', and 'being needed to be there for a dying parent'. The societal expectations happened within a social context whereby children were 'self-caring and lacking parental supervision' as well as 'lacking the family support'. The 'lack of family support' showed that the extended support from the community and the extended family for the generalised other was compromised (Alubo et al. 2002:124).

To illuminate this concept, the informants expressed needs and desires such as 'academic performance, education, and a normal childhood', and this was competing against societal expectations and demands such as 'being there for a dying parent'. As a co-constructor of this process, I wondered what it was like for these young people to talk about 'being there for a dying parent' as stated in their verbatim. For me, it symbolically meant personally dealing with existential fears and struggles of death as a child and it can be a difficult situation to deal with. Spirig (2002) conducted a hermeneutic study in care-giving experiences of HIV affected families and identified two major themes. These themes were characterised by 'caught in between' due to forced family changes and 'no request for support' due to provision of care-giving in the context of invisibility. 'Caught in between' meant that the family struggled with the new dynamics of 'closeness to', 'ambivalence
toward' or 'distant to' the infected person which in turn influenced the new character of sub-grouping in the family due to connections and values held within the family. The study also revealed interesting dynamics linked to personal struggles alongside the struggles that the family experienced as a result of seeking help to deal with being affected by HIV and AIDS. The tensions and dynamics between the self, family and the supportive system seemed to be related to the internal tensions that the informants struggled with at personal level.

In 'being unable to meet the desired personal needs and expectations of self alongside those of others', a concern was that the situation might end up feeding into the self-fulfilling prophecy as a psychological struggle (Wade and Tavris 1993:365). The self-fulfilling prophecy theory posits that when perceived values, needs, and desires are predicted, they often tend to meet the expectations of the perceiver irrespective of whether positive or negative (op. cit). In this study, this would mean that, if young people negatively perceived the experiences of being thrown into living in the context of HIV and AIDS, and gave up on the pursuit of academic achievement, then the internalised prediction of failure could yield justification for the expected failure (op. cit). According to Olsen (1996:44-45), this is indeed a concern because 'caring is held to be responsible for limitations on social activity, friendship, employment opportunities, recreation, educational achievement, and personal growth'. Rato elaborated this concept in this manner:
When she (mother) was hospitalised, most of the time we stayed on our own at home with my younger siblings. When we thought her condition was becoming better, she became ill again and started going in and out of the hospital. She was constantly in and out of the hospital and this continued until she finally died.

Sometimes I would miss school because I had to take her (my mother) to the hospital. Sometimes she would feel she needed me to be there for her and so she would request that I be released from school to come and be with her... she needed me very much.

...The other thing that hurt me most was my mother’s immediate relatives. My mother’s siblings did not want to help me at all, I was left to do everything for my mother all by myself, doing what I thought was supposed to be their role and tasks (her facial expression gets twisted and tears fill up her eyes).

The co-construction of Rato’s verbal account showed that the social reality of being affected by HIV and AIDS brought internal tensions and struggles due to the reversal of social roles. Rato found herself carrying the double-faced mask of the burdensome role that traditionally was played by adult family members and this required balancing the management of personal needs with societal demands. I also observed a reversal of roles in the context of HIV and AIDS showing that the support from the family and the generalised other within the community had been significantly weakened if not disintegrated entirely. UNICEF-Botswana (2001) validated what emerged from this study that the household response of the extended family seemed fatigued and this may explain why the informants were thrown into the care-taking role. In the Bobirwa district in Botswana

“...most orphans have no access to basic human needs such as food, clothing, shelter, and toiletries. Access to education and recreation is also very limited. Orphaned children were often traumatised. This situation has serious consequences and implications for the development and welfare of children including depressions, destitution, anxiety, school failure and drop outs, early and unintended pregnancies among young girls”

(UNICEF-Botswana - draft report 2001:21)
Bennell et al. (2002) also support the view by stating that the education system of Botswana has a 10% proportion of school children that are 'materially' and 'emotionally' deprived. These students have to deal with the double-sided burden of caring for sick parents and this responsibility compromises the received quality of education. GoB-MoH/AIDS/STD Unit (1998:31) similarly concur that orphans in Botswana do have basic needs such as food, clothing, housing, bedding, school uniform and books and these needs and concerns are still emerging. Olsen (1996:42) explored the wider implications of young people in the caring role and argues that 'research is needed into the different experiences of caring' because so much is unknown; and I further argue that a great deal is still unknown. Questions such as what, who, for whom, where, and how of young people in care-taking roles are issues that need further exploration (Olsen 1996:43). It can be inferred, therefore that HIV and AIDS throws young people into the care-taking role and with minimum support; this leaves a range of adverse short and long-term struggles as competing needs between self and needs of others are experienced at personal level.

4.2.3. Noticing personal vulnerability to death

In this context, noticing personal vulnerability to death involved the double-faced nature of the psychological process of 'being socially aware of the presence of death' alongside the symbiotic 'awareness of personal vulnerability to the same process of death'. The informants experienced the 'loss of significant others' but did not have a way of dealing with it due to the 'prevailing silence around HIV and AIDS'. This meant that the informants were aware of the symbolic and direct presentation of death around them and this provoked 'personal feelings of anxiety' due to the realisation of the 'vulnerability in facing their own death'. Therefore, 'being socially aware and connecting with the collective struggle of others' brought the symbolic and direct
reality of the presence of death very close to the personal experiences of the informants. The reality of 'experiencing death' in a context that 'curtailed one from knowing the truth' compounded the internal distress of being aware and fearing for self. I noticed an expressed existential fear around loss of the self through death as a result of seeing the pervasive nature of death as an anxiety-provoking issue at intrapersonal level. This is because we are living in a social context where 'stigma and discrimination of HIV and AIDS' is still strong and where lack of medical control has increased the 'perceived vulnerability for self and others' (De Cock et al 2002:69).

I co-constructed a double-faced struggle around personal issues of death experienced within the Botswana context. In Botswana, funerals punctuate the overwhelming reality of the presence and awareness of death. However, the family, community and society command silence in publicly opening up about death. Informants talked about a culture of 'silence and secrecy when dealing with the unspoken taboo issues', and due to 'lack of openness around death', the individuals suffered a psychological effect of powerlessness and helplessness. The family, schools, and society seemed not to be doing anything about integrating death education into open discourse within the family and the school curriculum. For instance, I am aware that the school guidance and counselling programme in Botswana is not offering training on how to handle death issues as a non-crisis developmental issue. Rato captured the difficulty of dealing with issues that encouraged secrecy surrounding social talk in this verbatim datum.

```
I would ask myself endless questions such as 'what kind of illness was my mother going through' where she had to go frequently in and out of the hospital and yet, there was no clear explanation from anybody on what was going on. She (mother) also did not tell us what was going on and was generally very quiet and secretive about the illness (silence and teary eyes expressed on her face).
```
Alubo et al. (2002:120) conducted a study that supports the perceptions of stigmatisation and acceptance of People Living With HIV/AIDS (PLWA) in Nigeria. The study revealed a high level of low acceptance and rejection of this group and this supported what discrimination that emerged from this study. To be an AIDS sufferer meant a ‘transition from the realm of the living to that of the dead’ because the illness was associated with the dead (op. cit). Fear was a major psychological issue that negatively affected relationships with PLWAs influencing denial, rejection, separation, and avoidance (op. cit:121-122). Children who experience loss of a parent ‘may later experience difficulty in forming intimate attachment and may carry catastrophic fears of separation and abandonment’ (Pathy 2001:388).

I found it interesting that, despite the overwhelming presence of death as seen in frequent funerals in Botswana (Durham and Klaits 2002), death was and still is an anxiety provoking phenomenon. Kubler-Ross (1969:4) asserted then that death is a ‘fearful, frightening happening, and the fear of death is a universal fear even if we think we have mastered it on many levels’. Edgar and Howard-Hamilton (1994:38) commented: ‘Death---the very topic sends educators into shock and counsellors into a “crisis-mode”’. Edgar and Howard-Hamilton and Kubler-Ross were not aware that a decade later this study would be reiterating their concerns from the Botswana context. The authors stated that death was a difficult subject and this was particularly so when dealing with children. Edgar and Howard-Hamilton argue that death should not be seen as a traumatic crisis experience, but should be integrated into common discourse to promote its developmental and existential presence. They further suggest a ‘noncrisis course on death and dying ...to give cognitive information to students when they are not suffering distress from a recent trauma’. The verbal account below is used to illustrate the ‘association of HIV and AIDS with the end of life’ which could be corrected through death education.
Rowling (2003:9) argues that young people have the cognitive ability to conceptually process what Papalia and Olds (1992) refer to as the mature concept of death. The 'mature concept of death' includes the understanding of issues around 'universality (inevitability), irreversibility (finality), non-functionality (cessation of bodily processes) and causality (objective causes)' of death (Rowling 2003:9). Finality means that the young person is able to understand that the physical object is gone and will never return; hence, it is irreversible. Universality means death is a developmental process that all living beings will experience at some point as a life process and this makes all of us existentially vulnerable. Dealing with the mature concept of death may then explain the reasons why the informants struggled because they could relate to the fears and anxieties of death only at a personal level.

As evidenced in Alubo et al.'s. (2002) study, personal fear was present because the informants were 'associating HIV and AIDS with end of life'. There was a generalised presence of death reflected in the 'looming of death' within the experiential world of the informants. I noted in this study that the informants were drawing, experientially and tacitly, on visual sensing when interacting with the different symbolic forms of death. This experiential awareness of death processed within a mature concept of death could provoke a heightened desire to psychologically process the life and death at personal level. The existential fear of death was perpetuated by 'myths associated with HIV and AIDS'. The co-construction of death happened through a symbolic gesture that provoked multiple anxiety reactions in the informants. I inductively inferred that death remains an anxiety-provoking issue and, in the context of HIV and AIDS, it
(death) needs to be acknowledged as a developmental process. Therefore, developing a non-crisis death education programme integrated into the curriculum and other guidance and counselling support programmes is imperative in Botswana. The death education programme will facilitate the reduction of generalised fear and the different forms of anxiety that were felt at different levels.

4.2.4. Ostracism from visibility and invisibility

In this concept, the informants had to struggle with balancing a double-faced source of 'ostracism at personal level'. As stated, this tension was emerging from balancing 'ostracism from visibility and invisibility'. For something to be regarded as 'visible' means that the thing or situation that is within the periphery of vision can be seen; hence, there is some level of visual clarity, recognisability, and noticeability whereas 'invisibility' would be the opposite of that process. In this context of HIV and AIDS, Draimin (1993:41-52) appreciates the complexity of stigma and associated discriminatory behaviours. She associates stigma with a 'blemish, a blot, a mark, or a stain' that the other person experiences verbally or non-verbally because of labelling. Stigma is difficult at personal level because it culminates in the self developing 'demeaning feelings of shame' which judge the inner being leading to feelings of guilt (op. cit). In this context, the informants perceived and experienced a double-faced form of personal exclusion due to the socio-psychological effects of 'visibility' and 'invisibility' which relate to stigma and discrimination.

Ostracism through visibility meant that the informants felt experientially and perceptually 'left out'. This happened because of personal noticeability and 'recognisability as HIV and AIDS affected people'. The informants were symbolically given signals of exclusion because of their direct association with people who were HIV and AIDS positive. Blumer argues that in symbolic interactionism, as people interact they act towards and against others because of the meaning
that they attach to objects and others’ actions (1969:11). This constructed meaning signalled an act of keeping away from the informants which to them meant they were ostracised because of their relationship with infected others. The description of ostracism through *visibility* was exemplified by personal ‘awareness of being singled out’, sensing ‘verbal ridiculing’, and ‘being singled out in class/subject discussions’. There was an expression of social exclusion in the experiences of the affected person. At different points in the conversation, Neo illuminated social ostracism through personal visibility in these two different ways:

*For instance, let us say that a teacher is teaching about HIV and AIDS related issues in class, the whole class would shift attention and stare at me. When that happened, it used to really hurt/pain me very much. (facial expression of sadness).*

*[... ’it really bothered/worried me a lot’ especially when I was in other people’s homes...at times I would go to a friend's home thinking everything was fine and so I could play with others...but I found that the parents would be the ones who would discriminate/isolate me from their children...for instance, when I asked for water to drink, they would give me water in a cup that was not used by the rest of the family (looks down in discomfort and controls seemingly painful emotions).* (9, 10)

The ostracism through *invisibility* emerged as the other double-faced side of the constructed meaning of the ‘personal burdens of being affected by HIV and AIDS’ for the informants. In this context, the social interaction process of invisibility revealed that social ostracism happened due to the symbolic ‘removal and denial of personal recognition’ and acknowledgement as a result of being affected by HIV and AIDS. Invisibility happened in the sense that the affected people were physically present, and yet they were made to ‘appear unnoticeable or unrecognisable’ because they were ‘being ignored because of the association with HIV and AIDS’. The informants were ‘sensing personal rejection and discrimination’ and ‘were being hurtfully singled out’ as silent messages of human rejection. This form
of ostracism left the affected people feeling rejected and powerless in the interpersonal process. This was a double-faced form of ostracism for the affected person because it signalled rejection irrespective of whether the individual was physically visible or invisible. The study reveals that prejudice and discrimination are still a major problem within HIV and AIDS and Africans in particular have to deal with it (Terrence Higgins, 2001:6). Lebo's verbal snippet is used here to illuminate 'invisibility' through 'being ignored' and how it impacted on prejudice.

Lebo talked about what the parents in the neighbourhood were doing as a result of her association with their children.

[Lebo: Its like in our neighbourhood, whenever I was playing with other children, they (parents) would call their children and tell them to come home even when it was not yet evening time or late enough to go home. When the children got home they would be scolded by their parents for playing with me and would be told such things as can't they see that my mother is sick and if they played with me I might pass the virus to them.]

The informants were aware of how others were reacting towards them in the way they engaged the double-faced version of ostracism through the 'noticing visibility' or 'ignoring through invisibility'. The psychosociological processes revealed that there was a need for those around the affected person to balance these masked versions of social ostracism. Based on this discussion, it can be deduced that 'visibility and invisibility' were socio-psychological processes that instigated intrapersonal ostracism on the informants because of HIV and AIDS.
4.2.5. Guarding against exposure by pretending

A façade is an external view and or appearance of something that gives a distorted impression or message of what is not necessarily there (Wade and Tavris 1993) and this is what guarding against exposure by pretending entailed. The informants were experiencing tension of managing the façade and they did so by ‘concealing secrecy against exposure to the truth’. By ‘sustaining the façade’, the informants revealed that they were personally struggling with ‘hiding behind pretence’ in an attempt to ‘put up a false assumption that things seemed to be what they were not’ due to being associated with HIV and AIDS. The tension was contained within this façade because the attempt was in containing ‘silence and secrecy in dealing with unspoken taboo issues’ intrapersonally and interpersonally alongside the struggle of ‘concealing knowing the truth’ about what was going on. Antle et al. (2001:166) talk about keeping a ‘veil of secrecy’ and this was the social phenomenon that sustained the façade. The verbatim datum below illuminates how sustaining the façade emerged in the way the informants were ‘obstructing open communication’. In this verbatim, the mother tells the informant that she is suffering from TB when in actual fact she is suffering from HIV and AIDS, and the informant appears to have struggled with processing the conflicting information from the parent. Therefore, keeping the façade was a way of dealing with what was getting in the way of knowing the truth about what was going on.

-[When I asked her [mother] questions, she would simply say “they say it is TB (tuberculosis) - a big cough” and that was all and she would then keep quiet].

When further exploring this concept, the informants seemed to have struggled with the clever strategic use of ‘pretending to be busy to deflect social interaction’ and the ‘prolonging of play to deflect or avoid
social interaction' with the infected family members. By engaging in this pretentious process, the informants personally struggled with the conflict inherent in managing the 'difficulty of living in pretence'. The use of clever means of sustaining the façade was a psychologically burdening process that enhanced the struggle within the category of dealing with carrying personal burdens and those of others. Kelly (2000:21) discusses how in the context of HIV and AIDS, the public and private culture are constantly struggling to achieve a balance and how denial and rejection come in the way of this process. The verbal extract below shows the way Kay struggled to sustain the façade:

[TK: You say you were afraid of her; tell me what happened?
Kay: You mean with her?
TK: I mean especially with you.
Kay: I mean...actually with her, really she was not able to realise that I am afraid of her...or did you mean how did I react?
TK: How did you react? I just want to know how you were affected?
Kay: In fact...really...it was really a sad and painful thing for me, it's like, I had this thing of just pretending to be really busy, so that I could avoid being around her or in her presence...and I would do so by going out to play with my friends or just stay out with my friends for a very long time...I would spend a long time with friends outside the family compound just to get out.]

Another constructed meaning of this façade was revealed through an interesting dimension of social talk and gossip as perceived by the informants. In the African context, social talk and gossip emerge as powerful social interaction processes that influence social acceptance and exclusion in HIV and AIDS (Alubo et al. 2002). Social talk appears to be a discursive process that holds power and control because people who engage in that process can use it to control social inclusion or exclusion of vulnerable others. The current study revealed that people who were interacting with informants talked about being 'concerned about social gossip or talk' and 'worrying about people's views'. To be worried about what people would say revealed the loss of power and control inherent in social 'gossip about what family
members were experiencing'. In this context, inclusion in gossip mattered because it had a perceived value of social significance. Shibutani (1961:272) concurs that shame is distressing enough in the way it invites prying eyes; hence, in the attempt to facilitate ‘self preservation’ of ‘one’s reputation’, people may be forced to hide behind the façade. In constructing this meaning, I found a conflicting situation in that collective societies nurture social talk as a group strategy for connecting with others. Therefore, talking and gossiping should allow a sharing of pain and suffering to happen as a desirable process to mediate healing. On the contrary, and as seen in this study and the Alubo et al (2002) study, people affected by HIV and AIDS, who needed this social healing process most to mediate personal healing, were given negative messages of exclusion through the same process.

Alubo et al. (2002:121) validated this in their study in that PLWAs in Nigeria struggled with the same concept of social gossip in the way people perceived them. The PLWA in Nigeria had to ‘guard against publicity/gossip or obihala in Idoma language and angeleke in Tiv’. In Botswana, the same concept of gossip would be termed ‘tsele’ or ‘ditsele’ in the Setswana language. ‘Ditsele’ is plural for social talk or gossip and is a common social symbolic gesture of inclusion in the African context and, according to this study, Botswana is no exception. Social gossip or talk in the context of HIV and AIDS produces psychological distance that reinforces the determination of the PLWA to sustain secrecy as a self-protective measure (Alubo et al. 2002:121). By engaging in this process, the affected self struggled with sustaining the façade as an intra-personal measure of control at a personal level. In my view, gossip and social talk are mechanisms of power and control that are used to control the weaker voice. From this study, the ‘gossipers’ seemed to be in control in deciding whether to include or exclude the other who is the ‘gossiped’. Through the various modes of knowing, in the social interaction processes, the ‘gossiped’
could discern exclusion through tacit and intuitive sense-making (Polanyi 1967; Tosey 1993). Consequently, the 'gossiped' about were left feeling helpless and powerless as a result of the symbolic affirmation of personal exclusion. Based on my past experiences as a school counsellor and as an African woman, personal awareness of the power of gossip on psychological and social inclusion and exclusion validated the phenomenon. Lebo expressed her worry about social talk in the verbatim datum below.

[I mean... even in school... I was not able to be free, relaxed and comfortable about my situation. I was not free in school. Although other people knew in school that my mother was sick, I was however worried that they might also think that my mother is dying from AIDS. And so I was never free and comfortable with myself. At times when I was punished in class, I would immediately think of my mother's situation and I would cry.]

I drew an inference that concealing secrecy against exposure to truth was an invisible source of tension and oppositional force that the informants struggled with that impacted on the core category of carrying personal burdens and those of others.

4.2.6. Realistic-self struggling with spiritual being

This is one of the supporting concepts that were not fully developed in the theoretical saturation process, but in Grounded Theory, if a theme is unique and holds substantially it has to be illuminated. When people are facing traumatic life events, the religious and spiritual values and beliefs are often brought to human awareness (Trolley 1994). Spirituality is a critical component, especially when dealing with death and the dying (Rando 1984: Siegel and Schrimshaw 2002a). The awareness of spiritual values and beliefs were expressed by 'liking to pray a lot'. The informant's descriptive use of praying 'a lot' implied that spirituality emerged not just as a coping activity, but more as a personal lifestyle. The informants talked about 'personal
belief in the presence of God' and a 'connection with the dead through thought and prayer' as acknowledgements of spiritual connectedness. In the Alubo et al. (2002: 121) study, an HIV infected informant said, 'I am not ashamed, I have accepted it and I am praying and God is helping me. You can see I am healthy and strong!' The informant seemed to hold the belief that praying to God sufficed in the restoration of hope for an improved health. The verbatim datum below similarly concurs with the spiritual concept expressed by the informants.

\[... I am the kind of person that really likes to pray a lot and so most of the time I just pray about it just so that I do not pay much attention to it.\]

Rato went on to confirm verbally that,

\[I am also one person who believes that God is there and also that my mother (deceased) is part of our life and...because I am always thinking about her, it helps me that I think about her and pray as well. Mama had made prayer a big part of her life and it still plays a big role in our life\]

I found it interesting that in the last verbatim, spirituality was linked with the 'relationship with the dead', and this was indicative of 'spiritual connectedness that goes beyond God'. This brought out an interesting dimension of spirituality that goes beyond religiosity and, therefore, is symbolically constructed differently for different people. This was how the theoretical category on 'spiritual awareness alongside the practical realities of HIV and AIDS' was conceptually developed to support dealing with carrying personal burdens and those of others. Spiritual rituals are perceived as part of spirituality that can assist people to manage the complex issues around death (Rando 1998; Somé 1999). Gehr (2002) conducted a phenomenological study exploring spiritual experiences in the American context and found
self-defined paths of experiences of spirituality clustered subjectively and uniquely around religious and church activities, experiences of HIV, effects of being gay, spirituality, health and relationships. Gehr broadened the concept of what constituted spirituality against common assumptions of a God-based relationship.

The study revealed that there was a struggle in the way the spiritual values and beliefs became a part of the values of the inner self and how this social self struggled with the practical challenges of living with HIV and AIDS. The co-construction of meaning seemed to have held a spiritual meaning that God is a major factor in the personal lifestyle. Living a spiritually defined lifestyle could mean that God is perceived as the provider and saviour and this influenced the values and beliefs of living. However, living with the practical reality of HIV and AIDS sent contradictory messages that challenged the spiritual realm of life. The failure to balance these incongruent realities between the spiritual and practical sides of living with HIV and AIDS could leave the affected person in a state of anxiety and confusion. Although the theme was not developed, one can infer that these young people struggled psychologically and spiritually with the anxiety and confusion emerging from this incongruence in support of the category dealing with *carrying personal burdens and those of others*.

4.3. Rupturing-in-silence

Rupture has been defined as a 'severe injury in which the internal part of your body tears or bursts open' (Collins CoBuild 2003: 1268). But in this context, 'rupture' does not necessarily happen to the physical body, although it does not necessarily exclude it. Rupture metaphorically refers to the intrapsychic processes, which are contained in the inner part of the self as it affects the spirit, mind and body. Therefore, rupture is an internal psychological process that signals that one is not 'in character' due to loss of inner intactness that affects the inner balance of the equilibrium (Shibutani 1961:288).
The individual has experienced an inner psychological wounding that has the potential to affect general functioning and this is characteristic of bereavement and other crisis processes (Parkes 1983; Raphael 1983; Wass and Corr 1984; Steeves 1996). Draimin (1993) shares various cases of children that struggled with similar inner struggles as a result of experiencing AIDS in the family. People living with HIV and AIDS struggle with traumatic life experiences and therefore dealing with this adolescent population required taking cognisance of the effects of trauma (Gore-Felton and Koopman (2002). Figure 4.2 illustrates what was occurring in the silent rupture.

**Figure 4.2 Rupturing-in-silence**

![Diagram of Rupturing-in-silence](image)

**4.3.1. Immersing in vicarious trauma**

To 'immerse' oneself in something means becoming completely sold out by way of being involved in it and feeling covered or wrapped up in it. Vicarious implies getting something from observing, watching or modelling the other person and getting emotionally invested in the process. In this immersion, there is an emotional bank that contains thoughts, feelings, attitudes, perceptions and intuitions concerning the situation. It is this overwhelming measure of involvement that
captures a strong connection that is consequential in the character of immersion. Using constructivism as a perspective, the 'immersion in vicarious trauma' implies that there can be no single way of constructing or explaining what was happening, but multiple subjective realities that were context-bound could. Symbolic interactionism goes further to reveal that the constructed meaning that people attach to experiences is critical to their perception of the phenomenon (Blumer 1969) and since the meaning is a social product, these experiences remain unique for every individual (Shibutani 1961:285). In this study, becoming immersed meant different possible constructions.

One possible meaning based on emerging issues was the subjective meaning of loss. When people face life and death issues, they are propelled to 'search for meaning', and this is the basic nature of humanity (Steeves 1996; Wass 2001:93). Carlisle (2000:753) views the 'search for meaning for caring within the HIV and AIDS' context as a cognitive-behavioural process and this explains the philosophical and existential dimensions of 'life, suffering, and death'. In this study, the informants suffered problems of constantly thinking about the situation reflecting a high level of anxiety due to cognitive engagement. The informants struggled with 'experiencing pain and suffering of the other person' and being 'entangled in difficult thoughts about the struggles experienced by others'. The 'endless unanswered questions' provoked the informants to engage in 'self-interrogation in the search for meaning'. George Kelly has proposed personal construct theory to explain how people use cognitive schemas to construct meaning of experiences (http://ksi.cpsu.uclagary.ca/articles/NewPsych92). The informants seem to have constructed cognitive schemas that got them 'entangled in difficult thoughts about the struggles experienced by self and others,' as supported in this verbatim datum.
I was really asking myself...I was asking myself a lot of questions. I was wondering why she kept it such a big secret when we could all find help. Even in school, I was not able to participate freely in various school activities. For instance, when there were discussions on diseases/illnesses in class, I found it very difficult to participate in such discussions because I would be thinking that probably my mother could be suffering from this or that illness.

I would ask myself endless questions such as what kind of illness was my mother going through where she had to be frequently in and out of the hospital. And yet there was no clear explanation from anybody of what was going on. She (mother) also did not tell us what was going on and was generally very secretive about the illness (silence and teary eyes)

The distress and 'worry about personal loss of body weight' and the 'association of loss of body weight due to AIDS' were reflective of the symbolic loss of esteem and status. Moreover, the 'inability to talk about taboo issues in HIV and AIDS' compounded the sense of personal immersion in the traumatic loss. Rato's verbatim datum supports immersion in loss in this way.

[Rato: That is why I look so thin and somehow physically emaciated (ke bopama jaana mmele wa o tlhafotse), it is because lately I constantly think a lot (ke bua ka pelo tota nako tse dints) about this situation.
(Non-verbal expressions):
(She stretches the physical structure of her arms towards me (researcher) to show me how much she has lost weight).
(Personal reflection of the researcher):
Reflection:
(I wonder to myself what this physical demonstration is meant to reveal, could it be an unconscious concern that she may have contracted the virus in the care-taking role and is worried that she is HIV+ or is it just a way of showing the challenging effects of being a person affected by HIV and AIDS and the stresses that come with the experience).]
Rando (1984) explored the struggles of processing loss, grief, and bereavement on an individual and family level and found that indeed loss can be direct or symbolic in character. To be immersed in loss could mean that the informants were painfully worried and engrossed in the intrapsychic anxiety of being affected by HIV and AIDS. The informants talked about ‘absenteeism and worrying about the other person’s worry’ which was a symbolic form of loss. Rato points out other issues in the conversation.

[TK: Tell me more about that...
Rato: Whenever I was in school and I thought that my mother was at home and could be struggling with throwing up or struggling with doing this and that... I found that very difficult and it ended up also making it difficult for me to eat as well.
TK: How were you affected especially in school?
Rato: Yes, I was affected in school ... as well as the environment (tikologong) and the people I interacted with in my community.
TK: Tell me more about that.
Rato: I went to school with other students, but I was the one who was always absent from school, and so other students would pass comments and teasing remarks such as ‘this one whose mother is sick, she is always absent because her mum is dying from AIDS’ ('wa ba a ntse a seyo mokete ka gore mmaague o bolaiwa ke AIDS’ dilo tsa go nna jalo tse di utlwisang botihoko) and such kind of painful remarks].

As previously stated, grief, mourning, and bereavement were traumatic experiences for these informants. Grief and bereavement are complex processes of loss that have received attention from various dimensions (Trolley 1994). The schools are certainly experiencing more of the psychosocial challenges and need a model of supporting the community (Stephenson 1994). People who are not aware of the unresolved effects of grief may engage in self-harming behaviours to manage the subconscious manifestation of the psychological pain. Trolley used the Webster dictionary to define grief as a ‘deep and poignant distress caused by or as if by bereavement (“the loss of a loved one by death”)’ and an ‘unfortunate outcome’ (Trolley 1994:285).
In Pathy (2001:381), Johnson (1999) stated that

Grief refers to the thoughts and feelings that one experiences upon the death of a loved one. It is an internal experience, what we do within ourselves to redefine our relationship with the deceased. Any creature that bonds grieves when it experiences separation...the very young child no less than the old man. And when those bonds are broken, a piece of us breaks or is traumatised by that loss ...Mourning on the other hand is the outward expression of our grief.

Pathy (2001:381) says

Grief is not an intellectual exercise. Grief breaks our hearts and hits us like ocean waves. It devastates us, diminishes us, changes us, and forces us to grow and become new people.

Rando (1984:15) views grief, bereavement, and loss as interrelated processes within the process of death and dying. Grief, according to her, is the reaction that the griever experiences because of the perceptions that one has of loss. The reaction could be 'psychological, social, and somatic' whereas mourning refers to the 'intra psychic processes, conscious and unconscious, that are prompted by loss' and both are 'socially and culturally influenced' (op. cit). Bereavement for Rando is the 'state of having suffered a loss' and these are experientially related to grief and mourning (1984:16). Therefore, mourning is the externalisation of the internal processes of grief; hence, Wolfelt (1999:5) in Pathy (2001:381) views it as 'grief gone public'. Kubler-Ross (1969), Rando (1984), and Rowling (2003) all discuss the complexities of loss and grief and how delayed posttraumatic effect can potentially impact on the affected people. Kubler-Ross (1969) has explored the emotional process of grief from a conceptual perspective. A grieving person is likely to experience these emotional phases: denial and isolation, anger, bargaining, depression and acceptance (op. cit.). Other theoretical models of grieving have since emerged to show how people process painful loss issues. Reba saturated the theoretical accounts that emerged from the four rich cases. She viewed the experience as personal and integrated the
visible scars of the social realities of being affected by HIV and AIDS as personal life experiences. This is what Reba said:

[TK: Would you like to tell me how HIV and AIDS has affected your life?

Reba: On my side really HIV and AIDS has affected me because I know a lot of people who have been affected by HIV and AIDS, some of them have been infected and some of them are my friends and others are relatives and neighbours. When looking at them, I realise that they really suffered and needed help (dithuso) and advice (dikgakololo) because some of them were very sick and often the care-giver would be a child. A child who is doing about Standard 4 and this child is expected to give care and yet the child has no clue about what care-giving for the illness is all about. If the sick person requires the child to do this or that, the child may not really be aware of the possible dangers she could be placing herself into by doing certain things. I really did not like such kind of situations because you would find that the whole house would be infected by one person simply because of the way they were taking care of the sick person and lack of understanding. We resolved that problem by developing the information and communication strategy and we have been able to reach out to the community.

TK: How were you affected?

Reba: It affected me because it gave me the feeling that this is a common problem and if the same thing happened in my family, we would most probably face the same kind of issues.

For example, a few days ago, in our neighbourhood, someone was stabbed with a knife in a fight and no one was willing to assist this person. Because I was concerned about the well-being of this person, I risked my life without any gloves by deciding to take this person, who was bleeding profusely, to the hospital but he died before we reached the hospital. If I had not taken him to the hospital, this person would have died there with people looking at him because no one wanted to touch him. These are the kinds of things that could place someone who is trying to help in the same dangerous situation.]

Baylies (2002:617-9) identified shock within the hidden and overt experiences that individuals and family households dealt with as a result of being affected by HIV and AIDS. Antle et al. (2001:166) found also that parents who were infected by HIV and AIDS experienced high levels of stress and burnout due to the burden of juggling the multiple issues connected with being affected by HIV and AIDS and the effects this had on children. Parents struggled with chronic sorrow for both the affected and infected children and as a result, they
overcompensated for normalising the family and this created parenting difficulties that further impacted on children living in the context of HIV and AIDS (2001:166). Borgart et al. (2000:515) also identified the intense psychosocial trauma that HIV and AIDS as an illness - and its treatment process - influenced the affected families. The cited studies support how social interaction with infected family members predisposed young people to the socio-psychological ramifications of being affected by HIV and AIDS. I argue, therefore, that the distressing experiences with which parents struggled contributed to the range of traumatic experiences that emerged in this study. Based on the support from findings of ABT Associates (2001), it can be inferred that grief and loss are major psychological issues for students because some families in Botswana have been traumatised by HIV and AIDS.

4.3.2. Diminished esteem

A diminished esteem is one of the internal effects of 'rupturing' that the informants suffered as a consequential effect of being affected by 'bottling pain of HIV and AIDS'. Anything that 'diminishes' means it is getting minimised, reduced in all forms or ways, which could be in size, importance, or level of intensity. The reduction makes the person appear or become less valuable for that person. Self-esteem is a cohesive inner trait (Kohut 1984) that can be positively or negatively developed (Wade and Tavris 1993:421). In this study, HIV and AIDS supported the trauma of experiencing a highly stigmatised and dehumanising illness. Pieters (1996) shares personal experiences of living with HIV and AIDS and expressed how self-esteem in particular remained the critical 'ingredient' for 'hope' and 'quality of life' and the subsequent impact it had on self-image (http://www.thebody.com/pieters/esteem.html). I argue in this study that being affected by HIV and AIDS brings out the 'inadequacies and deficits' as consequential effects of being in this situation. A 'deficit'
implies that whatever you are referring to is less than what it was and 'inadequate' similarly means it is not enough or not good enough.

Self-esteem constitutes the cohesive core of a being (Kohut 1984), therefore, people who attach price or value to the self communicate personal worthiness, respectability, and self-admiration (op cit). Therefore, the value given to the self can either strengthen or destroy the cohesive core worth and value of the inner being. In this study, the descriptive codes holding the diminished esteem included 'sensing personal devaluation' and 'dehumanisation due to social avoidance and exclusion' because of the association with HIV and AIDS. To feel 'devalued' and 'dehumanised' meant feeling less worthy and priced as a human being; hence, the diminished esteem. The informants talked about feeling 'ashamed of being personally associated with HIV and AIDS' and being 'uncomfortable with being associated with HIV situation'. Shame and personal discomfort revealed the loss of esteem. The other sources of loss of esteem emanated from 'academic grades that were not congruent with personal expectation'. For instance, in this verbatim, Neo reveals 'personal dehumanisation' suffered due to being associated with HIV and AIDS:

[Its like...really...they do not regard me as a normal person or human being like all others (ke gore...tota ga ba ntseye jaaka motho fela yo tshwanang le ba bangwe) because when they are talking...or playing with others and they see me coming towards them...they suddenly keep quiet... or sometimes they just avoid me and go their separate ways just to avoid playing with me]

[I was very ashamed of myself thinking that people would think I was also infected by the HIV virus].

Lebo further confirmed the inner discomfort by saying:

[I mean...even in school...I was not able to be free, relaxed and comfortable about my situation. I was not free in school. Although other people knew in school that my mother was sick, I was however worried that they might also think that my mother is dying from AIDS. And so I was never free and comfortable with myself].

175
When I conducted the interviews, I also observed rupture as it occurred in the moment of talk. It was evident that the informants were affected even while they were talking about their experiences. In this study, I noticed that being affected by HIV and AIDS was highly emotive. The 'emotional rupture' was attaching 'self-blaming and accusing' to 'guilt and self-loathing'. The informants engaged in self-punishment and took irrational responsibility for what was happening and this disrupted cohesion of inner self-esteem. The informants talked about 'disliking and disapproving of personal actions' confirming the tendency to project the guilt and blame onto the self. The emotional rupture revealed that informants were 'sensitively emotional and easily provoked by the HIV situation'. Emotional rupture was expressed by 'hurt in the moment of talk' and 'sadness and pain'. The conversation below illustrated 'self-blame' as expressed by Rato:

[**ITK:** How did this affect you?
**Rato:** This really affected me because at times when I was playing with my friends, I would feel it was wrong for me to be there because I felt like I was not supposed to be there with others].

Kay revealed 'guilt' feelings in this extract.

*I knew very well that what I was doing was not right and in fact I also did not like it... and I felt very bad about it... but that was the only way I could help myself to deal with the situation... or a way I had to defend myself at that time (gore ke ithuse kana ke idefende mo nakong eo)].*

I observed 'emotional rupture' in the non-verbal expressions as the informants shared in the interview. Observing the twisting of facial muscles, teary eyes, frequent blinking, avoidance of direct eye contact and crying reflected the symbolic signs of rupture. The informants experienced the direct effects of bringing the reality of human suffering and pain to human awareness. I felt signalled to bear witness to rupture because I shared the social invitation through witnessing the symbolic gestures as a representation of rupture. These
were symbolic expressions of sadness and painful hurt that permeated most of the interviews. Rato acknowledges in this account the emotional difficulty of talking about a painful personal experience:

[Rato: I was doing Standard 5...I think I was about 11 or 12 years old.

Rato: I really get painfully hurt, but I got support and encouragement from other people...I am able to talk about it but it does really hurt me very much]

Hosek et al. (2001) conducted a study on young people who were infected by HIV and AIDS and found that they struggled with major psychological and social difficulties. The thematic categories were focused on disclosure, medication, relationships, and psychological burden (2001:272). Butler et al. (1994) also linked low self-esteem to higher levels of depression with a group of undergraduate students. Shibutani (1961:288) took the concept further to support the view that if the internal values characterising the integrity of the private world are shaken, this may affect the internal equilibrium. Low self-esteem is particularly affected if the basic human needs of being loved, fulfilled and cared for are severed by environmental and other inadequacies, as stated by Harper et al. (2003).

Martin and Knox (1997) conducted intensive reviews on esteem within the HIV and AIDS context and found that instability in esteem was associated with negative behaviours such as risky sexual encounters, loneliness, interpersonal problems, avoidance coping and distress. Kernis et al. (1993) argue that the level of people's instability of self-esteem gives insights to how they may react and cope with positive and negative life experiences. Although the studies mentioned above were not necessarily based on adolescents, I argue that living in the context of HIV and AIDS shakes the inner core values and belief
systems that sustain human esteem in similar ways. Basing my views on these studies, I infer that young people affected by HIV and AIDS are likely to have experienced an erosion of esteem and that can influence self-concept as part of identity development.

In developing countries, children affected by HIV and AIDS have to deal with a 'crisis situation' that demands provision of basic food, clothing, books, economic projects, money, and uniforms amongst others (Harper et al. 2003). Maslow argues that basic needs are vertically ordered according to importance and meeting these needs is critical in strengthening higher order needs (Wade and Tavris 1993). Harper et al. (2003:12) state that the most 'prepotent needs' starting from the lowest basic need include the 'physiological needs, safety needs, need for belongingness and love, esteem needs and self-actualization'. The support programmes in developing countries where the fundamental needs are anchored on survival and safety are critical to maintain the homeostatic balance, and esteem both for self and others is critical (op. cit.).

Maslow's theory is controversial because not all basic needs are vertically ordered but it has relevance when applied in the context of marginalised societies and this explains why it is critical in this study. For instance, education is a human right for all and to be unable to access good quality education reflects a practical deficit that impacts on self-esteem and other facets of human life. Within the educational realm, some of the informants struggled with the 'difficulty of separating out HIV and AIDS as a subject matter from being a social issue'. Informants had to deal with separating the psychological world of being affected by HIV and AIDS from the academic world of studying it as a subject area. The personal experiences of being affected by HIV and AIDS impacted on accessibility to education as a fundamental human right and development of self-identity. Other forms of rupture included being 'unable to participate in classes' and
finding it difficult to deal with social discomfort'. Some of the informants were ‘disappointed by personal failure to get expected grades’ which was a practical and psychological problem affecting learning and education and self-development. The verbal statement below supported the social and practical inadequacies and deficits that emerged from the informants:

[...I still was not that fine; this is because at times when I was confronted with a situation where I had to pass in front of a group of people, I would find it very difficult and uncomfortable].

[Even in school, I was not able to participate freely in various school activities. For instance, when there were discussions on diseases/illnesses in class, I found it very difficult to participate in such discussions because I would be thinking that probably my mother could be suffering from this or that illness].

4.4. Chronic anxiety

I observed profound levels of stress emerging in the interview process both from the internal and external pressures and this affected the informants. These young people had to deal with care taking, fitting in with peers, school work, managing illness in the family and the secrecy around it and their own developmental challenges (Gregson 2000: 13-14). Although not all forms of stress are necessarily bad or undesirable, it is when the manifestation becomes chronic and cumulative over time that the person becomes challenged at functional level (2000:10). In this study, the informants experienced chronic anxiety, which I related to effects of primal wounding from carrying the burdens of self and those of others.

I observed the non-verbal expression of pain and anxiety in the symbolic expression of facial gestures and body language (Blumer 1969). Sherr and Petrak (1993) identified a wider range of similar psychosocial issues and asserted that women and children needed to be supported to deal with HIV and AIDS issues. A range of these
psychosocial issues included suicide, bereavement, anxiety, depression, despair, crisis reactions, post-traumatic stress disorder, and loss of meaning of life and death. ABT Associates (2001:11-14) confirm the range of trauma that orphans in Botswana face such as suicidal ideation and the trauma of caring for the dying parents. Being unable to effectively process traumatic experiences can lead to post-traumatic stress effects on the affected person (Scott and Stradling 1992). One of the counsellors shared an experience of having to deal with a child who was expressing trauma through 'self-harming behaviours' in this verbatim datum.

4.4.1. Anxiety: a phenomenological experience

I found it fitting to end this section with the theoretical discussion on anxiety. It should be noted that the informants never mentioned anxiety. However, having interacted and listened to the traumatic experiences of being affected by HIV and AIDS, chronic anxiety was constructed as an underlying psychological phenomenon that the informants struggled with. The informants consciously and unconsciously expressed the inner struggle of managing anxiety and its associated effects when talking about their experiences of HIV and AIDS and this enhanced the wide-ranging effects of trauma.
Chronic anxiety is a phenomenon that has been explored from various dimensions (Kutash et al. 1980; Lazarus and Folkman 1984:5) but its understanding will remain a complex challenge (Langs 1992). For instance, anxiety has been perceived as a neurotic experience (Gay 1985) and for others, it reflects severed attachment bonds (Holmes 2001; Cooper and Roth 2002). For Storr (1983:87), anxiety could be the unpleasant side that is hidden in the shadow of the persona that the self may recollect as part of the collective unconscious whereas for Edinger (1972:107), it maybe a symbol of human alienation because after all it is often the 'search for meaning' that brings people to therapy. Anxiety can be viewed as an inner feeling of discomfort and uneasiness that people experience because they either perceive, think or feel something undesirable is likely to happen in their lives (Campbell 2002:4-5). It is connected to feelings of worrying, shakiness, lack of balance and a conscious or unconscious desire to fight or flee from the situation (op cit). For instance, dealing with death and general loss in HIV and AIDS within the 'veil of secrecy' was traumatising for children (Antle et al. 2001:166).

According to Huffman et al. (1994:481), consciousness constitutes the human psyche and depending on the level of awareness, this will determine what is accessible to human experience. For instance, the conscious level of awareness contains thoughts, feelings, and behaviours that can be accessed whereas the preconscious level contains inaccessible experiences that can, on some occasions, be brought to awareness. The unconscious level constitutes the inaccessible and yet most critical aspect of the human mind. It is critical because it stores the 'primitive, instinctual motives' including the 'anxiety-laden memories and emotions that are prevented from entering the conscious mind' (op. cit). From this perspective, the psychological needs are reflected through sexual drives, and this contains the intrapsychic discharge that is holding the underlying
energy (Kutash et al. 1980:7; Klein and Last 1989:18). This underlying psychological energy could be the source of anxiety when the human psyche attempts to address the ‘underlying disturbance’ as a subconscious self-gratifying process (Kutash et al. 1980:7). In the study, many of the struggles that the informants experienced appeared to be stores in various levels of consciousness, which surfaced through different levels of awareness and self-expression.

For instance, in the subconscious level of human awareness, the human mind will engage defence strategies to ward off temporarily the effects of the anxiety (Huffman et al. 1994). The psychological defence mechanisms are self-protective measures of coping that are generally harmless, but can be potentially pathological (Klein and Last 1989:17). Some of the common psychological defence mechanisms include: denial, repression, projection, reaction formation, displacement, sublimation, rationalisation, intellectualisation, regression, introjection, and sublimation (Wade and Tavris 1993; Huffman et al. 1994:484). In this study, the informants seemed to have consciously and unconsciously engaged some of these psychological coping defence mechanisms, in particular repression, introjection and regression to manage anxiety and emotional tension. For instance, introjection and regression were validated by teacher counsellors who observed ‘self-harming behaviours’ such as ‘self-cutting and nail-biting’ on students to reveal the effects of the unconscious presence of chronic anxiety at personal level.

I share Hallam’s (1992) view that anxiety is not a state that objectively exists as a unitary phenomenon, and although I notice that Freud’s model of looking at anxiety is pivotal, I question its lack of emphasis on cultural factors and giving little significance to the role of language. I agree that language is a symbolic tool for transmitting the understanding of anxiety as a human experience (Hallam 1992:1). Hallam argues for a model of understanding anxiety that is based on
the linguistic processes of ‘naming’ as opposed to ‘processes that give rise to distress’ (op cit.). I could relate to this model because it appeared theoretically congruent with the symbolic interactionist perspective. In particular, this is in the way it focuses on the ‘meaning’ that people give to anxiety as a phenomenon and what it experientially holds for them. Hallam perceives anxiety as a subjective experience holding multiple meanings as opposed to a state. In Hallam’s view, anxiety is:

an everyday word which refers, in a shorthand fashion, to what is in reality a complex relationship occurring through time between a person and the situation he or she faces. It can refer to (1) the behavioural and physiological responses directly induced by a situation; (2) an appraisal of the responses and their effects; (3) a person’s intentions towards a situation; and (4) a person’s evaluation of the resources available for dealing with it. The situation is likely to be an unpleasant one (or signal some future unpleasantness) but our gift for imagining unpleasantness can be so well developed that the anxiety-provoking nature of the situation is not always obvious. The salient marker of this complex relationship is how the person feels, but as noted earlier, the concept of anxiety is not always used to refer to a person’s self-reported feelings.

(Hallam 1992:1)

The definition looks at anxiety as a subjective everyday experience and tries to avoid categorising the experiential aspects of the phenomenon. To contextualise the meaning, I would like to draw the attention of the reader to the fact that ‘anxiety’ is a word that does not exist in the Setswana context. Therefore, talking about anxiety for these young people would mean sharing experiences and perceiving the subjective meaning of these experiences as ‘anxiety-related’. This means anxiety would not be a psychological state to be categorised and/or classified because this would not contextually and culturally fit in the African context.
In this study, 'anxiety' is socially constructed as a rich subjective human experience based on a holistic understanding of this phenomenon. To offer a holistic account of anxiety requires drawing on perceptions, intentions, and sensations (Hallam 1992:1-2). These collective processes draw on 'innate biological defences, models of stress, self-conception, social evaluation, skill and competence, cognition, problem-solving, learning and so on' (op. cit). As stated, I will illuminate this concept by using Hallam's concept of 'naming' to guide the experiential conception of anxiety as an everyday experience. According to Hallam, naming would help to identify anxiety as part of social interaction processes (op. cit). This is critical in that people who are anxious usually have a social concern or problem that needs attention and this attention can be given only if anxiety can be identified as a human experience. Naming anxiety in this study is critical because it will allow these difficult experiences to be contextually and culturally identified as issues for the informants. For instance, the informants struggled with the difficult experiences of being affected by HIV and AIDS and therefore 'naming' would be a social interaction process that would summon the self and others to the identification of the 'problem' or 'issue' to determine ways of offering support. From a symbolic interactionist perspective, the family and the immediate socio-cultural environment signal anxiety through a variety of shared meaning as communicated through the verbal and non-verbal responses (Blumer 1969). Therefore, the verbal and non-verbal forms of symbolic gestures of communication influence the meaningful constructions of what is perceived as anxiety. Based on this background, I will co-construct a framework of understanding anxiety and, as stated, these constructions should not be understood as objectified categories or classifications of human experience. They should be understood as general conceptual ideas of naming human experiences to symbolically represent anxiety as an experience that is context-bound. In this context, anxiety should be understood as a complex human experience to represent through
classifications and categorisations, and is therefore affected by culture and other context bound factors.

4.4.2. Manifestation of anxiety
Different people experience and react to situations differently and it is desirable to discuss the various ways in which anxiety can manifest - especially in schools and family contexts. These various forms of anxiety should only be viewed as guiding frameworks and not conclusive states because individuality in terms of resources, cultural context and other variations are worthy of consideration.

4.4.2.1. Separation anxiety
People, especially children, that have been traumatised may experience separation from secure attachment with significant others which could signal the difficulties of separation anxiety (Bowlby 1980; Klein and Last 1992:34; Shapiro 1994; Worden 2002). The separation anxiety can emerge from various sources including internal and external threats. These children have the tendency to cling to the familiar context, which is often the family, and struggle with independent functioning (Holmes 2001). Consequently, avoidance and reluctance are psychological means of managing the emerging difficulties (op. cit.). The difficulties can be characterised by fearfulness, worry, and suicidal ideation. The somatic indicators include headaches and feelings of general malaise (Klein and Last 1992). A chronically acute state of separation anxiety can easily be provoked by major life crisis events such as death and illness in the family (op cit). In the context of this study, the young people were dealing with carrying personal burdens and those of others and this contained many issues around separation anxiety. The burdens of HIV/AIDS can facilitate the onset of chronic separation due to the existential fears of death and the related losses that come with witnessing pain and suffering and the anticipation of loss.
4.4.2.2. Phobic anxiety

As opposed to separation anxiety, phobic anxiety is not generalised, but is exclusively circumscribed to an irrational fear of a particular situation (Klein and Last 1992) or a 'specific stimulus' (Huffman et al. 1994:521). The child may be scared of any other thing that is associated with the circumscribed situation or event. The phobic anxiety may be due to an irrational fear of whatever it is the person is afraid of and, therefore, will struggle with dealing with the anxiety (Huffman et al. 1994). For instance, children who are 'criticised, ridiculed, or teased' may have a circumscribed fear (phobia) of school in general that may then generalise to anything that is associated with the school environment (Klein and Last 1992:35). Huffman et al. differentiate between simple and complex phobias. Complex phobias are social fears that emerge from struggling with the day-to-day complexities of social interaction. Complex social phobias involve confronting the internalised fear of social situations such as social embarrassment, isolation, and the basic social difficulties of confronting people in the normal day-to-day social setting of life (Huffman et al. 1994:521).

In this study, the situation that the informants struggled with was too complex to categorise. The young people affected by HIV and AIDS struggled with social phobias as a result of being 'singled out' and ostracised within the school environment. Other informants struggled with the home environment as a social context that was symbolically holding pain and suffering. The young people could possibly be dealing with a circumscribed school phobic anxiety or home phobic anxiety or both. The territorial definition of phobia could be generalised to all other situations that were associated with living with being affected by HIV and AIDS. This is a context that can make life difficult and can reduce functional ability as a result of loneliness and feelings of helplessness.
4.4.2.3. Over-anxious anxiety

Over-anxious anxiety is another form of chronic anxiety. The over anxious person often tends to have irrational and unrealistic worrying and excessive concerns about the future (Klein and Last 1992:36). They show this through becoming more demanding and highly perfectionist in character. They may place high demands on the self that leads to social anxiety in the desire to meet these irrational standards. The person may end up with somatic reactions that have no physiological source and social insecurities that affect self-concept and esteem. Because they do not have a strong internal value of the self, they tend to have high self-doubt, which increases fears of the future as well as of the past. They need much external validation and social acceptance to sustain their inner resources. They may also suffer from confused identities because they have the tendency to take on the role of 'little adults' on the exterior whereas the interior takes the vulnerabilities of the 'little child' (op. cit.). In this study, many children were expected to take on the adult roles in taking care of terminally sick parents and the siblings. This early adult care-taking role could make children develop excessive anxiety because they may want to perform to meet certain social expectations. They may learn to work extra hard to become perfectionists in the adult role.

4.4.2.4. Avoidance-anxiety

The avoidance-anxiety stricken person is highly uncomfortable and actually fearful when in the company of unfamiliar people (Klein and Last 1992). The discomfiting social environment may be that which is characterised by adults and children, but this is still anxiety provoking. These children refuse to talk or physically engage in social activities. They may also fail to make friends and end up being socially excluded because they are generally perceived as socially cold. They may also have poor assertiveness skills, self-confidence, and esteem, which impacts on identity development (Klein and Last 1992:37-8).
This was a common feature in this study as reflected in the focus group dynamics. Some of the group members could not talk or engage in the group processes. This could also be due to social paralysis from avoidance anxiety due to being affected by HIV and AIDS. To be in this state can only facilitate avoidance anxiety for the affected person.

4.4.2.5. Obsessive-compulsive anxiety
Phobias are anxiety localised to specific situations whereas obsessive-compulsive anxiety is 'diffuse anxiety' (Huffman et al. 1994:522). An obsession is a 'persistent preoccupation with something, most often an idea or feeling' whereas 'compulsion is an “irresistible impulse to perform a ritualistic behaviour.”' (op. cit.). Obsessive-compulsive anxiety takes away the power and control from the individual to make adequately rational human interaction processes (op. cit.). The obsessions that the children are usually concerned about often relate to harmful situations such as 'death, and contamination' and others include 'checking and washing rituals, counting, and rigid ordering' (Klein and last 1992:39). Although such behaviour was not evident in this study, it cannot be excluded because, after all, teacher counsellors noted self-harming behaviours from students. The long-term effects may lead to post-traumatic reactions of obsessive-compulsive anxiety due to being thrown into a life-threatening crisis situation.

4.4.2.6. Post-traumatic anxiety stress
Post-traumatic anxiety stress involves experiencing the symptomatic effects of experiencing anxiety as it emanates from traumatic life events or a cumulative life stress (op. cit.). It is characterised by 'intense terror, fear, and helplessness during trauma and recurrent flashbacks, nightmares, impaired concentration and/or emotional numbing' (Huffman et al 1994:520).
4.4.2.7. Generalised anxiety

Huffman et al. (1994:522) state that generalised anxiety is characterised by a 'long lasting anxiety' or a 'free floating anxiety' and this seems to be the common anxiety that many people, including the informants, seem to experience. In this context, there was constant fear of an unidentifiable object, but the fear provoked the physiological reaction of stress.

As previously stated, anxiety is an extremely complex phenomenological human experience. The manifestation of this phenomenon as a human experience may show similar reactions at different times for different individuals and groups (Klein and Last 1992). The reader needs to take notice also that there is a strong connection between anxiety, depression, and post-traumatic stress anxiety (op. cit.). Therefore, the individual experiences may fluctuate in an undifferentiated manner across all of the various forms of human distress (Scott and Stradling 1992:110). A generalised state of anxiety makes the psychological effects cycle back and forth and, as stated, this can only serve as a phenomenological reference that cannot be objectively categorised.

Young people in Botswana are just as human and therefore will experience anxiety and related challenges that affect any troubled child. I however argue in this study that young people will respond to chronic anxiety and its related manifestations in different ways. They may then live in perpetual fear or threat and replicate that in other situations, and may be embarrassed to express this (Campbell 2002:30-35). This has the potential to affect self-understanding and development, relating with other people, academic performance, self-image and concept (op. cit). This implies therefore, that dealing with children affected by HIV and AIDS requires knowing and appreciating
how the effects of anxiety and panic disorders manifest and how best to deal with them.

4.5. Summary
This chapter explored the in-depth experiences of 'being affected by HIV and AIDS' through the core category of **carrying personal burdens and those of others**. The core category was supported by sub-themes: **witnessing and identifying with pain and suffering**, **ostracism from visibility and invisibility**, **self-needs contradicting situational demands**, **noticing personal vulnerability to death**, **guarding against exposure by pretending and realistic self-struggling with the spiritual being**. These were related to the consequential effects of **rupturing in silence** and various forms of chronic anxiety. This prepared the ground for the next chapter that explores **getting-by-with-anchoring**.
CHAPTER 5
GETTING-BY-WITH-ANCHORING

5.1. Introduction
This chapter is a follow-up to the previous one that explored the perceived experiences of being affected by HIV and AIDS. It answers the grand tour question; in what way are the young people managing the effects of being in this situation, that is being affected by HIV and AIDS? The chapter starts by revealing the concept indicator model to show how the core category was developed. Thereafter, it discusses the context under which 'managing' was used in the study. Prior to the summary, the chapter goes into a broad exploration of the four core concepts and properties that supported the theoretical construction of getting-by-with-anchoring. Below are the four main properties and the supporting concepts that constructed this core category.

Figure 5.1 Key categories in 'getting-by-with-anchoring'

Enabling-the-inner-self
- Letting-things-go-by
- Taking-charge
- Leveraging positive self-talking
- Social-distancing

Harnessing-collective-compassionate-being
- Converting negative to positive energy
- Universalising
- Noticing-societal-ignorance
- Power of knowledge
- Mobilising and restoring hope
- Shielding and buffering

Appraising-the-spiritual-capital
- Praying and ancestral connection
- Engaging in religious activities
5.2. Getting-by-with-anchoring

Chapter 4 explored a core category that exposed the contextual meaning of what it was like for a young person to be affected by HIV and AIDS. The context revealed that amongst other issues, young people were dealing with chronic anxiety and related post-traumatic effects of being in this situation (HIV and AIDS). To put everything into perspective, young people have normal developmental tasks that are generally difficult to negotiate in the transition period of adolescence (Huffman et al 1994). These developmental milestones include negotiating identity, autonomy, and independence alongside dealing
with the hormonal effects of body changes (Charron-Prochownik 2002:407). Erickson’s model reveals therefore that in managing bereavement issues, adolescents also have to deal with the psychosocial tasks such as the resolution of identity versus diffusion (Shapiro 1994:89). These psycho-social tasks demand young people to recreate who they are (self-identity) in relation to parental figures and the wider societal and cultural expectations alongside the self-refinement of sexuality issues (op. cit.). These issues were validated by some of the struggles that were illuminated in the previous chapter where self-needs conflicted with those of others. From personal experience, I know that these psycho-social tasks are sufficient to propel the young person into a crisis phase. This then can be compounded when the young person is living with these challenges in the context of HIV and AIDS.

This brings the reader to the discussion of the chapter, which is **getting-by-with-anchoring** as a way in which the informants coped with being affected by HIV and AIDS. I observed that the informants had to summon all the internal and external resources at their disposal consciously and unconsciously to get on with life on a day-to-day basis. Getting-by originates from get by and anchoring emanates from anchor. I am aware that to ‘get by’ with something implies that I recognise that a situation exists that causes worrying or being concerned in one way or the other and that warrants the basis for seeking support. In demonstrating the ability to ‘get-by’, the informants were able to show ability to manage presenting situations using the limited available resources. They had resources that enabled getting on with life and handling the situation with some level of success and satisfaction. In these integrated processes of getting-by, the informants demonstrated a way of surviving that allowed getting-on with the phenomenon in question as it presented through their life experiences. They ‘anchored’ their resources on something that facilitated a process of holding on. Therefore, whatever they were
holding on to, in a way, created a feeling of stability and security; hence, a strong mechanism of support sustained inner and external measures of resiliency. This was the context under which *getting-by-with-anchoring* manifested as a major coping mechanism used by the informants to get by with being affected by HIV and AIDS.

I will briefly explore the concept of *managing* within the context of core category of *getting-by-with-anchoring*. In this context, 'managing' implies that the informants had some level of responsibility and control over the experience of being affected by HIV and AIDS and they did not experience it passively. They engaged with the experience either as something or a thing which could be an event, a process or a system and, as stated, they exhibited some level of effectiveness and success in their coping or ways of managing. The resources refer to anything that the informants had within themselves (inner resources) or externally which could be a system or support mechanism as defined by them that they felt was at their disposal to facilitate effective functioning. This was critical because it was in line with the UNICEF (2003:5) conception of respect for the involvement of young people in defining what works for them. This facilitated authentic participation of children which should be 'active, social, purposeful, meaningful or constructive' and although the study started from my interest, it still respected the pursuit of their own interest and visions in terms of coping and managing (op cit).

Lazarus and Folkman (1984:158) claim that a resourceful person 'has many resources and/or is clever at finding ways of using them to counter demands' and can also draw from them materially or through harnessing competencies. Although I concur with some of the aspects stated by the authors, I question the claim that resourceful people have 'many' resources and are necessarily 'clever'. My concern is that the resources that people use to manage situations may not always be noticeable to the user and may not necessarily imply 'cleverness'.
because situations may compel people to unconsciously engage some of these coping mechanisms. I agree, however, that managing requires harnessing all forms of coping resources including health and energy, positive beliefs and attitudes, problem-solving skills, social skills, social support, material resources (Lazarus and Folkman 1984:163-4) and others.

In this context, the core category of *getting-by-with-anchoring* was supported by four main concepts (See Figure 5.1) which were identified as *enabling-internal-coping, harnessing-collective-compassionate-being* and *appraising-the-spiritual-capital*. These coping resources were used consciously and unconsciously to activate both the internal and external responses as self-management processes within a specific context to deal with being affected by HIV and AIDS. To express ways of managing the pressures of life and primal wounding that happened to these young people, Holmes (2002) articulates a metaphoric analogy of heightening the 'psychological immune system'. In this context, the young people affected by HIV and AIDS are psychologically mobilising inner and external resources to deal with the profound effects of trauma and psychological wounding (op cit). The psychological immune system assists the various modes of coping with distress and traumatic pressure by drawing from cognitive, affective, attitudinal, perceptive and the intuitive realms of the self. This is in line with Blumer's (1969) argument that people will engage in anything that carries meaning or functional purpose for them as users. In the same way, young people will select coping mechanisms that they perceive to be meaningful for them. Before discussing these various meaningful resources of coping, an exploration of the cognitive processes is necessary to co-construct their understanding.
5.2.1. Discounting: a psychological defence mechanism

The young people did not talk about discounting, however, Mellor and Schiff (1975:295) discuss this defense mechanism of coping as a transactional process and I found relevance in it. They state that a person who discounts aims to particularly manage a situation and does so by maintaining or cognitively re-framing or constructing a point of reference. The individual does so by playing games, furthering the script, or may be attempting to maintain, enforce or confirm 'symbiotic relationships with others' (op. cit.). The discounting processes recognise therefore that although people engage in transactional processes that are influenced internally and externally, as individuals, people have cognitive resources to do something about the situation they find themselves in. Once the individual can become aware of how they can cognitively identify and influence these internal transactions, they become aware of how they can equally invest in the 'non-discounting' processes (op. cit.). In that light, discounting is an internal psychological mode of coping that people use to cognitively manage crises and other related difficulties of life. I consider their view as relevant in this study because these 'discounting' processes work in that the user recognises that a problem exists as opposed to holding on to a distortion or denial of reality. The informants did not deny the reality of the problem but used the discounting processes, anchoring them on personal beliefs and values, to lessen the effect of the impact and its significance on HIV and AIDS, which is the presenting situation.

Albert Ellis has developed Rational Emotive Therapy (RET) as a cognitive-behavioural approach towards coping with emotional disturbances (Forman 1993:92-3). The RET model works from similar assumptions that people have the cognitive ability to influence emotions and thoughts by altering their personal belief and value systems. The model assumes that some people hold irrational value
systems that are influenced by irrational patterns of thinking and often these are subject to cultural influence. RET then uses the ABC (DE) model as a system to interrupt these distorted or irrational thought patterns or information processes. The model is scripted such that A is the activating event that the individual perceives as a problem, B is the beliefs that are held about it, C is the emotional and behavioural consequences of engaging in the event (op. cit.). The assumptions of the model are that the beliefs that people hold to influence the way they perceive the activating event are highly influential. In this way of looking at the cognitive process, the event is not a problem per se but the beliefs that are held about it and its consequential effects can be. In RET, D represents disputation which is the perceiver's ability to challenge, confront, and question the beliefs and values held about the presenting situation. Therefore, the disputation process offers control and a way of breaking down the reconstruction processes because E becomes the constructive or realistic effect that comes from the disputation process (Forman 1993:92-3).

Lazarus and Folkman (1984:150-4) differentiate between emotion-focused and problem-focused models of coping. The problem-focused model of coping involves actively doing something to alter or reduce the transactional processes occurring between the perceiver of the problem and the environment that is sustaining the problem. This may include doing practical tasks that circumvent the perceived impact of the effect on the experiencer. This may also call for cognitive reappraisals to interfere with the way people think about the causative agents of the distress (op. cit.). Therefore, the problem-focused coping involves processes that engage the self in interacting with the external referents within the environment to take control of the situation. The emotion-focused coping strategy uses the psychological processes to regulate the emotional effects of the presenting issues.
The emotion-focused coping strategies seem to validate some of the coping processes that emerged in this study. In particular, 'avoidance, minimisation, distancing, selective attention, positive comparisons, and wresting positive value from negative events' (1984:150) can be seen in the study. Forman broadens these coping strategies further by including 'cognitive reframing', 'selective attention', and 'relaxation' (Forman 1993:92-3). My view is that, in managing being affected by HIV and AIDS, the use of these coping strategies will be influenced by the socio-cultural factors within which they are to be applied, the assumption being that human experiences are named and scripted based on the socialisation and cultural processes within a particular context. And for Blumer (1969), it is the 'meaning and significance' of these phenomenological transactions that the theoretical construction of **getting-by-with-anchoring** as a coping resource was constructed.

5.2.2. Enabling-internal-coping
The *enabling the-inner-self* emerged as an internal resource that supported the internal psychological management of self and others. The main co-variant properties that constructed these internal resources were *letting-things-go-by*, *taking-charge*, *leveraging positive self-talk* and *social distancing*.

5.2.2.1. Letting-things-go-by
'Letting-things-go-by' emerged as one of the major internal coping resources for the informants affected by HIV and AIDS. The use of this coping strategy revealed that the informants anchored coping on the non-confrontational approach so as to keep away from the situation. The informants talked about 'just ignoring' and 'shrugging things off' as a way of managing the difficulties of day-to-day life. The informants mentioned this form of coping several times reflecting that they anchored psychological resources on staying away from direct involvement in the situation. This however, did not mean that the informants experienced loss of control of the situation. There was a
point of anchor that was holding the process of 'ignoring' as a way of psychologically managing and this to me reflected some level of control of the perceptions that the informants held about how they would respond. When discussing the experiences of being affected by HIV and AIDS in the previous chapter, 'ignoring' emerged as a strategy for exclusion through the socio-psychological process of 'invisibility'. In this context, 'ignoring' emerged as a way of coping and that seems to be holding a paradoxical stance. The paradox comes from the fact that 'ignoring' provoked pain from being ostracised and yet in this context, it emerged as a coping strategy for meeting the needs of others.

Hsiung and Thomas (2001:756) conducted a study looking at the coping resources for dealing with negative experiences of HIV and AIDS based on the Taiwanese context. One of the stated resources engaged absorbing the negative experiences by way of 'not making a fuss' and the other one involved counteracting the negative experiences by "building defences and finding alternatives". By 'not making a fuss', it meant that the informants realised the limitations and deficiencies inherent within the available resources and services and decided to engage the 'take-it-easy' attitude as a coping strategy (2001:754). The coping strategy of 'building defences and finding alternatives' was helpful both as a protective measure and as a way of meeting the basic health needs of the informants (2001:754). The participants also extended their 'defences and alternatives' by specifically using "anticipatory inoculation', intellectualization and rationalization', detachment', detour' and 'voicing concerns"' (2001:755). The detaching strategy was also used to deal with negative health care experiences, reflecting that it is an internal defence-mechanism that reduced the painful struggles of being infected by HIV (op. cit: 2001:756). Neo's verbatim datum illustrates this concept.
Another cognitive mechanism of *letting-things-go-by* as a coping strategy was anchored on 'discounting' as a psychological process of getting-by. This concept was somehow related to that of 'ignoring and shrugging things off'; however, I decided to let it retain its uniqueness, because the socio-psychological processes were not just about 'ignoring', which is a non-confrontational coping strategy. There was something additional about the inner resources due to the personality character of the informants and their preferred style of managing the presenting problems. The informants mentioned 'personal awareness that not everything mattered' and 'not taking everything to heart' which seemed to resonate with 'not making a fuss' as identified by Hsiung and Thomas (2001). I realised that *letting-things-go-by* involved a way of discounting which was intended to remain in symbiotic synergy with the other people to get on with the situation. Drawing from personal experience, culturally, Batswana have a relaxed non-confrontational approach to dealing with problems and this seemed to be in line with their socio-cultural script of coping. It was not surprising that the informants coped by being 'casual and light-hearted' about what they were experiencing. They chose not to cognitively appraise every experience they encountered as deserving of importance and this gave them a 'frame of reference' (Mellor and Schiff 1975:295). This frame of reference seemed to be situated within a cultural position inherent in the individual desire to maintain 'symbiotic relationships with others' (op. cit.).
This emerged as a basic socio-psychological process of managing that was anchored on attitudinal and personality attributes. In particular, these attitudinal resources were culturally scripted on being socially tolerant, relaxed, free flowing and assuming a less rigid attitude to life and its challenges. Hsiung and Thomas (2001:759) identified similar culture-based coping strategies that were used to deal with negative health care experiences. The informants used social tolerance and the rare expression of overt and direct voicing of personal emotions as ways of coping. The informants in that study used these coping processes because they were aligned with the cultural script of their worldview. In the Taiwanese context, social tolerance and control of emotions is socially necessary and positively appraised and this appeared to resonate with the socio-cultural script of coping used in the Botswana context. Therefore, in both contexts, satisfying social expectation by displaying proper and acceptable social demeanour was perceived as more critical as a coping strategy than satisfying individual needs (2001:759). This reflected a culturally inscribed model of coping that is anchored on the value and belief pattern of social connectedness. The collective societies tend to anchor coping on the non-confrontational style and these processes depict cultural socialisation. For instance, the Taiwanese anchored resources in “harmony, collectivism, conformity, power-distance, holism, face and shame, reciprocity and ‘guangxi’ i.e. relationships” (Hsiung and Thomas 2001:759). In this study, similar patterns emerged because taking a ‘casual and light-hearted’ approach by letting-things-go-by fits the non-confrontational style of coping, which is culturally inherent in the Botswana context.

Levine et al. (2001:546) conducted a study on helping-a-stranger using the cross-cultural variations across different cities. Several issues emerged from this study: what was interesting and relevant in this context, were the varying attributions given for tendencies of being helpful. Levine et al mention simpatia, essentially a cultural
concept inherent within the Latin-Hispanic society that translated well into the Setswana concept of botho (GoB-Vision 2016, 1997). Simpatia was defined as 'a range of amiable social qualities-to be friendly, nice, agreeable, and good-natured (i.e. a person who is fun to be with and pleasant to deal with). In that study, simpatia was attributed to the cultural script of being easily accessible to helping strangers, which is common in the Latin Hispanic context (Levine et al. 2001:555). In the co-construction of letting-things-go-by, a similar process that harnessed socio-cultural mores and values as desirable attitudinal and personality attributes was revealed.

From a symbolic interactionist perspective, people engage in activities that have meaning for them and this forms the basis for action in human interaction processes (Blumer 1969). Botswana has five core national principles that permeate the values and beliefs of the Setswana culture: democracy, development, self-reliance, unity, and botho (GoB-Vision 2016:1997). Botho is written in Setswana because there is no English word that can translate the cultural meaning inherent within it. According to Botswana Vision 2016, botho is a national binding character that is grounded on shared values, beliefs, and mores that are upheld within the African diaspora. Botho refers to a person who has a well-rounded character, who is well-mannered, courteous and disciplined, and realises his or her potential both as an individual and as a part of the community to which he or she belongs

(GoB-Vision 2016-Botswana, 1997:2)

In this study, I argue that botho influences the collective worldview of the coping script of young Batswana affected by HIV and AIDS because it carries meaning that is culturally relevant for them (Blumer 1969). In the verbatim datum below, the informant, (Neo), was aware of what was happening, but in letting-things-go-by, he maintained a
gentle and relaxed attitude as opposed to being uptight and confrontational in managing the situation.

["I think for me really by nature, I am just the kind of person who does not really take a lot of every little thing to heart, I just shrug it off."]

The use of ‘down-playing of issues’ was another internal coping process of discounting that informed the coping strategy of letting-things-go-by, however, the manners in which the process was used, differed. Downplaying was a discounting coping strategy used to deflect issues; hence, it involved ‘minimising’ and ‘globalising’ of issues. When the informants engaged in minimising and globalising, they wanted the problem or the situation that they were experiencing to appear significantly less of a problem than it was. The informants used minimising as a strategy more often in the moment of talk [interview process]. The ‘minimising of effect’, ‘minimising in the present’ and ‘minimising effect by globalising’ supported this category. I sensed that as the informants were talking about the problem of being affected by HIV and AIDS, in letting-things-go-by, they wanted to give an impression that the problem no longer existed or its significance was much less than it had been formerly. Yet the high anxiety level and the distress in the interview process verbally and non-verbally showed that being affected by HIV and AIDS had cumulative post-traumatic effects on the informants. When people struggle with conflicting painful experiences, they may do so by pushing these into the unconscious realm of awareness and by so doing, they are holding them in ‘repression’ (Shibutani 1961). The co-construction of managing required me to look into the unconscious processes to see how they influenced the anxiety level and ways of reducing its significance. The discounting processes seemed to be holding some of the answers to this form of managing. For instance,
'minimising' and 'globalising' the significance of the problem seemed to be a way of managing, as seen in Rato's verbatim datum.

[Actually, I used to be really concerned about my situation and now these days I realise AIDS is a problem for almost everyone. I am no longer the only one affected by the virus or this situation. It is a problem for all of us and so this now makes me look at my problem in a different way.]

5.2.2.2. Taking-charge

I discerned another internal process of coping that revealed the psychological processes of taking charge. The informants talked about 'contextual splitting'. I regard a context as a situation that is bound by features that intermix realistically and perceptually to characterise the unique environment. And anything that will 'split' reflects a kind of division, a cut, a crack, or a separation of some form. In this context, the informants engaged a psychological process that cognitively involved splitting the environmental context depending on whether they were in 'school' or at 'home'. When the informants were in school, they 'ignored awareness of the presence of the home situation' and focused more on what the school was offering. They activated internal appreciation of differentiating environmental cues emerging from the school context to 'get by'. This process then helped to 'anchor' personal energy as an immediate resource. The informants talked about 'shifting focus to academics' and this psychological process assisted them to channel inner strength by focusing on what they thought was important.

As stated, my co-construction revealed a psychological process that engaged cognitive appraisal and discounting. The 'contextual splitting' of the home from the school environment required cognitive and sensory ability to switch on-and-off guided by situational variations. Therefore, a degree of visual and sensory cues of the external
environment was critical to engage cognitive processes of appraisal and discounting. Hence, the informants talked about 'refusing to be disturbed by paying attention to school-work'. Refusal skills reflect cognitive discounting and disputation processes to lessen experiential effects. This form of coping signalled active cognitive appraisal of the situation and a belief pattern that is characteristic of the problem-solving model as noted in the transactional processes anchored on discounting.

A similar coping strategy of 'accommodating' was reflected by Rehm and Franck (2000) where the informants did not allow the challenges of HIV and AIDS to take charge of their day-to-day life. The sufferers continued living a normal life and did so by normalising the psychological context of HIV and AIDS irrespective of the geographical context. This was not a psychological process of distortion or repression as a way of running away from reality by using unconscious defence mechanisms (Wade and Tavris 1993). 'Contextual splitting' was a form of discounting because the individual was aware of the realistic nature of the existing problem; however, they did not allow the reality of the situation to consume their day-to-day functioning. They used situational differentiation to achieve functional normalcy (Rehm and Franck 2000). This is what Lebo said to support the coping strategy anchored on taking-charge:

In school, I do not really want to allow myself to be disturbed by this and so I just pay more attention to my schoolwork. It's like...my problems start when I get home.

Chipfakacha (2001) affirms that myths in Botswana as in other African contexts play a pivotal role in the instillation of negative reactions such as shame, blame, fear, anxiety and the relinquishing of responsibility. I agree that addressing the stigma of HIV and AIDS requires the reduction of the perceived significance of experiences of
social convulsions to ease or lessen the anxiety within the social climate (Balmer 1992). In this study, the informants talked about ‘refusing to be disturbed’ and ‘self-correction of myths’ as indicative of a discounting process that challenged irrational thoughts to strengthen internal control. RET argues that by challenging irrational thought patterns and myths in HIV and AIDS will also help to reduce the significance of global anxiety about HIV and AIDS. This shows that the informants were taking charge in decision making processes because of the ‘awareness of personal actions’ and ‘disliking and disapproving of personal actions’. The co-construction revealed that a person who disliked and disapproved of personal actions should be able to regulate their emotions using control of internal cognitive processes (Forman 1993).

5.2.2.3. Leveraging-positive-self-talking

The other internal process of coping involved leveraging positive self-talk language. To ‘lever’ something implies that one is asserting some influential pressure to take control of the situation. Self-talk is an internal cognitive language that can work positively or negatively. In this context, the informants seemed to use positive self-talking language to propel the self to perceive and appraise meaning of what needed to be done and how to react to the situation. This served as a cognitive levering process that involved anchoring the inner talk on discounting to give some measure of control. The informants described how they were ‘self-talking’ and using it as a way of allaying worries’ and for ‘self-correction of myths’. The informants seemed to have a way of activating this internal voice to cognitively appraise what they were going through (Greenberg 1993:327). Albert Ellis’ Rational Thinking model of ABC (DE) seemed to have similarly guided the use of positive self-talk. It also enabled irrational processes to be challenged and confronted through the cognitive construction of ‘disputation’. For instance, in the verbatim datum below, Neo used
self-talk to guide personal energy towards a specific focal area of concentration to deselect insignificant situations:

\[I\ also\ try\ to\ tell\ myself\ a\ lot\ of\ things\ and\ this\ helps\ me\ to\ be\ not\ so\ bothered\ or\ worried\ about\ a\ lot\ of\ issues.\]

\[I\ was\ affected\ in\ some\ way\ but\ I\ just\ told\ myself\ that\ I\ need\ not\ focus\ too\ much\ on\ it\ and\ instead\ I\ should\ focus\ on\ my\ studies\ but\ to\ some\ extent\ I\ was\ affected.\]

5.2.2.4. Social-distancing

The use of the social distancing emerged as a deliberate cognitive process of coping that involved blocking undesirable interpersonal interactions. In this context, the individuals cognitively worked out strategic ways of temporarily keeping the situation under control, often through 'using pretence', 'living in pretence' and 'pretending to be busy to avoid social interaction'. The reader may need reminding that these were young people who were effectively juggling coping strategies that seemed in line with their developmental level to assert personal control on self-made choices. Therefore, where they needed avoidance to retreat backwards they did so to block unnecessary interpersonal contact.

5.2.3. Harnessing-collective-compassionate-being

The informants used collective-compassionate-being as yet another coping strategy to harness getting-by-with-anchoring. This coping process reflected the symbiotic connection with other people and the need to understand transactional profits of shared engagement as a way of managing self and others. Rogers (1951) considers empathy as concern about and towards others and an attitudinal attribute that gives people the compassionate ability to enter the world of the other person. By entering the worldview of the other person, one is able to understand problems, concerns, issues, and challenges from their
perspective. In that light, *harnessing collective and compassionate being* used the power of existential presence with others as a coping mechanism. This process is culturally relevant for harnessing the socio-cultural values of *botho* which is a core national principle for Batswana (GoB/MoF-NDP9 2003).

This property also appeared as a typical problem-focused response strategy whereby the individual used material resources found within the environment to act, mitigate or alter the effects of the impact (Forman 1993:12-13). These environmental resources included the utilisation of material resources such as 'money and the goods and services that money can buy' (op. cit). I hasten at this point to emphasise that external resources by themselves remain insignificant unless the individuals cognitively construct their functional meaning or worthiness in their lives. This signalled the observation that cognitive appraisal was critical for the informants to realise the worthiness inherent within converting external practical resources into personal resources to serve as anchoring points. In support of this notion, Visser and Ditsebe-Mhone (2001) call for the 'resource mobilisation for community-based support groups for HIV+ people'. I noticed that the effects of these collective efforts were bearing fruit as seen in the way the informants were appreciating their significance for personal coping. Harper *et al* (2003:21) appreciate the need for social connection in developing a human sense of esteem which is what this core property aims to develop. In developing countries, dealing with community pain and suffering from the HIV and AIDS situation requires harnessing community resources, and often collective being through compassion is a primary coping strategy in managing shared pain (Campbell and Radar 1995).
5.2.3.1. Converting-negative-to-positive-energy

One supporting property involved converting negative to positive energy. This emerged as a coping process in which personal experiences of prejudice and the energy involved in it were used as anchoring points to 'project humane regard towards others'. This concept may sound the same as empathy itself, but I argue that it is a co-variant factor on its own. The property shows that the informants used the conversion of negative personal experiences to anchor the coping resources. The informants were able to convert negative energy that they discerned from prejudice they personally encountered into positive energy and projected that renewed positive attitude towards others. Therefore, their negative experiences served as conversion points of inner strength to benefit self and others. For instance, the informants talked about 'putting oneself in the other person's position', 'distancing the self from hate and prejudice', 'finding it difficult to be vengeful and hateful towards others', and 'distancing from prejudicial negativity'. The collective construction of these properties revealed conversion of negative experiences into compassionate attitude for the benefit of others.

Kylmä et al. (2001:764) conducted a grounded theory study in Finland to explore the complex dynamics and phenomenological meanings that emerged when "hope", 'despair', and 'hopelessness' were interrelated within the broad spectrum of living with HIV and AIDS. The basic psychological processes revealed that informants were 'alternating balance between hope, despair and hopelessness based on folding and unfolding possibilities in everyday life while dealing with one's changing self and one's life with HIV and AIDS' (op. cit:2001:767). The study underscored the understanding of hope as a coping resource; however, many other issues emerged that redirected the energy used in despair towards coping. In the awareness of the alternating nature of hope, it became critical to consciously make personal constructions geared towards harnessing hope as an active
coping resource (op. cit: 2001:771). The understanding of despair emerged as an active construct that was in opposition to the common perception of despair as a passive negative concept. This meant that if people could recognise despair and elevate it to awareness, it would help them to see the amount of energy that was expended on it (despair). Once they were aware of this a deliberate effort would be made towards converting that negative energy into the construction of hope. The reconstruction of energy within despair is achieved through 'refocusing' and 'reversing' and these strategies facilitated the instillation of hope. This, to me, validated the conversion of negative to positive energy in that there was compassion for others.

Campbell and Radar (1995) note therefore that in developing societies, it would be easier to connect socially in this way because people generally hold thought patterns and belief systems that are influenced by the collective community. As previously mentioned, Botswana Vision 2016 grounds her core national principles on collective values hence the coping script in this study is anchored within 'botho'. In expanding this collective coping resource, botho is viewed as a process for earning respect by first giving it, and to gain empowerment by empowering others. It encourages people to applaud rather than resent those who succeed. It disapproves of antisocial, disgraceful, inhuman and criminal behaviours, and encourages social justice for all.

Furthermore,

"Botho" as a concept must stretch to its utmost limits the largeness of the spirit of all Batswana. It must permeate every aspect of our lives, like the air we breathe, so that no Motswana will rest easy knowing that another is in need.

(GoB-Vision 2016 1997:2).
In Botswana, integrating these principles of social connectedness is critical especially if the informants are to harness what is happening within the socio-cultural context. Durham and Klaits (2002:781) argue that funerals in Botswana occupy a 'public space' through which the society can symbolically communicate its collective sympathy and symbiotic sentiment of support towards others. I share the view that this collective support process is an anchor point for enabling conversion of the collective spirit into a coping strategy for dealing with personal and collective distress. Therefore, a deliberate effort for uplifting this 'public space' of support with the aim to facilitate 'empathy' as a collective coping process in getting-by-with-anchoring is critical in dealing with HIV and AIDS. In this verbatim datum, Neo talked about 'compassion' and 'humane regard' in managing pain and suffering by distancing self from prejudice experienced at personal level:

[...for me really...I am not a hateful person and so I would never do the things they did to me to other people].

5.2.3.2. Universalising

Universalising problems emerged as a coping resource within collective-compassionate-being that worked through the cognitive processes of 'discounting'. To 'universalise' something means that one extends whatever is experienced beyond the self to include others. In this study, people affected by HIV and AIDS suffered from multiple sources of distress including effects of stigma, ostracism and exclusion. Therefore, 'universalising problems' emerged as a powerful discounting strategy that helped to break what Yalom regards as the pessimistic attitude inscribed in the individual's worldview (Yalom 1995:6). 'Universalising' has been explored as a therapeutic value from which people who engage in group-counselling processes can benefit. In this context, the thematic property was a signification of the lessening of shared pain by way of spreading it to others, and this
created a protective shield that demystified the significance of the difficulty (Yalom 1995:6).

Universalising as a discounting and disputation strategy was conceptually supported by 'globalising and generalising problems to enhance acceptability', 'globalising and generalising suffering' and 'minimising the problems and effects'. As stated, this global way of presenting problems served as yet another strategy of shifting the problem from self to all. The construction of this concept appeared significant in that it required not only experiencing, but also sharing the burdens with others. Therefore, 'universalising of problems' offered a collective-anchoring point for informants to notice that they were not alone in the pain and suffering they experienced. This realisation reduced the perceived magnitude and intensity of problems and that in turn served as a unifying discounting coping strategy. Rato said this to support the view that they were experiencing a global problem that could happen to any other person:

[I would simply shrug it off my mind (ntsha mo tlhogong) because I knew that we all could fall sick it does not matter what the illness is or what the person is suffering from...or whatever].

Yalom (1995:6) states that 'universalising problems' is a symbolic gesture of 'welcome to the human race', particularly that 'misery loves company'. In this study, one informant in the focus groups used euphemism as a coping strategy to metaphorically represent 'universalising' by stating that 'a problem shared is a problem halved'. The informant symbolically represented this coping process of collective and universal sharing of problems with others by suggesting that releasing the experiences to others halved the misery for self. Ueno and Adams (2001) conducted a study on perceptions of social support and coping of gay men infected by HIV and AIDS, using semi-
structured interviews. They found that collective knowledge of accessible forms of support emerged from the observation of other people's form of support exchanges and just from the sharing of supportive experiences. Such shared or observed experiences of support helped the affected people to cope with their own or future problems, and reflected that a problem that is shared vicariously and practically goes far in effecting collective forms of coping.

5.2.3.3. Noticing-societal-ignorance

Noticing-societal-ignorance emerged as another differentiated coping strategy for empathising and 'collectively being' with others. This coping strategy was based on the recognition of the disempowering effects of the 'knowledge gap' in other people's behaviour and attitudes. The noticing of these gaps emerged as key anchoring points in the coping process. The pre-understanding of other people's ignorance of HIV and AIDS enabled the informants to 'understand other people's limitation' and '(awareness of) the effects of ignorance on others'. To be 'aware of the other people's problem of being in darkness' meant that there was a shared symbolic recognition of 'ignorance' and that 'lack of information' set the stage for taking the perspective of others. The closure of this gap gave the informants a self-anchoring point to lever proactive coping resources with respect to how people with such deficits would act or react. Therefore, making a proactive and conscious effort to bring this pre-understanding to human awareness enhanced the informants' ways of coping with the anticipated prejudice.

For instance, Neo says people who were nasty towards her needed help to expand their understanding. This shows that Neo was aware that ignorance negatively influences human behaviour; her assumption was that this was not the individual per se, but their 'lack of knowledge and understanding' that made them to behave the way they did. Neo is using the discounting process to apportion blame not
to the person, but to the environmental deficits. She argued from a collective-self speaking on behalf of others and uses this compassionate stance as a coping resource. Neo engaged a collective voice to argue that the people who practised prejudice should not be blamed but instead, be understood and assisted because they were in 'darkness'. Blumer (1969) acknowledges that such metaphoric language would hold a meaning of 'darkness' and in the Setswana context, 'darkness' contained a symbolic meaning of 'ignorance' and 'limited knowledge'. Hosek et al (2002) found in their study that young adolescents infected by HIV and AIDS used 'euphemism' such as 'my situation' as a coping strategy to avoid talking directly about HIV and AIDS issues affecting them. In this study, euphemism was used as exemplified in Neo's verbatim:

,Yes...They needed help because they do not understand...they are in darkness.

5.2.3.4. Recognising power-in-knowledge

The informants perceived 'knowledge as power' as a resource that offered support for self-management. Stewart et al. (2000) validated the power of information in their study whereby the survivors and their spouses stressed the value of information as a stress-reducing strategy. In this study, 'being informed about HIV and AIDS broadened understanding and reduced prejudice' and knowledge did not only reduce prejudice, but also assisted in 'allaying fears'. This seemed to reflect the level of psychological discounting in the way it influenced change of perception of the problem with regard to existing options and possibilities of its solvability (Mellor and Schiff 1975:295). For instance, discounting and disputing myths and other distorted information happen if people have the knowledge to 'harness education and information as enriching' resources. Hubley (2002:96) concurs that educational programmes aimed at empowerment through knowledge is necessary for support. Knowledge is critical
because it is the basis for influencing formed attitudes, values, prejudice, challenging and confronting stigma and general empowerment in decision making processes (op cit). Rato confirms the affirmation in this extract:

[It is because I have been receiving a lot of HIV and AIDS education and I can say I know far more now about it.]

As regards the use of knowledge to reduce prejudice and allaying fears, this is whatKay said:

[TK: What makes you not worry about it? Kay: It's because we have been informed that it does not matter, we cannot get HIV from sharing stuff in the home.]

5.2.3.5. Mobilising and restoring hope

'Hope' can be viewed as a futuristic anticipation held in thoughts or feelings that the individual's desires or personal expectations will bring success or improvement in the situation as Draimin (1993:80) had also stated. The external resources that offered hope were available within the immediate community. They included the national support programmes for HIV and AIDS sufferers in Botswana, and this would drive what Hubley (2002:96) regards as advocacy strategies. One of the other external anchoring points was 'counselling support'. Winkler and Bodenstein (2003:39) discuss strategies where schools can be assisted to develop caring and compassionate hearts to convert the reality and challenges of being affected by HIV and AIDS into hopeful empowering statements. Counselling emerged as a major component of support in this study; it will be extensively discussed in Chapter 6. However, it is illuminated here as one of the external resources on which the informants anchored their search for support. The informants 'received home based counselling support' and realised that 'counselling could steer people away from trouble'. As stated, it was the cognitive perception of what counselling could do for
them that was critical when harnessing the external resources and this involved discounting processes.

There were other ways in which the informants harnessed the therapeutic strength of counselling support systems and used them as personal resources. The 'group facility' allowed the expression of internal energy and working through these fears. Yalom (1995) states that instillation of hope is an expected therapeutic factor that people gain as a result of accessing group counselling processes. There was some level of awareness that if counselling used 'networking and advocacy', then the informants could benefit. Such benefits were mainly on the practical aspects of living with HIV and AIDS. Rehm and Franck (2000) found in their study that the informants did not express survival needs such as housing as critical factors of stress. This contrasted with what emerged from this study because practical and basic needs such as housing were stated as critical needs that required 'networking and advocacy'. This affirmed the assertion by Harper et al. (2003) that the needs of young people in developing countries are different from those from the developed countries. However, the study shares the view that external support from health providers and other support structures did leverage anchoring points of coping (Rehm and Franck 2000). Lebo talked about how 'networking and advocacy' in the context of counselling was instrumental in facilitating access to the basic need of housing. The verbatim datum validates the previous concept of universalising problems to strengthen anchoring points of coping.

**[TK: How were they (counsellors) helpful to you?]

**Lebo:** They linked us with the 1999 Miss Botswana pageant who was able to solicit support that ended up assisting us with the building of our house. In the fourth instance I was counselled by X, she told me I am not the only one who has experienced what I have gone through because there are many people in the same situation, so nowadays I am really fine, I feel just all right about the situation."
The other supporting concept for *mobilising and restoring hope* was based on the maximisation of the *local support groups*. The informants talked about sharing and learning from people with similar experiences and this happened in the group support. Draimin (1993:60 and UNICEF/WHO (2002:34) concur that engaging the young to come and share similar experiences offers a leverage point in group support processes. The point of anchor happens because the coping strategy allows open talking and universalising the pain to others in similar situations (Draimin 1993:61). The feeling of altruism has also been identified as a therapeutic factor for engaging in group support processes (Yalom 1993; Visser and Ditsebe-Mhone 2001). Yalom argues that information gathering, instillation of hope, altruism, catharsis, modelling and recapturing family values are some of the therapeutic factors for engaging in group-processes (Yalom 1993). Harper et al (2003:21) agree that most children in developing countries are in crisis; hence they need Maslow's Need-Based model of support to anchor belonging and love in caring support groups.

In this context, I argue that although the informants were aware of the local support groups within the community, these groups could only benefit them if they cognitively perceived and appraised them as anchoring points of support. In the verbatim datum below, Lebo laments her need to be allowed to attend a support group after her mother's death. The informant seems to appreciate that 'participating in local support groups' and 'using dramatisation and other experiential based processes in hope building activities' was an anchor of strength. In the verbatim, the aunt who is the guardian refused to allow the informant to participate in the local group support. However, the aunt's refusal could have been a positive symbolic gesture aimed at protecting the child from being labelled and further stigmatised as an HIV and AIDS associated person. Nonetheless, Lebo's verbatim supports the value of group support.
My mother died when I was doing Standard 3 and other people in the village assumed that she died from AIDS. So when I was doing Standard Seven, Ms X came to our home to request that I join the organization she was running to support children in difficult circumstances. My mum's elder sister (aunt) refused to allow me to join. When I was in Form 1, Ms X came again for the same request and at the time they had agreed and just when I was about to go she (aunt) refused again to allow me to join.

The other unique external resource that was mentioned in a few cases was personal appreciation of the positive effects of the ARV programme (Anti-Retroviral Drug therapy). In this context, ARV is a bio-medical resource that is having a positive phenomenological effect on human experiences of coping with HIV and AIDS. Botswana is one of the few African countries that have institutionalised the provision of ARV drugs within the health care system (GoB-NACA 2002). In this study, the informants revealed and affirmed the realisation that 'medication offered improved quality of life' for the infected and the significant others. Medication was appreciated at a personal level because giving the infected person a second chance to life through improved physical well-being had a positive cascading psychological effect on family members in the reduction of anxiety and the restoration of hope. By witnessing the positive effects, it discounted linguistic expression of HIV/AIDS as an anxiety-provoking phenomenon of death. Visser and Ditsebe-Mhone (2001) support the notion that people living with HIV/AIDS in Botswana used coping strategies such as positive living, understanding HIV/AIDS, peer and group support, accessing medical support and specific services as points of anchor. Ezzy (2000:610) also found that availability of treatment for people infected by HIV gave the informants 'hope' in future-based prospects to return to their normal life, and this is a point of anchor. In this study, the informants talked about 'appreciating the positive effect of anti-retroviral drugs', and this revealed that the national strategy was reducing irrational fears and anxiety of HIV and AIDS. This meant that a macro coping strategy for
the national response was bringing positive micro effects in managing the personalised experiences of anxiety (GoB-UNDP 2000). Kay talked about how her aunt 'improved after taking ARV' and highlighted the 'power of knowledge' that was alluded to earlier on. Kay's tone of voice and facial expressions symbolically signified the expression of hope and the expected satisfaction:

[After my aunt started taking the medication (ARV), she really really improved and now she is just fine, again I am now more informed about HIV and I now understand that one can live well with the virus...I now understand more].

5.2.3.6. Shielding-and-buffering

There was some level of awareness that HIV-affected people needed some level of social protection and shielding from the on-coming impact of the situation and that the family and social connection is critical (Draimin 1993). In this study, the informants seemed to have 'recognised that supportive people around them' buffered and 'reduced the distressing pressures' they were experiencing. The concept of buffering enabled the affected person to 'build a network of social support' that helped to stave-off further damage due to the effect of the protection (Draimin 1993). Stewart et al. (2000:1356) define social buffers of support as informational, emotional and instrumental, and based on this study, they also include the collective effect on the self. Therefore, being in social relationships with 'positive supportive others served as a protective cushion that reduced and mediated pain and suffering'. The other descriptive codes that supported this concept mentioned 'getting support and encouragement from others', 'being supported by others through advice and guidance' and 'mentoring received through adult advice and guidance'. Rato illustrated social-buffering by talking about how the support she received from her
grandmother served to encourage her and buffer her personal struggles.

[My grandmother offered me support through the advice and guidance she gave on different ways of addressing life issues]

[...I really get painfully hurt, but I got support and encouragement from other people. I am able to talk about it but it really hurts me very much]

Cognitive appraisal is critical because if the affected individual does not perceive supportive relationships as social buffers, a paradoxical effect may surface in that the social buffer may exacerbate the problem (Scott and Stradling 1992:26). This may happen because a relationship that is intended to buffer could lead to a distressing effect for self and others. This explains the role of disputing and discounting irrational beliefs and values as cognitive coping processes. The Murphy et al. study states that lacking protective social buffering coupled with poor coping skills could potentially increase susceptibility to risks of depression on adolescents (Murphy et al. 2000:396). That became an aspect worth noting because the informants were young people with limited coping resources. Therefore, cognitive appraisal and discounting processes were critical with respect to how the informants used availability and accessibility of external resources.

5.2.4. Appraising-spiritual-capital

Appraising spiritual capital is a resource that was not well developed but was critical in the way it emerged. Praying and ancestral connection and engaging in religious activities were major supporting properties. Appraising spiritual capital implies the individual's ability to find something good and beneficial emanating from the spiritual banking resources that have been as defined by the individual.
Spiritual needs in the context of HIV and AIDS have been stated in the HIV/AIDS Nursing Curriculum (Baylor College of Medicine 2001:150).

5.2.4.1. Engaging in religious practices

In this study, spiritual resources were not used by many of the informants; however, a few talked about ‘using prayer’, ‘visiting graveyards’ and a ‘connection with a higher source’ for spiritual connection. They talked about ‘praying a lot’ and ‘relating with the dead through thoughts and prayer’. These coping resources were important in the way they reflected the informants’ ability to anchor successfully on every possible resource of strength at their disposal to get by with the situation of being affected by HIV and AIDS. Arrindell (2004) found that the majority of women affected by HIV and AIDS tended to use spirituality as an emotion-focused coping strategy to manage the anxiety, depression and distress from the diagnosis.

In this study, praying was used in two different ways: as a way of defocusing and as a lifestyle. The informants stated that they were ‘focusing through praying’, which meant that prayer was used as a psychological self-defence mechanism to shift attention elsewhere. In this context, prayer served as a way of getting away from the situation. However, praying was also used as a spiritual anchoring point whereby the individual harnessed the positive energy within it for spiritual connectedness. Peale (1953:55-76) argues that the power of praying is immense when dealing with difficulties of life. Peale discusses a personal formula of the power of positive living that is based on integrating ‘prayerising’, ‘picturising’, and ‘actualising’. Draimin (1993:82) articulates ways of coping based on spiritual and religious practices and how they both work in support of children dealing with loss of parents due to HIV and AIDS. Neo talked about how prayer was an integral part of her life and Rato similarly reflected on how God was an important part of their family life. In Rato’s case, the spiritual connection continued even after her mother’s death and
this may explain the power of fantasy, images, and visualisation as stated by Peale (op. cit). Neo talks about how the spiritual dimension continued to connect her with the dead as a coping strategy.

|Neo:...again, I am the kind of person that really likes to pray a lot and so most of the time I just pray about it just so that I do not pay much attention to it.... | Rato:...I am also one person who believes that God is there and also that my mother is part of our life. Because I am always thinking about her, it helps me that I think about her and pray as well. Mum had made prayer a big part of her life and it still plays a big role in our life...|

Spirituality is a concept that can mean different things to different people, and has often been confused with religiosity (Ahmadi, 2001:347). There were various contentious issues that emerged when exploring the impact of spirituality as a coping mechanism especially when dealing with difficult psycho-social and life threatening situations (Draimin 1993:82; Rehn and Franck 2000; Ahmadi 2001; Tuck et al. 2001; Simone et al. 2002).

Spirituality originates from ‘spirit’ and is a concept that goes beyond religiosity (Draimin 1993:82). Ahmadi (2001) discusses the challenges that have confounded the understanding of religiosity or religiousness as a unidimensional measure, for instance, church attendance as opposed to the multidimensional measure that integrates other internalised processes. Religiosity is defined as a ‘particular system of belief in a god or gods and the activities that are connected with this system’ such as praying, worshipping, church attendance and other rituals and practices (Collins CoBuild 2003:1214). Draimin (1993:83) concurs that religion is an “organised group of people who believe in a particular God and share beliefs about how things are organised” and often worship together in churches, temples, and observe and participate in similar church events and practices.
Ahmadi (2001:347-8) offers a definition of spirituality as a 'belief in a higher power outside oneself that may influence a person's life. This higher power may or may not be given the word 'God' hence there are some existential connotations to the search for meaning. Draimin (1993:82) shares Ahmadi's view that spirituality recognises a higher source of power that is far bigger than the self that may be anchored on "God or a higher being or a force that moves the universe". To have a spiritual source as a coping mechanism posits that one has "faith or trust" that one is bound to be "cared for even when life seems cruel" and that this source could be drawn internally or externally (Draimin 1993:82). Depending on where this source of spiritual coping is anchored, people may construe their experiences as punishment or may stay strong knowing that they are supernaturally protected. Therefore, religiosity has social expectations as part of the 'social institution' in initiating perceived supportive practices, whereas spirituality includes transcendental forces that offer existential meaning to issues of life and death (Ahmadi 2001:347-8).

Rehn and Franck (2000) found in their study that families used the spiritual values and practices as critical dimensions of coping. They engaged in religious practices such as going to church, praying, and engaging in the group activities. Interestingly, some people were uncomfortable with church-based activities (religiosity), yet they held a deeper individual connection with God reflecting a spiritual connection, as defined by Ahmadi. Siegel and Schrimshaw (2002a:94) explored the perceived benefits of religious and spiritual coping among people living with HIV and AIDS and share the view that spirituality goes beyond religiosity. The informants identified spiritual and religious resources as key resources and concurred with Ahmadi's conceptualisation of spirituality (2001:347-8). Similarly, the informants revealed that they 'did not need to go to church or synagogue to speak with God, and that prayer, meditation, and other
religious/spiritual practices could as effectively be done from home’ (Siegel and Schrimshow 2002a:94).

Gehr (2002) noted also that spirituality is a broad concept that harnesses personal-worth, self-actualisation and self-survival as points of anchor in search for spiritual resources. Based on these arguments, I noted that young people affected by HIV and AIDS have to take cognisance of values of spirituality to manage the challenge. Charron-Prochownik (2002:408) has developed a stress/coping model for assisting chronically ill “tween-age” children, but based on this study, the coping script has to incorporate the spiritual dimension for it to suit the needs of marginalised young people.

5.3. Summary
The purpose of discussing getting-by-with-anchoring was to reveal the coping processes and resources that the informants used to manage dealing with carrying personal burdens and those of others. The informants seemed to use internal resources as the psychological bases for anchoring and leveraging survival strategies when managing effects of being affected by HIV and AIDS. These resources were collectively anchored on the individual’s symbiotic ability to psychologically juggle the basic social and psychological processes as they affected self and others. The next chapter explores counselling as a broader unit of analysis aimed at establishing its relevance in managing the experiences of being affected by HIV and AIDS for self and others.
6.1. Introduction
The previous chapter explored a core category dealing with managing being affected by HIV and AIDS. Chapter Six aims to answer the grand tour question that purports to establish if counselling had any role to play in assisting young people affected by HIV and AIDS. The response to this question emerged in the category identified as yes-but-to-counselling supported by the customisation of counselling and blurring of visibility. The chapter then goes on to discuss the customisation of counselling based on these three supporting properties; 'co-existence; prescriptive and non-prescriptive counselling', 'modification of counselling practice' and 'instigating change and inclusion'. The blurring of visibility is later discussed as a theoretical link to the core-category anchoring on: 'lacking training and competence', 'juggling dual roles is affecting credibility' and 'inter-intra-personal conflicts'. Figure 6.1 shows the concept indicator model for yes-but-to-counselling.
6.2. Customisation of counselling

The core category constructed in the field of counselling revealed a yes-but-to-counselling and this is illustrated in Figure 6.1. The two supporting concepts were centered on the customization of counselling and the blurring of visibility and this section aims to theoretically construct them with the supporting properties. The supporting properties for the blurring of visibility are explored towards the end of the chapter.

---

**Figure 6.1 Yes-but-to-counselling**

- **Customisation of counselling**
- **Blurring of visibility**

- **Co-existence of prescriptive and non-prescriptive counselling practices anchored in kgothatso**

- **Modifying counselling practice**

- **Instigating change and inclusion**

---

226
Customisation

This is a word that originates from ‘custom’ which implies a tradition or a common practice of doing things that is in line with the expectation to continue to follow the same expected norm. For something to be regarded as custom-built, it has to be developed according to the specifications of the person who desires it and what they desire or need from it. To ‘customise’ something implies therefore that there are some inherent changes in either appearance or some other significant feature that is needed to suit the specified needs of the user. In this study, the informants seemed to realise that a certain way of providing counselling already existed; hence, the substantive data challenged this pre-existing tradition. Instead of following the usual practice, the informants wanted counselling to be custom-built based on certain specifications that they articulated. I questioned myself about what gave the informants authority to speak about counselling in the way they did, that is, what informed their perspective. I noticed in the substantive data that some informants talked about ‘receiving counselling’ whereas others were ‘lacking counselling experience’. Based on these descriptive codes, I noticed that the authoritative voice emerged from the ‘perceived experiences of counselling’.

6.2.1. Co-existence: prescriptive and non-prescriptive counselling helping styles anchored in kgothatso

In answering the core question of whether counselling was of any use, the context revealed that many of the informants acknowledged the perceived value and worth of counselling. However, there was an equal division in the number of people arguing for and against prescriptive and non-prescriptive counselling practices. Many of them talked about how they ‘found counselling helpful’, ‘acknowledged its usefulness’, ‘acknowledged personal adjustment’ and appreciated that ‘adjustment’ had been instilled from receiving counselling. There was an equal
expression and emphasis on the worth and value of both the
'prescriptive and the non-prescriptive value of counselling'. However,
irrespective of whether the perception was prescriptive or non-
prescriptive, the perceived value and worth of counselling appeared to
be located within the Setswana concept of kgothatso. Translating
kgothatso from Setswana into English was not easy because the
meaning could be context-bound; however, the most succinct
translation of kgothatso was 'encouragement'.

For clarity, 'encouragement' originates from 'encourage' which means
giving someone hope, confidence, or some form of persuasion with the
expectation that this will bring a pleasant consequential effect in their
life. But for these informants, the value of kgothatso went further to
reveal that 'counselling was an educational process that focused on
life issues'. Therefore, 'being encouraged enabled knowing how to
handle life issues', and locating counselling support within kgothatso
meant that it 'offered emotional support' and 'broadened the scope of
understanding'. The other Setswana terms used to express
counselling were bokaedi (directed guidance), thotloetso (directed
encouragement), bogakololodi (directed guidance and counselling) and
tshupetso (being shown or directed the right way); however these
meanings were inherently enshrined within kgothatso. But before
discussing the co-existence of the prescriptive and non-prescriptive
aspects of counselling, I will briefly discuss the concept of kgothatso to
show how it was co-constructed from a humanistic base and how it
links to the other stated concepts.

The Adlerian model of counselling claims that people seek help and
support because they suffer from discouragement, hopelessness, and
a lack of confidence and esteem (Corsini and Wedding 1995:66). This
is a humanistic perspective arguing for the restoration of esteem and
confidence and perceives these as critical in offering 'encouragement'.
The authors argue that strategies for inculcating encouragement from
a humanistic stance include giving faith, acceptance, security, hope, and non-condemnation to the person in need of support. Although this form of looking at counselling may not support everything that the informants associate with counselling, the point of convergence is in the role of encouragement in supporting humanistic ideals of human development. From the humanistic perspective, 'encouragement' is the core of empathy (Rogers 1951) whose basic conditions include acceptance, unconditional regard, respect and warmth, genuineness, concreteness, authenticity and immediacy (Ivey et al. 1997:26-31). Therefore, kgothatso or 'encouragement' essentially accentuates the positive aspects of living by turning life challenges into positive learning experiences (Rogers 1951; Corsini and Wedding 1995:73). The conversation below is used to illustrate the theoretical understanding of kgothatso as expressed by the informants in directing them towards doing what is right from a humanistic perspective of life. Lebo understands counselling to be that which assists with issues of life and encourages towards 'doing things properly' and or 'doing things the right way'.

[TK: What is your understanding of counselling, when people talk of counselling what comes into your mind?
Lebo: I would say counselling is encouragement (kgothatso) for a person to be able to cope with managing their issues.
TK: What do you mean by encouragement (kgothatsa), I am not sure I understand?
Lebo: Encouragement (kgothsatsa) means to assist or help a person to end up doing something properly and also to help a person to understand the situation far beyond where they were at first.
TK: The way you understand counselling is basically that it is to encourage another person.
Lebo: Yes...madam]
**Prescriptive counselling practices**

As stated, one dimension of this concept revealed that counselling was perceived as a prescriptive or directive process. According to Ivey et al. (1997:66), a directive process “tells the client what action to take. This may be a simple suggestion stated in command form or may be a sophisticated technique from a specific theory” whereby the outcome is to follow instructions and do as you are told. In this study, almost half of the informants seemed to expect and desire that counselling be offered in the same directive manner. As noted in the Setswana concepts of counselling, the informants associated counselling with concepts such as ‘advice’, ‘education’, ‘guidance’, ‘direction’, ‘instructions’, and ‘solutions to problems’. They expressed ‘wanting to be given advice-oriented counselling support’ and ‘expecting to receive educational advice and guidance on life issues’. In this context, counselling was seen as a process that ‘facilitated problem resolution’; hence, ‘counsellors were expected to be knowledgeable’. This way of perceiving counselling meant that it encouraged conformity and compliance with what could or should not be done as suggested by the help-seekers. The informants expect counsellors to be knowledgeable, informed and desiring of good and therefore what they give as advice should be good for them as beneficiaries.

**Advice-giving in the collective voice**

I position Batswana within the collective society where the self is ‘social’ as opposed to being individualistic. The social being assimilates the social influences into the self and is ‘willing to surrender some degree of autonomy’ to accommodate socialisation and group influences in the formation of identity (Ziller 1973:xiv, 28). Ivey et al. (1997:66) view advice-giving as a process that “provides suggestion, instructional ideas, homework, advice on how to act, think or behave”. Hence, they (Ivey et al.) argue that advice-giving works as a micro-skill to facilitate information-giving and, therefore, is not an end but a means to that end. Based on what emerged from this study,
I argue that advice is not just a micro-skill, but constitutes a particular counselling approach. The reason is that advice giving is presented here as an integral part of the Setswana culture and therefore is more of an approach than just a skill of doing. In that light, there is an argument to socio-culturally ground advice-giving within the human support systems. Therefore, giving advice is a social expression of family support hence the elders are given key roles in directing collective wisdom. By this, I mean that the authority of the collective voice and the welfare of more than one person are highly influential above that of the individual. When sharing wisdom, tools such as culture, language, and traditional rituals play a critical role and this position the theoretical relevance of symbolic interactionism in this study. In that light, culture, which is “all those things that people have learned to do, believe, value, and enjoy in their history” and also constitutes the “totality of ideals, beliefs, skills, tools, customs and institutions into which each member of society is born” is imperative in these social constructions (Sue and Sue 1990:35).

In the African culture, the elders’ duty is to identify and solve problems, and they do so indirectly and yet authoritatively; hence, they ‘do not express energy, they hold it’ but often when they ‘speak, everybody listens’ (Somé 1999:127). This directive and collective role of extended family and community directly influenced the informants’ worldview, hence it needed to be factored in the helping process. In the study conducted in Zimbabwe, Krabbendam and Kuijper (1998) found that women infected by HIV and AIDS found prescriptive counselling more helpful in the way it offered information, advice, and rules about living in the context of HIV and AIDS. In Brugha (1994), Chester (1987) concurs that in facilitating the counselling process for people affected by HIV and AIDS, the skilled use of advice-giving, support and counselling and an understanding of when to use them is imperative. In this verbatim, Lebo talks about how helpful it was for her to receive advice:

231
Lebo: At first I was counselled by the social workers, they told me that I should not keep most of the stuff people said to me in my mind; I should just ignore them because they also knew about my mother's illness. The second time, I was counselled by Ms Y...she also told me that really this is nothing, and I should not take what people are saying too much to heart. Thereafter, people from the X came after my mother's death and one of them counselled me. They also emphasized that this is nothing and that they actually have some practical support they can offer to support us. The social workers from the council offices also told us the same thing that they will offer us practical support. Ms Y also told us that she would get us support from some organisation because she belongs to the X church support group.

TK: How were they helpful to you?
Lebo: They linked us with the 1999 Miss Botswana pageant who was able to solicit support that ended up assisting us with the building of our house. In the fourth instance I was counselled by X, she told me I am not the only one who has experienced what I have gone through because there are too many people in the same situation. So nowadays I am really fine, I feel just all right about the situation.

Non-prescriptive counselling
As stated, some of the informants challenged the prescriptive approach and argued for a non-conforming and non-directive counselling approach. In this context, the informants expected or desired counselling to facilitate open expressivity of views, thoughts, feelings and choices. They talked about 'wanting to be allowed to sit and talk things through' and 'being given permission to talk things out' as opposed to 'bottling things inside'. Nelson-Jones (2003:64-6) regards the concept of being given 'permission to talk' as 'door openers' to support for people who need help. This is what Rato says in the interview to express the need for self-expressivity:
[TK]: What else would you like to see happen?

Rato: The other important issue for me is to assist students in this situation to open up and not to bottle things that are bothering them inside. They should reveal out their emotions/feelings, although I have no clue how they (students) could be assisted to outwardly express themselves, it will be up to the counsellors themselves to see how they do it, but they (counsellors) will have to see how they do help the students.

[TK]: But you would like...(interrupted by Rato)

Rato: I do not want any student to privately bottle-up or keep problems that are bothering them... we have to be assisted to outwardly express problems ourselves.

Rato: I wish counselling could offer love, care and support for children to be able to talk about who they are, and be proud about what you are even if you have been affected by HIV and AIDS. This is in addition to being assisted to be able to express feelings and emotions of a person (maikutlo a motho)."

This non-prescriptive way of looking at counselling seemed to be in line with the humanistic perspective to counselling. This is because the informants wanted a process that facilitated openness, freedom and autonomy, personal adjustment, self-expression and non-conformity. From the humanistic perspective the assumption is that people have inborn capacities and self-driven motives to become what they can be (Huffman et al. 1994:492-4). Therefore, giving people faith and positive enhancement within a supportive human environment facilitates refinement of individual path to self-growth (Rogers 1951:29). Carl Rogers promotes a relational orientation to counselling that is philosophically grounded on a deeply caring attitude and respect for the other person to harness human potentialities and promote resources for inner change (op cit: 19-22). This deeply caring attitude is grounded within unconditional positive regard, which reflects the individual ability to care for and respect the other person's potentialities without judging (Huffman et al. 1994:493). According to Maslow, this subsequently develops the desired ideal of self-actualisation which is an inborn ability to harness internal drives, capacities, and talents as inner strengths. In recognising these
different and unique human capacities and accepting people as they are, there is an on-going search for personal growth and responsibility. Therefore, humanism is a school of thinking that is grounded on a;

...system of values and beliefs that emphasize the better qualities of humankind and people's abilities to develop their human potential. Humanistic counsellors emphasize enhancing clients' abilities to experience their feelings and to think and act in harmony with their underlying tendencies to actualize themselves as unique individuals.

Nelson-Jones (2003:17)

To understand what was going on, I decided to engage in a dialectical process, which is in line with the expectations of the methodology by going back and forth using the constant comparative process of analysis (Glaser 1978). I did this by theoretically sampling these emerging themes and taking them further to the focus group discussions. In the focus groups, a pattern of arguments for and against prescriptive and non-prescriptive counselling was pursued to express equal balance in the need for both processes in counselling. In the verbatim datum below, one of the focus group members strongly validates the argument against the prescriptive approach to counselling. To give the reader a broader contextual clarity, the Setswana and English versions are retained in the verbatim datum:

I. wa bona... kana [we are people... bagaetso... re batho [you see... people, really we are people and we all have guiding principles that we live by... right]. [Then] ha o tla kana o le mo counsellara [so when you come as a counsellor and you start telling me what to do and what not to do, some people will feel like you are telling them... in fact... you are just ordering them around and some people hate being ordered about...] o tlaabo o ba ruesa di ogtlapa [that is like putting blindfolds on people to narrow their frame of thinking and people do not like that]... tota ga keitsi gore ke ka e baya jang kgang e gore le nthaloganye, mme fela ga setsona [I really don't know how to put it so that you can understand me, really but that is not right/cool].
The reader needs reminding that Grounded Theory is a methodological approach that allows the analyst to reflectively and dialectically interact back and forth with the substantive data and this often happens through "memoing": a personal record that the analyst keeps as the analytic process is on-going to reflect on personal thoughts, feelings, and any other intuitive responses that may emerge in the analytic process (Strauss and Corbin 1998:218). The memo is critical because it separates the thoughts of the analyst from the analysis of the substantive data. This is how I captured my reflective memos and the internal conflicts that emerged from my interaction with the prescriptive and non-prescriptive notions of counselling:

(This seems confusing to me. I am wondering, how can directive or prescriptive counselling processes co-exist with non-directive processes? It seems like 'kgothatso' has a role to play but I am not sure what it is. I need to follow up this concept theoretically to find out what it means for these informants. There are some conceptual clashes that are coming out of the substantive data and I am not even sure if they should be perceived as clashes or as data that informs what the informants want from counselling. Is it possible that I can privilege any of these supporting voices to the detriment of the other and what would be the basis for doing that? I think I need to listen to the data and not myself because both arguments seem to be equally important in positioning contextual understanding and expectations from counselling. Based on this data, there seems to be a need for both the prescriptive and the non-prescriptive counselling).

The reader may again need reminding that the school environment is the context within which the exploration of counselling and HIV and AIDS are explored. Murphy (1994) brings counselling to the school situation by highlighting the practical and contextual demands that I personally and experientially relate to at school level. I agree with Murphy's argument that the school counselling context requires efficiency and responsiveness in the way it factors time; hence, doing 'what's working' and not 'what's wrong' is critical (1994:5).
When going back to the dialectical concerns of positioning directive and non-directive counselling within *kgothatso* as reflected in my memos, I noticed irrelevancy of conceptual dichotomy. On the contrary, the substantive data promoted an integrated model of counselling and appreciated co-existence of prescriptive and non-prescriptive counselling perspectives. Swain (1995:37-36,121) and De Board (1983:4-10) offered a helping model that separated telling, advising, diagnosing from counselling and the theoretical argument emerging from this data is challenging their stance. In this study, the informants argue for a counselling approach that will embrace both the prescriptive and the non-prescriptive helping processes. A “mini tour” question then is to find out if that is possible.

Advice-giving has been criticised in the way it curtails communication processes and offers quick options to problem-resolution at personal growth (Swain 1995). Advice-giving is perceived to encourage dependency because the help-seeker relies on the expertise of the supporter to direct the decision-making (op. cit.). Counselling, on the other hand, is seen as a self-empowering process and, therefore, receiving orders and directions may curtail personal learning and gaining of insights. Although I regard these arguments as critical in human empowerment through counselling, it is critical to ask for whose relevance and under what context? The answers to these questions seem to be centred on establishing what would be wrong with offering a directive counselling process alongside a non-directive process. In this study, the argument is for a counselling model that embraces both prescriptive and non-prescriptive through the *customisation of counselling*. Heron (2001:4-7) offers a helping model that is theoretically congruent with what the informants seem to be arguing in the way *Authoritative* and *Facilitative* helping styles are integrated. My theoretical memos reflect affirmations of these two perspectives in support of ‘responding appropriately to a given situation’ (op. cit.). Heron situates six helping interventions where the
helper is guided by the needs of the other person and the intervention styles hold equal value in content and context (Figure 6.2).

**Figure 6.2  Heron's Helping Style Model**

The six categories of counselling adapted from Heron (2001:5).

**Authoritative and Facilitative Helping Styles**

According to Heron, the triangle above offers a theoretical integrative model for understanding how both can be incorporated. He states that the triangle formed by the 'prescriptive', the 'informative', and the 'confronting' styles constitute the Authoritative helping styles. The 'prescriptive' style is directive; the 'informative' style is concerned about imparting knowledge, information, and meaning; whereas the 'confronting' style brings to awareness reflective issues for the helpee to consider (op. cit.). The Facilitative helping styles are within the triangle formed by the 'cathartic', 'catalytic', and 'supportive' styles. The 'cathartic' style facilitates a healthy discharge and venting of emotions, the 'catalytic' style 'elicits self-discovery, self-directed living, learning and problem-solving'; whereas the 'supportive' style explores personal attributes and affirms individual worth and value in relation
to the client as a person. Heron asserts therefore that both helping processes should be given equal status because

The authoritative interventions are neither more nor less useful and valuable than the facilitative ones. It all depends on the nature of the practitioner's role, the particular needs of the client, and what the content of forms of the intervention is...It is the specific, concrete context that makes one intervention more or less valuable than another – nothing else.

(Heron 2001:6)

Heron's intervention styles position *power dimensions* in the relationship formed between the helper and the help-seeker to ensure that response is content and context-bound. Therefore, power may shift from the client to the counsellor and vice versa and this balance is needed to address the competing presenting needs. In this approach, the helping relationship appreciates the situational needs of the help-seeking person and responds appropriately. Rato summarises the way *kgothatso* or 'encouragement' blends the process of counselling in this verbatim:

[**TK:** But what is your understanding of counselling?

**Rato:** I think I understand counselling as...counselling is something that is able to encourage or assist (thuso kana kgothatso) a person to deal with the pain they are experiencing. When you have a pain or are hurting in some way, you end up feeling much better about it.

**TK:** How is it or how can it be helpful?

**Rato:** Let's say you were affected in your mind by something, thinking a great deal about your situation, it (counselling) helps to bring down or calm/sooth your emotions down and you end up feeling better about it.

**TK:** If you had received it, how would it have assisted you?

**Rato:** It would have relieved and unchained me (e ka bo e nkgoletse mo moueng le modikakanyong tse dintsi) from the burden of so many other things that I found myself constantly thinking about].
Neo's conversation gives the Setswana context of *kgothatso* for clarity:

[**TK:** Mmhhh... so in your understanding it (counselling) is encouragement (*kgothatso*) and also it has some educational aspects on some other life issues.

**Neo:** Eehh... Yes....

**Tk:** So in what way is counselling encouraging you?

**Neo:** E nkgothatsa mo dilong tse di dintsinyana tsa botshelo tse di tshwanang le yone HIV and AIDS jaana gore ke tshwanetse gore ke seka ka dira jang kana ke dire jang.

It encourages me on various life issues such as HIV and AIDS with respect to knowing ways in which I should handle them and how best to go about them.

**Tk:** Mmmhh... tell me more?

**Neo:** Eee... ke gore.. mo dilong tse dingwe gore ke seka ka utlwa bothhoko thata gape le gore ke seka ka nna ke akantse fela thata gore mama o na le mogare wa HIV and AIDS... ka gore ha ke nna ke akantse fela thata go ka seka ga ntsaya sentle mo pelong le ko sekelong ke tla nna ke akantse go bo go ntshwenya mo dithutong tsa me.

Yes...it's because...so that in some issues I should not become deeply hurt or bothered and that I should not spend most of the time focusing on thinking that my mother has HIV and AIDS...because when I spend most of the time thinking about my situation, I will not feel good inside and even when I am in school, it will disturb my studies.

When further exploring this concept of balancing the prescriptive with the non-prescriptive aspects within counselling, I observed yet another interesting phenomenon. The informants seemed to struggle with the linguistic expression of counselling. There was a spontaneous linguistic inter-change from the use of Setswana to English and vice versa which indicated a struggle affirmed by 'finding it difficult to talk about counselling'. The issue seemed contextually located within the difficulty of finding words in both languages to represent their understanding of what they perceived counselling to be. Kelly’s (1955) personal construct theory posits that people construe the world around them through cognitive schemas (Neimeyer and Neimeyer 1987; McLeod 1998). These personal constructs allow people to punctuate hypothetically their sense of understanding of what is going
on based on beliefs and values. In that sense, one possible explanation could be that the informants as young people could have struggled cognitively and linguistically due to the developmental limitations to construct their understanding of counselling.

From a symbolic interactionist perspective, the other understanding of this phenomenon could be located within language as a transmitter of culture and knowledge. Based on my tribal background of the Balete found in the south eastern side of Botswana, the systemic forms of support include the extended family, kgosi and kgotla ‘chieftainship’, patlo a preparatory ritual before marriage, bojale and bogwera, (initiation ritual for girls and boys respectively) and other rituals for specific issues. In view of these socio-cultural values, the informants could have also embraced the values inherent in these support structures in the way that they personally represented their cognitive schemas of counselling because some originated from a similar culture. This may also explain the reasons behind the Setswana terms such as kgakololo, bogakolodi, and thotloetso to construct the concept of counselling around prescriptive and non-prescriptive processes. Neo expressed his struggle in the construction of counselling in this verbatim datum:

[Neo: You know, I needed counselling or encouragement or support, something like that.
Tk: What do you mean?
Neo: You mean how would it help or could it be of help to me?
Tk: Yes...but maybe you could tell me more about counselling?
Neo: Yes...I have received counselling (silence).
Tk: Mmhh...tell me more.
Neo: It’s like...really... it’s like...it’s a bit difficult to talk about it (counselling) in Setswana.
Tk: Mmhh...What makes it difficult to talk about it?
Neo: I really don’t know.
Tk: You can use English to talk about it if it would help you, I have no problem with the language you choose to use].
6.2.2. Modifying counselling practice

The previous theme discussed the argument for the co-existence of prescriptive and non-prescriptive counselling support. In discussing the current concept as a contingency factor, the counselling processes, strategies, conditions and personality attributes that need to be modified to suit the context of counselling will be explored. Campbell and Radar (1995) discuss the fundamental differences between the developing and developed world and how in the context of HIV and AIDS, community values need to be embraced to modify the counselling practice. In the next discussion, the focus will be on the contingency factors that need to be addressed as suggested by the informants.

6.2.2.1. Experiential - dramaturgical processes of counselling

Most of the informants expressed desire for counselling to become more 'action-oriented in its processes'. There was 'doubt about the effectiveness of offering counselling from the seated position' and I questioned the meaning of a 'seated position'. A strong argument emerged from the data that counselling should shift towards an action-based orientation such as 'demonstrating by showing pictures'. Nelson-Jones (2003:112-7) supports the view that demonstrative skills are critical in a coaching and rehearsing context especially when addressing real life situations in the moment of here and now. In the application of psycho-educational techniques, the informants argued that the integration of these practical processes instead of just sitting and talking was critical. This further revealed that the needs of the informants were quite diverse therefore modification involved using diverse skills. This reminded me of a conference I attended in America where one of the presenters demonstrated the effectiveness of what he termed 'impact counselling'. He practically demonstrated how he uses big bottles of beer as a model to cognitively influence alcohol addicts.
The thrust of the argument is in the way the informants emphasized *dramaturgical processes in counselling*. The informants stated that the 'use of dramatisation and action-based processes that blend seeing, hearing, and acting' were appropriate; for them, the process of 'blending senses of seeing, hearing, and acting had more impact on understanding' what was going on. There was 'personal appreciation of experiential learning through dramatisation' and acknowledgement that 'bringing dramatisation into counselling would increase helpfulness and acceptability (for the Botswana context)'. Williams and Muchiru (2000:34) confirm that using drama to tell personal stories harnesses the 'double-effect of hearing and seeing'. For the informants, the dramaturgical forms of self-expression enhance acceptability of counselling as a service. The integration of performing arts in addressing HIV and AIDS is validated by Williams and Muchiru in the study they conducted on best practices in Botswana in this way:

> Performing arts are increasingly becoming a relevant strategy for community education and awareness creation. Theatre, drama, traditional dance and music and art have the effect of capturing the audience in a more meaningful way than the normal IEC materials
> 
> (Williams and Muchiru 2000:3)

> Performing arts are reaching out to communities that are difficult to reach and are able to convey the message in simple, clear ways ...At least the concept of using performing arts is also promoting and encouraging youth participation in the activities related to HIV and AIDS
> 
> (op cit: 2000:33)

The informants posed an assertion that the performing arts need to be integrated into the counselling processes because they have contextual value. One of the values is the development of assertiveness skill which is believed to emerge from being part of these experiential processes. The informants stated that 'acting enabled
dealing with fear of public appearances’ and ‘it (acting) gave them confidence to stand up for themselves’. In pursuit of that, this is what Neo’s verbatim datum states:

[Neo: The way I know Batswana, they are people who when talking to them without giving practical examples, they tend to find it difficult to focus full attention on you. So we in our drama, we use role-play so that we can assist people to understand fully. It is far more helpful and more understandable to hear and see through action. I strongly believe that if counselling could bring drama into it, that would help it to become more helpful and become more acceptable to people. Moreover, I am personally interested in assisting children because I believe we can have more impact/effect if we assist people when they are still at a tender young age.

Neo: For me really, I find it easier to understand things when they are dramatised or acted out in play and so I find drama much better. Batswana, in most cases when you talk to them just seated like that, they do not really seem to pay much attention or take heed of what you are talking about. But I remember saying earlier that when people hear and see things happening at the same time, they tend to understand better. Of course there will be those who will just simply look at drama just for the joy of it. But I think counselling can benefit people more if it can bring in drama and this is needed in Botswana.

Neo: I find drama very helpful because if it is me acting out the drama, I am actually able to understand even far more than the person who is looking at the drama or watching my performance. For instance, let’s say I am the person doing some unacceptable things, dramatising the behaviour can demonstrate the negative consequences of such painful things to me in such a way that I am able to think about what that means and understand what it means.

Neo: Again, acting is good because it helps us not to be afraid of appearing in public where many people are looking at you. And so when one finds themselves in difficult situations then it becomes easier to go out there and ask or stand for yourself by telling people about your problems].

Further development of the experiential processes showed that the artistic tools such as music, dance, role-plays, and other experiential strategies were intervening variables in facilitating a supportive counselling process. The informants wanted the ‘use of dance, music and poems (in counselling) to dramatise practical expressions’. Williams and Muchiru (2000:34) identified the need for training in the
effective use of ‘puppetry, poetry, drama, melodrama, painting, and drawing, choral expression and ballroom dancing’ as best practice in addressing HIV and AIDS. Hubley (2002:123-124) argues that the person-to-person methods of counselling that are more active and involving can reach out better. The author supports Williams and Muchiru in using puppets, drama and story telling, simulations and other participatory learning into human support processes (op. cit). The informants stated that ‘composing music enhanced ownership of the individual’s understanding’ and felt that ‘music had a healing emotional effect’ on them. The informants argued that ‘dramatising facilitated a powerful way of revealing human life issues’. The validation process suggested that since talking emerged as a challenge for many, these participatory learning strategies should be integrated into counselling training so as to reach out to all students affected by HIV and AIDS.

Williams and Muchiru (2000:34) confirm that ‘theatre and drama performances’ make it easier for young people to participate and comprehend issues easily hence that injects an ‘appealing touch that reaches the hearts of many people’. In integrating these experiential processes, the data revealed a desire for a therapeutic approach that blended body, mind, and soul in reaching out to the different facets of a hurting person. Fehr (2003:43-44) discusses psychodrama as a powerful group counselling process that harnesses dramatic effects of theatre in managing personal experiences and feelings. Psychodrama fits in this context because it enables ‘expression of feelings in a spontaneous and dramatic way through the use of theatre’ (op. cit). In my co-construction, a need for the modification of counselling suggested integrating creative processes such as psychodrama, art therapy, play therapy, music therapy, and impact counselling. Despite the argument for experiential counselling, the informants ‘recognised that dramatisation would not [necessarily] appeal to all’. This further justified the need for the modification of counselling to determine what
works for whom and under what conditions because what works for one would not necessarily work for another (Roth and Fonagy 1996; Watson and Winter 2000).

6.2.2.2. Attributes of counsellors grounded on ‘botho’

In view of what emerged from the study, it was necessary to explore the core attributes of counsellors who meet the needs of the informants. Levine et al. (2001:546) conducted a study into helping-a-stranger using the cross-cultural variations across different cities. What was of interest for me in that study was the identification of variations in tendencies of being helpful to strangers, which was attributed to the concept of ‘simpatia’. Simpatia emerged as a concept that is culturally inherent within Latin-Hispanic society. As stated previously, the constant comparative analysis process of simpatia revealed that in the Setswana concept, this would be related to the concept of botho (GoB-Vision 2016; 1997). Levine et al. (2001:555) defines simpatia as “a range of amiable social qualities-to be friendly, nice, agreeable, and good-natured (i.e. a person who is fun to be with and pleasant to deal with). Helping strangers is part of this script”, and this is essentially the core of botho. This Hispanic and Setswana concept reveals a core personality attribute that people who provide help need to develop within the helping traits.
Figure 6.3 Synergy between formal and informal counselling

- Spiritualising casual counselling
- Peer counselling
- Traditional counselling
- Group counselling
- Individual counselling
- Home-based counselling
- Stranger-counselling
- Brief therapy
- Parental counselling
- Collective-combined counselling
- Co-counselling

synergy between the formal and informal ways of counselling
6.2.2.3. Synergy between formal and informal counselling

The synergy relates to what is holding Figure 6.3.

**Brief-focused counselling**

The brief-focused counselling intervention was identified as one type of counselling processes suitable for meeting the identified needs. Dryden and Feltham (1992:3) regard brief-therapy as 'any counselling that lasts from one session to approximately twenty sessions' and involves receiving support within a short space of time. Brief therapy was appropriate in this study for young people affected by HIV and AIDS because it recognises immediate help with future possibilities of coming back, hence it is not time-bound. The informants described 'experiencing counselling as brief-focused, advice-oriented, multiple-repeated doses of conversational interaction'. They considered the brief repeated doses of interactive support effective in satisfying their personal and social needs. Dryden and Feltham talk about counselling that addresses the 'focal concerns' and uses these focal areas to identify conflict in the client's life (1992:4). By using a counselling approach that focuses on focal areas of personal strengths, this helps to harness available resources of clients (Murphy 1994), and these are areas of modification.

**Parental counselling support**

The other collective process of counselling support was the use of parental counselling system. The informants talked about 'receiving parental advice and educational counselling' and how 'parental education supported personal growth in dealing with life issues (HIV and AIDS)'. In this study, family support was identified in a context whereby a family member who may be a parent or another member of the family offered support [which may be advice] to another member of the family. This form of counselling support was positively viewed in the way it harnessed the pre-existing family relationships in the management of HIV and AIDS issues. The family system emerged as a
critical part of the core support system for HIV affected families (Brugha 1994). The extended family system has always used the extended support of aunts and uncles in traditional counselling processes (GoB-MoE 1996: UNESCO 1998). In this study, the informants singled out ‘positive appraisal of [parental advice] in the way it allayed fears and anxieties in dealing with taboo-based subjects. They ‘liked learning from parental advice counselling’ because they could ‘inter-space out the provision of parental education and advice-based support’. They felt also that ‘parental advice benefited from an existing relationship that allowed open and free engagement’. Parental support was an effective process because ‘an existing relationship offered a sense of security for opening-up’ to others. Howe (1993:16) agrees that ‘friends and family’ are critical in being there to ‘offer a willing and sympathetic ear’; however, there may be moments in the support system when deep-seated issues may require other types of support.

**Stranger-type-of-counselling**

Burnard (1999:23) validates this concept through the identification of the ‘stranger-on-the-train’ type of counselling. I share the view that human beings have basic intuitive propensities and desires to open up to others particularly when in moments of distress (Howe 1993). Hence, the informants stated that ‘different personal issues required different forms of support’, ‘acknowledged the discomfort of parental advice on some personal issues’, ‘found it difficult to discuss sensitive personal issues with known parental figures’, whereas they ‘found it easier to open up to strangers and other unknown people’. Being in the company of a stranger in the counselling context was associated with a sense of safety and the freedom to opening up and maintaining confidentiality. In one of the focus groups, the group members had a strong feeling that schools in Botswana should explore the possibility of exchanging school counsellors because that creates a feeling of safety and security in the process of opening up.
**Home-based-counselling**

The *home-based type of counselling support* was identified as another form of support that informed the modification of counselling. I concur that parents play a critical role in the support of children and every form of support has to anchor on their helping potentialities. The exploration of this property revealed that informants were 'receiving home-based support (client)' and this form of support was 'offered outside the house'. In my co-construction, I differentiate between 'parental counselling support' and 'home-based counselling'. In the former, a family member is offering support to other family members whereas in the latter, anyone from outside who could be known or a stranger facilitates counselling support to the family system. In these systemic processes, the needs of all family members are cohesively integrated to stabilize the family group as opposed to individual members. Williams and Muchiru (2000:18) validated home-based counselling as a best practice in Botswana that helped to instil family cohesion and inclusion in dealing with HIV and AIDS. The systemic family counselling process was deemed desirable because it instilled a sense of security, inclusion, and trust because family members did not feel 'left alone' or socially excluded. They appreciated shared 'confidentiality and honesty' and the subsequent follow-ups from the supporters, especially when they engage in the monitoring processes (Williams and Muchiru 2000:18). The home-based counselling support was perceived effective in that the counsellors could explore spiritual issues in relation to death and dying in the comfort and safety of their homes (op. cit.). In Botswana, the home-based counselling support has been well developed as a common counselling practice to address the impact of HIV and AIDS.

Buwalda and Kruijhoff (1994) conducted the evaluation of the home-based counselling practice in the Kgatleng District in Botswana. They found that the majority of people (eighty percent) that needed
counselling had someone with whom they could share their concerns and talk about their struggles, and that at least sixty percent had already received this home-based counselling support. Buwalda and Kruijhoff also support the view that receiving counselling in the home environment is important because it enables family members to be part of the counselling process and this reduces stigma and discrimination. This study validated the need for a more flexible and creative approach in the modification of the formal and informal processes of support.

**Peer-counselling-support**

Some of the informants expressed preference for peer-counselling-support as another type of counselling. There was however some form of frustration from students that 'counsellors tend to take control in the way peer counselling services are provided' thus 'taking away autonomy in decision making both for programmes, content and ways of delivering it'. 'The lack of training of peer counsellors in handling sensitive issues' and the 'controlling nature of counsellors' were areas requiring attention from the perspective of informants. From experience, peer counselling has always been an integral part of the guidance and counselling support structure within the education system of Botswana where it has been driven by the Young Women's Christian Association (YWCA) through the Guidance and Counselling at school level. It continues to play a critical complementary role in student support. The informants mentioned 'preferring peer-counselling as opposed to teacher-counsellor support' and 'finding it easier to understand and engage freely with age mates'. My memos reflect a concern that informants felt peer counsellors could handle HIV and AIDS issues given the concerns they raised about confidentiality. I decided to sample this theoretically and the informants continued to confirm that they 'find it easier to trust age mates with HIV and AIDS related issues'.
The focus groups and counsellors felt that peer counsellors assisted in the mediation of personal issues; however, they needed to be trained in managing the sensitive role of counselling issues. Peer counselling is an informal counselling process that is validated within the comprehensive support programme offered by the Guidance and Counselling programme. Hence, the Ministry of Education (Botswana) liaises closely with the YWCA in facilitating the training programme for peer supporters in schools. Similarly, peer counselling emerged as a best practice in facilitating empowerment and inclusion of the marginalised young girls in Botswana (Williams and Muchiru 2000:31). However, the problem raised is that peer support tends to be controlled more by teachers and teacher counsellors. This takes away control in determining content, strategies of delivery and overall management of the programme.

Co-counselling

In further exploring the different types of counselling, I came across what I thought was co-counselling. When I validated the emerging concept, I became aware that co-counselling carried different meanings in different contexts. In this context, the informants talked about needing to be assisted by more than one counsellor in a counselling session. The counsellors stated that in the Botswana context, some of the presenting problems demand collaborative team effort to facilitate contextualised support. My past experience as a school counsellor reminded me of how I once offered co-counselling to a student. At the time, the process felt right and it actually worked for the concerned student. Interestingly, after receiving the western-based training in counselling, my practice shifted because I did not perceive that as an option for meeting counselling needs, and the question could be why? With hindsight, I think I suffered the same intellectual and psychological enslavement of unconsciously undermining what is local to elevate western philosophical assumptions.
With this in mind, I explored the literature to find out what it stated about 'co-counselling' and what emerged was interesting because there were two dimensions of looking at it. For Kauffman and New (2004:7), 'co-counselling' is grounded on humanistic assumptions that people are generally 'highly intelligent, good, cooperative, loving, enthusiastic, hopeful, responsible'. These humanistic ideals permeate every fibre of human existence even in the most difficult of all human circumstances and reject any supposition that is contrary (2004:7-18). In this context, co-counselling engages two people in a self-directed and mutually negotiated helping process and in the relationship, the process facilitates personal discovery, learning through insights, and emotional unloading in a safe self-directed environment (Edwards 1993:1-3). In this unique helping process, none of the two involved people can lay any form of professional expertise or esoteric power of knowledge over the other because they are supposed to be equals. Both are supposed to be peers engaging in a mutually supportive relationship (op. cit.). Heron (2001:246) states therefore that co-counselling is just a 'two-way process among peers, each taking a turn as client and counsellor (or worker and helper)...it is not client-centred; it is client-directed'. On the other hand, for WHO (1993:99):

Co-counselling refers to joint counselling by two or more counsellors at the same time. It can be particularly useful in family or couple counselling, especially when the two counsellors are of different sexes.

I noted that my theoretical construction of 'co-counselling' aligned with the WHO definition. But in avoidance of getting entangled in conceptual labels with respect to what is or is not co-counselling, I grounded this type of counselling on the substantive data. I identified this phenomenon as collective-combined counselling and the issue could be, why this label?
Collective-combined counselling support

The label of collective-combined counselling support emerged because I discerned that the informants had a preference for more than one helper at a time; the informants preferred 'collective-combined counselling support'. They found this type of counselling useful for both the providers and the users because 'it (combined counselling) enabled co-counsellors to support one another in the process of helping'. The informants felt that the providers benefited from receiving back-up support from the other counsellors and this expanded perspectives on how to go about addressing issues. I noticed another subtle benefit: the informants felt that receiving this form of support communicated some level of commitment and motivation from the counsellors' shared intent to offer care and support. The informants confirmed that 'combining efforts gave a message of commitment and desire to be there to support others'.

The 'collective-combined counselling support' also had an inherent cultural appropriateness within its practice. The informants 'aligned collective-combined counselling with the Setswana proverb to reinforce cultural relevance'. For emphasis, the informants selectively used two Setswana proverbs, viz kgetsi ya tsie e kgonwa ke go tshwaraganelwa and setshwarwa ke ntja pedi ga se thetha to justify the appropriateness of this conceptual property. In my role as the analyst who is also from a Setswana background, I felt invited in the co-construction of the symbolic meaning of these proverbs. These proverbs symbolically mean that when people collectively and strategically come together to address problems or concerns, they tend to maximally harness the multiplicity of the available resources as opposed to single-handed efforts. As a result, the 'assisted person benefited from the mobilisation of collective and substantive rewards'. Pedersen (1997:20) agrees that counselling is a 'mediating' process and, therefore, setting-up a culturally balanced therapeutic context
requires collective support forces. The restoration of this culturally balanced context may need a 'third party', the 'mediator' to come in as a co-counsellor. This person may facilitate a culturally responsive counselling process. Although a mediating co-counsellor may not be suitable for all situations, informants in this study support the need for the harmonization of 'co-counselling' as defined by the WHO (1993). Lebo supported collective-combined counselling in this way:

[**TK:** What would you like to see happen?  
**Lebo:** I would like to see one-to-one counselling instead of counselling in a large group. Or instead if you are counselling a student, then there should be two counsellors instead of one and this is so that if one person fails to address an issue or strays away somehow, then the other person can then help to bring the issue back to focus. And also this is so that the person who is being helped can end up benefiting from the combined support from both of them.  
**TK:** How would you react to being counselled by two counsellors?  
**Lebo:** It would not worry or bother me at all because I will be aware that these are two people who have committed to come and encourage or support me in one form or the other as I address my issues.  
**TK:** You would like the idea that you have two people who have come together to offer you help and support to address your concerns and you would find their collective effort useful in counselling.  
**Lebo:** Yes...and in addition I would find it very useful because I know that there is a Setswana proverb that says 'kgetsi ya tše e kgonwa ke go tšwaragenelwa'. I would find it helpful because when they are working together there is something more that will come out and so I will be able to understand better than if it was only one person.]

**Traditional systems-of-counselling**

In the construction of this conceptual property, I noticed also that it called for the integration of traditional systems of counselling. For emphasis, the traditional systems of support used in Botswana include extended family, bojale and bogwera (initiation school for boys and girls respectively), patio (marriage institution), kgosi and kgotla (chieftainship), funerals, and other cultural and spiritual rituals. These traditional counselling rituals facilitate transference of learned
insights in preparation for transition into mature adult roles. It is claimed that close to 85% of Batswana believe in indigenous practices and 25% in Christianity (World Fact Book - Botswana 2004). Although I question the significance of the percentage, the key point is that Batswana generally believe in indigenous practices and these have influence in the perception of counselling processes.

I find it relevant to share a heuristic experience to validate this phenomenon from an insider’s perspective. I will draw from my cultural position as a Motswana woman who had the privilege of undergoing patlo, a traditional marriage ritual that happens before the matrimonial ceremony, and I hope to do so without giving away too much detail. I experienced this patlo as a powerful collective counselling process that left an indelible symbol marking the cultural script of my identity. I was covered with a blanket, walked to the middle of the yard into a circle made up of married older women who had gone through the same process; previous experience is a prerequisite condition for inclusion into the patlo process. The women exchanged ‘words of wisdom’ through advice and guidance about the matrimonial expectations and what goes on in this institution. The process took about an hour and, according to cultural norms, this was the symbolic mark of the wedding. I share this brief personal encounter to illuminate how ‘collective-combined counselling’ as an informal counselling strategy can modify counselling practices in the Botswana context. Co-counselling is also believed to work when assisting couples because balancing gender and power dynamics often emerge in the helping process (WHO 1993). I noted that during the data gathering process, one of the visited schools had adopted kgetsi ya tsie e kgonwa ke go tshwaraganelwa as the school motto. I hasten to mention, however, that ‘collective-combined counselling’ may not necessarily work in all situations. Therefore, using this approach needs caution because children are more vulnerable and subjecting them to two adult figures in a single session could be intimidating.
In my co-construction process, I noted a need to integrate spiritual being of the informants albeit through a casual type of counselling practice. This is because the spiritual aspects of the self were expressed in the previous chapters and capturing this in the counselling context appeared equally imperative. It is the manner in which a casual talk process is used to bring up the critical dimensions of spirit being and then using that in a counselling process. The church and other religious structures present opportunities for experiencing counselling as 'casual conversational contact or small talk'. Identifying the 'casual form of counselling' reflected some form of flexibility in the way counselling support could be offered and this is negotiated between the counsellor and the person seeking help. In the memo, I questioned the context within which this form of informal counselling was to be offered and I realised that the casual nature of counselling was stated within a context that respected principles and conditions of counselling. These fundamental principles included confidentiality, trust, and privacy and its role in touching humanness. The verbatim datum below is used to illustrate the point.

[Rato: Yes...counselling can happen outside, although it can not just happen anywhere, it is important to look at where you are because this child came to you because she has private personal issues and so being in a place where there is privacy between the two of you is important. It should not be where students and teachers can easily hear the kind of issues you are talking about because then other students would ridicule or pass nasty remarks and comments to this student because of what they heard you talking about and this can be a source of another problem].
6.2.2.4. Ways of counselling for human support

The need to continue to balance the informal and formal ways of providing counselling by way of harnessing the individualistic and collective self emerged as critical in the modification of counselling.

`One-on-one' and `group counselling'

Further exploration revealed that the informants showed awareness of one-on-one and group counselling support processes. I share Trivasse and Trivasse's (2002) view that one-on-one counselling carries a western-based individualistic orientation to counselling support and the question was how that fitted into the Botswana context. The comparative analysis process revealed that one-on-one counselling does have a place in this context because it responds to the expressed HIV and AIDS needs of the informants. The informants talked about `preference for one-on-one instead of group counselling' due to `fear of disclosure and social embarrassment in groups'. The informants talked about the need for social inclusion through group counselling processes, but they also expressed concern about managing rejection and exclusion due to mismanagement of confidential information in the group; hence, they preferred `individual counselling'. Hedge and Glover (1990) conducted a study that confirmed the view that groups were effective as far as coping and dealing with problem solving issues was concerned; however, individual sessions were also necessary for addressing personal difficulties. Adesida and Foreman (1999) also found that perceived benefits of group support were felt in the emotional sharing of experiences, reduction of isolation, information sharing, and improved interpersonal relations with significant others. These studies validated the fact that group processes facilitate inclusion whereas individual support is necessary for addressing personal issues and that modification requires both processes.
In exploring this property, I noticed that the informants confused 'group guidance' with 'group counselling'; the two were used interchangeably. I theoretically sampled the property in the focus groups and indeed, there was a very thin line (if any) perceived between the understandings of group guidance and group counselling. The counsellors stated that the reason could be that 'guidance' and 'counselling' were used interchangeably in the public discourse and this could have generated the confusion amongst young people. Shen and Herr (2003) share interesting similarities in the development of 'school guidance' and 'school counselling' in the Taiwanese context that mirrored the development of counselling in Botswana. Using the Fanonian model of interpretation, this may reflect the effects of western colonisation in perpetuating the psychological enslavement of the 'psyche' of Batswana in their perception of counselling (Ponterotto et al. 2001). The other interpretation could be situated within Setswana culture because 'guidance' and 'counselling' are concepts that are culturally interrelated, and it would be difficult if not impossible and conceptually irrelevant to attempt to categorise them.

Group processes have always been critical in the African context, hence Campbell and Radar (1995) state that there are differences between developing and developed countries with regard to the role of collective forms of support. They validate the view that developing countries are collective in character; hence, groups are harnessed as facilitative tools for change and support. Yalom discusses the therapeutic or curative factors of group processes that individuals can harness as members of groups (Yalom 1995:1-67). These therapeutic values include instillation of hope, universality, imparting information, altruism, recapitulation of the family group, socialisation, imitation and interpersonal learning, catharsis, cohesion, and existential factors (op. cit.). Yalom states, therefore, that in the group processes, human interaction becomes an intricate process that leverages human
growth. Foulkes in Fehr (2003:17) claims that groups reflect the sociological dimensions of human interaction; hence, the historical and socio-cultural influences are expressed.

6.2.2.5. Counselling conditions
In this study, most of the informants felt that counselling should be anchored on certain key conditions of counselling.

Trust and confidentiality
The informants viewed trust and confidentiality as critical conditions in counselling. Corsini and Wedding (1995:443) define 'trust' as 'basic faith in oneself and others as being growth directed and positively oriented' and for Kauffman and New (2004:56), confidentiality is important in addressing aspects of counselling processes and failure to maintain it has a negative effect on the quality of counselling. In the context of HIV and AIDS, trust and confidentiality emerged as fundamental conditions for people affected and infected by HIV and AIDS (Buwalda and Kruijhoff 1994; Campbell and Radar 1995). A study conducted in Greece on the disclosure of HIV revealed that anxiety about trust and confidentiality affected the process of disclosure to the significant others (Sachperoglou and Bor 2001). The verbatim datum below illustrates how trust and confidentiality were regarded by Neo.

[Neo: Really...it is trust...a counsellor should know that they should not tell anybody one's secrets... and that person who is a counsellor should be someone that knows that people really put a lot of trust on them. It's like...really you cannot just take anyone from the village and just assume they can go out there and be a counsellor for other people without really knowing what they really should and should not be doing.

Neo: I think, personally, I would find it very difficult because teachers are people we are very fearful of. I mean a counsellor who is also a teacher would instil fear in me because when you are with them, you would find them very intimidating and it would even be difficult to listen or feel free to talk.

Tk: What would you prefer?]
Neo: I would prefer to receive counselling from the community organisations such as Y and X that are dealing specifically with people whose children have been infected by the virus.

Tk: Tell me more?

Neo: It's like as I said earlier on that we are scared of teachers and so teacher counsellors in schools are people we are really scared of... they are not the kind of people you would find are pleasant or jolly with students...and so it makes it very difficult to listen, and be uncomfortable to ask questions.

Tk: Mmmhhh... And so....(non-verbal invitation for more)

Neo: I wish a counsellor could be someone who does not offer any other subject and rather focuses on Guidance and Counselling in school. If they teach other subjects and for instance, you happen to annoy her/him in class, they can in anger use the words that you shared in confidence in counselling (session) to get back at you in class and that can be very deeply painful.

Personal acceptance of self and others

The informants mentioned some other critical conditions of counselling such as personal acceptance. This captured the concept of genuineness and non-judgemental attitude of human regard as being necessary (Corsini and Wedding 1995). Acceptance of the situation that one was in (or lack of it) affects the quality of the counselling relationship that is developed. For instance, 'accepting one's situation eases the counselling support processes' whereas 'denial of the HIV/AIDS situation', a common reaction that people use to manage the presenting challenges, was regarded as counter-productive to the counselling process.

Open communication and permission to speak

The other critical condition was an open communication between parents and children, which is anchored on empathy and relational connection with the other person (Corsini and Wedding 1995). It was stated that developing an 'open parent-child communication helps to open-up to others' and it also sets the tone for other healthy interpersonal relationships. This is because people who find it easy to open-up to family members are likely to find it easier to open-up to others and the reverse was perceived to be true. Therefore, modifying
supportive relationships required harnessing family communication and relationships. Opening-up to others was a learning process and, therefore, inculcating that early in life was a crucial condition.

The other related variable factor that emerged as a condition was the need for permission to speak. This is similar to the condition above but is allowed to retain individuality. The informants talked about creating an environment that was characterised by 'sitting and talking about issues'. There was an assumption that a counselling process that facilitated 'sitting and talking things through calmed down emotions, opened-up harboured issues and enabled articulation to free the inner spirit'. The advantage of openness to self-expression as a supportive condition emerged because 'opening-up was emotionally relieving'. The informants mentioned that 'releasing the inner spirit facilitated positive social interaction'. The process of opening-up facilitated social inclusion and enhanced an open attitude towards relating to other people. Heron (2001:243) reckons that humans are 'differentially stressed by virtue of immersion in the human condition' and this provokes overwhelming stress. Given that we live in an 'emotionally depressive society' and suffer from compassion fatigue people need modified counselling processes that enable various ways of emotionally unloading individual and collective pain and suffering. 'Co-counselling' as defined by Edwards (1993:1-3), Heron (2001) and Kauffman and New (2004) can offer a culturally modified type of self-support that facilitates mutual expression of emotional unburdening through peer support. Rato expressed emotional benefits of self-expression in this way:
6.2.2.6. Counselling variables

These are factors that were identified by the informants as equally imperative in the effectiveness of counselling especially when dealing with young people affected by HIV and AIDS.

Age factor

The age factor emerged as a variable because the informants felt that ‘assisting children at a tender age had more lasting impact’. Therefore, children needed to be exposed to counselling at an earlier age for them to appreciate its value later on in life. The other concern for age affected the providers of counselling, for instance, the ‘adult-providers of counselling’ were perceived as ‘offering a sense of security and an
informed understanding of issues', whereas the 'younger peers' were perceived to be 'more accessible and easier to open-up to'. The adult figures were perceived as important, especially when dealing with psycho-education, information, and advice-giving. They were perceived to be fundamental sources of general support whereas peers were pivotal in addressing personal issues.

**Respect for human rights**
The need to address *respect for human rights* in the counselling context was also expressed as a variable. The study revealed that counselling needed to concern itself with 'dealing with the protection of human rights' and the *protection of personal risk of infection*. The informants raised the concern because vulnerability to possible infection was apparent due to the care-taking role for the infected other family members. The other condition that related to human rights emphasised 'geographical inequalities to accessing counselling services'. The informants felt that 'counselling should be available in rural areas as much as it is in towns'. The concept stated the 'need for counselling services to be extended to villages'. According to UNAIDS (2002:162), *The AIDS epidemic knows no bounds. It defies international borders and transcends socio-economic, political, ethnic and other divides*. UNAIDS (2002:16) spells out the new paradigm shift in addressing HIV/AIDS that is needed to modify counselling. The focus is to integrate the 'human rights and needs of the marginalised people' as a fundamental precondition to counselling. The verbatim datum illuminates the human rights issue; however, my memos reflect that I should have explored sexual abuse issues to find its relevance in the verbatim.
[TK: Is there any other thing you would like to talk about?]

**Rato:** Counselling can help in assisting to meet the human rights concerns of children for instance in cases where there is some kind of sexual abuse.

**TK:** How do you relate the human rights issues in counselling to HIV and AIDS?

**Rato:** I mean that children should be protected from contracting the virus especially if the parents already are infected so that you do not all get infected and have longer similar problems (appears a bit tired and finds difficulty to carry responses)].

---

**Gender**

This was identified as yet another critical factor to conditions of counselling. Gender is a factor that has been identified as a potential source of a tension in the counselling process (WHO 1993:89). In this study, the informants felt that creating an environment that respects 'gender matching' can influence the counselling process. This means that in other cases some of the informants prefer or find it easier to open-up to counsellors of the same gender. The gender dynamics that emerged from the focus groups support the view that gender sensitivity should be seen as a precondition in counselling processes. In one focus group, there were very distinct male and female interaction dynamics that reflected localised culture and gender factors. Girls were grouped in one section of the circle and refused to intermix with boys. For instance, there was one girl who refused to talk throughout the focus group process despite the verbal and non-verbal invitation from the facilitator and the group members. In modifying counselling practice, these preconditions need to be given a critical reflection.
6.2.2.7. Counselling skills: micro, interpersonal and consultative

The informants went on to identify some of the micro-skills of counselling and communication as critical in facilitating the modification of the counselling process.

**Humanistic micro counselling skills**

The informants mentioned patience, willingness to listen, non-judgmental attitude, human regard, sensitivity, questioning, reflection, self-disclosure, immediacy, paraphrasing, confronting, challenging, summarising, monitoring, feedback, affirmations and challenging irrationality in different contexts. For instance, the informants wanted counsellors to 'be patient, to listen and give ample time to talk things through'. They also wanted counsellors to show 'patience in listening and working out ways of addressing issues'. Therefore, 'patience for social skills', 'giving time for careful reflection', 'listening with a non-judgmental attitude' and 'sensitivity to questioning skills' supported some of the identified skills. 'Self-disclosure of real life experiences enabled learning from other people's ways of handling life challenges'. It was interesting that these micro-skills were the same communication skills that had been reiterated in the humanistic forms of support. Counselling is a specialised helping service that is based on developing deep qualitative relationships with others and in doing so, sharpening this double-sided skill to appreciate human similarities and differences is pertinent (Pedersen 1997:28). WHO (1993) validates the micro-skills identified by the informants such as; listening and attending, patience for social interaction, genuineness, reflective processing, non-judgmental attitude, sensitive questioning, modelling and self-disclosure. Paraphrasing, reflecting feelings, questioning skills, permission to speak, summarising, monitoring, giving feedback, challenging resistance are some of the other micro-counselling skills (Pedersen and Ivey 1993; Nelson-Jones 2004).
Interpersonal skills: caring, non-threatening, compassionate and gentleness

The informants identified several intervening 'inter-personality attributes' that are needed to support effective counselling. The need for a relaxed and inclusive interpersonal environment as perceived by the informants required 'creating a non-intimidating, free, relaxed, and gentle atmosphere'. By 'creating a conducive counselling atmosphere by being gentle, calm, non-threatening, loving, gentle, relaxed and doing what is in the best interests of the child' was also important. In doing this, the informants wanted counsellors to be 'calm, gentle and relaxed in counselling' and to 'display a pleasant, jolly, calm, relaxed, and loving spirit towards others'. AIDS/STD (GoB/MoH) (1998:30) affirmed through the rapid assessment study that orphans in difficult situations experience emotional pain and suffering, therefore, they needed 'counselling, love and care'. Lebo talked about the non-threatening and supportive personality attributes and conditions in counselling as expressed in this verbatim datum:

Lebo: They [counsellors] should really assist the child to feel free and relaxed so that she is not scared of them and does not think that they would treat other people the way others have done to her/him. They should help the child to feel free and relaxed about a lot of issues. They could start by finding out the sort of things that the child needs and provide some of these things to make the child feel happy to sense love and acknowledgement.

Stigmatisation impacts on exclusion, fear, and other psycho-social issues and these endanger the sense of safety and security, and that makes esteem a critical issue for HIV counselling (Dworkin and Pincu 1993:277). The informants talked about the 'effectiveness of counselling resting on the sense of security and trust' and justified why safety and security were perceived as crucial in counselling. Howe
(1993) supports the view that a strong sense of security and safety are critical intervening factors that are needed in the counselling process.

**Consultative skills: advocacy and networking**

The informants also argued that 'advocacy and networking skills' are facilitative consultative skills needed to modify the counselling process. The informants 'embraced networking and advocacy in the counselling role' and felt that 'using advocacy and networking helped in mobilising resources for meeting practical needs'. This is particularly critical in developing countries where HIV and AIDS leaves children with practical crisis needs; hence, meeting these basic unmet needs is an imperative (Kelly, 2000). Maslow states that human needs are ordered in a hierarchical order starting from the basic simple biological needs to the higher order needs that meet individual standards (Wade and Tavris 1993:373). Therefore, meeting these basic socio-economic needs that are lower on the scale of needs is critical to aspire for the higher order psychological needs such as self-actualisation and esteem (op. cit). The Maslowian theory has received much criticism such as recognising the horizontal fashion in which different categories of needs could be simultaneously desired (Wade and Tavris 1993). Other forms of criticism include realising that there can be no direct assumption that meeting one need necessarily means one will desire the next and the reverse being true.

Although the criticisms levelled at the Maslowian model reveal the limitations of taking a simplistic linear approach to complex human needs (Wade and Tavris 1993), I argue that the theory is still relevant when applied in certain contexts. Harper et al. (2003:15) pursued the practical relevance of *Maslow's Need-Based Approach to Counselling* in meeting the needs of 'children in crisis situation'. The argument posited by Harper et al. is that the conventional models of counselling have practical limitations when applied to children in difficult circumstances particularly those from the developing countries.
I support Harper et al. that the conventional models have focused on meeting the psychological needs for love and esteem at the expense of practical challenges and these are interrelated in human life. According to Harper et al., children in 'crisis situation' reflects:

Children of the world (infancy-to-puberty age) who are continually at risk of being unable to fulfil adequately their basic human needs, as described by Maslow 1970. These children include those who live with hunger for food, with inadequate shelter, in daily fear of violent threat, in unhealthy and unsafe conditions, under psychological pain or emotional abandonment, or in a quiet state of painful neglect, rejection, or abuse.

Harper et al. (2003:11)

In this study, my view is that a counselling model that is modified based on needs is critical. It should also recognise that advocacy and networking are necessary in meeting the basic human needs in counselling. Harper et al. state therefore that a cross-cultural counselling approach based on the Maslowian need-based model that factors the crisis-oriented challenges facing children of the 21st century, is the way to go about modifying the counselling approach of today. The child that Harper et al. define is the one I regard as the 'HIV and AIDS affected' because they have experienced similar crises and other related challenges. I therefore argue for advocacy and networking skills as needed skills in the need-based counselling model. Figure 6.3 shows how Harper et al. articulated the need-based model.
6.2.3. Instigating change and inclusion

To 'instigate' means that there is an inherent causal effect that makes other things or something else happen (Collins CoBuild 2003:753). In this context, the informants expressed the expectations to relate to 'change'. For anything or anyone to undergo 'change', it means there is a perceived difference between what that thing or person was like before, in relation to after the intervention. When merging the two, then, one can assume a before-and-after effect because counselling should make a difference that can be ascribed to having received the intervention. I hasten to caution the reader that while 'change' can be either positive or negative, in this context 'change' refers to a positive difference that leads to pleasant consequential effects.
6.2.3.1. Rising-above-prejudice

Going back to the major challenges of being affected by HIV and AIDS that emerged from the study, the informants experienced great deal of prejudice. This involved dealing with feelings, attitudes, thoughts and perceptions that negatively categorise, cluster and single out others (Allport 1954:12-13). Based on what emerged from the study, amongst others, 'change' should involve the ability to deal with this form of discrimination at personal and group level. To put the concept into perspective, 'prejudice' originates from the Latin word *praepudicium* and, like many socially constructed concepts, the word has undergone transformation (1954:6). One way of looking at prejudice is seeing it as a 'pattern of hostility in interpersonal relations which is directed against an entire group, or against its individual members', it is pertinent because it 'fulfills a specific irrational function for the bearer' (Allport 1954:12).

6.2.3.2. Patience and control

Sherr and Davey (1991) similarly discovered that people affected by HIV and AIDS suffer from anxiety and depression. Since most of the informants suffered prejudice they needed counselling to instigate change at personal level. This had to happen through the 'instilling of patience and self-control in social interaction (counselling)' and through the 'reduction of prejudice and judgmental attitude by increasing compassion towards others (counselling)'. The desired need for personal control and patience would enhance the way the informants would deal with negative attitudes that came from people who were dehumanising them. The informants wanted to develop a non-judgmental attitude when dealing with HIV and AIDS issues to break the discriminatory cycle of prejudice. Empathy and unconditional positive regard are powerful therapeutic conditions that support respect, warmth, and sensitivity within a helping relationship (Corsini and Wedding 1995:130).
6.2.3.3. Unveiling darkness

According to the informants, instigating change and inclusion involved the cognitive process of being informed and knowledgeable by ‘coming out of darkness’. The metaphoric use of ‘coming out of darkness’ meant experiencing psychological freedom from ignorance, despair, and depression surrounding HIV and AIDS. This psychological growth happens because counselling is a process that instigates learning through gaining insights and reflective processing (Corsini and Wedding, 1995:72). In this study, learning insights emerged from ‘gaining an understanding that HIV and AIDS was not necessarily death’. Therefore, ‘coming out of darkness’ revealed the widening of perspectives as a result of ‘gaining educational learning from counselling’. These internal processes illuminated some level of psycho-social growth processes needed or experienced as beneficial in counselling. Neo is talking about the counselling benefits in this way:

[Neo: For me, counselling was helpful in various ways. For instance, even the very conversation that I am having with you right now would not be happening if it had not been for it. It (counselling) did not really take that long, it took about 10 to 15 minutes. She simply asked me to tell her how the fact that my mother has tested positive to the virus has affected me. I told her that I really did not feel good especially when people isolated me and discriminated against me the way they do. She also asked me whether people ever shouted at me and I said no and actually most of the time they just ignore my presence, they do not even engage me in their conversational talk. She told me that really some of these hurtful things are done by people who really do not understand much and that I should just ignore/disregard or shrug off what they are doing to me and really not to take things they do to me too much to heart. In fact, today I am just fine and no longer worried because, you know, for me really, I am not a hateful person and so I would never do the things they did to me to other people.

Tk: Mmmh, (nodding) tell me more?

Neo: It is really because s/he (counsellor) allowed me to take part freely and to be able to openly ask questions and where I did not understand, I would ask. In addition, she showed me some pictures and that really helped me to understand fully. After receiving counselling, I felt better and comfortable to talk and feel free to talk about my situation without much fear. After testing positive to the virus, my mother joined a lot of support organisations...and so I used to accompany her and by doing so I was able to learn a lot from attending with her].
The informants identified the need for counselling to instigate change for *self-expressivity* by allowing 'opening up and speaking out'. The informants talked about 'needing to be allowed to sit and talk things through' and 'being given permission to talk things out'. The need to be allowed to talk seemed to be in recognition of the fact that 'there was a generalised difficulty of opening-up to taboo-based subjects that was rooted in issues of personal, social, and cultural secrecy'. The need to be given 'permission to speak out' in counselling carried some level of desire for 'emotional self-expression'. There was a notable desire for a collective voice that 'spoke out for all to be allowed avenues for self-expression'. The informants 'wanted to be given time to be heard, listened to, and understood'. Heron (2001) explores co-counselling as a process that facilitates self-expression. This is what Rato felt was needed in the counselling process to modify the counselling practice.

**TK:** What else would you like to see happen?

**Rato:** The other important issue for me is to assist students in this situation to open-up and not to bottle things that are bothering them inside. They should reveal their emotions/feelings, although I have no clue how they (students) could be assisted to outwardly express themselves, it will be up to the counsellors themselves to see how they do it but they (counsellors) will have to see how they do help the students. [Rubbing her chest as she speaks]

The other aspects of self-mastery changes were *affective* because they included personal traits such as 'feelings', 'attitudes', 'patience', 'self-control', and compassion when dealing with self and others. Some of the informants talked about 'counselling assisting with calming thoughts and feelings'. The development of the self as well as social inclusion emerged as complementary and mutually inclusive growth processes. For instance, the informants talked about wanting to 'gain confidence in handling' social interaction processes and being
‘permitted to openly engage’ in social interaction. The development of personal confidence for social interaction reflected the desire for social inclusion as a self-empowering process. Counselling models that are an empowering in the context of HIV and AIDS should respect strengths within both the individual and the collective self. These valuable attributes include harnessing life experiences, permission for expression, social connectedness, collective values, strengthening control, confidence, and liberation. Vasquez in Ponterotto et al. (2001:68-70) agrees that dealing with prejudice requires assertiveness, social activism, and visible forms of social connection to lever personal growth and social inclusion.

6.2.3.5. Developing social skills

The instigating of change for inclusion required social skill development and this is necessary because dealing with prejudice in the context of HIV and AIDS is disempowering. The informants mentioned that ‘breaking social taboos by speaking about the unspoken was relieving and freeing’. They valued a process that allowed them to speak and openly express personal concerns. The informants ‘valued being able to engage openly and freely in talking about unspoken issues’ and this required social skill development. Howe (1993) has explored the non-specific factors needed to facilitate supportive processes and found that the value of being allowed to talk emerged as a critical healing factor. Bowlby’s theory of attachment states also that people have tendencies of seeking relationships and bonds that are characterized by instillation of security, warmth, and acceptance (1993:59). There was a need, therefore, to feel self-empowered to handle social discomfort by way of breaking the taboo barriers around HIV and AIDS. The benefits of social inclusion through social skill ‘created a sense of belonging and security’. Social inclusion developed through counselling shows the reciprocal nature of stimulating interactions where mutual ‘recognition and understanding’ offers satisfaction and security (1993:54). Counselling
is a supportive 'process of unburdening, which can be itself cathartic and therapeutic' hence the 'power of letting clients talk' should not be underestimated in the process of instigating change for self and others.

6.2.3.6. Emancipating the mind

It should be understood that counselling that instigates change is applied within a marginalised group in the African context where the liberation of a colonized psyche is critical (Ponterotto et al. 2001). Given the effects of dealing with the 'tormented psyches' of being affected by HIV and AIDS, issues of victimisation, disempowerment and prejudicial deficits should be part of the agenda for instigating change and inclusion. The Fanonian model of counselling advocates change through the liberation of the mind where issues of human rights and lifting voices of the voiceless is pivotal for inclusion. This requires a paradigm shift from counselling that is intended to pathologise human experiences towards a model that is aimed at unlocking the socio-cultural inadequacies and deficits that deprive the oppressed (Ponterotto et al. 2001:313-326). The verbatim datum below reveals how Rato feels psychologically contained and what she needs to access her internal resources to effect change:

[Rato: It's like, some of us students are very closed and secretive in nature, even though we are affected and bothered we find it difficult to go out and seek help. They (counsellors) should take students one by one and talk to them about their problems...they can assist you by telling you that your problems can be addressed this way or that way...I wish they could do that. They should not just leave it to the child that those who need help will come forth... and therefore just sit back and settle down waiting for the child to initiate the move to seek help...because we (students) are not open, some of us students are not really open and therefore would find it difficult to come forth to seek for help].
6.2.3.7. Healing the collective-being

The counselling model developed in this study needs to recognise the collective role of the community in facilitating care, acceptance and social inclusion in the counselling process. A community counselling model provides a way of providing modified services that harnesses the collective strengths of the community. This includes collective healing and acceptance of disadvantaged others. The informants talked about 'needing support to deal with social discomfort' and also 'needing to blend in with others'. The desire to blend in with others implied that the informants wanted to be a part of a social process of counselling support that discouraged exclusion and levered community inclusion. Campbell and Radar (1995) support the view that developing countries would benefit from a community-based counselling approach that recognises collective pain and suffering.

6.2.3.8. Pride in self-identity

The study also revealed that people affected by HIV and AIDS accumulate personal and social inadequacies and deficits that can influence the view of the self. I support the informants in their view that the instigating change should be guided by self-pride and positive identity. The informants wanted to 'be supported to be comfortable with self-ownership and instillation of pride within the HIV situation'. I found it fitting that pride and identity emerged as critical for social inclusion because developing 'confidence and assertiveness' are part of self-image. Self-image and self-concept all relate to the way persons look at themselves (Fennell 1999). This could be developed through compassion, caring and support, hence the 'wish for counselling to offer love, care, and support'. The need to be offered love and care was imperative because 'meeting personal needs enhanced the sense of acceptance, security, and confidence'. Moreover, 'finding out and providing needs instilled a sense of love and personal acknowledgement'.
The conversation below is a follow up to finding out what Rato wanted to focus the expectation from counselling on.

**[TK: What would you like then?]**
**Rato: I wish counselling can offer love, care and support for children to be able to talk about who they are, and be proud about what you are even if you have been affected by HIV/AIDS. This is in addition to being assisted to be able to express feelings and emotions of a person (maikutlo a motho).**

6.2.3.9. Problem-resolution-skills

The informants also reflected that instigating change should *empower in problem resolution*. The informants wanted to be ‘offered assistance with ways of overcoming personal issues’. The ability for one to be able to overcome personal issues implied that they wanted change to impact on internal resources for them to overcome presenting issues. The informants also talked about ‘expecting to be relieved and unburdened from discomforting thoughts’ and the relief reflected instigating psychological and personal growth. By so doing, the informants would ‘become comfortable with self and derive instillation of pride within the HIV situation’. The next section looks at dark areas that are *blurring the visibility* of critical issues affecting the implementation of counselling within the school context.

6.3. Blurring of visibility

As stated in section 6.2, the *blurring of visibility* supported the construction of *yes-but-to-counselling* as the core category and this is how the concept was theoretically developed.
6.3.1. Lacking training and competence

The 'blurring of visibility' emerged as a supporting concept for the 'customisation of counselling' as shown in Figure 6.4. The 'limited counselling skills and training' that were expressed in the study helped to illuminate lack of training and competence. Heron (2001:11) defines helping as 'supporting and enabling the well-being of another person' and this requires feeling empowered enough to be able to support the other person. The informants and the counsellors agreed that short-term training was inadequate for the role that the counsellors were expected to undertake especially in the context of HIV and AIDS. The counsellors and the informants concurred that counsellors did not feel trained with appropriate skills, attitudes, and behavioural repertoires to manage intense psycho-social issues emerging from being affected by HIV and AIDS.
They talked about 'lacking skills and knowledge of managing confidential information' and 'struggling with diagnostic skills'; hence they could not discern the psycho-social needs of the needy students. The concerns were indicative of lack of adequate training and skill development in a role that required training and competency to instil credibility. In some cases, the informants felt that the teacher counsellors 'exaggerated confidential issues, and found that hurtful'. For instance, counselling providers were perceived to 'like grapevining or gossiping a lot'. The informants held a strong perception that counsellors were 'talking about confidential issues and were 'not ashamed of openly sharing this (confidential information)' in class. Many of the informants qualified the practice of gossiping with 'a lot', implying that there was common practice of 'mismanagement of confidential information'. The verbatim datum below is intended to illuminate the consequential effects of lack of training in counselling:

**Q:** What else would you like to see happen for children affected by HIV and AIDS?

**R:** Counselling in schools addresses issues that are within the school compound, I mean the educational issues, I have never seen counselling addressing issues that originate from the home. I would like counselling to clearly clarify to the students that counselling in schools is there to support the students with all kinds of problems including those originating from the home and to make students aware that they are free to access that counselling support from the school counsellors or Peer support members. In schools, there are PACT members who assist the students and this is an important issue for me to be addressed. Students have to be informed about the counselling support in the schools and to know that when they have problems they are free to go and access help and making this known to all the students is very important. And also if the individual makes the choice to see someone they are related to, then it should be possible to see that person but it should not be forced, but be a choice for the individual to see a relative or a teacher.
6.3.2. Juggling-dual-roles affect credibility

The informants and the counsellors expressed similar difficulties of understanding why teacher counsellors had to 'juggle the dual functions of counselling alongside offering teaching subjects in the mainstream curriculum'. Juggling the dual function of teaching subjects alongside the provision of counselling seemed to place the credibility of counselling in a difficult position. The informants 'found it difficult to open-up to teacher-counsellors due to a threatening and intimidating attitude'. Moreover, combining the dual role of counselling and teaching threatened the 'image of the teacher-counsellor to negatively encroach on accessibility of counselling support'. Below is a supporting verbatim datum where the informants shared respect for trust and confidentiality in counselling relationship.

[...a counsellor should know that they should not tell anybody one's secrets... and a person who is a counsellor should be someone that knows that people really put a lot of trust on them. It's like...really you cannot just take anyone from the village and just assume they can go out there and be a counsellor for other people without really knowing what they really should and should not be doing]

6.3.3. Inter-intra-personal conflicts

The study revealed that due to the existing tensions, there were some consequential effects emerging as struggles between and within individuals, identified as *inter-intra-personal conflicts*. The *interpersonal tensions* were due to issues of power and control between interacting people within the counselling context. Most of the interpersonal tensions emerged due to the same problems of 'lack of training' and 'juggling the dual role of counselling and teaching'. For instance, some of the informants 'found teacher-counsellors intimidating and threatening'. There were issues of 'lack of trust and confidence in counsellors due to fear of violation of trust'; hence, the informants 'found it difficult to open-up'. The concern emerged because 'combining the dual role of counselling and teaching was threatening to open communication processes'.
The tension in the dual role revealed that the informants feared to trust teachers who were performing the counsellor role. The interpersonal dynamic processes created a negative feeling in the way the teacher-counsellor role was perceived by the students. The informants felt that the 'image of the teacher negatively encroached on accessibility of counselling support by the students'. This created a pushing effect that increased the interpersonal distance between the counsellor and the help-seekers. These tensions in the nature of relationships were noticeable between teacher-counsellors and students and, as stated they affected the power dimensions in the interpersonal relationships. Hsiung and Thomas (2001:753) established a similar division between the HIV-infected people in Taiwan whereby the infected felt powerless because they did not expect to receive any positive attitude of support from the health providers. The feeling of 'powerlessness in changing a negative context' experienced by the infected people seemed to nurture the negative division.

Noonan (1983:13) states that generally children are 'accustomed to attributing authority to the adult and believing in the validity of that authority'; however, they still can 'question the authority, often perceiving it as restrictive, anachronistic and wrong'. I borrowed this concept and applied it in this context because I feel Noonan’s use of 'children' is a symbolic representation of relationships that are affected by power imbalance. Noonan reckons therefore that the emerging interpersonal conflicts could throw the counsellors in the "Them" of a 'Them and Us' pair". 'Them' is bad, reprehensible, hated; 'Us' is powerless, controlled, not responsible" (op. cit). The counsellors in this context are perceived by the informants to be the 'Them' who occupied positions of power, and the informants represent the powerless 'Us'. These are issues contributing to the blurring of visibility.
The other consequential effect was identified as intra-personal tensions. The reader may need reminding that the informants were in the adolescence phase which is a difficult and distressing period of life when the young struggle with the developmental processes of separating adult roles (Noonan 1983). Negotiating these developmental struggles in a counselling context that is clouded by other environmental stress factors can only compound the 'internal tensions'. In the 'inner conflicts', the informants revealed some concerns, distresses, tensions and struggles experienced within the self that emerged as a result of being in this counselling situation. As stated, the informants raised concerns that teacher-counsellors were 'not managing confidential information properly'. As a result, the informants 'worried about compromising shared trust and confidentiality' and struggled with the 'difficulty of opening-up and sharing with others'. A perception existed also that the 'dual role of teaching and counselling predisposed students to harm'. When this contextual phenomenon emerged, it impacted on the affected person.

For instance, the fear of opening-up to the counselling process led informants to 'hide from social fear and shame' by 'becoming secretive and closed about personal issues'. There were personal 'regrets for the inability to open-up to share with others' that revealed the intrapersonal tensions of loss and grief. The 'inability to openly share led to bottling-in of issues' and this symbolically revealed 'dying from bottling issues'. The 'bottling-in' for informants was a symbolic gesture of internal death due to failure of counselling to offer its expected role. The informants experienced effects of loss in the way they 'worried about personal loss of weight' and 'associated personal loss of body weight with the effects of worrying'. There was an association of the physiological reaction of loss of body weight with the intrapersonal tensions that was indicative of signs of stress and burnout. Greenberg (1993) does highlight the physiological reactions that the body experiences as a result of the pressures of stress.
Moreover, the informants observed and stated that 'teacher counsellors experienced a lot of stress and burnout' because they 'struggled with intense psycho-social issues with little personal and professional support'. There was a time in the interview when I felt the frustration and emotional distress and anxiety that the counsellors felt as a result of being thrown into this situation. One of the teacher counsellors found it painful and distressing to talk about these challenges as seen from the non-verbal expression of pain. The counsellors validated their lack of support when they stated that they 'received no supervision in counselling'. I also felt the symbolic bubbles of intra-personal tensions in the interview process revealing the personal struggles that the counselling environment was personally holding for both the counsellors and the students.

6.4. Summary

The discussion on the blurring of visibility shows that counselling in school context happened within a situational context that was characterised by inconspicuous clouds of tensions and struggles. These tensions were inconspicuous to the eye and yet they contained a blurring that is felt at different levels. This discussion shows how the customisation of counselling and the blurring of visibility theoretically constructed the core category of yes-but-to-counselling.
CHAPTER 7
HOLDING BIFOCAL ATTENTION IN MANAGING SELF AND OTHERS

7.1. Introduction
This chapter is theoretically grounded on Chapters Four, Five and Six as it presents a synthesized version of the research findings. The Chapter starts by revisiting the research statement and the research questions. This is followed by a contextual definition of the salient terms that were used throughout the study. This prepares the ground for the composite conceptual framework of holding bifocal attention in managing self and others. After the framework, there is an unfolding of the context of the study in the following areas: experiencing, managing and counselling in the context of HIV and AIDS, HIV and AIDS as a phenomenological experience, adolescence as a global developmental phase and the education system of Botswana as exemplified by the school context. The analyst is also positioned as a co-constructor of this social reality followed by the hypothetical statements that guided the development of the theory.

Thereafter, the basic socio-psychological processes (BSPP) ‘Field of Oppositional Force’ (FOF), concerning the tensions and struggles are discussed. The FOF illuminates sources of oppositional force in carrying burdens of self and those of others followed by the consequential effects experienced in rupturing-in-silence. Thereafter, getting-by-with-anchoring, the main coping resource for self-management is discussed to show the resilient factors found in young people in the way they dealt with difficulties of life. In particular, the defense mechanism of ‘discounting’ is discussed as a psychological process of coping in getting-by-with-anchoring. Before concluding, yes-but-to-counselling is discussed to reveal the expressed need for counselling in the education system of
Botswana. However, 'yes-but', expresses the value of integrating culture-based variables in the 'customization of counselling'.

7.2. Conceptual framework of the BSPP

In Grounded Theory, the conceptual framework is understood in the context of the Six Cs, viz: context, contingency, consequences, covariances, conditions and causes to build a theoretical understanding of the phenomenon understudy (See Section 2.11). Before exploring the Six Cs, I revisit the research statement and the research questions and thereafter, discuss the definitions of the salient terms in the study. As stated, the intention is to contextualise the meaning before highlighting the framework and the hypothetical statements that guided the theory.

7.2.1. Research statement and questions

In general terms, the study was

Exploring the students' experiences of being affected by HIV and AIDS and ways of managing the situation: Positioning the role (if any) of counselling in the educational system of Botswana.

In particular, the aims of the study were to:

1. Explore the students' experiences of being affected by HIV and AIDS

2. Establish ways in which students managed these experiences

3. Find out how students viewed counselling in the context of HIV and AIDS
7.3. Definition of salient terms

In earlier Chapters, I deliberately avoided preempting the meaning of terms used in this study. The reason being that most of these concepts were part of the key questions in the exploratory process and therefore their understanding needed to emerge from the substantive data. In some of the explanations, I use Setswana, the local vernacular from which these concepts originated and in some isolated cases, I share personal insights to illuminate originality of the findings.

7.3.1. Holding

*Holding* emerged as a socio-psychological process that consciously and unconsciously involved intra- and inter-personal processes of engaging in human interaction. The concept of holding required noticing that young people dealt with the real life experiences of being affected by HIV and AIDS at home, at school and within the community. I was able to understand the way young people were experiencing and managing the phenomenon of being affected by HIV and AIDS because I interacted with the expressed thoughts, feelings, attitudes and behaviours. Therefore, *holding* expressed itself across the three fields of *experiencing, managing and counselling* in various ways. In particular, *holding* revealed that the young people were 'struggling', 'sustaining', 'containing', 'carefully guarding', 'internalising', 'supporting', 'manipulating' and/or 'protecting' what was going on.

7.3.2. Bifocal

Informants themselves never used the term *bifocal*; however, as a partaker in the dialectical process (Guba 1990); I constructed this socio-psychological process based on my interpretations of what was going on. In that light, *bifocal* emerged as a metaphoric construction of what was expressed that went beyond the presentation of the spoken words. In the
literal sense, *bifocal* refers to “glasses with lenses that are divided into two parts” where the “upper half” is for “looking at things far away” and the “lower half” is for “reading or looking at things that are near” (Online Oxford 2004). This means understanding that being affected by HIV/AIDS for this group needed a binary visual perception that is alternated from a singular optical lens to appropriate contextual understanding of issues.

Bifocal, then, signified the double-faceted nature of the experiences that informants were having at the individual level as a consequence of the relationship they had with HIV infected family members. It illuminates the taken-for-granted imperatives of constantly shifting perspectives and life experiences to appreciate being affected by HIV and AIDS as experienced by others. This is because the experiences by the direct sufferers were perceived to be just as vivid and poignant as expressed in the life stories of the other person. In that light, understanding what was going on required *holding bifocal* lenses that would enable seeing, experiencing, perceiving and discerning presenting issues for self and others as deserving equal levels of significance.

Bifocal also expressed the complexity of human experiences and the need to hear issues emerging at both conscious and unconscious levels. In that light, bifocal meant being open to hear, see and recognise the spoken and the unspoken about issues that are affecting the young people. It also meant appreciating the contradictory messages and finding coherence in their coexistence. This included noting that the humanistic sense of the self could be equally related to the collective sense of being as and when the situational context demands. A bifocal view also enabled young people in Botswana to be viewed as human beings who can equally experience human anxieties as universal experiences. For instance, the psychosynthesis model posits that we
should look at a human being "not as an isolated individual to be observed but as a subject in continuous, active interaction with a larger relational field" (Firman and Gila 2002:2-3). For me, this needed a double-faceted perspective of looking at a young person who is affected by HIV and AIDS and is experiencing the effects of globalisation within a specific context of growing up in Botswana.

### 7.3.3. Attention

To give something *attention* implies that one is focusing, concentrating and is directing energy, thoughts and feelings on a particular thing, issue or situation. The individual makes a serious attempt to visibly attract a human response towards this presenting situation. In the context of experiencing, managing and counselling for HIV and AIDS, this meant paying attention to issues of self and those of others and noticing that they both carry equal level of significance. As mentioned, this socio-psychological process of attracting attentiveness may invoke a need to look, listen and harness all forms of energy towards a particular person, thing or issue of interest as defined by the individual.

### 7.3.4. Managing

In this study, *managing* meant displaying personal mechanisms of dealing with the day-to-day experiences of being affected by HIV and AIDS. Personal coping ability was consciously and unconsciously anchored on maximising the resilient factors for self-management. This assisted the informants to manage self and others and they did so with a significant measure of success. This coping ability was displayed in disposition, skill, attitude and attributes towards personal functionality.
7.3.5. Self and others

The *self* signified informants as the experiencers of the phenomenon of 'being affected by HIV and AIDS' from the perspective of a student in Botswana aged between 14-21 years. The *self* (informant) who spoke at the time was seeing a symbiotic connection between 'self' and 'other' that experienced a psychological attachment in human bonding (Mellor and Schiff 1975:295). The *other* is representative of the HIV and AIDS sufferers who had a relational bonding with the key informant and were at different phases in the bio-medical trajectory of the illness (See section 1.10.1). This *other* was either a parent who was terminally sick or had passed on as witnessed in the painful expressions of loss. The *other* could also be a person who had gone public about their HIV positive status but were healthily living with the infection. This showed that these young people had a self-identity that could not be understood outside the social context within which it was constructed (Mead 1934:6; Coser 1971:334; Hammersley 1989:56-57).

7.4. Unveiling context of the phenomenon

Grounded Theory attempts to identify relational patterns within socio-psychological problems and concerns and suggest ways of addressing them. In reiteration, a 'phenomenon' reveals the 'repeated patterns of happenings, events, or actions/interactions that represent what people do or say, alone or together, in response to the problems and situations in which they find themselves' (Strauss and Corbin 1998:130). A context here refers to the social world within which the phenomenon occurred and these areas constitute contexts that located findings of this study:
Contexts of the phenomena:

- Fields of experiencing, managing and counselling
- HIV and AIDS: a phenomenological context
- Adolescence: a global developmental phase
- The education system as epitomised by the school context
- The analyst reflections

Before I discuss these contextual areas, I reveal Figure 7.1 as presented in the next page. The aim is to illuminate the relational patterns that theoretically constructed **holding bifocal attention in managing self and others** as the salient socio-psychological process in this study.
FIGURE 7.1. HOLDING BIFOCAL ATTENTION IN MANAGING SELF AND OTHERS.

HOLDING BIFOCAL ATTENTION IN MANAGING SELF AND OTHERS

Education system: counselling-school context

EXPERIENCING
- being affected by HIV/AIDS
- HIV/AIDS phenomenological experience

COUNSELLING
- in the context of HIV/AIDS
- global developmental phase

MANAGING
- being affected by HIV/AIDS

anxiety state
- ostracism from visibility and invisibility
- guarding against exposure by pretending
- rupturing-in-silence
- struggling with spirituality

anxiety state
- noticing personal vulnerability to death
- witnessing with pain
- identifying with self-needs conflicting with situational demands

anxiety state
- holding personal burdens and those of others
- rupturing-in-silence

anxiety state
- getting-by-with anchoring
- leveraging positive self-talking
- enabling-international
- social distancing
- taking charge
- being
- engaging in religious activities
- ancestral connection

anxiety state
- conformism and non-conformism
- co-existence of pre/conscriptive
- instigating change and inclusion
- blurring of visibility
- rising above prejudice

Education system: counselling-school context

HIV/AIDS phenomenological experience
- global developmental phase

Education system: counselling-school context
7.4.1. Fields of ‘experiencing, managing and counselling’
I found the contextual process of illuminating what young people affected by HIV and AIDS dealt with as located in the three-pronged fields of study personally and theoretically intriguing. The reason being that in my exploratory processes, I discovered that these broad contextual fields could constitute independent research areas. Notwithstanding, fusing their theoretical construction into a conceptual map was equally insightful.

7.4.2. HIV and AIDS: a phenomenological context
The basic socio-psychological process emerged in a socio-cultural milieu which is characterized by a high spread of HIV and AIDS (Refer to Section 1.13). Many schools in Botswana have students who are living with HIV and AIDS, and of which some schools may not be aware. In the research process, I concentrated on the experiences of being affected by HIV/AIDS at the exclusion of the technical and biomedical dimensions of the illness. The NACA Audit Report (2005:5) affirms that “the impact of the disease is tremendous and catastrophic” and is increasing the effects of distress. This was validated in Kay’s verbatim datum.

Kay: It started last year when my aunt...my mother’s younger sister tested positive...but then she had not yet started taking the medication...I mean...the one that is given to people who are sick. When it started, she developed very bad sores...I mean sores all over her body...she started sweating and the only way for her to stop this (fever and sweating) was to keep eating a lot of ice cubes...I mean to me it was like she was just about to die and so I was always worried.
7.4.3. Adolescence: a developmental phase

In this study, adolescence is critical as a contextual ground because the informants were young people aged 14-21 years. Adolescence is a natural phase that all human beings go through marking a critical developmental transition from childhood to young adulthood (Huffman et al. 1987: 302). My personal and professional experiences reveal that the adolescent phase, often presents some difficult developmental challenges. These include dealing with sudden body changes due to pubertal hormonal changes and this may affect body image. The young person may also be thrown into psychological struggle of managing peer pressure, belonging and acceptance for social inclusion and navigating personal autonomy in the context of family and other social relationships. This makes the role of the family and social milieu very critical in the growing phase of a young person, and often this requires mobilisation of internal and external resources. Emotional struggles frequently require learning how to accept rejection from friends, and negotiating sexuality and its related desires. The young person’s self-concept is shaped by how much they have been made to feel worthy and esteemed which makes the vulnerability of young people an area of priority in managing their state of mental health. Depression, anxiety and distress are common responses to the developmental challenges that young people are often confronted with, irrespective of whatever else they may be going through.

I agree that although young people in the Botswana context are growing up in a localised cultural context, they still are not excluded from the fragilities and vulnerabilities of human existence (Bottery 2000:4). As part of the globalisation process, there is an inherent universal interdependency that compels people to negotiate their ways through a huge cosmos (Bottery 2000:4). For instance, advances in media and
technology expose young people to defined and undefined pressures and expectations that transcend the transactional borders of our practical world (op cit). The potential effects of globalisation mean that these young people are open to developmental and global anxieties that are not necessarily owned by anyone and yet they impinge upon local and international practices (2000:7). As mentioned, these challenges are experienced by young people irrespective of where they are in the world. Borenstein expresses these contradictory forces by stating that

Young people today live in a unique time. Opportunities and expectations are higher than ever before. The pressures to keep up, to do better, and to achieve more are hitting you on all fronts - at home, at school, and with your peers. On the one hand, you are fortunate to have all the benefits of science and technology to make things bigger, better, and faster. On the other hand there is still no high-tech solution to being happy and successful. That will require a new focus on your mental and physical health. Together, they provide you with a balance you need to make good decisions without making waves.

(Borenstein 2003:5)

Therefore, to contextually understand what was happening in this study, it is necessary to appreciate adolescence as a challenging developmental phase. Contrary to expectation, young people are often undermined in their ability to guide research but in this study, the primary sources were the young people affected by HIV and AIDS. I found them to be just as capable of articulating issues affecting them and what needed to happen in their lives as older people are.

7.4.4. Education system epitomised by the school context

The difficulties of being affected by HIV and AIDS occurred in the education system of Botswana which is epitomised by the school environment. My personal and professional experience has revealed that the education system in Botswana is curriculum-driven. This implies
that the system is driven by the desire to produce the best academic pass rate because this is what is rewarded. The significance of this is that what happens in the school context with respect to life skills and personal development is given minimal support. For instance, the study reveals that teacher-counsellors are 'untrained in managing deep-seated psycho-social matters' and 'lack time and resources to support the provision of the service'. This is happening because they are 'juggling-dual-roles and this affects credibility' of counselling services. This may attack the developmental phase of young people because they may not receive holistic support services at an appropriate time.

The Ministry of Education in Botswana has introduced several support programmes to enhance the main curriculum. Learner support services for psychosocial needs include the School Guidance and Counselling programme, HIV and AIDS programme, Pastoral Care, Special Education and Sport and Recreation. The intention of the Ministry of Education is to produce a young person who is not only educated academically, but is also able to fit and function within the internal and external systems of life. This implies that the development of young people is far from being a simple process and it can only happen if the school context can appreciate the complexities of the existing realities of HIV and AIDS. For me, this underscores the importance of developing comprehensive support services in schools that take cognisance of the developmental, preventive and remediative care of learners. This may require contextual changes in policies, administration and professional practices at various operational levels.
7.4.5. Analyst reflections

I dialectically engaged in the interpretive analysis of young people's life stories and this was theoretically proper given that I used Grounded Theory within a constructivist perspective (Guba 1990). My perceptions in the data gathering process required modes of knowing that went beyond the simplicity of the spoken words to discern through tacit sense-making (Polanyi 1967). This was necessary to derive contextualised meaning that illuminated the socio-psychological processes (BSPP) in holding bifocal attention in managing self and others.

7.5. Hypothetical statements

Before discussing the Six Cs to show the relational patterns in theory development, I state that in this study, the informants were theoretically,

- holding bifocal attention in managing self and others as a fundamental condition in dealing with experiencing, managing and counselling in the context of being affected by HIV and AIDS.

- experiencing vulnerability to violence when dealing with carrying personal burdens and those of others as a day-to-day struggle at personal level.

- catalysing self-capital in getting-by-with-anchoring as a personal-coping strategy to manage the daily challenges of living with the situation with some measure of success.

- grounding customization in yes-but-to-counselling to appropriate the relevance of coexistence between cultural variables and conventional counselling.
7.6. Field of Oppositional Force (FOF) - BSPP

In Grounded Theory, a condition contains the circumstances under which the phenomenon exists. This study reveals that in dealing with experiencing, managing and counselling in the context of being affected by HIV and AIDS, the key condition is centred on holding bifocal attention in managing self and others (See Figure 7.1). The causes address the reasons, sources or explanations for the occurrence of a phenomenon. In this study, this is located in three main areas, viz: carrying personal burdens and those of others, getting-by-with-anchoring and yes-but-to-counselling. In these three categories, there are some contingency and co-variant factors that will be highlighted as I develop the theory.

7.6.1. Vulnerability to violence: a source of primal wounding

The hypothetical statement reveals that the young people were 'experiencing vulnerability to violence when dealing with carrying personal burdens and those of others as a day-to-day struggle at personal level'. The reasons explaining why the young people were carrying burdens of self and those of others were found in the Field of Oppositional Force (FOF). The FOF contains the basic socio-psychological processes explaining the rational and irrational fears of the unknown reality of being affected by HIV and AIDS as it affects the 'different' other person (Marshall 2004:51). The fear of the self was projected in what the self was seeing in connection with the other person and this contained possible psychological distress (op. cit). I also noticed that the FOF reflected the co-variant factors found in 'primal wounding' (Firman and Gila 2002:27) in the way young people were dealing with carrying personal burdens and those of others. This means that young people experienced primal wounding and that could have left visible and invisible psychological marks of human violence that could manifest later in their adult life.
Primal wounding implies that there were some:

violations of a person's sense of self, as seen most vividly in
physical mistreatment, sexual molestation, and emotional
battering. Wounding also may occur from intentional or
unintentional neglect by those in the environment, as in physical
or emotional abandonment; from an inability of significant others
to respond empathetically to the person (or to aspects of the
person); or from a general unresponsiveness in the surrounding
social milieu.

(Firman and Gila 2002: 27-28).

In the Field of Oppositional Force, I noticed some plausible explanations
of what the adolescents were psychologically dealing with and before
discussing the internal properties within this category I discuss the
origin of this construct.

The carrying of personal burdens and those of others was originally
fashioned from go dubana le go rwala mokgoleo wa me le wa batho ba
bangwe. I found it difficult to give a direct translation of this statement
without affecting the richness inherent in the language. However, it
implies 'wrestling with heaviness and burdensome challenges that are
directly affecting the self and those that are facing other people'. My
metaphoric interpretation is that go duba relates to mixing or kneading,
go rwala is carrying, mokgoleo is an overwhelming burden of heaviness,
wa me means mine or that which is intended for self, le wa batho ba
bangwe refers to that which is for others or is inclusive of others. I
constructed this culture-based illustration to express what this
symbolically meant to me based on personal experiences. I used
'kneading' as a symbolic mixture of complex and diverse issues
confronting young people in Botswana due to being affected by HIV and
AIDS. Although kneading does not necessarily denote burdensome
experiences, I perceived a symbolic representation of psychological struggles and physical heaviness which is not atypical in the African context. That is how this social world of being affected by HIV and AIDS expressed itself to me as a person who is affected by HIV and AIDS. In Hammersley (1989:56), Mead refers to these as the taken-for-granted everyday life experiences and this is what Grounded Theory purports to unearth.

It is necessary then to discuss the variances in how the Field of Oppositional Force expressed vulnerability to violence as a phenomenological experience in the lives of young people. I will do so following the pictorial presentation of Figure 7.2 because this is what will theoretically guide the discussion on the FOF.
Figure 7.2. FIELD OF OPPOSITIONAL FORCE (FOF)

- Visibility
- Ostracism
- Invisibility
- Awareness of death
- Social vulnerability
- Social
- Needs and desires
- Witnessing
- Pain and suffering
- Exposing the truth
- Social façade
- Reality of HIV/AIDS
- Spiritual awareness
- Protection and provision

SELF <-> Tension Area & Blurred Visibility <-> OTHERS
7.6.2. Punishing-the-already-punished

In Grounded Theory, a co-variance shows the nature and extent of the relationships existing between the variables as they occur within the phenomenon. As shown in the FOF area, there were some interacting forces at variance showing the conscious and unconscious dynamics of discomfort, contradictions and tensions with some push-and-pull-effects. The psychosocial effects emerging from childhood and adolescence as a developmental phase can naturally provoke anxiety, fear, panic-related disorders, distress and burnout (Campbell 2002). These are common challenges that are experienced by every child that is exposed to trauma at an early developmental stage.

My argument is that schools in Botswana may be punishing students who are already punished as displayed in the way they are struggling, containing and sustaining carrying personal burdens and those of others. This is a factor that may predispose young people to violence from various dimensions. I argue that a significant proportion of learners who are identified as ‘problem-students’ could be subject to a mislabelling of what is happening, considering the difficulties and vulnerabilities emerging from this study. Past experience and this study reflect the schools in Botswana ‘using corporal punishment’. This is a contextual vulnerability that the school system could be punishing a child who has already been punished by systemic challenges: for instance, someone taking care of a ‘sickly family member’ and ‘dealing with death’ and its vulnerabilities already receives a significant amount of psychological battering. But this is the same person who may be displaying behavioural problems of late-coming, isolation, disruptiveness and absenteeism which commonly attract some form of punishment. The school context which has a weak student support system run by people who lack administrative support, time, diagnostic skills and at times interest in the area of student support provide a porous systemic crack
for the fall of these vulnerable young people. From a developmental perspective, these psychosocial issues may go unnoticed because they are quickly tagged under what is to be naturally expected of adolescents. In that light, schools may have students ‘experiencing pain and suffering’ from death and related issues of grief, mourning and bereavement who may not be receiving appropriate psycho-social support but, worse still, may be exacerbating the problems.

I realised that I needed a binary optical lens to separate seeing, hearing and discerning the spoken issues from the unspoken underlying struggles. In witnessing what was going on, the informants struggled with ‘identifying and containing pain and suffering’ as experienced by the significant others. The suppressed tensions were expressed in the way the informants cried about what the ‘other’ was going through. In unspoken situations, there appeared some underlying tensions in holding the inner struggles which accumulated as emotional build-up as witnessed and identified in being unable to talk about it. Although the witnessing of pain and suffering was visually externalised, it is the internalised experience of pain and suffering that was psychologically distressing. The parents struggled to openly witness their personal struggles with their children and this made the identification of pain an ‘unexplored territory of psychological existence’. In this state, the young people at personal, family, peer, and school level struggled with maintaining a psychological balance which created tensions in their thoughts and feelings. At school level, little understanding and support of what was happening could create complexities in their interpretations that could invite a label of being problem-students.
In *noticing personal vulnerabilities to death*, I observed that this contained a social disempowerment element that could translate into punishment at a personal level. Death remains a mysterious and distressing phenomenon for all, and for young people who have not fully developed cognitive coping resources, dealing with its visible and invisible presence on a daily basis can be difficult (Draimin 1993). The young person awakening to the reality of death felt personal vulnerabilities due to the ‘awareness of death’ and increased ‘personal fears’. A perception of vulnerability to violence heightens feelings of susceptibility to psychological wounding and fragility, leading to internalised feelings of realistic or perceived harm and hurt. Winkler and Bodenstein (2003:37) support the oppositional struggle of dealing with children who are often left to figure out what is going on in secrecy. There is worry and anxiety about the underlying pains that the parents were experiencing due to the observed physical illness. This was psychologically processed by a young adolescent in a school context with limited emotional support structures. This situation enhanced the internalised feelings of personal helplessness and hopelessness against what the system is able to do to support them. The overt avoidance of other people and the symbolic effect of unmanaged rumours from the community was yet another dimension of social disempowerment that traumatised the informants. These social experiences of death created feelings of trauma, panic and distress that consequently impacted on functionality at personal, home and school levels.

Variations in tensions, struggles, discomforts due to pain and suffering were experienced either consciously or unconsciously and were also not openly discussed at family or school levels. This meant that the young person had to develop a way of guarding against exposure by pretending. This frequently involved intrapersonal strategies of containing, holding,
manipulating, protecting, sustaining and carefully guarding the self and others alongside dealing with the social effects therein of these experiences. This was expressed through containing 'secrecy alongside exposure' to perceived openness which 'revealed the truth'. These socio-psychological processes led young people to develop an unconscious form of social façade to hide public persona from experiencing the emerging tensions. Informants talked about 'hiding/concealing the truth' and 'pretending to get on with life'. This phenomenon of 'hiding in secrecy' created further internal struggles of *carrying burdens of self and those of others*. This is because the secrecy often bounced back on them (informants) because they could still 'discern and expose the truth'. This is a tensional area needing mature self-management and professional and institutional support skills to reduce its potential for being a destabilising factor in students' life.

Related to these oppositional areas of violence, there were concerns surrounding social expectations where *self-needs were conflicting with situational demands*. In Botswana culture, societal influence is quite significant in how the individual constructs the social world. Personal experience reveals that many young females go through a socialization process that channels them into the care-taking role. Informants struggled with conceiving and maintaining that expectation because it affected their 'personal needs and desires' to pursue education as a personal desire as well as a human right. I saw and heard young people expressing surprise as to why extended family members and other family elders were not assisting them to care for their sickly parents. The young people 'struggled with construing the unavailability of a social cushion', which could potentially buttress the impact of the distress. For these young people, these cognitive tensions compelled them to use the psychological defence mechanism of 'discounting'. The discounting process enables one to make cognitive assessment that can end up
altering a referential meaning to psychologically manage what was going on. For instance, the newly constructed meaning for them was that they (young people) were to perform these care-taking roles because the systemic family structure did not offer much choice. These care-taking roles were now deposited on them and they had no choice but to do it for their parents. The unfulfilled expectation of family-extended support revealed to the young people that the traditional family structure of support had since collapsed. I noticed a residual overflow of societal fatigue and general malaise due to HIV and AIDS experienced at personal, family and societal level. These socialization processes threw young people into early parentification roles and an interrupted developmental growth process which is needed by all children and adolescents (UNICEF Annual Report 2004).

I continued to hold a bifocal attentive lens in perceiving the manner in which visibility and invisibility manifested in ostracising young people affected by HIV and AIDS. Ostracism released tension because the young people felt 'visibly excluded because of their relational association with the HIV and AIDS affected people'. The experience of ostracism emerged from the psychological state of 'perceiving personal isolation' irrespective of whether this is in the area of visibility or invisibility as an HIV and AIDS affected person. Informants experienced, realistically or perceptually 'avoidance by others'. Participants talked about 'being left out' and 'being ignored' which meant that they were visible and yet they were not given attention, and this made them 'feel less valuable as human beings'. This state of being avoided created tension because it impacted on their self-esteem and identity formation processes. Given that recognition is important for young people, the state of avoidance by others can lead to internalised 'feelings of self-rejection'. This psychological state can be a potential source for panic and anxiety disorders. In extreme cases, they can culminate in psychological phobias.
expressed through avoidance of people, places and specific situations. These are violent human anxieties that the young people dealt with which could end up demanding psychological compensation or psychological bribery by way of being extra careful, watchful and/or suspicious in the company of others (Campbell 2002:16). These are deep-seated psycho-social issues that require skilled counselling providers, programme developers for life skills, proactive and therapeutic institutions and/or systems.

I argue that human beings are spirit beings whose spirit, soul and body cannot be existentially disconnected. My argument here is that if we are going to reach out to the totality of a young person, holding bifocal attention to managing self and others should pay attention to other facets of the self. I believe that although the spiritual dimension was not well developed in this study, it is still a critical dimension in human existence. The study revealed that spirituality meant different things for the informants however it offered a way of holding on, supporting, containing and appreciating 'connection with a higher being'. And that spiritual connection was happening beyond the realm of the physical.

Informants experienced spiritual tensions in the sense that they believed that there was a 'higher source of protection' or a provider for their situation. For some, this source of protection and provision for their practical needs was grounded on 'traditional support practices', while some referenced it to 'God-related experiences' as expressed through 'praying' and 'connecting with the dead'. The tension seemed to emerge from the realisation that the HIV and AIDS situation appeared to undermine the spiritual connections they had with a higher being. This is because the reality of suffering even in the practical sense was still visible in their lives despite the spiritual beliefs they upheld. The 'awareness of spiritual issues' and how they affected practical life in the
context of HIV and AIDS was an area that provoked tensions for the few that shared it. Draimin (1993:82) articulates how a higher spiritual being can explain the practical world in the way it gives us ‘hope and faith’ in the self as well as the other being. This shows the relationship between spirituality and practical issues and its presence in the FOF area to unearth how carrying of personal burdens and those of others impacted on the self.

Rupturing in silence (go phatlogana ka tidimalo) emerged as a psychological consequence of primal wounding. The notion of rupturing in silence was revealed from the Setswana concept of phatlogano ka tidimalo. Phatlogano is symbolic of the fact that the centre of anything is splitting, cracking, breaking and/or falling apart. This implies that whatever it is that one is dealing with was initially a unitary system that is or was holding, containing or supporting a variety of components together but now the centre cannot contain itself. Tidimalo signifies profound silence and quietness. In this context, it signifies hearing or perceiving an audible form of silence in spite of the profound presence of pain in the inner man as expressed in rupturing (phatlogano). Therefore, rupturing is a violent psychological process that emerges from ‘immersing in vicarious trauma’ consequentially impacting on a ‘diminished esteem’.

In this context, rupturing-in-silence happened in many ways. A young person, family, relationships and the school reflect unitary structures that individually and collectively require systemic balance. This balance is necessary to maintain a state of homeostatic balance and equilibrium in our functional levels (Huffman et al. 1994:418). As stated, the young people already have their own developmental vulnerabilities that are stress and anxiety provoking. However, they also had to grapple with deep-seated effects of loss that compounded bereavement, threatened
educational progression, success and personal development. These psychological vulnerabilities were not always noticeable to adult figures around them because the informants appeared to be getting on with life fairly well. Moreover, the 'lack of diagnostic skills' by counselling providers to sensitively pick up these psycho-social struggles that were affecting learners encouraged an underlying false state of psychological mastery of 'concealment of personal issues'. This state of coping can propel the unconscious mind of a child or adolescent to battle with delayed pain later in life. Firman and Gila (2002:27-28) regard primal wounding as a violent psychological process that produces various experiences associated with facing our own potential non-existence or nonbeing: isolation and abandonment, disintegration and loss of identity, humiliation and low self-worth, toxic shame and guilt, feelings of being overwhelmed and trapped, or anxiety and depression/despair.

Another factor in rupturing-in-silence reflects the internal effects of stigma and discrimination due to shame, guilt and anxiety (Draimin 1993:46). This is expressed in the need to meet the “emotional, social, mental and spiritual needs of children” in Botswana (UNICEF Botswana Annual Report 2004:24). As mentioned, informants exhibited high stress levels, anxiety and worrisome behaviours evidenced in 'non-verbal expressions of teary eyes', 'avoidance of eye contact', 'moments of quietness' and 'high voice intonation'. To repeat, children who have been psychologically battered by challenges emanating from poverty, HIV and AIDS and other life challenges experience distress that “may cause a child to feel hopeless, less confident, and even unloved” (op. cit).
7.7. Resiliency factors for self-management

The other key causal factor that explained what was going on in holding bifocal attention in managing self and others involved the resilient resources needed for self-management. Despite the stated vulnerabilities, the young people demonstrated resilient attributes in getting-by-with-anchoring. There were three main co-variant factors that were holding and sustaining getting-by-with-anchoring as a causal resource for coping; ‘enabling inner coping, ‘harnessing-collective-compassionate-being’ and ‘appraising-spiritual capital’. This was holding a variety of human traits that enabled the self to keep on; ‘struggling’, ‘sustaining’, ‘containing’, ‘carefully guarding’, ‘internalising’, ‘supporting’, ‘manipulating’ and ‘protecting’ the self.

Informants anchored most of the coping resources on virtue and inner attributes and these included; personal discipline, self-control, believing and trusting others, hopefulness, flexibility, openness in mental and attitudinal outlook, genuineness, realistic decision-making, personal determination, self-focused skills and behaviours. These were self-management strategies that varied from individual to individual and yet empowered the user to ‘function independently’ irrespective of the situation or environment they found themselves in (Westwood 1997:29). This tended to draw from the resilient attributes that enable the young people to bounce back to life (Borenstein 2003:10-11). In the co-construction process, bifocal attention allowed me to see the binary nature of primal wounding and what it could do to a growing person. As witnessed in this study, they were unconsciously holding back, guarding and constraining what they were experiencing.
We all work out ways to;

repress the experience in attempt to prevent it from affecting our ongoing functioning. By forcing the wounding from consciousness, we seek to protect ourselves from its impact and create some semblance of safety within the traumatising environment.

However, we not only repress the pain and trauma but also those valuable aspects ourselves that were in the wounding. True, we banish the pain so that our consciousness and will are not overwhelmed, and we can continue to function. But we also cleverly seek to protect and preserve the aspects of ourselves vulnerable to wounding by submerging them in the unconscious.

(Firman and Gila 2002:27-28)

In getting-by-with-anchoring, informants were generally able to sustain both the external and internal resources at their disposal as personal anchoring points to something they viewed as significant when dealing with HIV and AIDS (Hubley 2002:78). They tended to value cognitive discounting processes in psychological coping and did this by assessing the psychological transactions and going on to accord them a constructed meaning of what they thought was going on (Mellor and Schiff 1975:295). These defence mechanisms anchored on discounting were critical for the young people because they permitted them to maintain symbiotic connections with others (op cit) which is critical in the Setswana culture.

Letting-things-go-by was theoretically constructed by ‘just ignoring’, ‘being casual and light hearted’, ‘down-playing’ and ‘shrugging-things-off’. This symbolised an informal and yet internalised cognitive coping process which is characteristic of the collective personality of Batswana as people. From personal experience and from what emerged from the
study, some if not most of the Batswana have internalised tendencies of 'ignoring' or 'downplaying' the significance of presenting situations. This does not mean however they would necessarily be oblivious to what is happening, but most would cognitively choose to disengage through 'social distancing'. This requires a conscious decision-making ability to take a social frame of reference that brings a transactional gain. The transactional gain may come through 'ignoring', 'minimising' and 'globalising' which illuminates a 'non-confrontational approach' to problem-solving. Such approach is enshrined in the national principle of botho and social harmony.

Botho is anchored on love, care, dignity, integrity, patience, humility, long suffering and compassion for others. The Taiwanese have similar cultural coping scripts because they would deal with problem-situations "by not making a fuss" and "taking it easy" (Hsiung and Thomas 2001:756). Latin American culture would harness the concept through the notion of simpatia (Levine et al. 2001:546). A person with botho grounds their cultural scripting of coping on a mindset that is "well mannered, courteous and disciplined, and realises his or her potential both as an individual and as part of the community to which he or she belongs" (GOB-Botswana Vision 2016 1997:2). Botho and social harmony are in line with the humanistic model of actualising self alongside the needs of the society.

Simpatia reflects a similar display of cultural attributes of being 'friendly, nice, agreeable, and good natured (i.e. a person who is fun to be with and pleasant to deal with) even to strangers' (Levine et al. 2001:555). These are cultural scripts that elevate the status of socio-cultural values and personal attributes and expectations through a conscious process of self-coping. The society harnesses these internalised virtues as resonated in
“harmony, collectivism, conformity, power-distance, holism, face and shame, reciprocity and ‘guangxi’ i.e. relationships” (Hsiung and Thomas 2001:759). Holding bifocal attention meant consciously harnessing inner strength ability and external resources provided by the self and the environment. The external resources could come from the family, parents, friends, teachers, counsellors and any other resource that enables keeping afloat of situations. In particular, the social skills and attributes of Batswana position the valued role of the collective in personal coping. It is necessary then to understand that these coping processes were employing formal and informal coping strategies inherent in social and personal resources.

The other informal self-empowering psychological coping strategy referenced within letting-things-go-by is scripted on the national principle of social harmony as embraced in collective compassion. This was developed by ‘universalising’ and ‘globalising’ of problems. The ‘universalising of problems’ signified social-identification whereas ‘globalising’ issues was scripted on the intentional will of shifting the focus of the problems to seeing them from a wider perspective that included others.

In harnessing-collective-compassionate-being, informants anchored on ‘converting negative to positive energy’, ‘noticing effects of ignorance on others’, ‘appreciating the power of knowledge’, ‘mobilising and restoring hope’ and ‘shielding and buffering’. The harnessing of external resources restored the positive effects of social protection from the social environment. For instance, personal understanding of ‘lack of knowledge’ and its consequential effects in managing HIV and AIDS gave the informants a social frame of reference that was more compassionate in dealing with the limitations of others. Similarly, ‘noticing societal ignorance’ as a social deficit developed an empathic point of reference by
taking a non-judgmental attitude to other people's knowledge gaps. By harnessing social relationships and support that came from others, informants were able to stave off or shield the negative effects of HIV and AIDS on themselves. This reflected the positive psycho-educational effects of belonging to social support groups such as the 'youth groups', 'support organizations' and 'counselling support groups'. For validation, Boipelo Batisang, a 24 year-old orphan who was involved in an Adolescent Empowerment and Mobilisation Urban Youth project conducted by UNICEF shared this testimony to substantiate its worthiness.

Being an orphan myself, there are a lot of things no one can easily tell you how to do. You start fumbling around without any information. So I felt if I got involved in one of the youth groups, I could end up with a better life. I feel that I wouldn't be here today if I wasn't engaged in this project. I would have definitely been engaged in a lot of bad things like alcohol and drug abuse, all those things that peers do...I feel that young people still need to be engaged in this project, they still need this training that we have had. They feel that we are better and changed, right?

(UNICEF 2004:27)

The other critical property that supported getting-by-with-anchoring was appraising-spiritual-capital. This property involved noticing spiritual benefits of investing personal energy in what constituted their spiritual gains. This included 'connecting with the dead', 'praying' and 'engaging in religious practices' such as going to church. For instance, the relationship with the dead anchored healing on holding and containing 'strength found in hope' because of anticipated 'continuity in sharing lives' and being provided for by a supernatural being. This supernatural connection through 'collective managing' inscribed self-coping in self-defined spiritual engagements. I personally related with what emerged from this spiritual script, except that my spirituality would be guided by
the supernatural power of God. I locate spiritual supremacy in the Trinity of God and that entails the three distinct personalities of God 'The Father', 'The Son' (Jesus Christ) and 'The Holy Spirit' (Oyakhilome 2004).

The binary attention enabled me to notice that young people experienced spiritual collective healing through the existential power of presence. They talked about 'sitting there' and knowing that their presence itself was healing and therapeutic for the sickly person. One participant talked about how her mother needed her to be 'just there' at a time when she (mother) was facing her last moments. I validated the existential power inherent in the here-and-now moment when using the micro-skills of 'attentiveness' and 'immediacy'. O'Farrell (1999:30) identifies empathy, unconditional positive regard, genuineness and self-awareness in human relationships. The family members were permitted to vent their grief through spiritual coping strategies and these formed the basis for setting a healthy informal support environment in the home through 'singing', 'dancing' and 'praying'.

One facet of expressing spiritual collectivism was gestured in 'practical support'. This form of support emerged from local organizations in the way they offered practical provision for basic needs such as food, finance and housing. In Botswana, the spirit of collectivism and ritualistic processes of family support is witnessed mostly in times of loss. It is expressed in funerals whereby 'collective restoration' is dignified through the grief process. This may happen through 'financial contributions', 'visiting the family in large numbers', 'doing practical chores' and other 'traditional cleansing processes'. These traditional coping processes require the construction of social meaning to discount the pain emerging from the presenting situation. For instance, seeing a lot of people around
you at a critical time of psychological need could rekindle social relationships and influence a differently constructed meaning of life.

For illumination, when my father passed away more than a decade ago, I appreciated 'collective spiritual support' and the power therein. By becoming consciously aware of how much people cared for us in what they visibly did gave me a personal dimension in understanding the social script inherent in 'spiritual collective strength'. This collective spirit gave me a systemic basis of 'sustaining', 'holding' and 'containing' the loss of my father because I established a collective sense of being that was anchored on the support received from others. This social connectedness catapulted my relational spirit to look at other people with a newly defined sense of purity, love and strength. This is critical in redefining relevance for customising and modifying support services that are suitable to the cultural needs of the young Batswana people.

7.8. Integrative theorising in counselling
I argue for an integrative theorising model to explain the valued role of counselling in holding bifocal attention in managing self and others. I concur with Marshall (2004xi) that managing the complexities of diversity and difference requires a solid model that appreciates cohesion in theoretical application. In such a model, various theoretical perspectives are permitted, not from a fragmented perspective but more from a theoretical synthesis that influences understanding of what is going on (op. cit). This is a model that appreciates the complexities inherent in offering school counselling support for young people's mental health needs. This is because schools are generally complex systems and with other existing practicalities, a flexible and adaptive theoretical model is what is needed. For instance, I reasoned using the psychosynthesis model that we need a global field in human dynamism where things
cannot exist in unitary structures because that propagates a reductionist approach as opposed to inclusiveness in human development (Firman and Gila 2002:4). This is alongside valuing the facilitative and authoritative styles that are located in the context of time and content as articulated by Heron’s helping styles in counselling (Heron 2001:6). In constructing this integrative attitude to counselling practice, there is a need to de-emphasize psycho-pathologising human behaviour and rather respect the relational perspective within a culture-based perspective.

7.8.1. Distribution of power in counselling

O'Farrell (1999:7) argues that counselling is a ‘valuable form of help for people in distress’ and supports its desirability in managing HIV and AIDS. Nonetheless, the study reveals that the valued role of counselling should be anchored on a yes that exists side-by-side with a but to accommodate cultural variances. In this context, a bifocal perspective is needed to ground integrative theorising in yes-but-to-counselling. This is because yes-but-to-counselling revealed the theoretical value of kgothatso, a concept of social support that translates well into encouragement. ‘Encouragement’ (kgothatso) emerged as a fundamental condition in understanding human counselling needs within the Setswana context and it is also there in some of the conventional counselling models. The informants agreed then that counselling should be grounded in kgothatso to manage the day-to-day challenges of life in families, casual interactions, communities and work-based values.

The argument for promoting integrative theorizing is that the model permits distribution of power in counselling anchored on respect for content and context when addressing issues for self and those of others (op. cit). In this context, power and control would be constantly negotiated from the help-seeker to the help-provider (and vice versa)
depending on the contextual needs of the presenting situation. The integrative model is used within a ‘single counselling approach’ to allow a person seeking help to receive a desirable form of support from a flexible theoretical approach. This also implies that the customisation of counselling should hold a bifocal attentive lens that equally favours the ‘coexistence’ of both the ‘prescriptive and non-prescriptive counselling processes’. In that light, yes-but-to-counselling maintains ‘synergy in formal and informal support mechanisms’ and elevates contextual relevance in conventional counselling practices. This signified value in prescriptive counselling practices based on a model that ‘accommodates conformism’, ‘authoritative’ and ‘directive’ processes such as ‘advice-giving’. This would theoretically coexist with ‘non-prescriptive counselling practices’ that are modelled on ‘non-conformism’, ‘facilitative’ and ‘non-directive’ processes. As mentioned, this bifocal lens helps to appropriate the constant shifts to situate helping styles on both content and context (Heron 2001:4-7). In this process,

authoritative interventions are neither more nor less useful and valuable than the facilitative ones. It all depends on the nature of the practitioner’s role, the particular needs of the client, and what the content of forms of the intervention is...It is the specific, concrete context that makes one intervention more or less valuable than another – nothing else.

(Heron 2001:6)
TK: But what is your understanding of counselling?
Rato: I think I understand counselling as...counselling is something that is able to encourage or assist (thuso kana kgothatso) a person to deal with the pain they are experiencing. When you have a pain or are hurting in some way, you end up feeling much better about it.

TK: How is it or how can it be helpful?
Rato: Let’s say you were affected in your mind by something, thinking a great deal about your situation, it (counselling) helps to bring down or calm/soothe your emotions down and you end up feeling better about it.

TK: If you had received it, how would it have assisted you?
Rato: It would have relieved and unchained me (e ka bo e nkgolotse mo moueng le modikakanyong tse dintsji) from the burden of so many other things that I found myself constantly thinking about.

Neo’s conversation gives the Setswana context of kgothatso clarity:

[Tk: Mmhhh...so in your understanding it (counselling) is encouragement (kgothatso) and also it has some educational aspects on some other life issues.

Neo: Eehh...Yes....

Tk: So in what way is counselling encouraging you?
Neo: E nkgotshsa mo dilong tse di dintsinyana tsa botshelo tse di tshwanang le yone HIV/AIDS jaana gore ke tshwanetse gore ke seka ka dira jang kana ke dire jang.

It encourages me on various life issues such as HIV/AIDS with respect to knowing ways in which I should handle them and how best to go about them.

Tk: Mmmhh...tell me more?
Neo: Eee...ke gore.. mo dilong tse dingwe gore ke seka ka utlwa bothoko thata gape le gore ke seka ka nna ke akantse fela thata gore mama o na le mogare wa HIV/AIDS... ka gore ha ke nna ke akantse fela thata go ka seka ga ntsaya sentle mo pelong le ko sekolong ke tla nna ke akantse go bo go ntshwenya mo dithutong tsa me.

Yes...it’s because...so that in some issues I should not become deeply hurt or bothered and that I should not spend most of the time focusing on thinking that my mother has HIV/AIDS...because when I spend most of the time thinking about my situation, I will not feel good inside and even when I am in school, it will disturb my studies].
7.8.2. Experiential processes in counselling
In this light, the customisation of counselling is imperative for its purposive desire to appropriate the 'modification of counselling processes' in conventional processes. This requires developing and adopting a counselling approach that is more 'experiential', 'participative', 'learner-centred' and 'action-oriented'. This appreciative and participatory model of providing counselling is different from what the informants referred to as the 'sit-and-talk approach'. It 'harnesses dramaturgical processes' in the counselling context as a desirable modification process. This is imperative because given the collapse of the traditional family support structures the teacher counsellors are going to become the main providers of the psychosocial support service. Therefore, advocating for a model that is friendly, accessible and yet responsive to the complexities of student life is critical (in the education system of Botswana).

7.8.3. Exposing the blurring of visibility
The study revealed that the blurring of visibility signified a situational context within the school environment that is holding and containing complex student support issues. One of the blurred areas in service delivery was the limited noticeability of primal wounding that these young people were holding that service providers could not effectively identify and manage. As stated, there were issues pertaining to 'juggling dual roles and its effects on credibility', 'lacking in training and competence' and 'intra-inter-personal conflicts'. For instance, 'juggling dual roles' meant that the school counsellors struggled with holding two demanding and at times conflicting roles of teaching and counselling. This is because as subject teachers, school counsellors were expected to teach, maintain order and bring deliverables in the form of academic excellence in pass rates. The system is currently more supportive and
rewarding to subject teachers as compared to teacher-counsellors as seen in their progression and opportunities for further training.

This created tensions as articulated by many students and counsellors because counselling is a service with different professional and ethical expectations. These ethical and professional ethics were often violated by service providers and this compromised the 'credibility of counselling' as a profession. When credibility of counselling suffered, often students paid the cost. For instance, class management in most schools requires maintenance of discipline and (in the Botswana context) this may be done through punitive measures of 'corporal punishment'. But on the other hand, counselling is a sensitive service that is anchored on trust, genuineness, empathy and confidentiality and use of threats can be a problem in building this relationship. In 'juggling teacher and counsellor roles', the same teacher-counsellor may be expected to shift into a counselling mode which calls for being 'non-judgmental, caring and willing to be there' for the psycho-social needs of the same student that they 'rebuked and punished' in a different context. The 'poor management of confidentiality' was one of the major relational areas that students felt was creating problems in the way they related with teacher-counsellors. The intrapersonal tensions were expressed in the way that many were in tears when they talked about how these issues made life difficult for them at school level. Therefore, a person who is overstretched to perform 'demanding and conflicting dual roles' with 'limited training and incompetence' is bound to experience 'personal frustration'. The intra-personal conflicts were inner emotive struggles experienced individually by the informants whereas the inter-personal tensions were between the students as recipients of the service and teacher-counsellors as service providers. This situation revealed an intra-inter-personal area of violence as articulated by both the informants and counsellors that was *blurring visibility* in student support services at school level.
The blurring of visibility noted also that developing counselling support services in the education system of Botswana required administrative and policy response structures. The validation process revealed that the education system has institutionalised various support systems such as the Pastoral Care system, Guidance and Counselling programme, HIV and AIDS programme, Special Education and all these converge on the teacher and the learner at school level. In some cases, it is difficult to reach commonly understood points of theoretical convergence in service delivery at school level and this has frustrated the counselling providers. The blurred area in this social support environment revealed limited clarity on what ought to be happening. For instance, Guidance and Counselling has a component on preventive psycho-education support through life skills development for all forms of psychosocial needs including HIV and AIDS. And yet, there is a parallel HIV and AIDS programme going on in the same schools, for the same beneficiaries, with the same change agents for the same purpose. The study revealed that this can, and in some cases has, created 'clashes in sustaining and holding defined roles', functions and structures that benefit the learners. The school-counsellors expressed 'concern that students were now beginning to express psychological fatigue to anything that comes in the name of HIV and AIDS'.

At a policy level, tensions can be exemplified in the way posts of responsibility are managed at school level. Promotion into posts of responsibility is based on seniority and often the set criteria may not fit in the counselling context. The tensions emanated from the fact that some teacher-counsellors were selected into the counselling post because they were 'administratively due for promotion'. In this case, irrespective of whether the teacher has the psychosocial and personality attributes of counselling helpers, they were given the role based on the need to
'respond to a policy directive'. The identification of a counsellor in this context created a 'blurring of visibility' because often the 'appeasement of such people' ended up 'compromising the credibility of the service'. The other tension areas emanated from 'alternating methodologies of delivery and assessment' between teaching subject areas and guidance and counselling. This is because teaching and counselling have different aims and methodologies. Teaching aims for 'academic excellence' whereas guidance and counselling 'promotes attitudinal, perceptual, emotional, behavioural and other intuitive aspects of human growth'. The blurring of visibility in student support services and psycho-educational services for life skills development in the school context demanded clarity on these issues. Therefore, awareness and understanding of the variables affecting student support services as contained in the blurring of visibility was critical in holding bifocal attention in managing self and others.

7.8.4. Implications for counsellor training

It is critical for training to appreciate the challenges inherent in carrying personal burdens and those of others and the resilient factors contained in getting-by-with-anchoring. More emphasis in training should be placed in counselling because this is the purpose for informing student support services. The yes-but-to-counselling approach has implications for training of counsellors working with this and other similar groups. This is because the expressed 'lack of training and competence' of teacher counsellors identified an area of deficiency. The study revealed that teacher counsellors need intensive training that will upgrade their understanding of the 'deep-seated nature of the presenting psychosocial issues' that young people are facing in schools. They should also be provided with sharp 'diagnostic skills' that isolate developmental needs from the psychosocial issues emanating from vulnerabilities related to HIV and AIDS.
The informants favoured training of counsellors to focus on 'experiential processes' that drive inclusion of counselling towards 'demonstrative aspects of psycho-social teaching models'. They argued for the integrative counselling approach to take cognisance of experiential processes such as psychodrama, artistic, theatrical and gymnastic therapy, play therapy, music therapy and impact therapy. The actively engaging processes create a moment where experiencing these performances becomes a psychological engagement for young people to just flow into personal realisation. The loss of self-consciousness facilitates insights into self-discovery and that spontaneous and yet creative feeling of being takes them into a new realm of existence. The psychological benefits at self and group level as witnessed in group and other participatory processes bear witness to what the informants in this study desired with respect to customising counselling for local relevance.

I concur with the suggestion that counselling training should become more experiential and this is because some of the informants who participated in this research found it very difficult to talk. I noticed an evident spirit of social muteness in the interaction process which showed that expressiveness through open talk was not easy for them. This could be a reflection of the psychological effects of loss of esteem due to primal wounding. Neo's account, elicited in several different contexts, validates this concern:
Neo: The way I know Batswana, they are people who when talking to them without giving practical examples, they tend to find it difficult to focus full attention on you. So we in our drama, we use role-play so that we can assist people to understand fully. It is far more helpful and more understandable to hear and see through action. I believe that if counselling could bring drama into it, that would help it to become more helpful and become more acceptable to people. Moreover, I am interested in assisting children because I believe we can have more impact if we assist people when they are still at a tender young age.

Neo: For me really, I find it easier to understand things when they are dramatised or acted out in play and so I find drama much better. Batswana, in most cases when you talk to them just seated like that, they do not really seem to pay much attention or take heed of what you are talking about. But I remember saying earlier that when people hear and see things happening at the same time, they tend to understand better. Of course there will be those who will just simply look at drama just for the joy of it. But I think counselling can benefit people more if it can bring in drama and this is needed in Botswana.

Neo: I find drama very helpful because if it is me acting out the drama, I am actually able to understand even far more than the person who is looking at the drama or watching my performance. For instance, let’s say I am the person doing some unacceptable things, dramatising the behaviour can demonstrate the negative consequences of such painful things to me in such a way that I am able to think about what that means and understand what it means.

Neo: Again, acting is good because it helps us not to be afraid of appearing in public where many people are looking at you. And so when one finds oneself in difficult situations then it becomes easier to go out there and ask or stand for yourself by telling people about your problems.

The counsellor-training programme should take cognisance that in the Setswana context, ‘working in groups and sharing collective capital’ in human efforts is a socialisation process that is evidenced in ‘informal support processes’. The study supports ‘formalising the traditional counselling processes’ for personal-economics in managing self and others. For instance, idioms were used as a coping strategy to express cultural and collective ways of managing such as kgetsi ya tsie e
It is difficult to translate these idioms from Setswana into English without losing the richness inherent in them. However, both of them mean that where more than one person shares efforts with others, there is an inherent qualitative increase in the collective team spirit that benefits all. In Setswana, these culture-based idioms are symbolic forms of self-expression that metaphorically illustrate 'collective-combined-counselling'. The benefit of collective coping strategies renders the work easier, manageable and more rewarding. This enhances the need to integrate local processes to see how best they can use counselling strategies in their approaches or, conversely, integrate them into the counselling practices. In counsellor training, the modification of counselling respects 'synergy between formal and informal counselling practices'. This means counsellor training should recognise: 'collective-combined-counselling', 'co-counselling', 'family-support-system', 'home-based-counselling', 'peer-counselling', 'group-support', 'one-on-one', 'parental-counselling', 'spiritualising-casual-talk', 'stranger-type-of-counselling' and 'brief-therapy' (See Figure 6.3).

For instance, 'combined-collective-counselling' recognises 'two counsellors in one session'; an approach which was validated by counsellors for its practical worthiness. For instance, bojale and bogwera are some other cultural initiation processes that have always been associated with psychological preparation for collective coping when transitioning from adolescence to adulthood. Patlo is yet another potent local collective support strategy for contextualising counselling in the way it fits into the Setswana context. A typical Motswana woman who has not gone through patlo is likely to feel inadequate, incomplete and unprepared for her marriage. These would be part of the collective 'directive support processes' where elderly parents offer marital counsel
for personal and couple development in their new married life. This form
of support is similarly linked to the ‘extended family system’ that has
existed longer in the localised collective support system. Although
‘extended family counselling support’ had been weakened due to the
disintegration of the family structure, a need was established to
resuscitate it back into the formal support avenues. In counselling
training, the ‘mentoring support system’ developed through the surrogate
initiation support structures where mentors individually or in groups
model family support for vulnerable children and young people could be
re-established. Although there may be challenges pertaining to the
secretive nature of some of these culturally-oriented support practices,
there are still some traditional principles inherent within them that could
insightfully make counselling appropriate for the local context.

In the training context, the fundamental purpose for ‘synergising these
formal and informal support structures’ through modification is
essentially for *instigating change and inclusion*. Counselling that is
directed to young people affected by HIV and AIDS has to address ‘stigma
and discrimination’ and their impact on ‘social inclusion’. As stated,
primal wounding makes young people affected by HIV and AIDS
experience erosion of self-esteem, therefore, group-based training
processes that allow them to explore personal identity through socially-
empowering activities is critical. In arguing for a training model that
places emphasis on an integrative attitude, the various support practices
that at times appear contradictory have to come together to theoretically
construct synergy. In the context of young people living with HIV and
AIDS, there were key ‘conditions and skills’ articulated that are
applicable when dealing with interpersonal interactions. These attributes
are threaded conceptually in a human rights approach to conditions and
skills of counselling because they harness the empathetic and
compassionate character of people (O’Farrell 1999). Therefore, training
should maximise accuracy of empathy, unconditional positive regard, non-judgmental attitude, non-possessive nature of human warmth, realistic presentation of self that is grounded on genuineness, and a high sense of self-awareness (op cit). This also should include appreciation for human creativity to explore various experiential and participatory methodologies, humour and simplicity in healthy interaction processes. These skills are critical for emotional and human support to constitute "practised ability" for healthy relationships with self and others.

According to the informants, counsellor training should also include 'communication skills'. These communication skills should be grounded on 'attentiveness to both the verbal and non-verbal nuances' in human interaction processes. In the data gathering process, I had to go beyond simplistic forms of human hearing to discern both the spoken words and utterances and the meaning behind them. I had to listen to silence, the meaning of words, non-verbal language, paraphrased statements, immediacy of feelings, perceptions, thoughts, intuition and attitudinal values. In a counselling relationship where human support and growth is expected, the person being assisted is expected to grow and develop into a better being. In addition, counsellor training skills that were perceived helpful in human-growth included problem-solving skills, communication skills, coping and survival skills, emotional skills, personal and self-awareness growth were critical. (O'Farrell 1999). Hence I agree with Egan’s description in O'Farrell that counselling training should aim to promote,

physical, intellectual, and social competencies that are necessary for effective living in the areas of learning, self-management, involvement with others, and participation in groups, communities, and organisations

(O'Farrell 1999:47)
7.8.5. Student support services in the school context

Given all the issues presented in this study, informants felt that guidance and counselling and other student support services in schools would benefit from a full-time service provider who works with a team of other people. Moreover, that the policy and curriculum guidelines used in Guidance and Counselling services were now irrelevant because they had been overtaken by situational demands of today. Therefore, policy and curriculum guidelines for guidance and counselling in schools need to be repositioned to meet the needs of the contemporary Motswana child. The other argument then was for the counselling profession to reflectively explore training and its preparatory practices. School counsellors in Botswana need to question the philosophical and theoretical model in relation to an integrative attitude towards service delivery (Marshall 2004xi). School policy in training should appropriate creative ways of interweaving even the contradictory or conflicting approaches both conceptually and experientially. The models would benefit from respecting people’s unique resources that should be harnessed when helping them. It is purposefully

holding the tension between contrasting and often contradictory ideas, of ‘playing with’ their experiential possibilities and of allowing a paradoxical security which can ‘live with’ and at times even thrive in the absence of final and fixed truths”.

(Marshall 2004xi)
7.9. Summary

This chapter has provided a consolidated analysis to a theoretical understanding of **holding bifocal attention in managing self and others**. The emergent theory was grounded on three salient socio-psychological factors, viz: **carrying personal burdens and those of others, getting-by-with-anchoring and yes-but-to-counselling** including the related and supporting properties. The next chapter offers a summary and conclusion of the study, threats and limitations, ways in which they were addressed and suggests recommendations for the way forward.
CHAPTER 8
SUMMARY AND CONCLUSION

8.1. Introduction
This chapter brings the study on experiences, ways of managing and the role of counselling in the context of students that have been affected by HIV and AIDS in Botswana to a close. It starts by summarising the design of the research and describes findings that emerged using the methodology of Grounded Theory. Then it goes on to discuss the threats to validity encountered in the inquiry process and how they were managed. In particular, trustworthiness and authenticity are explored as ways in which rigour of findings was established. Trustworthiness focuses specifically on credibility, confirmability, dependability and transferability of the findings. Authenticity was assessed by establishing the extent to which the findings have consistency in fairness, ontology, being educative, catalytic and tactical. Thereafter, the limitations are discussed in relation to the literature review, methods of data gathering, objectivity and evidence-based practice from a phenomenological perspective. Before discussing the recommendations based on the findings, the discussion goes into possible future research areas followed by the contributions and insights emerging from the study. This then leads the discussion to a finale which discusses the researcher’s personal and professional development followed by the salient lessons learnt from a qualitative researcher’s perspective.

8.2. Summary of the thesis
Design and methodology
In this study, the research questions sought to establish a number of issues. In particular, the perceived experiences of being affected by HIV and AIDS and their effects on students, ways of managing the situation and the role, if any, of counselling within the education system of Botswana. I used Grounded Theory and this methodology was theoretically guided by constructivism and symbolic interactionism (Guba 1990). The Batswana
culture was considered important in understanding human experiences as they emerged from the study (Stephens 2004).

In Grounded Theory, inductive analysis is critical as opposed to deductive analysis and this is intended to ensure that theory does come before the substantive data (Glaser 1978). I employed constant comparative method as a dialectical framework in Grounded Theory analysis to enable me to move forward and backward identifying emerging similarities and differences (op cit). Young people in schools were the main sources of data validated by counsellors and documentary evidence. Interviews were the main method of data gathering, validated by focus group discussions. These methods of data gathering offered young people an opportunity to make known their thoughts, feelings and other insights into how they have been affected by HIV and AIDS. The open methods of talking enabled them (young people) to express their vulnerabilities and make suggestions on how best these issues could be addressed.

In designing the methodology of the study, key contextual variables were identified and were found to be located in these areas; experiencing, managing and counselling in the context of HIV and AIDS, HIV and AIDS as a phenomenological experience, adolescence as a global developmental phase and the Botswana education system epitomised by the school context. The substantive data was analysed in a theoretical and a methodological context that allowed the analyst to become a co-constructor of the emergent theory.
Theoretical summary of findings

I am aware that summaries have tendencies to open up more issues when they should be closing the discussion (Gregory 1994). The study revealed that young people in schools are dealing with a major condition of holding bifocal attention in managing self and others. The causal factors are grounded in carrying personal burdens and those of others, getting-by-with-anchoring and yes-but-to-counselling.

In the contextual field of experiencing, young people are dealing with a socio-psychological process (BSPP) that is grounded on the Field of Oppositional Force (FOF). The FOF area illuminates the extent and the manner of the emerging tensions and struggles as experienced by young people. This is particularly found in ‘witnessing and identifying with pain and suffering’, ‘noticing personal vulnerabilities to death’, ‘guarding against exposure by pretending’, ‘self-needs conflicting with social demands’, ‘ostracism from visibility and invisibility’, and ‘realistic-self struggling with spiritual being’. The consequential effects revealed primal wounding as expressed in rupturing in silence and this was indicative of psychological distress due to ‘immersion in vicarious trauma’ and ‘diminished esteem’.

In the contextual field of managing, the young people revealed some internal and external resources explaining their resilient coping strength in dealing with the daily challenges of being affected by HIV and AIDS. The resilient variables in getting-by-with-anchoring were located in three key resources, viz: enabling-the-inner-self, harnessing-collective-compassionate-being and appraising-the-spiritual-capital. The salient psychological defence mechanism was in the way the informants used the discounting processes in getting-by-with-anchoring. This is the inner defence mechanism that contributed to the young people's ability to maximise personal coping. This included the ability to psychologically process 'holding', 'keeping', 'sustaining', 'containing', 'guarding', 'internalising', 'supporting', 'manipulating' for purposes of 'protecting' the self. The discounting process was critical in the way it
enabled young people to construct the meaning of what was going on without losing the ‘symbiotic relationships with others’ (Mellor and Schiff 1975:295).

Another major finding in managing HIV and AIDS is that these resilient strategies for coping harnessed the collective attributes of Batswana as a nation. In particular, botho and ‘social harmony’ are national virtues founded on the desire to harmoniously live and co-exist with others. These national attributes promoted the reduction of tensions and elevated caring for others with a compassionate attitude. The study revealed notes a desire to elevate these cultural values especially in the way they are harnessing-collective-compassionate-being. As stated, in most of these, discounting emerged as a critical psychological defence mechanism that facilitated giving young people a perspective on which to cognitively reframe their personal experiences.

Yes-but-to-counselling validated the need for counselling in the school context but with ‘customisation’ and ‘modification’ to its theoretical and operational practices. The customisation allows for bifocal attention in establishing a way of theorising that uses an integrative approach. This integrative approach to theorising will give conventional support systems and the localised/traditional supports system parity in the counselling process. The integrative model appropriates ‘prescriptive counselling processes’ where conformism, authoritativeness and directives will co-exist with the ‘non-prescriptive form of counselling’ based on non-conformism and non-directiveness (Heron 2001). The yes-but-to-counselling also recognises value in the formal and informal counselling practices. This includes ‘collective-combined counselling’, ‘co-counselling’, ‘family support system’, ‘home-based counselling’, ‘peer counselling support’, ‘parental counselling’, ‘spiritualising-casual-talk’, ‘stranger-type-of-counselling’ and ‘brief-therapy’. This locates ‘dramaturgical processes in counselling’ in forming the basis for the experiential, participatory, person-centred and action-oriented approaches such as psychodrama, art and music therapy.
Blurring of visibility highlights contextual difficulties for counselling recipients, providers and managers at school level. Blurring of visibility requires clarifying some critical issues such as 'juggling-dual-roles' between teaching and counselling. This dual role impacts counselling because it questions 'credibility in service delivery', 'lack of skills and competencies' and how they result with 'intra-inter-personal tensions'. In that light, blurring of visibility revealed that the school counselling context needs to address policy, administrative and professional matters in as far as young people affected by HIV and AIDS are concerned.

8.3. Managing threats in the inquiry process
Any form of inquiry should stand the test of rigour to respect the quality of its findings (Denzin and Lincoln 1994:114; Bryman 2004:275). Although the conventional landmarks for benchmarking rigour link to within validity (internal and external) and reliability (objectivity), qualitative research assesses rigour in relation to trustworthiness (Denzin and Lincoln 1994:114) and authenticity of findings (Bryman 2004:276). However, I need to clarify that in this study, the purpose was not to prove anything per se. The purpose was to derive an interpretive understanding of human experiences as shared by the informants. In that light, the ontological perspective based on constructivism permits what emerged from this study to be viewed as one of the multiple constructions of social reality (Guba 1990).

8.3.1. Assessing the trustworthiness of findings
An assessment of rigour in qualitative research is usually conducted by assessing: credibility, confirmability, dependability and transferability (Denzin and Lincoln 1994).

8.3.1.1. Credibility of findings
Credibility is an 'isomorphism of findings with reality', hence it parallels internal validity (Denzin and Lincoln 1994). This requires looking into the findings to establish if they represent what young people elsewhere who
have been affected by HIV and AIDS would experience. Following the analysis of the data, several processes were done to validate the internal consistency of these findings for the defined population. Since 2004, I have been back and forth between Botswana and the UK and this has created a rich opportunity for validation of these constructs. I returned back to my workplace in Botswana (Guidance and Counselling Division in Department of Curriculum Development and Evaluation – MoE) in 2005. Since my return, I have had the opportunity to validate these findings from various perspectives. I have attended workshops, interacted with ministry officials and have served in various reference and technical committees working on issues affecting young people. In particular, my directive role in the advisory committee that is currently working in partnership with UNICEF in the development of National Lifeskills Framework has been insightful.

For instance, in 2004, I had the opportunity to share the findings with a selected group of counsellor-trainers. In this meeting, there were similar concerns shared from the counsellor’s perspective concerning burdens facing affected young people including other service providers. There was yet another HIV and AIDS workshop conducted 12-16 December 2005 in the Kagisong Centre in Mogoditshane, Gaborone. In this workshop, the HIV and AIDS co-ordinators identified by the Botswana Teachers Union (BTU) came to a nationwide workshop that equipped them with counselling skills and I was invited as a co-trainer. In that workshop, several teacher participants validated the findings of this study by sharing the painful experiences of young pupils at primary level who were in the same situation as the informants.

I will describe one of the shared experiences to show the validation I received through the workshop. In particular, I remember vividly one teacher sharing how a Standard Six male pupil of about 11-12 years was taking care of a terminally ill mother. The symptomatic descriptions of the illness of the parent were similar to those of HIV and AIDS. The child decided to open up to this teacher to share a very disheartening experience. The boy whom I will
call Gigi, had to juggle home and school in secrecy to cook, feed, bath, and do all the family chores alongside being a student. He did this until one day when he came home and noted that his mother was very weak. Gigi cooked porridge as usual and as he was holding the mother trying to feed her, he suddenly noticed soft-porridge dripping down her mouth. Unaware that his parent was dead, Gigi rushed outside to seek help from a passer-by because he had noticed unusual lifelessness in his mother’s body. The teacher agrees that Gigi was traumatised and was self-harming by biting and cutting his hands.

When I listened to this deeply touching life narration, I noted it in my memo book because this was a validation that Botswana has schools with young people who are carrying personal burdens and those of others and are rupturing-in-silence. The rupturing is reflective of the psychological reality of primal wounding that is there in traumatised children. Young as Gigi was in the developmental phase of life, he was managing through getting-by-with-anchoring and I say so because the teacher learnt about this situation as he chose to open up to her. This way of managing validates some level of internal resilient capital in managing the self.

In further verification of the credibility of these findings, I also had the opportunity to access the Children’s Validation Meeting Report that was held on November 26 November in Gaborone (GoB-UNICEF 2005). This validation meeting was a joint venture between the Government of Botswana and UNICEF as part of the midterm review process. The review was intended to give young people a safe platform to talk by ensuring ‘that their voices and concerns were adequately captured...through children’s participation’ (GoB-UNICEF 2005:3). The meeting involved children aged 10-18 years who had been affected and were also involved directly with HIV and AIDS and other vulnerable situations. The meeting was facilitated by young people themselves and culminated with a formal report submitted in the stakeholder conference to government officials and other development aid agencies. The report notes, for instance, that some of the orphans and
vulnerable children continue to be 'stigmatised and discriminated against by society and the very people expected to protect and care for them, especially those whose parents have died of HIV and AIDS...' (GoB-UNICEF 2005:8). The same report states that although efforts are extended towards provision of psycho-social support, children were generally not content with the manner in which their issues were handled. The young people articulated the frustrations emerging from lack of sensitivity and poor quality of interpersonal skills in meeting their psychological and other needs (op cit). The key themes in the report (GoB-UNICEF 2005:8) centred on;

- protection of children's rights
- appropriating children's participation on decision-making
- issues pertaining to orphans and other vulnerable populations
- access to social services
- sexuality needs
- parental guidance
- prioritisation of children's issues
- advocacy

I selected some spoken voices (verbatim datum) from this report to verify the credibility of the current findings. The slogan from Group 2 says 'We are children' 'We are people' 'We want to speak and be heard'. Tumelo articulates his concerns that 'Vulnerable children should not in any way be discriminated against as it causes them trauma and leads to lack of development. Tefo makes the social demand that "Parents should openly talk to us children about sex related issues", and Matilda laments that "Where I live we are never given support, parents talk to you only when you have done something wrong'.

8.3.1.2. Transferability of findings
Transferability parallels external validity which looks at the generalisability of findings to determine the extent to which they would meaningfully transfer to the larger population (Denzin and Lincoln 1994). In reiteration, it
is critical to note that the purpose of the study was not to generalise the findings to a larger population. The generalisability of these findings goes as far as the experiences of this specific population (sixty seven participants) that were affected by HIV and AIDS and this sufficed to offer credible data to similar groups. I also share the argument that 'strict generalisability to the parent population is impossible' because parent populations are too complex and dynamic to fit theoretical constructions without some variations (Denzin and Lincoln 1994:114). Based on the ontological perspective of constructivism, I can only make inter-subjective claims because social reality is only referenced within context and time (Guba 1990).

I agree that the specific selection of the four rich cases could form the basis for the inclusion of biases in the theoretical sampling of the subsequent cases. I nevertheless argue that in Grounded Theory, specificity in identifying the rich cases is purposeful to select the rich cases to illuminate the area of study (Patton 1990). The recruitment procedures could also create another problem area in biasing the selection of participants. I however dealt with it by preparing and leaving the recruitment and initial selection processes to the gate-keepers. I only came in at the last phase in the screening process to ensure that ethical matters were professionally addressed. This means that the findings of this study have referenced transferability of findings within this specific group and others that may relate to this experience. Thus, transferability could only be to similar groups with sensitivity to local and contextual adaptation.

8.3.1.3. Dependability of findings
Dependability relates to assessing the reliability of the findings with respect to what one would find when asking the same questions in a different context (Denzin and Lincoln 1994). Following the same ontological argument that is inherent within constructivism, it is difficult to posit theoretical permanence of these findings. I argue that theoretical stability can never be ascertained in social research because variableness of the inquiry can be affected by changing the nature of the phenomenon. The inquiry process
into experiential phenomenon can be potentially threatened by extraneous forces such as population, experiences, socio-cultural milieu, stated research questions, time, the researcher and participants. I maintain that the exploration of human trauma of HIV and AIDS affected people is a difficult experience and I cannot pre-empt its futuristic manifestation even when revisited within a single case study. In constructivism, the intersubjectivity of experiences is continually indeterminate. In that light, the dependability of these findings can only go as far as one finds relevance in the richness of the experiences for this unique population.

8.3.1.4. Confirmability of findings

Confirmability deals with objectivity in the research process and this involves the ability of the inquirer to stay neutrally distanced from the inquiry process to yield findings that are not confounded by subjectivity (Denzin and Lincoln 1994).

In this section, I will discuss the struggles that I experienced and later discuss the ways in which I managed them.

Keeping a de-contained stance

Grounded Theory posits that the researcher should bring 'no preconceived ideas' into the research process (Glaser and Strauss 1967). For Glaser (1978), this requires taking a 'decontained position' and yet expecting one to maintain an 'open posture'. I found this quite challenging from a methodological perspective of Grounded Theory because the constant comparative process required me to keep going back and forth; hence I needed to keep reflecting on it. Moreover, I struggled with keeping preconceived notions and acquired knowledge out of the coding process and this was a major struggle in the analysis. In that light, I related with how McCann and Clark (2003) struggled with the epistemological questions pertaining to how much one can remain subjective from a decontained stance to offer an objective account of subjective experiences.
**Personal struggles**

There were moments when I thought the study was *mirroring my personal life* back to me. I felt like I was 'carrying personal burdens and those of others' and was 'rupturing in silence'. I struggled with family and friends who are affected by HIV and AIDS hence detaching from this phenomenological reality was difficult. Furthermore, I battled with my research as an academic struggle with respect to meeting the needs of my children and marriage alongside the doctoral studies. I felt I managed my situation through the same process of 'getting-by-with-anchoring' because I used personal and social support from other people. This was an interesting reflexive process that required proper managing to avoid confounding it with the research findings. I realised that I needed a mechanism for venting my personal burdens and this was important given that HIV and AIDS is a personally affecting matter. I needed to unburden from the intra-psychic tensions, distresses and anxieties of bringing sensitive issues to my consciousness.

**Good-bunny-syndrome**

I conceived another challenge concerning the 'good bunny syndrome' (Robson 2002:172). This happens when people give you information that they think you want to hear. In one focus group discussion, I noticed that towards the end of the data gathering process, the informants appeared a bit anxious to go and yet they still felt they needed to please me. One informant repeatedly said, *madam, we really want to make sure that you do well in your studies; are you sure that we have answered all the questions you had for us?* This made me wonder if I was hearing honest subjective experiences or an unconscious thought and desire of someone who felt they owed me a good response. The reader needs reminding that in the Setswana culture it is possible that this unconscious desire inherent in *botho* could have led them to 'want to be nice to me'.
Insider-outsider position
I conducted the study as an external researcher from the UK researching counselling and HIV and AIDS issues in my own country of Botswana. There were times when I felt frustrated by being in the double-edged position of an insider-outsider because both situations had potential to confound my objectivity. I had to constantly balance the research processes which involved theoretical sampling of key concepts whilst dealing with local expectations from the family, society and work which could be contradictory. I remember being requested to conduct training in a workshop at my work place. I also had to deal with socio-cultural conceptions of time, economical, political and educational dynamics, and separating these core identities was challenging. I managed the tension by constantly reminding myself and people around me of my new role as a researcher as opposed to being a professional on holiday.

Strategies used in ‘bracketing-off’
In ensuring that this study produces findings that have confirmability, I used bracketing-off as a core strategy to stay away from influencing what emerged from the data (Gregory 1994). I engaged different strategies to keep myself out of the study.

Biographical data
In chapter one, I shared my biographical data to make the readers aware of my personal and historical background. I did this to ensure that I do not deny the existence of my background as it constitutes the core of my being. The biography helped me to unburden personal and professional issues ahead of the research process.

Audit trail
To keep focused and organised in what I was doing, I kept an audit trail record and that helped to sustain cognitive clarity with respect to management of time. This enabled me to answer questions pertaining to what, when, with whom and at what time as the research was on-going.
These practical processes enabled me to stay focused and guarded to objectivity which is necessary for methodological 'robustness' in qualitative research.

**Daily reflexive-journaling**
I also kept a separate daily reflective journal of my intrapersonal struggles and issues. This journal recorded my personal thoughts, feelings, attitudes, perceptions, intuitions and behaviours as I reflected on what happened on a daily basis. This helped me to note any emerging struggles as they came in my moments of quietness, sleep, day-dreams and conversations with other people.

**Peer-support and seminar presentation**
Some of the codes were questioned by my colleagues and friends and that created another way of bouncing off emerging insights. There was a continuing doctoral peer support group that assisted me to talk and receive feedback from people in the same situation. There were also peer-review presentations on monthly basis that were presented in a seminar fashion and that helped to interrogate my work. I also participated in two external research seminars where I found myself explaining and reflecting on issues emerging from the study and how best to deal with them.

**In-vivo description**
I mediated the detached-closeness situation by coding the transcripts in such a way that I would be able to retrace them back into the verbatim datum. This process involved cycling back using the constant comparative method of analysis to support the codes, categories and validating the theory from the data. I constantly challenged and provoked myself to look at the sources of the codes from the verbatim datum. Using the *in-vivo* codes as supporting text in the analysis gave me a relational contact with the voices of the informants and their experiences. Therefore, staying close to the *in-vivo* descriptions helped me to retain the richness of the phenomenological experiences.
Creating a moratorium

I also managed the situation by periodically creating a moratorium. The creation of a moratorium meant finding a way of removing my presence from the research process to clear my mind. I did this by visiting friends, family or taking personal retreats to quite places.

Counselling

In dealing with personal issues, I sought counselling services from various sources. When I was in Botswana, I had a friend from the University Counselling centre who assisted me in processing the struggles I was going through. I also went for counselling in the University of Surrey counselling centre and this helped me to separate what I was going through from the conceptualisation of the findings. I also had a supportive supervisor with whom I shared my personal and academic struggles without intimidation. This helped me to open up concerning my academic and social life. On several cases, I met strangers that were willing to listen and offer advice on critical issues and that was helpful.

Rapport-building

Although I struggled with the 'good bunny syndrome' effect, I had to constantly remind myself that a good relationship with these young people was qualitatively desirable. I found a way of developing a rapport with the informants that enabled me to experientially connect with them to decipher rich experiences. I did this by learning the current lingo used by adolescents in Botswana, wearing T-shirts and caps with catchy messages, wearing a genuine smile, involving them and providing snacks during the meeting. I did this because rapport creates a sense of security and trust.

Rapport-building was critical and fair in this study because ethical accountability in research practice that deals with marginalised people as opposed to striving to achieve personal and research agendas at the expense of the informants is critical. I argue in this study that the rapport offered
quality assurance for managing possible exposure of respondents to violence from insensitive research processes. I also had to repeatedly explain to the informants that they entered an unbinding contract where termination of participation was at their free will.

**Maximising the insider-outsider position**

Although the insider-outsider situation appeared problematic, I harnessed its qualitative benefits as a qualitative researcher. I had a way of accessing favour that would have been difficult for someone coming from outside because I knew people within the system. In addition, the management of time and some of the distractive environmental factors were easier given my Setswana context. For instance, there were moments where I had to wait for long hours or change appointments despite prior arrangements. There were also moments where I had to continue the interview despite profound environmental distractions. I particularly remember a focus group I ran in an open space with several external distracters such as the simultaneous noise from chickens, songs from an infant school, adults peeping into the group, smell of food and seeing people eating, builders knocking on top of the roof to renovate it. Although these could be issues for some people, we all used selective focusing to just stay in the moment of what we were doing. I now remember that I also drew from my past childhood experiences because we went to school under open trees. Despite, the various distractions, selective focusing kept us grounded and that is why it never mattered to the rest of the group. I only noticed the noise when I listened to the tapes and recorded its intrusive nature in my memos. These are just some of the socio-cultural realities that social researchers ought to be prepared to deal with especially when in qualitative studies. The way I managed these cultural issues could meaningfully translate differently in the western context.
8.3.2. Managing authenticity of findings

Bryman (2004:276) argues that qualitative research studies should respond to authenticity and this means establishing fairness, ontological, educative, catalytic and tactical value of the findings.

8.3.2.1. Fairness in the research process

The establishment of fairness is imperative because it determines the ability of the researcher and the research process to be qualitatively just and reasonable in the treatment of the participants. I was cautious of using young people as "decoration or as tokens" for pushing the "adult-centric" agenda where authentic participation of young people turns into a "repressive, exploitative and abusive" process (UNICEF 2002:5).

Managing these issues in the study

I did not experience any particular case that needed dealing with because the selection process pre-empted some of the ethical concerns and these were taken care of in the section dealing with ethical and legal issues (Section 3.2). For instance, those who appeared to be having personal struggles articulating their pains and struggles were excluded. For those who participated, I pre-empted sensitivity in the expression of painful issues, hence sensitive interviewing skills were interwoven in the management of the research process. I also integrated debriefing sessions after the interview process for the informants to relax so as to ask questions bothering them. Further, I made the informants aware of the available support system in their locality for continued referral support in all cases where they needed continued help; and I also gave them my personal contact details for further assistance.

Involving young people

The other element of fairness in this study is the credibility of the role of young people as sources of information in claiming the voices of the voiceless. Young people affected by HIV and AIDS have been marginalised
and consequently suffered diverse forms of disempowerment. In developing a research process that addressed the deeply contained psycho-social needs of young people using their experiences as key sources of information, I attempted to ground the element of fairness (UNICEF 2004). As stated, research has privileged the adult-voice hence fairness of these findings required a theoretical perspective that empowered the voices of the voiceless.

8.3.2.2. Claims of educational value
The study has been insightfully educative in the way it illuminated an improved theoretical understanding of how young people affected by HIV/AIDS construct their social world. In particular, the integrative theorising model will influence counsellor training and practice meaningfully and add educational value to student support services in general.

8.3.2.3. Catalytic effects of findings
One such catalytic effect means becoming more aware, sensitive and responsive to the needs of young people affected by HIV and AIDS. A catalytic response is expected in appreciation and promotion of the young people's way of using getting-by-with-anchoring as a day-to-day strategy of coping based on self and social resiliency factors. Apart from influencing training programme as stated above, further key catalytic contribution is that counselling should be sensitive to the counselling agenda. Yes-but-to-counselling de-emphasises education and health aspects but drive more towards promoting an open approach to people seeking help. In that light, counselling needs to be guided by content and context based on respect for balance of power and control in the counselling process.

8.3.2.4. Tactical authenticity of findings
Tactical authenticity explores the usefulness of the theory with respect to how it can influence existing approaches. My experiences as a teacher, in-service trainer in Guidance and Counselling and as a part-time lecturer at the University of Botswana helped me identify biases in conventional western theories of counselling. The theoretical relevance emerging from this
study goes beyond the education system of Botswana to include any government, civil and private community organisations and institutions that are working within counselling, HIV and AIDS and other related issues.

8.3.2.5. Ontological power
The application of Grounded Theory was reflective of my African worldview which holds beliefs, values and attitudes that are aligned to cultural context and that of the informants (Stephens 2004). I found Grounded Theory fitting within constructivism and symbolic interactionism to ground my exploration of the young people’s experiences of being affected by HIV and AIDS in a school context. Although the question was rather too broad, it was also in line with Grounded Theory in the way it avoided premature foreclosure of what could emerge from the substantive data (Glaser 1978). The study also benefited from the triangulation of multiple sources and methods of data gathering. In particular, interviews were effective in collecting data because they did not inhibit self-expression.

8.4. Limitations of the study
The limitations of the study are discussed in the literature review, methods of data gathering, objectivity in Grounded Theory and the significance of evidence-practice in a phenomenological context.

8.4.1. Literature review in Grounded Theory
The literature review may appear inadequate as there is no specific chapter focusing on it. In understanding this, the reader may need reminding that it is purposeful in Grounded Theory to avoid literature review prior to data collection. Literature is integrated later in the analysis process to validate the emerging data. Therefore, looking at it from a methodological perspective, Grounded Theory does not elevate literature review at the expense of theory generation. The theoretical construction is driven by groundedness of data and literature review serves to validate the emergent theory.
8.4.2. Methods of data gathering

I noticed that the study could have benefited from the structured use of 'observation' and 'creative methods' for data gathering and that would have been helpful in illuminating what was not talked about. However, given the limited time frame in the research field, it was not possible to do so. Furthermore, since the study was dealing with young people who are facing a difficult situation of being affected by HIV and AIDS, it would indeed have been beneficial to have integrated creative methods of data gathering. These methods include role play, simulations, video-taping, journaling, experiential art and drawings, diaries and dramatisation. With hindsight, such creative methods would have enabled me to gather data that was difficult to verbalise.

8.4.3. Managing objectivity in Grounded Theory

The management of objectivity in this study included dealing with the 'good bunny syndrome', insider-outsider position, maintaining a detached stance, rapport with the informants and the separability of my personal struggles. These were potential sources that could confound findings of the study. As stated, I still wonder to what extent I (researcher) could ever reach this detached position because even in rigid quantitative processes, such factors still come into the study. My thoughts and views as a researcher come in through the research questions that I ask and therefore how I choose to structure them in the study affects objectivity. From a methodological perspective, I see it as a mirage or an illusion for me to claim that Grounded Theorists can maintain de-contained position in an exploratory research process.

8.4.4. Evidence-based practice in qualitative research

I share the view that this study is conducted at a time when advocacy for evidence-based-practice is strong in all the helping professions. This is desirable to ensure that beneficiaries receive good quality and responsive services from providers (Roth and Fonagy 1996; Rowland et al 2000). I
respect quantitative research for what it purports to achieve; however, I argue that the Cochrane Systematic Collaboration Review Board (Cochrane Collaboration Handbook 1994) needs to reconsider the standards for benchmarking international assessments for research evidence. I am questioning who is accountable for setting international research standards and how the Board comes to determine that this is or ought to be regarded as evidence. I argue that in setting Western models of research standards, the likelihood for exclusion of legitimate evidence coming from other vulnerable populations such as young people (and children) affected by HIV/AIDS in the African context is possible.

This is so because research evidence from phenomenological perspectives is not respected in many international research standards (Hemmings 2000:18). The issue is that the Cochrane Review Board has focused itself on randomised controlled trials as the basis for what is predominantly regarded as approved standards of research. I noted a similar view upheld by UNAIDS that 'Programme evaluation should be grounded in solid study design, and valid appropriate statistical techniques' (UNAIDS 1997:5). This promotes the credibility of quantitative studies at the detriment of qualitative research. This is worrying if this impression is perpetuated by such bodies as the UNAIDS and Cochrane Review Board because of power and control they already hold in decision-making processes. I also argue in this study that the credibility of evidence generated from these findings is not limited nor inadequate in any manner because I have not used fixed and/or randomised research models. These findings are credible and with appropriate tools of phenomenological measurement of evidence, they are trustworthy and authentic in the understanding of what was going on for this particular group.

348
8.5. Contributions and insights from the study

The study has generated insights that form the basis for making suggestions and recommendations to guide further lessons.

8.5.1. Psycho-social vulnerabilities of learners

The education system and schools in particular have young people with deep-psychosocial issues emanating from traumatic life as reflected in *carrying personal burdens and those of others*. The students experience the diverse ramifications within the school context and this affects the quality of learning. The developmental, global and local challenges that increase these vulnerabilities should be considered as schools become more aware of the need to address the needs of young people in special circumstances.

8.5.2. Galvanising collective-therapeutic-communities

Psychosocial support services need to harness personal-economics and personal-capital of young people for personal coping. Ideally, this should take cognisance of young people’s inner ability and resiliency resources to bounce back to life through personal growth and free-will that is embedded in *getting-by-with-anchoring*.

Schools have the capacity to galvanise community healing attributes inherent in *getting-by-with-anchoring* but they have to explore environmental capital as a resource for resilient coping. They have to promote a comprehensive, holistic, proactive, preventive and remedial model of personal support to meet the needs of learners.

The concept of *botho* and social harmony form the basis for internalising collective attributes in catalysing the collective script of coping. This may need traditional and cultural attributes to be consciously integrated in the conventional forms of offering psychosocial care and support.
The inclusion of young people in decision-making processes is critical across all other areas of life. Decision-making processes should permit young people to influence what is best for them because this encourages ownership.

8.5.3. Counselling agenda
Counselling support services have been presented as inadequate and sometimes unpleasant in this study. Therefore, a model that is grounded on balancing power in relation to content and context is critical. Counselling should reposition its agenda towards making the needs of young people a priority.

Theorising, practice and training
A theorising model grounded on an integrative attitude that appreciates strengths from various theoretical perspective knowing the existing diversities and variances in human beings is suggested. This will promote de-emphasising psychopathology and drive more towards collective support processes. This model will ground holding bifocal attention in managing self and others and offer respect for theoretical cohesion, egalitarianism and human-rights in counselling.

The integrative approach will benefit the counselling training and practices in promoting a psycho-educational learning culture that appropriates difference and diversity. This means counsellor training will find value in local relevance through the experiential and participatory thought processes alongside conventional benefits in counselling. In particular, this means elevating experiential and dramaturgical processes in counselling processes. This includes psychodrama, theatrical and athletic gymnastics, art therapy, musical therapy, dancing therapy, poetry and artistic self-expressions.
Standards in counselling

The profession has to consider taking an authoritative voice in matters pertaining to auditing for quality of standards and monitoring credibility to protect beneficiaries. This includes questions pertaining to who is to monitor standards of service delivery and in what way?

8.5.4. Policy and administration matters

Clarity is needed on what the Ministry of Education expects from school counsellors who are placed in schools because it is currently difficult to hold them accountable for service delivery. Current ministerial policy states that guidance and counselling services should be available in all schools but the school seems to struggle with the implementation of that at school level. The school environment is currently not supportive to service delivery. There is another policy matter pertaining to multiple service providers coming from within and outside the Ministry of Education to offer psychosocial and life skills based programmes. The support is desirable but it should happen within a defined model of student support. This will avoid role clashes and unnecessary duplication in service delivery which is currently impacting on the management of resources.

8.6. Recommendations

The study advocates the following recommendations, not arranged in any particular order:

1. There should be advocacy on matters of young people affected by HIV and AIDS and other vulnerabilities that is guided by a human rights approach. This should harness resilient factors already existing in the learners, families, communities, nation, regions and globally.

2. Schools in Botswana, should where possible become therapeutic communities by integrating collective principles especially botho,
harmony and spirituality and imbibing them in character development of learners.

3. In executing roles, there should be a separation of guidance and counselling services from subject teaching in schools to allow teacher counsellors to focus on counselling as a service. This requires school-counsellors to become fulltime in their roles.

4. Teacher counsellors should receive in-depth training either through pre-service or in-service. The training should focus on deep psycho-social issues affecting traumatised people and how to manage them at personal, group and school context.

5. Parents and the community should be assisted with training on lifeskills development or various forms of involvement focusing on understanding the parental risks of raising children today. Such parental skills can be acquired through the school guidance programme working in conjunction with the community.

6. There should be a review of the policy guidelines that are currently guiding guidance and counselling services in Botswana. The newly developed policy guidelines should have power to direct and guide what happens in schools with regard to student services in general.

7. The role of young people should be clearly defined to be active, involving and directive in practice and policy issues affecting them.

8. The counselling profession is a specialised service that needs a comprehensive and reflective look at what are its roles, expectations, standards and ways of monitoring ethical delivery in schools and across the profession.
9. Schools should ensure that psychosocial and psycho-educational support programmes are accessible to ALL learners.

10. Counselling programmes and trainers in Botswana should be certified through an accreditation process to ensure parity in quality of content, methodology and procedures in service delivery.

11. Findings from this study should be made available through publishing, seminars and conferences to relevant stakeholders for dissemination and information sharing.

**8.7. Possible future research**

In view of what emerged from the study, these are several possible areas for further research.

1. The care-taking role is an issue in the school context that goes beyond HIV and AIDS. It is necessary to look at care-taking as a cross-cutting-phenomenon to reveal its dimensions and how it affects learning in schools.

2. Spirituality emerged as a key coping strategy in this study. However, it would be interesting to find out how students experience it as a way of coping and its value in managing life.

3. Violence in schools, especially death, is an issue in schools. How are other traumatic life issues experienced? How would a non-crisis violence / death education mediate its effects?

4. Public discourse on death and its therapeutic value is another research area worthy of exploration.

5. Traditional rituals were mentioned in the study. This would be interesting to explore the role of ritual in managing personal grief.
6. Managing dual and conflicting roles can be quite distressing as evidenced in this study. It will be necessary to find out how teacher counsellors are experiencing and managing juggling role conflicts as experienced in teaching and counselling.

7. Counselling supervision is critical but what does it mean for school counsellors, trainers, and policy makers in human support services in Botswana?

8. A comparative study in Africa focusing on what counselling is, who provides it, in what context, who needs it, and under what conditions would shed light on diverse professional issues?

9. There is a need to establish the extent to which botho and other cultural values are extensively practised by Batswana. In particular, how does botho contribute to the coping scripts of young people?

10. The role of indigenous practices in counselling and what needs to happen to infuse their relevance in counselling is interesting.

11. The confluence between Guidance and Counselling programmes, the Pastoral Care System, HIV and AIDS programmes, Special Education programmes and Sport and Recreation offers a rich area of study in the education system of Botswana.

12. It would be interesting to replicate the experiential methods in service delivery to see the potential benefits of their utilization in the Botswana counselling context.
8.8. Finale
The final statement focuses on my development and lessons learned.

8.8.1. Personal and professional development
My decision to stay with Grounded Theory has been worthwhile because the process has satisfied various aspects of my development. I benefited from a transformative learning process that happened through personal immersion in a qualitative research process. I have grown and matured both as a person and as a researcher through experiencing the struggles of what being a qualitative researcher entails. Initially, I had fears and trepidation that elicited personal-doubts; later I discovered that the intra-psychic struggles and tensions within my inner and external parts of the self were to be expected. These were reflective facets of a self-empowering process that strengthened me physically, intra-inter-personally, academically, professionally and spiritually. My purpose then is to further develop my social research skills to become even more adept in qualitative research skills while continuing to appreciate quantitative research.

8.8.2. Lessons learnt
I have since received an overwhelming measure of inner growth in the realisation that I know very little about the way the world is socially constructed and I appreciate that social reality is too complex to be managed by fixed concepts. In this study, I can only come up with a symbolic representation of the multiple meanings that are holding the construction of this social reality and what is within it. I therefore end the work by emphasising that doing the research through the methodology of Grounded Theory contained more humbling surprises and experiences for me to dwell on claims of having acquired esoteric knowledge. The emergent theory is only tentative, and therefore remains an invitation to pose more research questions in this specific area and to related issues.
APPENDICES

1. Research permit granted by Office of the President (Botswana)

2. Research permit granted by the Ministry of Education (Botswana)

3. Letter of support from the Director, Centre for Therapeutic Education (University of Surrey, UK).

4. Request letter for institutional / organisational support in Botswana

5. Invitation for participation in the study

6. Contract form for the researcher

7. Participant concern form

8. Parental consent form

9. Contract form for research assistants and gate-keepers

10. Sample of transcript
APPENDIX 1

1. Research permit granted by Office of the President (Botswana)

24 December, 2002

Ms. Thelma K. Majela
C/o P. O. Box 189
Gaborone

Dear Madam,

RE: GRANT OF A RESEARCH PERMIT: MS. T. K. MAJELA

Your application for a permit refers.

We are pleased to inform you that you have been granted permission to conduct a study entitled "An Enquiry into the Training Needs of Counsellors Working with Young People Affected/Infected by the HIV/AIDS Diagnosis with Reference to those within the Botswana Education System". The research will be carried out in Gaborone, Francistown, North East and Ngamiland Districts.

The permit is valid for a period not exceeding six (6) months effective January 06, 2003.

The permit is granted subject to the following conditions:

1. Copies of any report/papers written or videos produced as a result of the study are directly deposited with the Office of the President, National Assembly, Ministry of Health, Ministry of Education, Health Research Unit, National Archives, National Library Service, Research and Development Office, National Conservation Strategy Agency and University of Botswana Library.

2. You also submit one electronic copy to the Ministry of Health, Health Research Unit.

3. The study is conducted according to the particulars furnished in the revised application taking into account concerns raised by the Health Research Unit.
4. The permit does not give authority to enter any premises, private establishment or protected area. Permission for such entry should be negotiated with those concerned.

5. Failure to comply with any of the above-stipulated conditions will result in the immediate cancellation of the permit.

Yours faithfully

J. Mosweu

for/PERMANENT SECRETARY TO THE PRESIDENT

cc: Permanent Secretary
   - Ministry of Health
   - Ministry of Education
   Clerk of the National Assembly
   Head, Health Research Unit
   Executive Secretary, National Conservation Strategy Agency
   Director, National Archives
   Director, National Library Service
   Director, Research and Development Office
   Librarian, University of Botswana Library
   District Commissioner/Town Clerk/Council Secretary
   - Gaborone
   - Francistown
   - Ngamiland District
   - North East District
   Land Board Secretary
   - Tawana Land Board
   - Tati Land Board
OP 46/1 CII (49)

January 14, 2003

Ms. Thelma K. Majela
c/o P. O. Box 189
Gaborone

Dear Madam,

RE: GRANT OF A RESEARCH PERMIT: MS. T. K. MAJELA

Your permit OP 46/1 CII (37) refers.

Please note that you should deposit copies of your findings with the Ministry of Education, which has been erroneously omitted from your permit.

Thank you

for/PERMANENT SECRETARY TO THE PRESIDENT

cc: Permanent Secretary, Ministry of Education
APPENDIX 2

2. Research permit granted by the Ministry of Education (Botswana)

SAVINGRAM

FROM: Permanent Secretary
Ministry of Education

TEL: 3655408

TO: School Heads,
   Primary and Secondary Schools
   In the following Districts
   - Gaborone
   - Francistown
   - North East
   - Ngamiland

REF: E 11/17 XXXII (7) 2 May 2003

Study to Determine the Training Needs of Counsellors Working with Young People Affected/Infected by the HIV/AIDS Diagnosis

Mrs. Thelma K. Majela, a Principal Education Officer (Guidance and Counselling) in the Department of Curriculum Development and Evaluation, will be conducting a study in a sample of primary and secondary schools in your area. The purpose of the study is to find out the training needs of Counsellors Working with Young People affected/Infected by the HIV/AIDS diagnosis. The research will be carried out in Gaborone, Francistown, North East and Ngamiland Districts.

The Ministry of Education fully supports the study as it will provide valuable information that is essential in directing counsellor training, practice, policy and decision making with special reference to Counsellors within the Education Sector.

You are hereby asked to give Mrs. Majela all the necessary co-operation and support in the conduct of this important research.

Thank you.

cc. Directors
   - Primary Education
   - Secondary Education
   - Curriculum Development and Evaluation

Chief Education Officers (Secondary) &
Principal Education Officer I (Primary)
   - Gaborone
   - Francistown
   - North East
   - Ngamiland
27th March 2003

3. Letter of support from the Director, Centre for Therapeutic Education (University of Surrey, UK).

To whom it may concern

I would be very grateful if you could assist Thelma Majela with her study assessing the counselling needs of Botswana students affected by HIV/AIDS. She is carrying this out as part of her research at the University of Surrey, Guildford, UK. regarding the future development of HIV/AIDS counselling practice and training. The results of the study are expected to benefit student counselling services in Botswana.

Yours faithfully

[Signature]

Dr. Del Loewenthal
Principal Supervisor
Director, Centre for Therapeutic Education
APPENDIX 4

4. Request letter for institutional / organisational support in Botswana

5th April 2003

The Director,
Institution:

Dear Sir/Madam,

Re: Request for personal/institutional support in the study

The letter serves to request institutional support in the research I am currently undertaking. I am a research student from the University of Surrey (UK) doing a qualitative study as part of the academic requirement for Phd-counselling in the School of Arts, Department of Adult and Continuing Education, Centre for Therapeutic Education. Enclosed herein are copies of the proposal, invitation letters and consent forms that I would be happy to discuss with you.

The qualitative study is aimed at "Assessing the Counselling Needs of Batswana Students Affected by HIV/AIDS". The study will offer some explanatory understanding to the ways in which students would find counselling helpful or not helpful and inform counsellor training and practice in Botswana. The objectives of the study will enable the researcher to

1. Make additional contribution to the theoretical explanation/s and understanding/s to the already existing body of research knowledge with respect to counselling for students affected by HIV/AIDS.
2. Identify counsellor-training needs to maximize relevance and professional competence of counselling practice and training for counsellors dealing with students affected by HIV/AIDS in Botswana.
3. Raise methodological issues pertaining to assessment research in counselling and other sensitive topical areas.

The sampling frame for the study comes from the two sources.

1. Primary sources are the students aged 12-21 years who have been affected/infected by HIV/AIDS
2. Secondary sources are the counsellors working with students affected/infected by HIV/AIDS
I have chosen the grounded theory method because of its systematic and rigorous nature in focusing understanding on the subjective views of the participants and its action-oriented influence on practice. I intend to use interviews as the primary method of data collection and focus groups as a complementary method to expand and explore emerging themes. The interviews and focus groups will be tape recorded, and the necessary measures for the management of information will be undertaken as stated in the proposal. The study will be conducted in a way that individuals and institutions will not be identifiable and so coded identity instead of names will be used to respect confidentiality and ethical commitment. I am aware of the ethical considerations pertaining to the study and these have been addressed in the research proposal. Included herein are copies of the research proposal, consent forms and invitation letters. I would be more than happy to meet and discuss details of the study with you. The research will contribute to counselling practice and training in Botswana and hopefully it will be completed by September 2004. My academic supervisor in the University of Surrey is Dr Del Loewenthal supported by Dr Robert Snell and can be contacted at

University of Surrey  
School of Arts  
Department of Continuing Education  
Centre for Therapeutic Education  
Phone: 00441483683143  
Fax: 00441483686191

I thank you in advance for your anticipated support.

Yours sincerely,

Thelma Kgakgamatso Majela  
Telephone: 

Please note:  
You are also invited and advised if you wish to contact the Health Research Unit (Ministry of Health) at 356582 for clarification regarding your human rights as a participant in this research study.
5. Invitation for participation in the study

INVITATION TO PARTICIPATE IN A RESEARCH STUDY

I am inviting students aged between 12-21 years to participate in a qualitative research study. The qualitative study is aimed at "Assessing the Counselling Needs of Batswana Students Affected by HIV/AIDS". The study will offer some explanatory understanding to the ways in which students would find counselling helpful or not helpful and inform counsellor training and practice in Botswana. Participation in the study is purely voluntary and the ethical and human rights concerns are addressed. The study will be conducted in a way that individuals and institutions will not be identifiable and so coded identity instead of names will be used to respect confidentiality and ethical commitment. I will conduct interviews that will last about 1 hour. It is hoped the findings of the study will contribute to future improvement of HIV/AIDS counselling practice and training to benefit student services in Botswana. If you are interested in participating, please respond to the questions below and return the stamped self-addressed envelope and I will be happy to discuss details of the study with you.

Please circle the appropriate response:

1. I am interested to participate in the study and would like to be contacted.

   YES___________           NO___________

2. I am interested to participate in the study stated, but will decide after discussing with the researcher.

   YES___________           NO___________

3. I am not interested to participate in the study and please do not contact me

   YES___________           NO___________

OPTIONAL:
Name:_________________________________________________________________

Telephone/Address:_________________________________________________________________

Please note:
You are also invited and advised if you wish to contact the Health Research Unit (Ministry of Health) at 356582 for clarification regarding your human rights as a participant in this research study.
6. Contract form for the researcher

CONTRACT FORM FOR THE RESEARCHER

I, Thelma Kgakgamatso Majela, a research student in the University of Surrey (UK), am conducting a qualitative research study as part of my academic requirement. The qualitative study is aimed at "Assessing the Counselling Needs of Batswana Students Affected by HIV/AIDS". The study will offer some explanatory understanding to the ways in which students would find counselling helpful or not helpful and inform counsellor training and practice in Botswana. Participation in the study is purely voluntary and participants retain the right to withdraw at any time whilst the data gathering is still ongoing. The study will be conducted in a way that individuals and institutions will not be identifiable and so coded identity instead of names will be used to respect confidentiality and ethical commitment. I will explain what the research study is about with respect to risks, benefits and ethical rights of participants. The interviews will take about 1 hour and will be tape-recorded, transcribed and analysed. I will keep the transcripts in a safe and lockable room and cabinet throughout the research process. I will manually destroy and dispose of the research materials in an appropriate manner following the final completion of my study. I am aware that the research topic may arouse sensitive issues and referral will make referral arrangements for people who need continued support. I will also provide debriefing sessions for participants after the interview sessions. I hope the findings of the study will contribute to future improvement of HIV/AIDS counselling practice and training to benefit student services in Botswana.

Researcher:  

Date:  

Please note:  
You are also invited and advised if you wish to contact the Health Research Unit (Ministry of Health) at 356582 for clarification regarding your human rights as a participant in this research study.
APPENDIX 7

7. Participant concern form

PARTICIPANT CONSENT FORM

I __________________________ agree to voluntarily participate in a research study that Thelma Kgakgamatso Majela is undertaking as part of her academic requirement in the University of Surrey (UK). The qualitative study is aimed at "Assessing the Counselling Needs of Batswana Students Affected by HIV/AIDS". The study will offer some explanatory understanding to the ways in which students would find counselling helpful or not helpful and inform counsellor training and practice in Botswana. The study will be conducted in a way that individuals and institutions will not be identifiable and so coded identity instead of names will be used to respect confidentiality and ethical commitment. I have been informed and advised of the possible risks and benefits of participating in this study and I understand them. The interview will take about 1 hour and it will be tape recorded. I am aware that the research material will be kept in a safe and lockable room and cabinet and will be manually destroyed and disposed of following the final completion of the study. I am also aware that I retain the right to withdraw without any prejudice at anytime whilst data gathering is in progress. I have seen the contract form for the researcher and I am satisfied with it. I understand the study will contribute to the future development of HIV/AIDS counselling practice and training to benefit student counselling services in Botswana.

Participant: __________________________

Date: __________________________

Please note:
You are also invited and advised if you wish to contact the Health Research Unit (Ministry of Health) at 356582 for clarification regarding your human rights as a participant in this research study.
PARENTAL CONSENT FORM

I ____________________________ voluntarily allow my son/daughter ____________________________ to participate in a research study that Thelma Kgakgamatso Majela is undertaking as part of her academic requirement as a research student in the University of Surrey (UK). The qualitative study is aimed at “Assessing the Counselling Needs of Batswana Students Affected by HIV/AIDS”. The study will offer some explanatory understanding to the ways in which students would find counselling helpful or not helpful and inform counsellor training and practice in Botswana. I am aware that the study will be conducted in a way that individuals and institutions will not be identifiable and so coded identity instead of names will be used to respect confidentiality and ethical commitment. I have been informed and advised of the possible risks and benefits of participating in this study and I understand them. The interview will take about 1 hour and it will be tape recorded. I am aware that the research material will be kept in a safe and lockable room and cabinet and will be manually destroyed and disposed of following the final completion of the study. I am also aware that I retain the right to withdraw without any prejudice at anytime whilst data gathering is in progress. I have seen the contract form for the researcher and I am satisfied with it. I understand the study will contribute to the future development of HIV/AIDS counselling practice and training to benefit student counselling services in Botswana.

Parent/Guardian: ____________________________

Date: ____________________________

Please note:
You are also invited and advised if you wish to contact the Health Research Unit (Ministry of Health) at 356582 for clarification regarding your human rights as a participant in this research study.
9. Contract form for research assistants and gate-keepers

CONTRACT FORM FOR THE RESEARCH ASSISTANT/INSTITUTION COMMITMENT

I / The institution ____________________________ agree/s to support Thelma Kgakgamatso Majela in her research study undertaken as part of her academic requirement in the University of Surrey (UK). The qualitative study is aimed at “Assessing the Counselling Needs of Batswana Students Affected by HIV/AIDS”. The study will offer some explanatory understanding to the ways in which students would find counselling helpful or not helpful and inform counsellor training and practice in Botswana. I have been informed and advised of the possible risks and benefits of participating in this study and I understand them and can explain them to potential participants. The interviews will take about 1 hour and will be tape recorded. I am aware that the research material will be kept in a safe and lockable room and cabinet and will be manually destroyed and disposed of following the final completion of the study. I am aware that participants retain the right to withdraw without any form of prejudice at anytime whilst data gathering is in progress. I am aware that the study will be conducted in a way that individuals and institutions will not be identifiable and so coded identity instead of names will be used to respect confidentiality and ethical commitment. I have seen the contract form for the researcher and I am satisfied with it. I am aware that my role is to assist in creating awareness of the study and the identification of participants as someone who is involved in programmes that deal with young people affected/infected by HIV/AIDS. A fee may be negotiated for the services rendered by me and or my organization. I am aware that I / the institution is bound to respect ethical and human rights issues raised in this study and commit to the responsibility. It is hoped the findings of the study will contribute to future improvement of HIV/AIDS counselling practice and training to benefit student services in Botswana.

Research assistant: ____________________________________________

Date: ____________________________________________

Please note: You are also invited and advised if you wish to contact the Health Research Unit (Ministry of Health) at 356582 for clarification regarding your human rights as a participant in this research study.
**APPENDIX 10**

**INITIAL CODING 002**

<table>
<thead>
<tr>
<th>RAW DATA EXTRACTS</th>
<th>OPEN CODING</th>
<th>THEORETICAL MEMOS</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>TK:</em> (Intro...) Would you share with me about how you have been affected by HIV/AIDS?</td>
<td>(1). Early life experiences of loss through terminal illness and death of a significant other (mother).</td>
<td>Sounds an overwhelming early life experience. What could be the immediate and long-term effects on child development? What is the child doing to get on with so much of a challenge?</td>
</tr>
<tr>
<td>Rato: Yes...I was staying with my mum and she fell sick in 1992. After a long while she was told that she had contracted the big illness called TB. All this happened when I was doing Standard 5. And after sometime, the illness intensified and she was hospitalized. When she was hospitalized, most of the time we stayed on our own at home with my younger siblings. When we thought her condition was becoming better, she became ill again and started going in and out of the hospital. She was constantly on and off the hospital and this continued until she finally died in 1997.</td>
<td>(2). Caring for siblings</td>
<td>Reflecting early parentification.</td>
</tr>
<tr>
<td>TK: What grade were doing at the time of your mum’s death?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rato: I was doing Standard 7 and was just about to write my Standard 7 final examination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TK: How did that affect you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rato: I was affected in some way but I just told myself that I need not focus too much on it and instead I should focus on my studies but to some extent I was affected. My grand mother offered me support through the advice and guidance she gave on different ways of addressing life issues. I was mostly affected by my academic performance because I was expecting an A grade pass and I ended up attaining a Second class pass (B pass).</td>
<td>(3). Minimizing the effect by focusing on academic studies</td>
<td></td>
</tr>
<tr>
<td>TK: Could you tell me about what you went through the time when your mum was sick?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rato: Sometimes I would miss school because I had to take her to the hospital. Sometimes she would feel she needed me to be there for her and so she would request that I be released from school to come and be with her...she needed me very much.</td>
<td>(4). Being supported through advising and guiding.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5). Affected by disappointing academic performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(6). Missing school to offer needed parental support</td>
</tr>
</tbody>
</table>

1
| TK: How did this affect you? |  
| Rato: This really affected me because at times when I was playing with my friends, I would feel it was inappropriate/wrong of me to be there because I felt like I was not supposed to be there with others. | (7). Self-accusing and blaming | Provoking guilt and shameful feelings. |
| TK: Tell me more about that. |  
| Rato: I would ask myself endless questions such as what kind of illness was my mother going through where she had to be frequently on and off the hospital. And yet there was no clear explanation from anybody of what was going on. She (mother) also did not tell us what was going on and was generally very secretive about the illness (silence and teary eyes). | (8). Floating in confusion surrounding mystery of secrecy (about illness) |
| TK: How did this affect your feelings and thoughts? |  
| Rato: I was really asking myself...! was asking myself a lot of questions. I was wondering why she kept it such a big secret when we could all find help. Even in school, I was not able to participate freely in various school activities. For instance, when there were discussions on diseases/illnesses in class, I found it very difficult to participate in such discussions because I be thinking that probably my mother could be suffering from this or that illness. | (9). Wondering in silence about secrecy. |
| TK: So you had a lot of unanswered questions. |  
| Rato: Yes...When I asked her questions, she would simply say they say it is (TB) big cough and that was all and would keep quite. | (10). Impacting academic participation. |
| TK: What did you react to that? |  
| Rato: I felt very very deepl hurt...! was very saddened and deeply paining. Most of the time she found it difficult to eat and would end up throwing up. This really affected me as well and so I was also unable to eat properly in school, when I thought of her, I did not feel right at all. | (11). Accepting difficulty of suffering. |
| TK: Tell me more about that... |  
| Rato: Whenever I was in school and I thought that my mother is at home and could be struggling with throwing up or struggling with doing this and that... I found that very difficult and it ended up also making it difficult for me to eat as well. | (12). Struggling (personally) with the sufferings and difficulties experienced by the other (experiencer) | Reflecting the powerful nature of social connecteness in human relational bonds. |
**TK:** How were you affected especially in school?

Rato: Yes, I was affected in school ... as well as the environment and the people I interacted within my immediate society.

**TK:** Tell me more about that.

Rato: I went to school with other students but I was the one who was always absent from school. And so other students would pass comments and teasing remarks such as 'this one whose mother is sick she is always absent because her mum is dying from AIDS' (o a ba a seyo mokete tete feia mmasgwe o bolaiwa ke AIDS dilo tse go nna jalo) and other painful remarks.

**TK:** When they said such kind of things, what did you handle it?

Rato: I would simply shrug it off my mind (ntsha mo tlhogong) because I knew that we all could fall sick irrespective of the nature of the illness or what the person is suffering from...or whatever.

**TK:** What else would like to say that affected you?

Rato: Not really... apart from the academics. The other thing that hurt me most was my mother's immediate relatives. My mother's siblings did not want to help me at all. I was left to do everything for my mother all by myself doing what I thought was supposed to be their role and tasks (her facial expression gets twisted and tears fill up her eyes).

**TK:** How old were you at the time?

Rato: I was doing Standard 5...I think I was about 11 or 12 years old.

**TK:** How do you feel right now as you are talking?

Rato: I really get painfully hurt, but I got support and encouragement from other people. I am able to talk about it but it really hurts me very much.

**TK:** Would you talk to me about counselling?

Rato: I have not really had any counselling and so I can not really claim to know much about it.

**TK:** So you have not received any counselling for what you went through.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(13). Getting teased and picked on (for frequent absenteeism)</td>
<td></td>
<td>Stigma and discrimination.</td>
</tr>
<tr>
<td>(14). Shrugging it off by generalising or universalising the illness to all</td>
<td></td>
<td>Shrugging things off emerges as a way of managing that happens in various ways. What is it really about for this group and what makes it a unique feature for them? What is inside the concept? Generalising, universalising, ignoring, understanding seems to be emanating ways of shrugging things off.</td>
</tr>
<tr>
<td>(15). Being abandoned by family</td>
<td></td>
<td>Early parentification coming through primary care taking of a parent</td>
</tr>
<tr>
<td>(16). Being unsupported and burdened by primary care taking roles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17). Getting support and encouragement from others</td>
<td></td>
<td>Social support / social buffering.</td>
</tr>
</tbody>
</table>
Rato: No madam

TK: But what is your understanding of counselling?

Rato: I think I understand counselling as...counselling is something that is able to encourage or assist (thuso kana kgothatso) a person to deal with the pain they are experiencing. When you have a pain or hurt of some sort, you end up feeling much better about it.

TK: How is it or can it be helpful?

Rato: Lets say you were affected in your mind by something, thinking a great deal about your situation, it (counselling) helps to bring down or calm/sooth your emotions down and you end up feeling better about it.

TK: If you had received it, how would it have assisted you?

Rato: It would have relieved me (unchained me) from the burden of so many other things that I found myself constantly thinking about.

TK: What do you think would have been helpful about counselling or you would have found helpful in counselling?

Rato: I don’t understand the question?

TK: You said that you think if you had received counselling it would have been helpful, and so I wanted to find out what specifically about counselling do you think would have been of great help to you?

Rato: When going into academics, I would have certainly done far much better in school. The teacher who taught me did not express any care, love and support, for instance, when s/he wanted us to bring money in school and for some reason I failed to bring the money, s/he would be constantly pestering me about money, money, s/he was not able to support me in anyway.

TK: You mean your teacher or teacher counsellor?

Rato: I mean the teacher.

TK: How could your teacher counsellor be of help to you?

Rato: S/he could have been helpful in many ways, such as money that the school needed and other educational aspects.
<table>
<thead>
<tr>
<th>TK: What kind of educational aspects?</th>
<th>Rate: Giving me some educational advice or guidance and counselling and telling me different life issues that if you do this then this will happen.</th>
<th>(22). Expecting educational advice and guidance from counselling (on life issues)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TK: So you expected educational advice and counselling?</td>
<td>Rate: Yes...madam.</td>
<td>(23). Advice-giving is broadening understanding (perspectives).</td>
</tr>
<tr>
<td>TK: What do you mean by advice?</td>
<td>Rate: This person is advising you. For instance, if the person counselling me knew what my mother was suffering from, the counsellor would tell me that this kind of illness works this way and that way or it entails this and that, and when this happens to your mother do not feel... (voice fades down and can not hear the last part in the tape).</td>
<td>(24). Parent-child communication is entry point for easing opening up to others.</td>
</tr>
<tr>
<td>TK: Tell me more.</td>
<td>Rate: They sit down with me and we would talk about it... actually if my mother had told me that you know my daughter, I am sick because of this and that, I would find it easy to open up to my teacher even though she did not know much about guidance. She (counsellor) would end up helping me by giving me different ideas and so forth.</td>
<td>(25). Talking things through is calming and soothing to feelings</td>
</tr>
<tr>
<td>TK: So is sitting down and talking things through is important to you.</td>
<td>Rate: Very much so.</td>
<td>(26). Venting out is freeing harboured inner spirit</td>
</tr>
<tr>
<td>TK: You just said talking things through is helpful, (agreet), will you talk to me about it?</td>
<td>Rate: Of course yes... being able to talk things through can calm down or one's feelings soothe (tshitshe tla diphakgadi, it helps one to open up freely without harbouring anything on the inside (o sa fitlhse se sepe sego wena) ... ita like you just vent out (o ntšhe sa ọgo ọgo tšha kwane nila) everything out from the inside of your heart (mo pelong ya gago) ... and be able to live with a freed inner spirit (o bo o kgona go tshela ka mowa o ediling fela). In releasing your inner spirit helps to allow freeing an opening up positive interaction with others. Such that even when I am in the presence of other children, you would not be able to tell/identify that this one... this and that... has such and such a problem and the like.</td>
<td>(27). Releasing inner spirit frees social interaction</td>
</tr>
</tbody>
</table>

Is questioning the place of advice-giving in counselling? Rato argues that it does have a place because it has an element of broadening understanding. How does advice giving fit in the Setswana culture? For instance, cultural initiation schools meant for preparing young people for adulthood are anchored on receiving advice from those that have been there before and therefore advice is culturally entrenched. Cultural support is pivoted on advice-giving and does that call for a way of relooking at counselling? On the contrary, the western model of counselling discourages advice-giving.

Parent-child communication is the beginning of learning how to talk to others. It allows some level of opening up that can be strange if never practiced in a safe environment.
(Reflection):
When saying this she was using her hands to rub or soothingly touch her heart and pressing it to show me how important it is to reveal one's heart out and how relieving it would be for her to experience that).

TK: So being open?... (left hanging deliberately with a non verbal expression for her to complete)

Rato: Yes... being open relieves a lot of emotional pains that could have affected you.

TK: What happened in school?

Rato: You mean primary or secondary?

TK: It does not really matter, what ever you want to talk about?

Rato: In both situations... actually at secondary we had no Guidance Teacher. We are supposed to have a guidance lesson for 40 minutes but the teacher never comets for the lesson. In addition, our guidance teacher is a person who likes the grapevine gossip (dithelenyana) a lot. Its like when you finish telling her something, she would not be ashamed to just go and openly share the private confidential staff that you shared with her with the rest of the students and teachers.

TK: Are you talking about your guidance teacher?

Rato: Yes...

TK: Tell me more?

Rato: This made me become extremely closed and secretive by keeping my personal issues to myself (go nna bo fisihla jo bo feteletseng) instead of sharing them with anyone. I became secretive like that way after my mother's death. I ended up staying with my aunt (mother's younger sister) but I found it very difficult to open up and share my issues with her or anybody else.

TK: When you bottled/kept things to yourself, how did you feel about that?

Rato: It really hurt me very much... that I am not able to open up my feelings/emotions to other people, I just find it difficult to simply share my personal feelings/emotions with others. (Ke palelwa ke go amogana maikutlo a me le ba bangwe). And because I am unable to openly share my emotions with

(28). Opening up relieves emotional pain

(29). Being denied access to Guidance and Counselling (lessons) by teacher's lack of taking responsibility.

(30). Grapevining and gossiping is hurting and undermining the quality of trust in counselling/support.

(31). Violation of trust and confidential information perpetuates the culture of secrecy (closure and difficulty to open up).

(32). Regretting personal inability to open-up.

Why are teachers not taking guidance and counselling lessons serious given the expected importance it can bring in student support?

Questioning professional accountability and supervision is an issue given the major anxiety expressed about indiscriminate use of confidential information in an inappropriate manner. What is this saying about the providers of the service and the control measures? What is happening out there that is hurtful in the name of counselling and what needs to happen to address these issues? Ethico-legal issues in counselling practice are a major issue and empowering the client with information on their rights is critical.
I end up bottling things inside me and that really kills me from inside (ke swela ka fa teng) (rubbing her chest area when saying this).

TK: It hurts that you are unable to openly share your feelings?

Rato: You mean in my 'heart'... definitely (literal translation of pelo (heart) meaning emotionally)

TK: Yes...or anyhow...

Rato: That is why I look so thin and somehow physically emaciated, it is because lately I constantly think a lot! ruminate (go bua ka pelo) about this situation (she physically extends her physical structure of her arms towards me to show me how much she has lost weight)

(Reflection):
I wonder to myself what this is meant to reveal. Could it be an unconscious concern that she may have contracted the virus in the care-taking role and worries that she is HIV+?

TK: So how do you cope or manage the situation you are faced with?

Rato: Its because I have been receiving a lot of HIV/AIDS education and I can say I know far more now about it. I also try to tell myself a lot of things and this helps me to be not so bothered or worried about a lot of issues. I am also one person who believes that that God is there and also that my mother is part of our life. Because I am always thinking about her, it helps me that I think about her and pray as well. Mum had made prayer a bit part of her life and it still plays a big role in our life.

TK: What can you say about counselling?

Rato: The Youth Counsellor in ZZZ is making arrangements for me to receive counselling support.

TK: Given chance as a student affected by HIV/AIDS to contribute to counselling what would you say?

Rato: Its like, some of us students are very closed and secretive in nature, even though we are affected and bothered we find it difficult to go out and seek help. They should take students one by one and talk to them about their problems...they can assist you by telling you that your problems can be addressed this way or that way...I wish they could do that. They

(33). Dying inside from bottling and containing issues

(34). Awareness that bottling up and constant thinking impacts on health

(35). Being knowledgeable about HIV/AIDS (education) is helpful.

(36). Self-talking is allaying worries.

(37). Believing in the presence of God.

(38). Connecting with the dead through thoughts and prayer.

(39). Culture of secrecy nurtures distrust, distrust nurtures the difficulty of opening up, difficulty to open-up blocks accessing help.

(40). The wheel of secrecy, distrust and access.

What is the effect on self-esteem and confidence? If the secrecy is high can young people have confidence to go out and seek help?

Botling things inside seems to be provoking immense stress hence Rato feels like something is killing from inside.

Sounds very stressed-up and uncomfortably contained inside and is experiencing the signs of being distressed. E.g. not eating, loss of weight, rumination (constant thinking).
should not just leave it to the child that those who need help will come forth... and therefore just sit back and settle down waiting for the child to initiate the move to seek help... because we (students) are not open, some of us students are not really open and therefore would find it difficult to come forth to seek for help.

**TK:** What else would you like to see happen?

**Rato:** The other important issue for me is to assist students in this situation to open up and not to bottle things that are bothering them inside. They should reveal out their emotions/feelings, although I have no clue how they (students) could be assisted to outwardly express themselves, it will be up to the counsellors themselves to see how they do it but they (counsellors) will have to see how they do help the students.

**TK:** But you would like...(could not complete and she comes in immediately)

**Rato:** I do not want any student to privately bottle-up or keep problems that are bothering them... we have to be assisted to outwardly express problems ourselves.

**TK:** You find doing that very important.

**Rato:** Very much so.

**TK:** What else would you like?

**Rato:** Yes...like in school sometimes when students are expected to bring money to school, they should really take time to listen, hear and understand the concerns of students especially when there is proof that the child is unable to raise the money, they should take time to listen before jumping to judgments. For instance when a student comes and has been unable to raise money that the school expects, they should take time to hear the full story and concerns of the child and should work out ways of assisting that child.

**TK:** In summary, what would you like to say?

**Rato:** What I find very painful is when a student tells a counsellor her concerns in confidence and later realizes or hears that these have been shared/exposed to other teachers.

**TK:** What would you like then?

(40). Preferring proactive initiation and availing of counselling as opposed to passive waiting

(41). Needing exploring the alternative means of enabling self-expression of bottled feelings.

(42). Needing assistance with self-expression of bottled feelings

(43). Needing non-judgmental listening.

(44). Worrying about compromising shared trust and confidentiality
**Rate:** I wish counselling can offer love, care and support for children to be able to talk about who they are, and be proud about what you are even if you have been affected by HIV/AIDS. This is in addition to being assisted to be able to express feelings and emotions of a person (maikutlo a motho).

**TK:** Is there anything you would like to add especially when talking about need for counselling?

**Rate:** Counselling can also help in solving people’s problems.

**TK:** In what way?

**Rate:** Counselling can help in assisting to meet the human rights concerns of children for instance in cases where there is some kind of sexual abuse.

**TK:** How do you relate the human rights issues in counselling to HIV/AIDS?

**Rate:** I mean that children should be protected from contracting the virus especially if the parents already are infected so that you do not all get infected and have similar problems (appears a bit tired and finds difficulty to carry responses longer).

**TK:** Any other concerns you want to share.

**Rate:** There is nothing.

**TK:** Let me thank you very much for agreeing to be interviewed.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(45). Wishing counselling to offer love, care and support</td>
<td></td>
</tr>
<tr>
<td>(46). Needing instillation of self-pride</td>
<td></td>
</tr>
<tr>
<td>(47). Needing expression of feelings</td>
<td></td>
</tr>
<tr>
<td>(48). Expecting to be assisted with problem-resolution</td>
<td></td>
</tr>
<tr>
<td>(49). Needing counselling to address the protection of human rights</td>
<td></td>
</tr>
</tbody>
</table>
INTERVIEW PROFILE

CODE: 002
DATE: 15th April 2003
AGE: 19 years
GENDER: Female
LANGUAGE: Setswana predominantly and English
TOWN/VILLAGE: Gaborone/ Tlokweng
PARENTS: Orphan

INTERVIEWER:
(I cut off the initial introduction of the tape when trying to transcribe).

The introduction had started by stating the purpose of the study and that it was an open question. The tape starts with “this meant to help you talk to express your thoughts, feelings, ideas and experiences. There is no right or wrong answer because everything you say is regarded as important. Maybe at the beginning I could start by asking you to share with me how HIV/AIDS has affected you. I will ask you questions where I do not understand and continue to probe where necessary for clarification”

RESPONDENT: Ee..ke ne ke nna le mama, mama aba a lwala ka 1992. Moragonyana ga lobaka ke ga ba mmolelela ko spatela gore o tshwerwe ke bolwetse jo bo tona ebong TB. Go ne go diragala jaana ke bala Standard 5. Mme e ne ya re ko morago bolwetsi jwa gakala a ba a robadiwa mo kokelong. Fa a le ko sepatela, ka nako tse dintsinyana re ne re nna ko lapeng fela le bo nnake re le nosi. Ha re santse re solofetse gore mama o tla nna botoka ke ha a similola gape go lwala a ba ya go robadiwa. Gone go nna go direga gore mama a tsene a tswe go fithelela a tlhokafala ka 1997.

Yes...I was staying with my mum and she fell sick in 1992. After a long while she was
told that she had contracted the big illness called TB. All this happened when I was doing Standard 5. And after sometime, the illness intensified and she was hospitalized. When she was hospitalized, most of the time we stayed on our own at home with my younger siblings. When we thought her condition was becoming better, she became ill again and started going in and out of the hospital. She was constantly on and off the hospital and this continued until she finally died in 1997.

INTERVIEWER: O ne o bala mang fa mama wa gago a thokafala?
What grade were doing at the time of your mum’s death?

RESPONDENT: Ke ne ke dira Standard 7 ebile ke tloga ke kwala ditlhatlhobo tsa bofelo.
I was doing Standard 7 and was just about to write my Standard 7 final examination.

INTERVIEWER: O ne o amegile ka tsela e ntseng jang?
How did that affect you?

RESPONDENT: Eee.. kene ke amegile mme ka ipolelela fela gore gone mme ke tshwanetse ka ntsha fela mo thogong, ke inaakanye le tsa dithuto. Mme ke ne ke amegilenyana fela go se kaec mme mo eseng ga sepe fela. Ka gore my grandmother one a ntse a nkgakolola a mpotsha fale le fale, gore nka itiriya yang yang ka dilo tsa botselo. Mme gone ke ne ka amiwa ke gore ke ne tswanetswe ke go tsaya pass ya A mo exameng mme ke feletse ke tsere Second class (B pass).

I was affected in some way but I just told myself that I need not focus too much on it and instead I should focus on my studies but to some extent I was affected. My grandmother offered me support through the advice and guidance she gave on different ways of addressing life issues. I was mostly affected by my academic performance because I was expecting an A grade pass and I ended up attaining a Second class pass (B pass).

INTERVIEWER: O ka mpolela gore go ne go diragala jang mo go wena ka nako e o mama wa gago a ne lwala?
Could you tell me about what you went through the time when your mum was sick?

RESPONDENT: Mo gongwe ke ne ke misa sekwele ka gore ke ne ke tshwanelwa ke go moisa sepateleng. Mo gongwe o ne a nkopa ko sekolong ka gore o ne a batla gore ke tle go nna le ene..a nthoka fela jaana.
Sometimes I would miss school because I had to take her to the hospital. Sometimes she would feel she needed me to be there for her and so she would request that I be released from school to come and be with her...she needed me very much.
INTERVIEWER: Go ne go go ama jang?
*How did this affect you?*

RESPONDENT: Gone go nkama tota, ka gore mo gongwe ene e re fa ke tshameka le bana ba bangwe ke be ke feela (feel) go re ga ke ya tshwanela gore ke kabe kele foo.
*This really affected me because at times when I was playing with my friends, I would feel it was inappropriate/wrong of me to be there because I felt like I was not supposed to be there with others.*

INTERVIEWER: O ka mpolella gape ka gone moo?
*Tell me more about that.*

RESPONDENT: Ke ne ke tlhola ke ipotsa dipotso tse dintsi tota gore kante mama ene o lwala bolwetsi jo bontseng jang jo bo sa folleng a tsena a tswan mo sepatela. Mme ke sena yo ke ka mmotsang go bona ditlhaloso. Le ene tota one a sa refe tthaloso epe fela e lolalemeng ka sepe fela kana bolwetsi. O ne a le sephiri tota a re lobela (silence and a bit teary and immediately blocks them).
*I would ask myself endless questions such as what kind of illness was my mother going through where she had to be frequently on and off the hospital. And yet there was no clear explanation from anybody of what was going on. She (mother) also did not tell us what was going on and was generally very secretive about the illness (silence and teary eyes).*

INTERVIEWER: Gone go go tsaya jang fela mo maikutlong le dikakanyo?
*How did this affect your feelings and thoughts?*

RESPONDENT: Ke ne ke ipotsa tota... ke ne ke ipotsa di potso di le dintsi. Kene ke ipotsa gore ke eng ga a loba mme re ne re ka bona thuso e ntsi. Le ko sekolog ke ne ke sa kgone go participater mo dilong tsa sekolo yaana. Jaaka fa gone go na le di discussion ka malwetsi yaana mo classing ke ne ke palelwa ke go akgela ka gore ke ne ke akanya gore kana mama o lwala jone bolwetsi jo jaanong ke ne ke palelwa ke go tsena mo discussioning.
*I was really asking myself...I was asking myself a lot of questions. I was wondering why she kept it such a big secret when we could all find help. Even in school, I was not able to participate freely in various school activities. For instance, when there were discussions on diseases/illnesses in class, I found it very difficult to participate in such discussions because I be thinking that probably my mother could be suffering from this or that illness.*

INTERVIEWER: O ne o na le dipotso tse dintsi tse di senang dikarabo.
*So you had a lot of unanswered questions.*

RESPONDENT: Eee...Fa ke mmotsa dipotso, one a re bare ke kgotlholo e tona fela a
ba a didimala.
Yes... When I asked her questions, she would simply say they say it is (TB) big cough and that was all and would keep quite.

INTERVIEWER: O ne o tseega jang?
What did you react to that?

RESPONDENT: Ke ne ke utlwa bothoko jo bo tona tona tota ... ke ne ke utlwa bothoko jo bo tona tona. Le dijo tota mama ene e re ha gongwe ha a ja, a ba a palelwa a ba a felelela a kgwa tha fela wa bona. Ke ne ke amega le nna ke sa kgone le gone go ja sentle le ko sekolong tota fa ke mo akanya fela, ke ne ke sa tseege sentle gotthelele.
I felt very very deep/hurt... I was very saddened and deeply paining. Most of the time she found it difficult to eat and would end up throwing up. This really affected me as well and so I was also unable to eat properly in school, when I thought of her, I did not feel right at all.

INTERVIEWER: O ka bua gape thata ka gone.
Tell me more about that...

RESPONDENT: Ga ke le ko sekolong ene ere ha ke akanya fela gore kana mama gole kana wa ba a a sokola ka go kgwa kana a sokola a irang...a irang, ke ne ke sa kgone go le nna go ja gotthelele.
Whenever I was in school and I thought that my mother is at home and could be struggling with throwing up or struggling with doing this and that... I found that very difficult and it ended up also making it difficult for me to eat as well.

INTERVIEWER: One o tshwenyegile jang bogolo kwa sekolong.
How were you affected especially in school?

RESPONDENT: Eee ke ne ke tshwenyega ko sekolong...gape le environment mo society se ke neng ke tshela mo go sone.
Yes, I was affected in school ... as well as the environment and the people I interacted within my immediate society.

INTERVIEWER: Tell me more about that.

RESPONDENT: Ke ne ke tsena le bana ba bangwe mo sekolong mme ke nna ke neng ke nna ke seo nako tsothle mo sekolong. Bana ba bangwe ba ne ba rata go nna ba bua bare 'o a ba a ntse a seyo mokete kete...yo mmaagwe o bolaiwang ke AIDS', di lo tsa go nna jalo fela tse di utwisang bothoko.
I went to school with other students but I was the one who was always absent from school. And so other students would pass comments and teasing remarks such as
'this one whose mother is sick she is always absent because her mum is dying from AIDS' (o a ba a ntse a seyo mokete kete fela mmaagwe o bolaiwa ke AIDS dilo isa go nna jalo) and other painful remarks.

INTERVIEWER: O ne o dira eng ha ba rialo?
When they said such kind of things, what did you handle it?

RESPONDENT: Kene ke ntsha mo tlhogong ka gore ke ne ke itse gore bolwetse ke jwa mongwe le mongwe go sa kgathalesege gore o bolaiwa ke eng...kana eng.
I would simply shrug it off my mind (ntsha mo tlhogong) because I knew that we all could fall sick irrespective of the nature of the illness or what the person is suffering from...or whatever.

INTERVIEWER: Mo gongwe ke eng gape mo go go tshwentseng?
What else would like to say that affected you?

RESPONDENT: Nyaa tota..kwa ntle go dithuto fela. Selo se sengwe se seneng se ntshwenya thata ke gore masika a ga mama le bo mogolowe yaana ba ne ba sa batle go nthusa gotlhelele. Ke ne ke tshwanelwa ke go dira sengwe le sengwe ke le nosi mme e le ditiro tse ba neng ba tshwanetswe ke gore ba didire (her facial expression changed and tears filled up in her eyes).
Not really.. apart from the academics. The other thing that hurt me most was my mother's immediate relatives. My mother's siblings did not want to help me at all. I was left to do everything for my mother all by myself doing what I thought was supposed to be their role and tasks (her facial expression gets twisted and tears fill up her eyes).

INTERVIEWER: O ne o le kana kang ka nako eo?
How old were you at the time?

RESPONDENT: Ke ne ke dira Standard 5 ke le 11 kana 12 years.
I was doing Standard 5...I think I was about 11 or 12 years old.

INTERVIEWER: O tseega jang gone jaanong jaana ha o bua?
How do you feel right now as you are talking?

RESPONDENT: Ke utlwa botlhoko tota mme le gale ke ne ka bona kgothatsa mo bathong. Ke kgona go bua ka gone mme fela go a nkama tota.
I really get painfully hurt, but I got support and encouragement from other people. I am able to talk about it but it really hurts me very much.

INTERVIEWER: O ka mpolelela ka counselling?
Would you talk to me about counselling?
RESPONDENT: Ga ke ise ke counsellwe tota jaanong ga ke ka ke ka re ke itse go le kalo.
I have not really had any counselling and so I can not really claim to know much about it.

INTERVIEWER: Ga o ise o thusiwe ka counselling mo mathateng a gago?
So you have not received any counselling for what you went through.

RESPONDENT: Eee mma... Yes... madam

INTERVIEWER: Mme wena o tlhaloganya counselling ele eng fela?
But what is your understanding of counselling?

RESPONDENT: Ke tsaya gore ke e tlhaloganya ele... counselling ke thuso kana kgothatso mo mothong. Fa o na le kutlo bothoko e rileng o fella o i kutlwa botoka fela thata.
I think I understand counselling as... counselling is something that is able to encourage or assist (thuso kana kgothatso) a person to deal with the pain they are experiencing. When you have a pain or hurt of some sort, you end up feeling much better about it.

INTERVIEWER: E thusa ka tsela e entseng jang?
How is it or can it be helpful?

RESPONDENT: A re re gongwe o ne o a fectegile mo tlhaloganyong, o akanya thata thata, o kgona go utla maikutlo a gago jaanong a ritibala, go bo go fella go siama.
Lets say you were affected in your mind by something, thinking a great deal about your situation, it (counselling) helps to bring down or calm/sooth your emotions down and you end up feeling better about it.

INTERVIEWER: O bona e ene e ka go thusa jang ga one o kgonne go bona counselling?
If you had received it, how would it have assisted you?

RESPONDENT: Ke ne ke ka kgona go nna ka mowa o phuthulogileng, ke sa nne ke a kanya ka dilonyana tse dintsintsì.
It would have relieved me (unchained me) from the burden of so many other things that I found myself constantly thinking about.

INTERVIEWER: Ke eng se se tla go thusang mo counselling, ke eng se se neng se ka nna mosola ka counselling? Ke raya gore ke eng tota ka counselling se se ne se tla go solegela molemo
What do you think would have been helpful about counselling or you would have found helpful in counselling?

RESPONDENT: Ga ke thalaganye potso?
I don’t understand the question?

INTERVIEWER: Ha kere o rile counselling ha one o e bone, o bona e ka bo e go solegetse molemo. Jaanong ke batla go itse gore ke eng mo counselling se o bonang se ne se ka go solegela molemo.
You said that you think if you had received counselling, it would have been helpful, and so I wanted to find out what specifically about counselling do you think would have been of great help to you?

RESPONDENT: Ga ke tsenelela mo dithutong, ke ka bo ke dirile botoka fela thata thata. Morutabana wa rona one a sa supe lorato le thuso epe mo go nna...sekai, ha a re raya a re re tle ka madi a boketekete, ke be ke sa kgone go tla ka madi a teng, ke gore o nna a ntse a nthaya a re madi..madi..madi...ga a kgone go nthusa ka tsela epe fela e nngwe.
When going into academics, I would have certainly done far much better in school. The teacher who taught me did not express any care, love and support, for instance, when s/he wanted us to bring money in school and for some reason I failed to bring the money, s/he would be constantly pestering me about money.. money, s/he was not able to support me in anyway.

INTERVIEWER: O ra ya teachera kana teacher counsellor?
You mean your teacher or teacher counsellor?

RESPONDENT: Ke ra ya teachera.
I mean the teacher.

INTERVIEWER: Teacha counsellora ya gago e ne ka go thusa jang?
How could your teacher counsellor be of help to you?

RESPONDENT: O ne a ka nthusa ka dilo tse di tshwanang le madi a tlohekgang ko sekolog le dithuto tse dingwe yaana.
S/he could have been helpful in many ways, such as money that the school needed and other educational aspects.

INTERVIEWER: Dithuto tse dintseng jang?
What kind of educational aspects?
RESPONDENT: Go nna a ntse a nkgakolola ka dithuto a ncounsellor a mpolelela dilo tsa botshelo fela gore ga o dira se go diragala jaana le jaana. Giving me some educational advice or guidance and counselling and telling me different life issues that if you do this then this will happen.

INTERVIEWER: So you expected educational advice and counselling?

RESPONDENT: Eee...mma. Yes...madam.

INTERVIEWER: Ha o re go gakolola o raya eng? What do you mean by advice?

RESPONDENT: O a bo a go gakolola, a go bontsha tsela e siameng yaana. A re re motho yo counsellang one a itse gore mama o ne a bolawa ke eng yaana, one a tla a mpolella gore kana bolwetsi jo bo dira se le se gore ke thaloganyeng se se neng se direga mo go mama le gore ga go direga jaana o seka wa uItwa...(voice fades down and can not hear the last part. This person is advising you or showing you the right way. For instance, if the person counselling me knew what my mother was suffering from, the counsellor would tell me that this kind of illness works this way and that way or it entails this and that, and when this happens to your mother do not feel...(voice fades down and can not hear the last part in the tape).

INTERVIEWER: Tell me more.

RESPONDENT: Ba nna le nna fa fatshe re bua...tota ebile ha mama a ne a mpoleletse gore waitsi ngwanaka ke lwala se le se, ke ka bo ke bone gole mothofo gore ke kgone le go bua ke phuthologile le mateachara le ha a ne a sa itse guidance go le kalo. O ne a ka nthusa ka go mpontsha maele a farologanyeng. They sit down with me and we would talk about it...actually if my mother had told me that you know my daughter, I am sick because of this and that, I would find it easy to open up to my teacher even though she did not know much about guidance. She (counsellor) would end up helping me by giving me different ideas and so forth.

INTERVIEWER: Go nna fa gatshe o bua dilo go bothokwa mo go wena. So is sitting down and talking things through is important to you.

RESPONDENT: Thata thata. Very much so.

INTERVIEWER: Wa re go bua go na le mosola (agrees) o ka mpolelela ka gone?
You just said talking things through is helpful, (agrees), will you talk to me about it?

RESPONDENT: Eee tota...go kgona go bua go ritibatsa maikutlo a motho, o kgona go nna open mo mothong...o sa fitlhe sepe sepe mo go wena, ke gore sengwe le sengwe o sentsha kwa ntle mo pelong ya gago...o bo o kgona go tshela ka mowa o edileng fela. Go golola mowa wa motho go go dira gore o phuthologe o nne le botsalano jo bo senang di kgoreletsi dipe mo go wena. Le fa ke na le bana ba bangwe o ka seka wa lemoga gore... yona go itaya gore so...onono.

Of course yes... being able to talk things through can calm down or one’s feelings soothe (ritibatsa maikutlo), it helps one to open up freely without harbouring anything on the inside (o sa fitlhe sepe sepe mo go wena)...its like you just vent out (o ntshe tsa go tlhe kwan ntle) everything out from the inside of your heart (mo pelong ya gago)... and be able to live with a freed inner spirit (o bo o kgona go tshela ka mowa o edileng fela). In releasing your inner spirit helps to allow freeing an opening up positive interaction with others. Such that even when I am in the presence of other children, you would not be able to tell/identify that this one...this and that... has such and such a problem and the like.

(Reflection:
When saying this she was using her hands to rub or soothingly touch her heart and pressing it to show me how important it is to reveal one’s heart out and how relieving it would be for her to experience that).

INTERVIEWER: So go nna open go?...(left sentence hanging deliberately with a non verbal expression inviting here to talk)
So being open?...(left hanging deliberately with a non verbal expression for her to complete)

RESPONDENT: Eee...go nna open, go relieva di pain dintsi tota tse di kabeng di go amile...
Yes... being open relieves a lot of emotional pains that could have affected you.

INTERVIEWER: Mo sekweleng gone go diragala eng?
What happened in school?

RESPONDENT: O raya ko primary kana secondary?
You mean primary or secondary?

INTERVIEWER: O ka bua ka se o batlang go bua ka sone fela ga gore sepe?
It does not really matter, what ever you want to talk about?

RESPONDENT: Mo go tsone tsothle..tota ebile mo secondary ga re na Guidance
In both situations...actually at secondary we had no Guidance Teacher. We are supposed to have a guidance lesson for 40 minutes but the teacher never comes for the lesson. In addition, our guidance teacher is a person who likes the grapevine gossip (ditshelenyana) a lot. Its like when you finish telling her something, s/he would not be ashamed to just go and openly share the private confidential staff that you shared with her with the rest of the students and teachers.

INTERVIEWER: O bua ka Guidance teacher.
Are you talking about your guidance teacher

RESPONDENT: Yes..

INTERVIEWER: Tell me more?

RESPONDENT: Gone go ntira gore ke ipeele dilo tsame mo pelong ya me, ke nne bofitlha fela thata jo bo feteletseng ka dilo tsame go na le gore ke di share le ope fela. Ke ne ka fella ke nna jalo le morago ga mama a sena go tlhokafala, ke ile ka sala ke nna le manngwane, mme ke ne ke ka seka ka bua sepe fela le ene ka na ope fela. This made me become extremely closed and secretive by keeping my personal issues to myself (go nna bo fitlha jo bo feteletseng) instead of sharing them with anyone. I became secretive like that way after my mother's death. I ended up staying with my aunt (mother's younger sister) but I found it very difficult to open up and share my issues with her or anybody else.

INTERVIEWER: Fa o ipeela dilo tsago mo go wena go ne go go tsaya jang? When you bottled/kept things to yourself, how did you feel about that?

RESPONDENT: Go ne go nkutlwisa botlhoko fela thata gore...ga ke kgone go bulela ope maikutlo a me. Ke apalelwa ke go amogana maikutlo a me le batho bangwe. Ka gore ke palelwa ke go amogana maikutlo, ke felela ke swela ka fa teng. It really hurt me very much...that I am not able to open up my feelings/emotions to other people, I just find it difficult to simply share my personal feelings/emotions with others. (Ke palelwa ke go amogana maikutlo a me le ba bangwe). And because I am unable to openly share my emotions with others, I end up bottling things inside me and that really kills me from inside (ke swela ka fa teng) (rubbing her chest area when saying this).

INTERVIEWER: Go go utlwisa botlhoko gore ga o kgone go abelana maikutlo?
It hurts that you are unable to openly share your feelings?

RESPONDENT: O raya mo pelong...thata thata.
You mean in my 'heart'...definitely (literal translation of pelo (heart) meaning emotionally)

INTERVIEWER: Eehh..kana yang fela....
Yes...or anyhow...

RESPONDENT: Ke yaaka o bona ke ntse mosesanyane jaana, malatsi a no ke bua ka pelo tota (shows me her physical structure which is seemingly very lean).
That is why I look so thin and somehow physically emaciated, it is because lately I constantly think a lot/ ruminate (go bua ka pelo) about this situation (she physically extends her physical structure of her arms towards me to show me how much she has lost weight)

(Reflection:
I wonder to myself what this is meant to reveal. Could it be an unconscious concern that she may have contracted the virus in the care-taking role and worries that she is HIV+)

INTERVIEWER: O kgona jang go tshela le situation ya gago?
So how do you cope or manage the situation you are faced with?

RESPONDENT: Ke bone dithuto tse di ntsi tsa HIV/AIDS ke kare ke itse gole gontsinyana ka yone. Gape ke nna ke leka go ipollella dilonyana tse di rileng gore ke se ka ka tshwenyega fela yaana. Gape ke dumela mo modimong tota nna ke dumela le gone gore mama o teng ebile o nna a le teng mo bosthelong jwa rona. Tota ke nna ke mo gopotse thata jaanong go nthusa gore ke dumele tota gore o na le rona le gone go rapela tota. Mama ke motho yo neng a re rutile thapelo mo bosthelong jaanong ke santse ke mo gopola ka yone.
It's because I have been receiving a lot of HIV/AIDS education and I can say I know far more now about it. I also try to tell myself a lot of things and this helps me to be not so bothered or worried about a lot of issues. I am also one person who believes that that God is there and also that my mother is part of our life. Because I am always thinking about her, it helps me that I think about her and pray as well. Mum had made prayer a bit part of her life and it still plays a big role in our life.

INTERVIEWER: Jaanong wa reng ka counselling?
What can you say about counselling?

RESPONDENT: Youth counsellor ya mo ZZZ o dira di arrangement gore ke bone thuso ya counselling.
The Youth Counsellor in ZZZ is making arrangements for me to receive counselling support.

INTERVIEWER: Fa o fiwa sebaka sa go contributa mo counselling o le ngwana wa sekolo o amilweng ke mogare wa HIV/AIDS o kareng? Given chance as a student affected by HIV/AIDS to contribute to counselling what would you say?

RESPONDENT: Kana bana ba bangwe re bo fitlha tota ntswa re tshwenyegile...ga ke kake ka ya go kopa thuso ...ba tshwanetse go tsaya bana ka bongwe ba bue le bone...ba thusa ka gore mathata a gago ke a nna nka go thusang jaana le jaana...ke ne ke eletsa go ka dirwa jaana. Ba seka ba nna fela ka gore ga twee fa ngwana a tihoka thuso a tle ko morutabaneng... a bo ba itunna, a nna settled fela a emetse gore ngwana ke ene a tle go kopa thuso...ka gore ga re opene, bana ba bangwe gare opene tota jaanong ga re ka ke ra kgona go tla go kopa thuso.

Its like, some of us students are very closed and secretive in nature, even though we are affected and bothered we find it difficult to go out and seek help. They should take students one by one and talk to them about their problems...they can assist you by telling you that your problems can be addressed this way or that way...I wish they could do that. They should not just leave it to the child that those who need help will come forth... and therefore just sit back and settle down waiting for the child to initiate the move to seek help...because we (students) are not open, some of us students are not really open and therefore would find it difficult to come forth to seek for help.

INTERVIEWER: Mo gongwe ke eng mo o go eletsang? What else would like to see happen?

RESPONDENT: Ke eletsa gape e kare bana ba ka thusiwa thata gore ba ntshetse ko ntle ba seka ba ipeela dilo tse di ba tshwentseng mo go bone. Maikutlo a bone ba a ntseh tota... ke saitseng gore ka tsela e ntseng jang mme fela one ba a ntshetse kwa ntle...go tla bona bone macounsellara gore ba leka jang jang gore ba thuse bana. The other important issue for me is to assist students in this situation to open up and not to bottle things that are bothering them inside. They should reveal out their emotions/feelings, although I have no clue how they (students) could be assisted to outwardly express themselves, it will be up to the counsellors themselves to see how they do it but they (counsellors) will have to see how they do help the students.

INTERVIEWER: Wena mme o batla gore... But you would like...(could not complete and she comes in immediately)

RESPONDENT: Ke batla gore ngwana mongwe le mongwe a seka a nna privacy ka mathata a gagwe... re tshwanetse go thusiwa gore re ntshetse mathata fela ko ntle.
I do not want any student to privately bottle-up or keep problems that are bothering them... we have to be assisted to outwardly express problems ourselves.

INTERVIEWER: O bona go dira jalo go na le mosola.
You find doing that very important.

RESPONDENT: Thata thata.
Very much so.

INTERVIEWER: Mo gongwe ke eng mo o go eletsang?
What else would you like?

RESPONDENT: Ee..jaaka mo gongwe bana ba batliwa madi a sekolo, go tsewe nako
gore go tshalogangwe gore mathata ke eng bogolo jang fa go na le bosupi jwa gore ke
geng ngwana a sa kgone go ntsha madi. Go reediwe pele go tsewa di tshwetso dipe ka
ngwana. Gape go batliwe di tselo tsa di thusa ngwana yo o mo seemong se se ntseng
jalo.
Yes...like in school sometimes when students are expected to bring money to school,
they should really take time to listen, hear and understand the concerns of students
especially when there is proof that the child is unable to raise the money, they should
take time to listen before jumping to judgments. For instance when a student comes
and has been unable to raise money that the school expects, they should take time to
hear the full story and concerns of the child and should work out ways of assisting
that child.

INTERVIEWER: Fa o soboka, ke eng se o batlang go se bua?
In summary, what would you like to say?

RESPONDENT: Ke utlwisiwa bothoko ke fa ngwana a shara dilo le counsellor mo
sephiring a ba a utlwa dilo tsa teng di buiwa ke mateachara a mangwe.
What I find very painful is when a student tells a counsellor her concerns in
confidence and later realizes or hears that these have been shared/exposed to other
teachers.

INTERVIEWER: What would you like then?

RESPONDENT: Ke eletsa counselling e ka tlisa lorato, tihokomelo le support, gore
ngwana a kgone go bua se a leng sone, ke kgone go ka nna proud ka nna even if ke
amilwe ke HIV/AIDS. Ke kopanya gape le go ntsha maikutlo a motho.
I wish counselling can offer love, care and support for children to be able to talk
about who they are, and be proud about what you are even if you have been affected
by HIV/AIDS. This is in addition to being assisted to be able to express feelings and
emotions of a person (maikutlo a motho).

INTERVIEWER: Is there anything you would like to add especially when talking about need for counselling?

RESPONDENT: Counselling gape e ka thusa go solva mathata a batho. 
*Counselling can also help in solving people’s problems.*

INTERVIEWER: *In what way?*

RESPONDENT: E ka thusa gongwe gore motho, are tseye motho yo o thubeditsweng yaana, gore a itse ditshwanelo tsa gagwe bogolo jang mo baneng yaana. 
*Counselling can help in assisting to meet the human rights concerns of children for instance in cases where there is some kind of sexual abuse.*

INTERVIEWER: O bona ditshwanelo tsa batho di kopana jang le HIV/AIDS counselling? 
*How do you relate the human rights issues in counselling to HIV/AIDS?*

RESPONDENT: Ke raya gore bana ba tshwanetse ba proctetiwa mo go tsenweng ke mogare fa o tsene batsadi gore lothe lo seka lwa tsena mo mathateng a tshwanang (appears a bit tired and finds difficulty to carry responses longer)
*I mean that children should be protected from contracting the virus especially if the parents already are infected so that you do not all get infected and have similar problems (appears a bit tired and finds difficulty to carry responses longer).*

INTERVIEWER: *Any other concerns you want to share.*

RESPONDENT: *There is nothing.*

INTERVIEWER: *Let me thank you very much for agreeing to be interviewed.*
REFERENCES


Botswana Brief. Article from Peolwane, The In-flight Magazine of Air Botswana, October 2006, Gaborone.


British Association for Counselling Psychotherapy (2001). Ethical Framework for Good Practice in Counselling and Psychotherapy. London: BACP.


Goles, T. and Hirschheim, R. (2000). The paradigm is dead, the paradigm is dead...long live the paradigm: the legacy of Burrell and Morgan. *Omega*, 28: 249-268.


Gregory, J. and Lee, A. (2002). Distance Learning Materials for Research Methods Programme. School of Educational Studies on *Grounded Theory in Educational and Social Science Research.* University of Surrey, UK.


Murphy, J.J. (1997). *Solution-Focused Counselling in Middle and High School*. Alexandria: ACA.


www.mapofworld.com/country-profile/botswana.html


BIBLIOGRAPHY


WEBSITES

http://library.thinkingguest.org (bantu information)
http://ccins.camosun.bc.ca/~conklin/pages/vance/construct
ivist/peavy(1998b).htm
http://www.ebjrm.com
http://www.unaids.org/EN/geographical+area/by+country/
botswana.asp
/JC295-Protocol-E.pdf
http://www. psychotherapy.org.uk/nhsconf_report01.pdf
http://www. sociodynamic-constructivist-counselling.com
http://www.23nlpeople.com/doubl-bind.htm
http://www.africaguide.com/afmap.htm
http://www.avert.org.africa.htm
http://www.bac.co.uk/members_visitors/research_network/res
earch_papers_resnancy
http://www.constructivist-counselling.com
http://www.envf.port.ac.uk/illustration/images/
http://www.exmormon.org/pattern/nature.htm
http://www.gov.bw
http://www.hta.nhsweb.nhs.uk
hrane.html
http://www.outlookssw.co.uk/outcomeresearch.htm
http://www.princeton.edu/cgi-bin/byteserv.pr/htm
http://www.psychotherapy.org.uk/Hemmings_presentation.pdf
http://www.sonoma.edu/users/d.daniels/phenomlect.html
http://www.who.int/inf/en/pr-2002-56
http://www.worldatlas.com/webimage/countrys/africa/africaa
htm: www. interserve. org/nz/hiv.htm
http://www2.edc.org/NTP/interviews.htm