

Ethiopian Professionals Perspectives on Children's Role in Therapy

A narrative research
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Abstract

This study is an inquiry on how Ethiopian therapists and helpers in Addis Ababa describe their thoughts and practices of including or excluding children in family therapy talks. The study focuses on how culture is explained as a key factor as to whether helpers include children or not. The researcher is both an African and a European. This calls for attention to the insider/outsider position in the study.

The author was curious about the African Ethiopian perspective on including children in talks with families, this in comparison to the western perspective where children are sometimes seen as both a resource and a nuisance in family therapy talks. Western family therapists do not agree on when, how and if to include children in family therapy.

Although children are not automatically included in family therapy in Ethiopian contexts, they are highly appreciated and prized in the Ethiopian culture. Due to globalization and multicultural societies and influences, the challenge for the Ethiopian helpers is how, when and who to include in family therapy.

Theory from western and African literature is applied to interpret and understand the narratives in this study. Catherine Riessman's emphasis on the performative in presented narratives is the angle used to understand and interpret the text.

Abbreviations

AM	Amanuel Hospital
DPA	Dialogical Performance Analysis
IPA	Interpretive Phenomenological Analysis
LDS	Lovisenberg Diaconal Hospital
MS	My Sisters - NGO in Addis Ababa
NGO	Non Governmental Organization
NWI	Nic Waal Institute – Oslo
SFBT	Solution-Focused Brief Therapy

I have eyes to see,

Ears to hear,

Nose to smell,

Tongue to taste,

Hands, to touch.

You should know my senses, my feelings.

Hands to touch,

You should know my senses, my feelings

Ethiopian children's song

Chapter 1. INTRODUCTION

“The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.”

UNICEF Innocenti Research Centre, Italy

1.1 Problem Statement

Traditionally children have little or no say in the Ethiopian culture and in Ethiopian families. They are not encouraged or expected to express their feelings and thoughts with adults on issues that concern the family or any other matter (Desta 2008). This study focuses on how therapists, who are Ethiopians and part of the Ethiopian society, view, practice and consider children as helpers to the therapist so he¹ may understand better what is going on in the family and possible solutions for the family. The child would then be good help for the therapist when the child’s family seeks help for various problems.

It was through a joint project between Amanuel Hospital in Addis Ababa, and Lovisenberg Hospital in Oslo that my interest on Ethiopian children’s position when their families seek help for mental health problems in Addis Ababa.

1.2 My interest in involving children in family therapy

There are several reasons for my interest on including children in family talks and problem solving in families. The first and obvious reason for including the child in family therapy is that children live with their families. They know their families, the conflicts and difficulties, and they are probably more interested in solving their family problems than any therapist may be.

As a family therapist working in a child and adolescent mental health service, my focus is often on children’s issues and positions in Norwegian families and culture. Besides being the father of four, children’s voice and solutions have increasingly aroused my interest in my practice at Nic Waals Institute (NWI). Children are often not reckoned with by adults and perhaps this is one of the reasons I feel the need to highlight their voice in my work. There is an ethical side to the including of children in their own family problems. Since children and adolescents are affected when parents or other adults decide to seek help on their behalf with family problems or difficulties, I feel they deserve and have the right, like other members of the family, to participate and get involved in looking for solutions together with their families (Carr 1994).

¹ Masculine pronouns are used for helpers and therapists in this paper

1.2.1 My family of origin

Living in a family does not necessarily mean that one is included in major issues that arise in the family. I recall my own experiences during childhood when major decisions in life were made on my behalf, and I had not been consulted or asked for an opinion. The feeling of not having your say, or not being able to influence or be heard was frustrating! Decisions were made over my head, and this in turn created problems, and possibilities I must add, for me later in life.

1.2.2 Professional experience

Another reason for my interest is my professional experience working with children, adolescents, couples and families in family therapy. As a fresh family therapist, I recall a family that a colleague of mine and I had met for six sessions. The family consisted of two children, aged ten and twelve years old, and their mother and father. Our talks on communication patterns, relationships and stories told by the parents seemed to bring us nowhere. One day the younger child came into the room and sat next to me and says while he is staring into the magazine that was hiding his face; “Sven, I just want to say something. I am not crazy, but my mum and dad are quarrelling and fighting”.

My assumption at the time was that this child was getting sick and tired of all the talk and wanted to solve what he defined as the problem. Until then, the children had participated in the meetings, but the family never really got further than discussions on how they wanted to communicate at home. This young boy helped us and his family to move on.

One could wonder if this little helper saw that we needed help, and he offered it, at the risk of the father getting very angry. As it turned out, the father could get physically violent towards the mother and the two children when he lost his temper. The question I asked myself was; are children seen as competent, willing and able to participate and help solve their family problems, or are they seen as bothersome, noisy, demanding and hard to understand? Perhaps family therapists, who in theory accept having children in the sessions, but in practice suffer silently while trying to help the parents solve the family problems with the kids tagging along?

1.3 Interview questions and themes

The interviews in Addis Ababa were in the form of three themes;

- Family therapy and the objectives for the study. Not all the interviewees were acquainted with the term “family therapy”. In order to explain my objectives for the study, a brief clarification was given as to what the term family therapy means in western thinking and tradition.

- A general focus on Ethiopian children's role in Ethiopian society and families today. The references were Md, PhD Menelik Desta and Dr. Augustine Nwoye and their descriptions of family traditions and children's role in families in Ethiopia and Kenya.
- Specific thoughts and experiences the Ethiopian helpers have on children in family therapy. Questions were put to the interviewees on their own experience and thinking on including children when trying to help families.

1.4 Study Objectives

1.4.1 General Objective

The reason for carrying out this study in Addis Ababa was because there is a need to focus on Ethiopian children's mental health problems in Ethiopia (Desta 2008). A recent study done by one of the authorities on the subject is Md. PhD Menelik Desta, psychiatrist and former director of Amanuel Hospital and a child psychiatrist, indicates that children are often neglected or not given sufficient treatment when they suffer from their own or their parents mental health problems (ibid).

This study investigates what perspectives Ethiopian helpers at Amanuel Hospital and My Sisters have on working with children as helpers in families that seek their help in solving family problems. Several factors influence views on including children in problem solving; e.g. social, economical, political, cultural and religious beliefs. My assumption was that professionals have views on this subject, and that they had experience working with families and their children.

1.4.2 Specific Objectives and research questions

In order to find out more about narratives and answers to my study on Ethiopian children's participation and inclusion in families that seek help, these research questions were put to professional helpers at AH and MS:

"What do Ethiopian therapists and helpers think about having children in the therapy room together with families?"

and

"Do they consider children as useful helpers while working with troubled families"?

if so..

"..How do they involve children in talking to families about the family problems?"

Adult's beliefs and attitudes related to children will most likely effect the way children are treated in any given society. Therefore my objective was to learn more about how clinicians and other helpers in Addis Ababa define their practice and views on including and involving children in family therapy talks.

1.5 Ethiopian context.

The amount of professional helpers in mental health services in Ethiopia does not match the countries population. In 2007 the ratio of professional helper's population ratio in Ethiopian mental health services was: Psychiatrists= 1: 33 000 000, Psychiatric nurses = 1:257 000, Psychologists = 1.1257 000 and Social workers 1.257 000 (Desta 2008).

According to Desta, none of these had then any training in therapeutic skills within child mental health areas. The situation is gradually changing for the better, and more professional are trained to work therapeutically with children and their families.

Today there are approximately three hundred psychiatric nurses, thirty two psychiatrists. The number of psychologists is also increasing. In addition to this there are various NGO's, missionary hospitals both in rural and urban areas. Most of the Ethiopian professionals do however live in urban areas, leaving the rural areas without sufficient professional help. Today there are programs to teach and train psychiatric nurses in rural areas in mental health issues.

1.5.1 Country Profile

The Federal Democratic Republic of Ethiopia is situated on the African Horn sharing borders with Sudan, Somali, Eritrea, Djibouti and Kenya. The country covers a total of 1,112,000 square kilometres, and the terrain varies from high plateau with central mountain range divided by Great Rift Valley.

Ethiopia is comprised of nine states and two city administrations, Addis Ababa and Dire Dawa. The capitol is Addis Ababa. The ruling party is EPRDF with Minister Meles Zenawi. The country has experienced several years of high economic growth, but remains vulnerable to external economic shocks and recurring drought.

1.5.2 The people

Ethiopia has a total population estimated at approximately 80 million and is home to more than 80 ethnic groups and a wide diversity of languages. Ethiopia was never colonised, even though from 1935-1941 it was occupied by Mussolini's Fascists, it has remained untainted by colonial powers. Ethiopia prides itself on the fact that they were never colonized by other nations. Ethiopians have for decades

experienced wars, famine, HIV epidemics and droughts that have had major implications on mental health problems in the country (Desta 2008).

Globalization and modern technology certainly contributes to a greater common culture, and some argue that globalization is leading to western domination and sense of superiority and influence on children's mental health debates in non-western cultures (Timmi 2008). Today there is extensive exchange of information across borders, countries, religions and traditions through internet and mass media, and thus may represent a sort of colonization of opinions and meaning (ibid), but also new possibilities and public awareness of mental health issues.

1.5.3 Culture and religion

Ethiopia has a three thousand year old documented history of culture and religion in Africa. The major religions are Christianity, mainly Orthodox Church, and Islam. Amharic is the official language of Ethiopia, although English, Italian, French and Arabic are also spoken. Ethiopia follows the Julian calendar, which comprises twelve months of thirty days each and a thirteenth month of five days. Their calendar is seven years and eight months behind the Western or Gregorian calendar with Christmas being celebrated on January the seventh and New Year on September eleventh.

Religious myths and beliefs have a great influence on peoples understanding of mental illnesses and problems in their culture.

1.5.4 Mental health problems and taboos

“A taboo is a strong social prohibition or ban against words, objects, actions, or discussions that are considered undesirable or offensive by a group, culture, society, or community. Breaking a taboo is usually considered objectionable or abhorrent” (Wikipedia)

In some parts of the Ethiopian culture, especially in the rural areas, mental health problems are often mistaken for religious beliefs that the evil spirits have possessed the person in question, and one is need of help from the local priest who may recommend bathing in Holy water (Desta 2008).

There are also beliefs that mental illnesses are a curse from God, and that one must repent or make amends with society and neighbours in order to get well again.

1.6 Child participation in family problem solving

Why is it important to include and listen to children and adolescents in family therapy?

Early systemic family therapists understood people not just individuals in families, but part of a family system where people affect each other. Families consist of human beings living in systems that

mutually affect each other. For the therapy to be effectual everyone's voice should be heard in family therapy sessions (Ackerman 1970; Satir 1983; Napier&Whitaker 1978; Minuchin 1974).

According to Berg and Steiner, children have solutions for their family problems, and know their own families better than the therapist (Berg &Steiner 2003). Therapists often neglect the resources that children represent in family therapy. Children are able and capable to help the therapist if they are permitted and have the opportunity to do so (Andolfi & Haber1994; Ackerman 1970; Sori 2008).

Empirical research shows that even when children are present in the therapy room, they may not be actively participating in the process (Cederborg 1997; Minuchin 1974). It seems that often in family therapy sessions, children are talked about rather than invited to participate in the conversation. Even though many family therapist and helpers would say they include children and parents when helping families, more than often they do not involve children in the discussions or solution seeking process (Andolfi & Haber 1994; Sori 2008; Miller & McLeod 2001).

To have the whole family present, and especially small children or adolescents can be challenging for the helper. Parents behave differently when children are present, and therapists may prefer to address the adults who are more accustomed to talk-therapy than children are (Sori 2008). The tendency of family therapists to not include children in family therapy sessions may also apply to Ethiopian contexts and tradition.

1.7 Who am I to them?

Doing a study in Ethiopia opened up as an alternative through my work at Lovisenberg Hospital where the term "cross-cultural" family therapy is currently becoming a core issue in the field of child mental health. I was engaged in a project which mainly focused on transference and exchange of knowledge between Amanuel Hospital in Addis Ababa and Lovisenberg Hospital in Oslo.

As a professional who works mainly with families, I feel an obligation to do something to highlight children's position in family therapy when one or several family members experience mental health problems. Through my work at LDS, the opportunity to contribute in the AH and LDS joint project evolved and the idea to do a study in Ethiopia was created.

As a child I spent several years at a school in Casa Inches in Addis Ababa during the revolution that started in 1974. I have memories of the people and country as harsh and at the same time mild. This study is therefore a travel back to my African identity, and a challenge, discovering new sides of that same identity and questioning my motivations, assumptions, biases and professional stance.

In addition to the above mentioned, I have for a long time wanted to help children in Africa, my second home. Being a white African born and brought up in Tanzania and Ethiopia, the sense of love and longing for East Africa grows on me the older I get. My childhood was strongly influenced by African friends and their cultures. There is a feeling that I want to give something back to these tolerant and generous people and to do something that may be of use for the little helpers and their community.

I got to know the founder of MS and her husband as a boarding kid in Addis Ababa in the early seventies, and it was through her I was put in contact with MS. This could have caused an ethical or research problem since the interviewees knew about my relationship to the founder of MS. The ethical dilemma would be that the interviewees may have felt obligated to participate in the study. This issue was discussed with the founder before I sent my inquiry to MS. The conclusion was that the people who are engaged at MS have their own agendas and their own will, and that prior to my study, they had already put up children's mental health problems as one of the issues they wanted to study further. In fact they had already decided to travel to South Africa to attend courses there on child and family therapy.

1.8 Reflections on Chapter one

1.8.1 Researcher as insider/outsider

The study is done with African helpers and colleagues, in one of the poorest countries in the world. In what way would my presence as part foreigner and part African influence the answers in the interviews? Would the respondents see me more as a representative of western culture and values, or would they feel more at ease knowing that I too spent my whole childhood in East Africa? In fact, one of the questions put to them during the interviews addressed this issue. Would they see me as just another representative for the western research culture and traditions? Would my study be another attempt to colonize the culture and people that participate in this study (Matua & Swadener 2004)?

One of the dangers of doing research in a culture you think you know or belong to, is the assumption that one understands more of the culture than one actually does. Since I have both Norwegian and African origins, I may either run the risk of missing out on important hints and clues that are presented during the study process and that are taken for granted by me, or of overgeneralization and stereotyping of the culture in question (Singh & Clarke, 2006). As a white African, I will have an "insider/outsider" position that may complicate the interviews and the analysis processes (Matua & Swadener 2004), and my presence is both as an African and a foreigner. Will the interviewees primarily see me as a representative from the western culture, or will they see me as one of them, or both?

Cross-cultural family therapy research can be challenging because there often are many unknown factors to the researcher. When working with people or systems that largely are unknown to me, there is a danger that one gets tempted to alienate the other, thus causing confrontation or confusion. The challenge is then to avoid confrontation and show a kind curiosity towards the unknown (Vincenzo DiNicola in Andolfi & Haber 1994; Seikkula & Trimble 2006).

In this perspective cross-culture research gives us an opportunity to discover more about what we do not know than of what we already know.

Chapter 2. Literature review

2.1 Family therapy with children.

Western family therapists have sporadically produced literature on the inclusion and involvement of children in family therapy sessions. But by taking a closer look, one may be disappointed at how little there has been written on including the children in talks and issues that affect their families. There are several manuals and methods developed and produced to help therapists how to interact with, teach, guide, understand or facilitate children and their parents. Surprisingly few have the perspective that children are experts too, and able to contribute to problem solving in family therapy.

In this study I have chosen literature both from early western periods from approx. the 1960s-1979, and from the 1980s-2009. From Napier and Ackerman in the U.S.A. in the 1950s up until today with Alan Carr with his latest publication of 2009 “What works with Children, Adolescents and adults”.

In addition to this there is literature from the sub-Saharan region, although it proved difficult to find literature on children in family therapy in this region.

2.1.1 Western family therapy

Several early western family therapists have emphasized the importance of involving children in the family therapy session. One could expect that children, as part of the family, are included in talks with their families who are in trouble and seek help. Research shows however, that this is not always the case (Ruble 1999; Andolfi & Haber 1994). In fact more than often, children are not included in talks, and if they are, many family therapists do not use the children’s knowledge, ability and willpower to help create change in their family (Sori & Spenkle 2004; Berg & Steiner 2003).

Nathan Ackerman, one of the pioneers in family therapy and a child therapist, claimed that including children in family therapy is essential to even call it family therapy. By bringing in three or more generations, the therapist gets vital information on how families communicate and behave across generations. In turn, this information is essential in helping the family (Ackerman 1970).

Carl Whitaker, another pioneer emphasized the importance of viewing children as co-therapists for the family. Whitaker was known to use paradox, metaphors and humour in his talks with families. Carl Whitaker had an eye for the child as an important part of the family, so he included them in sessions by asking, listening and counting on their participation in the communication and problem solving process (Napier & Whitaker 1978).

Magne Mæhle, a Norwegian child psychiatrist and family therapist is sceptical to how much attention systemic theories have given to individuals that are not educated within the traditional health disciplines such as medicine and psychology. He criticizes the assumption that including children in

family therapy is often thought as a systemic invention. He emphasizes the need to re-invent children in family therapy using scientific knowledge and evidence based knowledge and child development psychology (Mæhle 2003).

2.1.2 Children as helpers to their families

Maurizio Andolfi, also a well known family therapist, includes children as co-therapists in family therapy. He claims that to really understand the history of the family, family therapists have to talk with the whole family, children included. Andolfi argues that children fill an important role in helping the family therapist to understand and assess the emotional climate of the family. He proposes that family therapists should engage the child (especially the symptomatic child) as a consultant or as a co-therapist; the child then becomes the thread of Ariadne² that orients the therapist in the labyrinth (Andolfi & Haber 1994; Napier & Whitaker 1978)

In an interview with one of the founders of family therapy Salvador Minuchin, Minuchin comments on how family therapist and the field of family therapy unfortunately more than often do not involve children in family therapy (Sori 2006).

Insoo Kim Berg and Therese Steiner point out the not only do children's solutions work, but their perspective of Solution-Focused Brief Therapy (SFBT) matches very well children's way of solving problems in families (Berg & Steiner 2003). They believe that therapists can learn a great deal from children if they would listen to and learn from kids, and that children must be treated with respect and be included in their own lives and situations. SFBT focuses on the child's competence and abilities, and builds on this competence to find solutions together with the child that fits the child and family (ibid).

2.1.3 Children as participants in family sessions

Children are often talked about in families who seek help, but not so often included in the talks and finding solutions with and for their own families (Rober 2008).

Catherine Sori describes techniques and models to help or counsel families, children, parents and adolescents with various family problems (Sori 2006). In other words, her perspective is that of the therapist as an expert on process with responsibility to make sure the help process moves on and keeps focusing on the family problems (Anderson 2003), and the child as an important participant, but never the less, not fully competent to help her help the family at his/her own will and ability (Andolfi & Haber 1994; Satir 1983). There is a distinction between considering children as competent, able and willing to solve their families problems, and to view children as vital, but never the less only

² The term is from Greek the legend of Ariadne, used to describe the problem solving where there may be several solutions.

participants in family therapy sessions, in need for guidance, supervision and the receiver of the therapists' knowhow, remedy or prescriptions.

2.2 Limitations for adults and children

Allan Carr, a professor of Clinical Psychology in Dublin, accuses several family therapists for “scant account of the cognitive and linguistic developmental limitations of children” (Carr, 1994). He mentions seven main reasons to include children in family therapy, and several reasons why children are excluded from family therapy. In addition to this, Carr debates and illustrates how therapists can be better prepared and capable to involve children in family therapy. Several of the techniques are play orientated³. The focus is to make sessions attractive to children and to provide children with advocacy (ibid)

Taken the fact that children have linguistic limitations, the use of play and playfulness are considered valuable in communication and talks with children (Sori 2006). One could speculate if the limitations to play or to be playful are on the adults' side, not the child. Therapists report discomfort and uneasiness in having children together with their families, and complain that children are hard to understand or that they are unpredictable and do not have the capacity to understand serious problems in their families (Korner & Brown 1990).

One could also say that including children in their own family's problems has ethical aspects to it. Children may be overburdened by issues that they have little or no power to change or influence on as they are at the adult's mercy in everyday life. Children can also experience physical danger or child neglect if they were to contribute with information that put their caretakers or parents in a bad light.

In their book “*Children's solutions work*” Therese Steiner and Insoo Kim Berg point out that a child often gets sick and tired of grownup talk during therapy, and that one needs to understand how children communicate to be able to see their solutions (Berg & Steiner 2003). Children have according to Berg and Steiner, their own ways of understanding and solving problems. By including them in therapy sessions, one could easily subject them to typical grownup ways of communicating thus not including them in the discussion or talks. Children have different maturity levels, and one may need to take this in to consideration in the communication and choice of words and expressions (Taffel 2001).

2.3 The sub-Saharan perspective

It proved difficult to find literature on family therapy in East Africa or the sub-Sahara region. Augustine Nwoye, associate professor and Chairman in the department of psychology in Nairobi in Kenya, has written some articles where he emphasizes the need to Africanize family therapy (Nwoye

³ Not to be mistaken for Playtherapy as it is practiced in Psychodynamic traditions.

2006). His point is that colonialists, European writers and missionaries, are in large responsible for the sub-Saharan loss of dignity and that one should understand the lack of literature and theory in this context (ibid).

Nwoye implies that there are two interrelated ancestries to African family therapy; psychotherapy as rehabilitation of culture and secondly, psychotherapy as liberation and restoration of morale (ibid). In later articles he also comments on the traditions and hierarchy of the sub-Saharan families and which views are common on children's roles and place in this hierarchy. Key elements on children according to Nwoye are; obedience and respect for their elders, love and affection for well bred children. Children are considered proof of their parent's fertility and that they fall either deliberate or unconsciously mentally ill as a response to parenting style or other frustrations connected to how parents raise their children. The extended family with aunts and uncles are also considered as indigenous family therapists, especially in rural areas (ibid).

Kenya was once colonised by the British, and even though Nwoye's point about family therapy in Africa is that it should be Africanized, his work is included in this study on Ethiopian helpers (Ethiopia not being a former colony) because of its relevance as an East African perspective and a neighbouring country to Ethiopia.

Menelik Desta has recently done a survey on children's mental health situation in Ethiopia. In his thesis of 2008 children in Ethiopia are often neglected when families suffer, and that they are at the mercy of the culture, their parents and traditions in the culture. Desta's study is done in an urban setting in Ethiopia, but his experience and knowledge includes urban and rural areas in Ethiopia. One of his points is that adults in the Ethiopian society have little knowledge and understanding of issues related to children's mental health status and needs (Desta 2008). Cultural obstacles and limitations through religious practice and lack of sufficient resources in the mental health area are in his opinion the main challenges in the future for Ethiopian mental health services.

As apposed to Augustine Nwoye's view that we need to "Africanize" family therapy to make it suit the Africa context, Desta urges his colleagues to;

"...follow colleagues in other continents by giving up our enduring search for non-specific and non-informative global "psychopathology" and work towards looking into specific problems of our patients"(Desta 2008:45).

Desta has vast experience on child mental health in Ethiopia, both in rural and urban areas. The choice to use his work and experience in this study was not difficult, seeing that he is the only psychiatrist

living in Ethiopia who practices child psychiatry. Besides doing research and practicing child psychiatry in the country, he also teaches at the University in Addis Ababa.

2.4 Reflections on chapter two

It would not be possible to embrace all the relevant literature that has been produced on child participation in family therapy, so I have chosen what I consider to be most relevant for this study. A short reminder of western family therapy history is included because it is a relevant parallel to this study in Ethiopia.

The majority of the literature that was chosen was western produced and orientated. This can partly be explained by the fact that most of the literature on family therapy is produced in the western world, and that family therapy as a profession is for the most a western world construction. In addition to this, there is a relatively scarce amount of family therapy literature produced in Africa for East Africa (Nwoye 2001).

Another factor on the choice of literature is my own position as a family therapist who has lived most of his life in western societies and cultures. It was natural to use available western literature combined with the relevant and available African literature.

The preferred literature was systemic perspectives on family therapy. The term systemic perspective in this study means that one does not locate the “problem” at one particular place or to one person. In a systemic perspective one considers the problem, challenge or difficulty to be one that belongs to all persons or systems that are included or affected by the problem. Saying that, I am aware that several other theories or perspectives like Cognitive therapy, behavioural theories and Psychodynamic theory also address the issues of children in family therapy and child treatment, and that the systemic perspective is one of many perspectives one can choose in practical family therapy work. The systemic perspective is chosen for two reasons. The obvious and first reason is that my training and practice is and has been within systemic traditions.

The second is that I like the idea that a problem is a shared thing, not easily pinpointed at one specific person or phenomenon. Solutions in social systems are primarily found within and by the people who are affected by the challenge, problem or difficulty at hand. One could say that the proverb “two heads are better than one” is a perhaps a general assumption in systemic practice and theory.

Chapter 3. Methodology

3.1 Research Design

“The research design has in it a description of the who, what, where and how in the study” (Thagaard, 2003:46).

One of the points made by several authors is that qualitative research is not data collection (McLeod 2001; Kvale 2007; Smith 2008). According to McLeod there is no data one can go out and pick and that in turn can disclose the truth about any given topic. In this study I chose the view that doing research is facilitating the interviewees who are also considered storytellers. The interviewer listens to the storyteller and later transforms their talk into written text. Research is therefore considered text construction (ibid).

By analyzing text results of my own narratives, and text construction on the narratives that were presented to me by the storytellers, several interpretations and choices were made on what I thought went on during the study.

The stories were obtained by interviewing two focus groups and four individual interviews. All the interviews were recorded on tape. Thought was given to the use of tape recording and note taking. At times it was disturbing for the participants who were not used to speaking into microphones.

In an attempt to create a relaxed and familiar environment, the interviews were done at the workplaces of the interviewees.

The term “interview” is understood as speech events or speech performances where you have listeners and audiences (Mishler 1991) Both researcher, interviewees and the readers of this paper can be defined as audiences, readers, listeners or storytellers, depending on the context and who is listening, talking or reading.

Interviewing is therefore seen as a discourse between speakers that is in contrast to what is referred to by Mishler as the “stimulus-response model paradigm of the experimental laboratory for conceptualization of the interview process” (Mishler 1991:35).

In the stimulus-response model, the interviewer asks questions that are answered by the interviewee, and that the responses somehow display the truth or reality as it is seen by the interviewee. This leaves little room for taking context, culture and the dynamics of relationships between the interviewer and the interviewees in consideration (ibid).

Since the objective of this study is to understand more on how, if and when Ethiopian helpers have children in family therapy sessions, a phenomenological perspective was chosen as a basis for the research questions and methods. In social sciences, phenomenology is used to highlight the respondents’ subjective experiences. Husserl and Heidegger point out that experience is a considerably more complex concept than one may think in everyday life. People’s feelings, thoughts and utterances

are not that easy to describe or understand. Experience, being or existing is understood in relation to phenomena in lived life (McLeod 2001). In this sense this study is also an ethnographic study since the Ethiopian culture is a key issue in several of the interviews.

Initially focus group interviews were chosen to collect stories. Interviewees were helpers and therapists at two locations in Addis Ababa. The first group was at Amanuel Hospital which is the largest government run psychiatric hospital in Ethiopia. Since AM is considered the authority on mental health issues in Ethiopia, they were a natural choice for me. It was a point to interview professionals, and AH had a variety of professions and professionals who in one way or another were involved in working with families.

The second choice was at a local non-governmental organization (NGO) called My Sisters (MS). MS was chosen because of its religious and humanitarian foundation. At MS the helpers and therapists have a religious point of view on helping that greatly motivates and influences their work.

There are several other institutions and organizations that treat mental health patients and families. The reason for choosing both a humanitarian and a governmental facility was the assumption that the two would have different views, experiences and theoretical platforms of understanding and motivation to their work with children and their families. My aim was to get a broader selection of the helping culture in Addis than I would have by only interviewing helpers at one location only.

MS is based on the biblical story of the Good Samaritan, who helps his fellow human beings out of obligation and love. The other (AH) based more on political intentions and directives, evidence based knowledge and duty to the people in the whole of Ethiopia as a governmental health institution.

All of the interviewees were employed at AM or at MS, and the age span was from 25-50 years of age.

The interviewees in both groups signed statements that they were aware of the study objectives and were willing to participate in a focus group. All the respondents were free to withdraw from the study at any given time.

At AH the focus group consisted of seven people, a mixed group of women and men. The group was chosen by a senior staff member who picked out respondents according to who he thought would be suitable and relevant to my study. As it turned out the group was perfect for the study since it consisted of psychiatrists, sociologists, social workers, psychologists and nurses.

The MS focus group consisted of 3 people, also a mixed gender group. A nurse, a social worker and a staff member who was closely involved in the daily work at MS. This group was chosen more randomly, and at the time of the interview, several of the would-be participants were on holiday leave.

I transcribed the text myself in order to recollect as much as possible of the atmosphere during the interview, reminding myself of the mental context during the interviews. This is a hard task because communication consists of so many things. By using a qualitative method that is based on a social constructionist's point of view, I can also miss out on the above mentioned. Mcleod writes:

“It can be, and has been, argued that a strict reading of social constructionism does not allow a reality beyond language, beyond the text, and leads to a position of ultimate relativism. This kind of stance is wide open to criticism. How can we make moral choices from a position of relativism? If language is all-important, what are we to make of our bodies, our emotions, our inner fantasy life?” (Mcleod, 2001:117).

The atmosphere in the interview, laughter, spoken narratives, emotional expressions, pauses of silence and other non-verbal expressions that occur during interviews, are difficult to reproduce by using written text only. The process of reducing verbal and non-verbal communication to text has several weaknesses.

3.2 Cross cultural

Cross-cultural studies on research show that there is a variation in grammar knowledge. This in turn can make the interpretation more difficult as some of the phrases may be unclear or difficult to understand (Matua & Swadener 2004).

The grammar influenced our understanding as English was the language used between researcher and the interviewees. My understanding of Amharic was very limited and not sufficient to communicate with them. Some of the interviewees had difficulties expressing themselves in English, and had to make great efforts to express their thoughts and feelings on various subjects. I tried to the best of my abilities to read up on Amharic during the study. Throughout the study I had a book with me, “Amharic for beginners”, hoping to freshen up some of the language that was lost since living in Ethiopia over thirty years ago. During the process of analyzing the narratives, I was offered help from an old friend from my schooldays in Ethiopia. He offered to translate key expressions and words I may use from English to Amharic so that if necessary, I could use the Amharic word instead of the English one. As it turned out a choice was made to not use Amharic words instead of English ones because learning Amharic turned out to be too difficult a task given the time I had to do the study. Translating English to Amharic proved too difficult and time consuming. Another reason to not translate the text was that translation of text is not unproblematic and can easily become a tool to colonize the context, depending on the level of consciousness the translator has in doing the translation. “The more familiar the translation is made to seem, the more we impose our provincial point of view on the other cultures” (Vincenzo DiNicola in Andolfi & Haber 1994:43)

If the interviewees wanted to express themselves in Amharic, I decided to let them do that, and then let their colleagues or focus group members translate together with the respondent. This way the expressions, utterances and words would be explained and translated there and then, thus being part of the performance and narrative. The interviewee's responses in English needed interpretation as several of the interviewees did not have a good grasp on English. Whenever we encountered words or expressions we did not understand, we took our time to elaborate the meaning of the words or utterances.

3.3 The researcher

Steinar Kvale uses two metaphors to describe the process of doing research. One is that of a miner who is digging for gems or jewels that are hidden in the ground/material, and the miner's job is to dig them out and study them. The other metaphor describes the researcher as a traveller who wanders around in a new landscape talking to people, learning new things about his own world as well as the other worlds, landscapes and people he meets during his journey. When he returns home from the journey, the traveller gets an opportunity to reflect on biases and presumptions in his own culture, and thus may cause change of perspectives and understanding for the traveller (Kvale 2007).

Since my study was in Ethiopia, I travelled both physically and mentally to another country and culture. Not only did I travel several hundred miles from Norway to Ethiopia, the process was in many ways a travel in time and memories for me. In this sense the metaphor suits my study very well. As a clinician, researcher and human being, I believe that experience and knowledge is not static or limited. Things change, and are always in motion. There is always more to wonder about, new things to learn about and things one does not understand. A travel has, among many things, in it a potential to meet new people with different ideas, traditions, beliefs and goals than mine. People live their lives in their own unique way, in the situation they are in at any given time.

In this study both these metaphors can be used to explain the process of preparing questions, meeting people, doing the interviews and later interpreting and telling the story. On the one hand, after reading the text over and over again, there may be "gems and jewels" to be found, like a miner. Suddenly things that before were not explicit are understood or interpreted in such a way that sets you off in new and other directions.

3.3.1 Distance and participation

The whole experience of doing research is like travelling. After coming home, reading the text, listening to the interviews on tape and analyzing the interviews, one gets an opportunity to reflect on the research process and how ones own motivation to do this paper evolved and how it is performed.

Distance to the study, the people and their culture can help me take a closer look at personal biases, motivations and presumptions. This was more the case during the analyzing process than the other parts of the study. Reviving the situations, listening to the voices and remembering the emotions and atmosphere in our talks, helped me see how my participation influenced the talks (Langellier & Peterson 2004).

In the process of choosing a suitable method to analyze the text, I considered several different methods. At first I chose a phenomenological perspective, using Interpretive Phenomenological Analysis (IPA) to analyze the text. Second I decided to study grounded theory to see if it might be useful to get as much out of the text as possible. IPA and grounded theory was abandoned however, because I had trouble with the idea of getting to the "essence" of the studied object or objects. I felt that IPA, like grounded theory, fractures narrative segments of text, and therefore I came to the conclusion that I was too much of a post modernist to use these methods to analyze the text.

3.3.2 The narrative perspective

Then later on, when reading the text and listening to the interviews several times, I decided that a narrative perspective would be more suitable for several reasons. The definition used to define narrative in this study is that narratives help people make sense of their experiences and put them into order and context (Mishler 1991).

First of all I found that the respondents to a great extent told stories when asked about including children in family talks. The narratives were both from their private and professional lives and experiences.

Secondly the Ethiopian culture has long traditions on transferring stories verbally. This is partly due to the high rate of illiteracy in the country, and limited access to books, and last because story telling in communicating important things has long traditions in Ethiopia and in Africa in general (Ngugi wa Thiong'o 1986).

My initial research questions and my semi-structured interview questions invited the respondents to tell stories, as did my follow-up questions during the focus group interviews. Even though I made an effort to not put limitations on the storytellers, I found myself interrupting and disturbing their narratives several times. Taking notes during the talks was also disturbing as the group members would pause while I wrote something down, waiting for me, thus creating unnatural pauses and breaks in the narratives. Since the voices were on tape, I decided to not take notes during the interview, but saved it until after the talks.

During a presentation of my project to my fellow students in Oslo, one of the teachers noted that my style was clearly narrative. I was personally not aware of that at the time, and her comments on my

expressions gave me more insight about myself and my way of communicating and using narratives to express my thoughts and feelings. In retrospective, I should not perhaps have been surprised of this my passion for narratives as I too am part African from East Africa, with African friends and family, born and brought up in an African culture.

3.4 Focus groups

Initially I chose to use focus groups to obtain information. First of all there was limited time to do interviews in Ethiopia. The use of focus groups was considered timesaving and a practical method to interview groups rather than individuals.

There was also an assumption on my side that in an African context, group thinking and group activities is a common and familiar way to work. During my earlier work in Ethiopia, I was advised by senior staff at the hospital that group discussions and group methods were preferred if one wishes to encourage and facilitate the staff's responses.

3.4.1 Benefits and limitations in focus groups:

There are benefits and limitations to conducting focus groups as a qualitative research approach. The benefits are the flexibility of the format, which allows one to explore unanticipated issues and encourages interaction among participants (Smith 2008). Discussions in the focus group can help clarify issues and enable participant's views to be both challenged as well as acknowledged. Focus groups use people's voices as part of a research methodology. This in turn affects the power relationships between the researcher and the participants, the people versus me.

It is important that the researcher's role is not dominant or controlling, but that he takes a listening and encouraging position and is attentive to what is being said. Mishler points out that by listening to people you empower them (Mishler 1991). Riessman however warns that the "belief that narrative research is "empowering", a claim investigators sometimes make to avoid validity questions" (Riessman 2008:199). By claiming to empower someone, one could actually avoid or mask implicit problems and complications.

Focus groups require constructing the relationships between the researcher and the participants in the research so that the researcher moves away from a position of a just an observer to that of being part of the discussion. Using focus groups gave me "fly on the wall" perspective in the group discussions and at the same time a participator. This position allows the interviewer to have the necessary distance and at the same time to be attentive and close to the themes and discussions that come up.

To achieve this, the researcher and the participants need to take in consideration the power that lies within the research method, and how that is reflected in the structure of the research conversations

(Riessman 2008). It requires that I must avoid representing an elite or privileged external position from which to conduct the discussions, something that proved difficult since my position was a foreigner from one of the world's richest countries with a privileged situation in terms of education and materialistic goods.

A limitation in focus group discussions can be that the discussions are dominated by a few individuals and thus make the collection of data cumbersome. To achieve a dynamic focus group discussion, it was necessary to create an environment that it would encourage conversations and give a relaxed and free-flowing atmosphere (Smith 2008). My role as an outsider insider gave me a double position that on the one hand was an advantage, but on the other hand a disadvantage as mentioned earlier.

Another factor I considered before the interviews was how gender may influence on the group talks. In a culture where women are traditionally inhibited to speaking in public or, for the female participants, in the presence of men, this could contribute to loss of vital data.

Another factor that proved to be difficult while transcribing the text was when several of the interviewees spoke at the same time. The digital tape recorder proved problematic for recording group conversations as it picked up extraneous background noises in the background from a nearby Cathedral next to Amanuel Hospital.

3.5 Individual interviews

Half way through the study, and after doing two focus group interviews, I felt the need to get more stories from the respondents. As a result of transcribing the focus group interviews, various and new themes emerged. I decided to do additional individual interviews with the interviewees that had participated in the focus groups. Five of the interviewees from the focus groups were asked to share experiences and stories with me on an individual basis. In preparation for these individual studies, small changes were made to the semi structured interview guide. There were fewer questions, and the questions were also more specific about their personal experiences with children as co-helpers in family and group discussions.

The individual interviews took place nine months after doing the focus group interviews. Four of the individual interviews were with initial focus group members. The fifth person was with a helper who had great knowledge and experience on Ethiopian children's mental health situation, both in rural and urban areas.

The decision to do additional interviews was based on the initial findings and narratives from the focus group interviews. There were two main reasons to seek additional information. First of all, the hierarchy within the groups I interviewed seemed to have an effect on the responses I got from the

interviewees. The Amanuel Hospital focus group turned out to be a mixed group of colleagues who worked together, and some were supervisors or former teachers of other group members. This could have an effect on the responses and utterances where some of the members might hesitate to speak their mind in certain issues like gender, lack of experience or that they might feel less free to express themselves in a group compared to a one to one context.

Secondly, after reading more literature by Riessman, Mishler and Mcleod, and their definitions on narratives, there was a need to get more narratives and clinical experiences from the interviewees when cooperating with children and parents in finding solutions and problem-solving in their families.

Another factor to be considered was the gender issue in the individual interviews. Several of the interviewees were women between twenty-six and fifty years of age. Given the fact that the study focuses on family problems and issues, themes like sexuality, gender, violence against women and children and hierarchy in the culture must be addressed. Being a male researcher from a rich western country interviewing females from an Ethiopian culture, I could risk that gender could be an obstacle in the interviews. The female participants might feel uncomfortable discussing certain subjects with a man. There was therefore a risk that I would be tempted to facilitate the interviewees to such an extent that vital information may be lost as certain issues may be too awkward to talk about in the room with me alone.

3.6 Semi structured interviews

There are several methods to do the interviews. Mcleod points out that qualitative researchers act as if there is only one way of doing the interviews, and that is by using semi-structured interviews (Mcleod 2001). As a novice researcher, my choice of semi-structured interviews, was based on an uncertainty on my side that I might not get enough material to work with, so I needed what I considered at the time was the security that pre-prepared questions represented.

I did not want to use open ended questions, but preferred questions that directed the respondents in the direction of my research topics and questions. Mishler uses the expression *screening question* to describe a question that directs the interviewee in a certain direction (Mishler 1991). Questions had been prepared for the focus group members in case the discussions stopped or strayed far off the subject. The dilemma was on the one hand not to take much space in the group by talking, asking or explaining my questions, and on the other hand I needed to direct the discussion according to my research questions. It was therefore necessary to have some prepared questions so that I could on the one hand have the option to improvise and follow up interesting clues and expressed feelings during the interview, and on the other hand make sure that we stuck to the themes of the study.

I had an assumption that if I did not have prepared questions, there was a risk that both the respondents and I would stray too far away from my initial research themes and questions. This fear or assumption is mentioned as one of the problems interviewers may have during an interview: “Nonetheless respondents may also tell stories in response to direct, specific questions if they are not interrupted by interviewers trying to keep them to the “point” ” (Mishler 1991:69).

Unfortunately, during the interview, I interrupted the respondents several times to make sure that they stuck to my initial questions about how they think children can be of help to them. This could have disturbed them in such a way that we lost time and the opportunity to answer my initial research questions. My interruptions could also have disturbed the interviewees so that they might not feel free to respond as they pleased or continue on their own points and themes during our talks. One of the fallacies in cross cultural research is to use categories, terms and questions that have little or no meaning to the interviewees (Krause 2001). My focus on children as helpers may be such a fallacy. However, there were some stories on child inclusion/exclusion in family contexts and discussions, despite my lack of experience and knowledge not only on their context and culture, but also as an interviewer.

3.7 Narrative

What is a narrative? “In *Poetics*, Aristotle said that a narrative has a beginning, middle and end” (Riessman 1993:17). But not all narratives have a beginning, middle and end. It can sometimes be difficult to define which is the end, beginning or middle of a narrative. In this study the term narrative and story will both be used to describe accounts given by the interviewees.

According to Bakhtin, language (that narratives are dependant on) and utterance is owned by none, but rather has been around since the beginning of human history and is a shared commodity but still unique from person to person, and from context to context (Bakhtin 1981).

Narratives are interpreted, they do not ““speak for themselves”, or provide access to other times, places or cultures” (Riessman 1993:22).

There are different views on how to see narratives as truths. This study takes the position that narratives constitute reality and people’s own understanding of their lives, which is a phenomenological approach to research on narratives. A phenomenological perspective helps me clarify how the interviewees themselves explain or describe their practice and thoughts on children and adults together in therapy. Jonathan Smith writes: “The aim is to capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place” (Smith 2008:28).

In other words, context is important when trying to understand. Narratives are used by people to make sense of their lives (Mishler 1991) and are stories of past happenings or experiences. But not all narratives are necessarily true. Telling a story can also be fiction. People can tell lies or invent stories for several reasons (Riessman 2008).

How does one differ between the normal “flow of talk” during an interview, and a narrative? In this study there were some criteria to a narrative. First of all there must be a presented problem or issue in the narrative. Secondly, there must be a sequence of speech over a period of time, where the narrative is connected in sequences as part of a response to the others question or utterance (Mishler 1991).

Narrative interpretation is a method to organize and structure a story. As a researcher I concentrate on the structure of the narrative, interpret the meaning and the messages. There are basically two for data reduction and interpretation. The one is “reduction to the core narrative” (Riessman 2008) where the researcher strictly keeps to the words that are expressed or used. The other is a poetic form where the researcher also writes down pauses, expressions like “ah” or “mm”. In this study the poetic form was used to obtain as much as possible of the conversation that was going on. William Lablov, an author of several books on narratives, emphasizes the importance of considering the structure of narratives. Riessman about Lablov’s structural approach:

“Six common elements in a narrative and they all have a function. a) An abstract (a summary of the substance), b) Orientation (time, place situation, participants), c) Complicating action (sequence of events), d) Evaluation (significance and meaning of the action, attitude of the narrator) e) Resolution (what finally happened), and f) Coda - returns the perspective to the present” (Riessman 1993:18).

The above approach is, according to Mishler problematic as “narrative accounts include much more than a sequence of temporarily ordered clauses” (Mishler 1991:78). In other words, people do not always tell narratives that fit the researcher or study.

Narratives are naturally different depending on content, context, storyteller and who participates in the narrative. Some narratives are told over a period of time, others are spontaneous responses to happenings in life, or the retelling of dramatic situations. Others are told or created in groups to confirm social identity and traditions (ibid).

Narratives are told in a context. In order to understand what is being told, one needs to understand the mental and physical context that the stories are told in. Riessman states that “stories must always be considered in context, for storytelling occurs at a historical moment with it’s circulating discourses and power relations” (Riesman, 2008:8)

Narratives in form of transcribed text cannot fully recollect or reproduce the interview. By solely using text for the analysis, one misses out on non-verbal communication or utterance that goes on during the interview. The nodding, the eye movements and appreciation or questioning expressions and small physical movements that may indicate discomfort or pleasure are all part of the context and give information to the interviewer. In an attempt to fill in some of these gaps, the tapes were listened to over and over again in order to get the feel of the interview situations as I recalled them.

3.7.1 Narrative Analysis

Narratives are interpretations and the telling of reality. In order to understand them better, one can use narrative analysis as a method to break up or fragment the narrative into smaller parts for interpretation. Narrative analysis is a tool to interpret stories. “Analysis in narrative studies opens up the forms of telling about experience, not simply the content to which language refers. We ask, why was the story told that way?”(Riessman 1993:22).

Narrative analysis is a young research method in comparison with other methods like Grounded theory and Phenomenology (ibid). Traditionally when applying narrative analysis to text, one would concentrate on organizing the text in themes and then look at the structure in the various narratives.

In order not to read the narratives for content only, or merely descriptions on what is being said, a search for structure and meaning in the narratives were done (Riessman 1993; Mishler 1991). The transcripts were first sorted by themes and whether they were from a focus group or from individual interviews.

First I searched for the presented problem, then the alternative plans of action and outcome and the end or conclusion of the narrative and its problem solving.

The narratives that were chosen for in depth studies in this study were chosen because of their relevance to my research questions about children as helpers to the helper. There is a danger that researchers only find what they want, or look for narratives that verify or confirm prior theory (ibid), thus being blind to alternative meanings and possible interpretations. Since I am a man with several cultural backgrounds and living in a rich western society, attention was given to the power relationship between the interviewees and myself so that they feel comfortable in the interview setting. At the same time, by being attentive and facilitative, I can also risk bending over backwards⁴ to please them or not provoke or ask questions that in my view might be awkward for them to hear or answer, thus making

⁴ An English expression when you over do the facilitating, implying that by bending to far back you may fall down and thus not be of any help to anyone.

me blind to possible good questions or observations along the way. I could very easily get entangled in my own diversity and plural identity as an African, Norwegian and European man.

3.7.2 Dialogical Performance Analysis

In this study dialogical performance analysis used to analyze and retell the narratives as it is described in Catherine Riessman's book "Narrative Methods for the Human Sciences" (Riessman 2008).

Dialogical performance analysis is for convenient reasons called "DPA".

Riessman's approach is the preferred one to Lablov and Mishler's approaches. The reason for this choice was Riessman's emphasis on the dialogical and performative part of the interaction between the interviewees and the researcher, not so much on the structure or content of the narratives. Although Mishler to a certain extent has a focus on performance and the natural "flow of narratives", Riessman's approach takes the performative a little further, this seemed more suitable for this cross-cultural study. In addition to this, my semi-structured interviews inhibited a "natural flow of narratives". This in turn gave created narratives that could be understood in a DPA perspective.

According to Riessman the theoretical traditions that DPA draws on is mainly symbolic interaction theory and partly conversational analysis. Both of these traditions give attention the construction of reality through human interaction (ibid). In this study symbolic interaction theory is used with emphasis on the performative and how understandings of identity are created between respondents and researcher.

Symbolic interaction theory understands social phenomenon in light of information about the people involved and the context they live in. The theory focuses on the interaction between the society and the self, and that the self reflects the society and organizes behaviour in that society. People's facade, language and gestures are seen as symbols used to interact with others in social situations. It takes a perspective of society from within, as created by people themselves (Goffman 1974).

Context is essential in order to understand the narrative (s). Context in this study means both mental and physical context. Where, when, how and with whom is the talk taking place, and what is the content of the talks? Why do particular persons present or perform that specific narrative to that specific audience? These questions are key features in narrative analysis.

If one sees narratives as acts and performances, it would be natural to think in terms of roles, character and context. In a show you have the storytellers, the story makers, characters and the audiences. In the DPA perspective, the story teller (s) and the listener (s) both participate in the making of the narrative. Catherine Reissman describes dialogical/performance analysis as an interpretive and wide approach to

oral stories and narratives (Reissman, 2008). The method makes selective use of both structural and thematic analysis, but in addition emphasizes the importance of interaction between the storyteller and his/her audiences. One asks for the “who”, “when” and “whys” of the narrative. In other words, who is the audience, in what context is the narrative told, and what is the purpose of the narrative. Reissman points out that the dialogic/performance approach pushes the boundaries of what is and what is not considered to be narrative analysis (ibid). The method focuses on the interaction between the storyteller and the listener. In the listening, asking and responding that goes on between the interviewer and interviewees, new meaning and understandings are created.

Another distinction in DPA is that the researcher sees himself as an active part in the making of the narrative both during the interview, and later while interpreting, analyzing and retelling the text (ibid). While retelling or making a narrative about the narratives from Addis, I too have my audiences. These are: the readers of this paper, the interviewees, my work colleagues, supervisors, teachers, family and friends. In other words, the method fits well with a post modern and social constructionist perspective, yet another good reason to choose the method for this study.

In DPA one looks for certain criteria and linguistic features in the narrative. These are; direct speech, the story teller siding with the audience, repetition of certain key moments in the narrative, expressive sounds, and last, the use of past and present tense to tell the story (ibid).

The term “embodiment” is a key feature in narrative analysis, and especially when using a performative perspective as in this study. “It is important to emphasize that it is the conduct of embodiment – the body that touches itself touching – that makes possible the representation of experience in narrative” (ibid).

It is through the embodied experiences that the narratives are retold or created (Langellier & Peterson 2004:13).The retelling is not from text alone, but one attempts to take in the atmosphere and context in which the talks took place. In order to perform the narrative to the readers, one needs to recollect, listen and get in touch with ones feelings before, during and after the interviews (ibid).

In this study three narratives are chosen in chapter four to do DPA in depth analysis. The narratives were chosen for their difference in focus. The first is from a focus group interview and has focus on the culture and the difference between adults and children. The second is told by a female helper in an individual interview. She tells about how a mother and a son sought help because of violence and abuse at home.

The third example is also from an individual interview with a man who has a focus on how the interaction between mother and child affect the child’s mental health.

3.8 Reliability and Validity

Research has traditionally been dominated by quantitative methods where terms like reliability in statistics, generalizability and objectivity are emphasised to ensure what one would call valid and sound research (Smith 2008). The aim is to not influence the phenomenon and to get “accurate” or “true” data.

In this qualitative study however, the aim is quite different as there is a consciousness that the researcher does have an influence on the people or the studied phenomenon (Riessman 2008). In fact, the mutual influence through communication, relationships and understandings between the researcher and the interviewees, called reactivity, is the main focus in the method (Maxwell 2005).

To eliminate the influence of the researcher is impossible (Riessman 2008), but one can have a critical eye on the how, who, why and when of the influence one has on the study and the response from the interviewees.

There was little time and possibility for the interviewees and myself to discuss out talks and interpretations after the interviews. Feedback from the respondents on my interpretations and focuses would help rule out misinterpretations of what they said about, and how they practiced having children in family therapy (Maxwell 2005).

3.8.1 Generalizability

Jonathan Smith is critical to the use of the term generalizability in qualitative research. He argues that generalizability needs to be a wide ranging and flexible term as researchers focus on smaller in depth studies that one hopes can be useful in other contexts than the studied (Smith 2008).

Reissman points to five factors are important when talking about generalizability in social sciences (Riessman 2008). First of all narrative research knowledge is context dependant. Context is discussed as a key factor in this study. Secondly the narratives and text that is analysed and discussed with a critical and self reflexivity after each narrative and chapter. Thirdly the narratives and text will show both my taken for granted assumptions and biases, and chapter four and five will discuss the narratives and text to uncover social practices. The fourth point is that by doing in depth interviews and analyzing some few texts, greater focus is giving to words and meanings that in turn are interpreted. And fifth, these interpretations are open for the audiences of the paper and all the participants, me included. The readers can have their interpretation of meaning and the narratives, thus participating in the narrative with their own interpretations.

3.9 Triangulation

To enrich the understanding on Ethiopian helper's experiences, thoughts and practice on including children in talks with their families, the same interviewees were interviewed using two different methods. The first through focus group interviews, the second using individual interviews.

Interviewees from the focus groups were asked to participate in individual interviews nine months later. It was important in both interviews forms to have participants from both sexes. This was due to an assumption that women and men focus on different subjects in storytelling (Haavind 2000).

3.10 Compensation to the respondents

Some of the respondents were off duty at the time of the interview. To compensate for their time and effort, the focus group members were all given 100 Birr each. This was done as an appreciation to their effort and help towards the study and that I considered their participation as work as well as a voluntary act on their part. Money compensation for participation raised some dilemmas for this study and for me personally. Paying the participants approximately a days wage could highlight the fact that I come from one of the world's richest countries, and that by paying less fortunate or poorer colleagues for their services, I would demonstrate or represent a postcolonial attitude that I did not want to be associated with. In addition to this, the act of paying the respondents could also easily be interpreted as a presumption on my side that they would not participate or show up unless they were paid. This in turn could also be seen as an insult in itself.

The decision to pay money was mostly because I wanted to show that I recognized and appreciated their effort and willingness to participate in the study, and that I considered their participation as work. Most of the interviewees stressed that they would only accept the money on these grounds as they saw their participation as a duty and self-interest and investment in their own culture and lives.

3.11 Ethics of the study and process

In any research, careful consideration must be given to ethical aspects before, during and after the study (Kvale 2007). Before the study, considerable time was spent on getting information from friends and colleagues in Ethiopia and Norway on how, and if to conduct a study in Ethiopia. I also discussed ethical problems and dilemmas in this study with people at Amanuel Hospital and at My Sisters.

The participants were all granted confidentiality by changing names and other features that would identify them.

When retelling other people's stories, there is a risk of forgetting about their entitlements as vital contributors. Their story becomes part of my story, and by writing a new story they and I share the new story with our readers. During the writing process, the participants were in mind as the main audience

to this paper. To ensure their integrity as contributors, it's important to have self-reflexivity and to be critical to what one decides to retell, write and chose as important features in their narratives and culture, and to take a closer look at ones own biases and presumptions. This is one of the reasons that the participants were asked for their written consent to participate in the study, and that they could withdraw unconditionally from the study at any time.

As this is a cross-cultural study, focus was also on the dilemmas related to linguistic and cultural differences. On the one hand a colleague and part African and on the other hand a researcher and foreigner from a western society.

3.12 Reflections on chapter three

During the process of finding a suitable method to analyze the text, I realized that my questions and psychological position was a narrative one. In retrospective I discovered that both the nature of the questions, and my role during the interviews, were clearly more narrative than I was aware of at the beginning of the study. Since this awareness occurred, I read the transcripts and listened to the tapes over and over again. I found that my research questions, and the issues I followed up during the interviews also encouraged the respondents to tell their stories. By inviting them to tell stories about their practices, I encouraged them to give me narratives on their experience, thoughts and practice (Riessman 2008).

Changing perspectives or methods in qualitative inquiries along the way are expected and common for researchers in social sciences. In fact it is part of the research process to get the job done.

Mcleod uses the term “bricolage” to explain the method used to get the job done.

”...the method emerges in response to the task on conducting a study. Rather than imposing a pre-determined method on the topic, the researcher is well-informed about a range of alternative approaches, and selects from these to “get the job done” “(Mcleod 2001:119).

In this sense, my research was *bricoleur*. Several methods were considered as useful or suitable for the study, but I had to find a method that got the job done efficiently and that appealed to me as well as the text and the nature of the study. Due to the limited time I had in Ethiopia, grounded theory was not suitable or chosen as a method. Discourse analysis which has its focus on how language creates meaning was not chosen because of the linguistic limitations in the study. English was not the Ethiopians language, nor mine.

One could however speculate if the focus group discussions would be different had I been more conscious of taking a narrative perspective while preparing the semi structured interviews. Perhaps the respondents would have been given more time and space to tell their stories and reflect on the issues that I initiated. On the other hand, by doing additional individual interviews after studying the focus

group transcripts, I had the chance to go more in depth with my questions and get narratives that were more specific on their experience with having children in therapy and talks with families.

At the same time, one of the objectives in a focus group is that the interviewees feel free to contribute with what they find important in relation to the issues and questions asked by the researcher. In this study there were several narratives from both women and men. I concluded that their experience of the interviews was as expected, and they would tell their stories irrespective of my choice of research method or position.

In this study DPA is used to understand and interpret the text. By using the perspective that talks are performances with audiences, the method allows me to be close and at the same time at a distance depending on which stance one chooses to take during and after the talks. If one were to use a metaphor from the film industry, the distance could be created by keeping the show up there on the screen so to speak, thus viewing something from a distance with no or little participation by the audience. Or one could, as in this study, attempt to participate in the show, like in a live audience theatre where the participants are expected to perform with the actors during the show. The latter is the preferred method in this study.

In chapter four I will describe my own thoughts and feelings while analyzing the text. Sharing and reflecting over ones own feelings, thoughts and understanding is also a key feature in DPA.

Chapter 4. Analysis and responses

*“We are forever composing impressions of ourselves,
projecting a definition of who we are,
and making claims about ourselves
and the world that we test out and negotiate with others”*
(Riessman 2008:106)

This chapter presents three narratives that are analyzed based on a method Riessman has calls “dialogical performance analysis” (ibid), which, as mentioned earlier, I call “DPA”. In DPA terms like scenes, stage, performance or performer, audience and drama are used to understand, retell and interpret transcribed text. As a researcher I am sometimes the audience to the interviewee’s discussions and responses to my questions, and sometimes the storyteller. The interviewees can also be both storyteller, and they too are audiences to their own and other participant’s narratives. The stage can be understood as the context in which we are talking, who we are talking to, and what we are talking about. All participants perform, me included, during our talks. The performances are in terms of narratives, casual talk, questions and utterances or expressions.

Three narratives are chosen for in depth analysis. Each narrative is given a title. Before each narrative there is a short description of the context in which the narrative is presented. This is first of all done as an attempt to include the readers. The intention and notion is that by including the readers in this way, they will take part in the narrative with their own thoughts and feelings, thus participating in the narrative.

Secondly, personal comments thoughts and feelings will be given consecutively in all three narratives. This is done in an attempt to put myself in a more transparent and “here and now” position during this part of the analyzing process.

Each narrative is divided in scenes. The term “scene” is used in narratives that are performed and there is a dramatic content presented the narrative (ibid). All three narratives have elements of drama in them. The use of scenes also helps the audience be aware of the narrator’s shift of focus and tempo while presenting the narrative. The use of scenes helped me to have a meta-perspective on what is going on in the interview.

The use of successive dots (...) is to illustrate pauses in the flow of speech. The amount of dots is equivalent to the amount of seconds the pause lasts. This was done in an attempt to retell the story rhythm and tempo, and the linguistic limitations that influenced our talks.

Using the term “scenes” also reminds me of the perspective that the interview is a performance where there are several actors and audiences. As an interviewer I have audiences of my own; readers of this paper, the interviewees, my censors at the University college, my work colleagues and my family and friends. All these audiences have an influence on the how’s and why’s in the research process. The interviewees are in the same position, as their responses and utterances are in relation to the other group members, their colleagues, family and friends and others.

Some of the stories were about how helpers reflected and acted in situations where families were in trouble and sought help from them.

The interviewees in the individual talks have pseudonyms. In the focus groups the storytellers are referred to as “woman” or “man” or “man1” or “man2” etc. The choice of using the word “man” or “woman” was to help me see if and how gender had an influence on who said what and when.

In this chapter, I will not discuss text and interpreted meanings in light of relevant theory like in I will do in chapter five. This is done in order to focus on DPA and my participation through reflections and participation in the narratives with thoughts and descriptions of embodied feelings.

4.1 Narrative one

Be quiet! Be shy...

Context: The first narrative is from a focus group discussion. The narrative is a telling of what would happen if children were to participate in a discussion that included adults and children together. The context is a focus group consisting of people who work together. I am the only non-Ethiopian present, but I had met several of the interviewees through my work as mentioned earlier. This position of being a foreigner, Norwegian, white African and colleague will be commented on as part of the analyzing process.

The following example and narrative was presented after the discussion in the group had gone on for about thirty minutes, and the theme was children’s presence when solving family problems and the protection of children from being involved in, or informed about family problems and matters. I remember feeling somewhat frustrated during the first part of the interview because my questions seemed to be irrelevant and hard to grasp for the interviewees, as very few participants gave examples or narratives with children and parents together. Few had experience with children present while helping families. The phrase “it’s our culture” came up often as an explanation for lack of concrete examples, and the first narrative illustrates this point. The narrative is first presented in a continuous sequence, as it was told. Then the text will be fragmented with quotes and comments on how the meaning and content in the narrative is understood and interpreted by me.

The opening scene in this group narrative was told by a woman as she explained their context and culture in relation to my questions.

01. <u>Sven</u>: what other things should one protect children from?	Scene one
02. <u>Woman</u> : <i>even it is so in our culture....</i>	
03. <i>ehhh...children's are not permitted to ask questions,</i>	
04. <i>to know everything, mmm..</i>	
05. <i>they are forbidden, "don't ask this question!"</i>	Scene two
06. <i>"I don't answer you!" ...</i>	
07. <i>..."go away!.. Sushhh"</i>	
08. <i>....they..they..said like that...</i>	
09. <i>and the preferable behaviour is to be...shy, and eh..</i>	
10. <u>Man 1</u> : <i>to be quiet!</i>	Scene three
11. <u>Woman</u> : <i>to be quiet..asking,</i>	
12. <i>speaking is like, is not normal you know</i>	
13. <u>Man 2</u> . <i>Is is not, ...eh... particularly for the child</i>	Scene four
14. <i>and he comes to another person...</i>	
15. <i>eh...who comes..the child didn't allow to...</i>	
16. <i>if he comes to the home....</i>	
17. <i>he would prefer to take another way,</i>	
18. <i>rather than to interfere with the ehhh...</i>	
19. <i>...other person who is in there and communicating that person.</i>	
20. <i>If he comes ..kiss him, and then go back</i>	Scene five
21. <u>Man1</u> : <i>"the reason why...eh...</i>	
22. <i>a child may not interact communication,</i>	
23. <i>and eh.. the culture doesn't allowed to talk with elders!</i>	End

01. Sven: what other things should one protect children from?

Scene one

By widening the question on the protection theme I was hoping for examples of practice with children and adults together. The question was a follow-up of several points the interviewees listed as important

for children's *protection*. The word "protection" and examples of situations and themes children needed protection in, came up often from several of the interviewees in the group.

In scene one a woman started out first as the storyteller, something that was not uncommon in our talks, but I still found myself a little surprised about this. My biases concerning the Ethiopian culture as a paternal society had somehow made me expect the men to start out and keep the word. Before the group interviews I was a little concerned that there were fewer women than men and that the females would not speak out. The woman looked directly at me with concentrated look, her eyes slightly closed as if to emphasize the point:

02. Woman: "*even it is so in our culture....*"

This woman was an active participant in the group and throughout the discussions during the interview. She had many thoughts and experiences to share. She tried to help me understand that culture is significant in why we so far have had few concrete examples of children participating in problem solving situations. By saying "*it is so in our culture*", she emphasizes the importance and to how great an extent the traditions, religion and common way to think on this subject. I remember thinking at the time that her utterance was partly a resignation, and partly a will and intention to resist this culture. I felt inclined to encourage her to change or resist the traditional way of thinking. In a way one could also see her utterance as an apology to me, fellow colleagues and the readers of this paper that she understands how the situation is, but that she also needs to make us understand her/their situation. I remember feeling like a foreigner who is in need of an update on their context. The feeling was somewhat strange, as I felt I knew this from my experience as a kid in the Ethiopian culture, only to discover that my knowledge still was very limited. My thoughts went thirty years back, living as a white kid in a protected environment, behind fences apart from the Ethiopian children my age. How could I have obtained knowledge about them, all fenced off and segregated like that? Having lived in a society does not automatically qualify oneself as a competent knower and familiar with that particular culture. At the same time I was now back as a professional helper, interviewer and foreigner asking questions. Now I wanted to learn, and she was helping me. In the next sequence she tries to clarify what she meant;

03. "ehhh...children's are not permitted to ask questions,

04. to know everything, mmm ..".

She explains that children need permission if they were to participate in talks. My understanding was that this also meant that these permissions would not be given, because it is not their culture to let children participate in what is considered adult matters. Children are not permitted by the adults, who in turn are influenced and part of the culture, to ask or know about these kinds of issues in families. My

thoughts were that this perhaps was how helpers and professionals practiced, or wanted to practice their profession, given their culture. The phrase “*to know everything*” is interpreted as “to know what the adults know”. The women explained what children’s expected role is in their culture. Throughout scene two I felt that the woman was being patient and kind towards me, seeing that I obviously lacked basic knowledge on their practice and culture. She explains her point by using direct speech and raising her voice in an angry tone, this to emphasize how serious it is for a child to break this norm. The forbidden act of participating is also illustrated by expressions and direct speech in scene two;

05. *they are forbidden, “don’t ask this question!”*

Scene two

06. *“I don’t answer you!” ...*

07. *... “go away!.. Sushhh”*

The storyteller shows me by pointing her finger and making an angry face while illustrating what a child can anticipate if he/she chose to get involved. “*Don’t ask questions!*” is an order that children must obey, otherwise something worse may happen to them. If a child asks or participates in spite of the adults orders, they can not expect an answer. The performance was so lively and told with such intensity, that I could not help wondering if the woman herself played into the role, with her personal experience as the manuscript. Memories of my own childhood came to mind, remembering when adults pointed fingers and displayed angry faces to scare us from doing something that was forbidden.

“*I don’t answer you!*” is a clear and direct response to a would-be participant and child. The reaction towards the child is; “*go away!*” This is a command, and could be understood as a rejection, but it could also be the adults need to protect the child from being involved in what is considered to be adult problems and matters. Or, it could also be a need for the grown up to keep a distance to the child and thus showing the other grown ups that he or she is acting in accordance to the norms and expectations in their society and culture. The expression is a “*sushhh*”, shooing the child away. My thoughts were that a child who wanted to participate would necessarily have to be insolent or be in great trauma to defy or ignore the adults command. Thoughts came to mind about how this culture reminded me a lot of the descriptions of the Norwegian society not so long ago. At the same time, I couldn’t help thinking about how well behaved and polite Ethiopian children were towards strangers and adults, perhaps a feature western children lack?

08. *“..they...they said like that*

09. *and the preferable behaviour is to be...shy, and eh..”*

Here the teller asides with the audience by explaining what she thought would be the consequence if a child should try to participate. I couldn’t help thinking that perhaps this woman had herself experienced this type of rejection, or protective behaviour in her life as a young girl, or even as a woman in a

paternal culture where children and perhaps women are meant to be shy and submissive. A man in the group talks and he supports her version by saying “.. *to be quiet!*” . The woman initiates the story, but she is not the only storyteller. Here she shifts from being the storyteller to become part of the audience as a man intervenes and emphasizes her point. This shift went smoothly and naturally, as if they were a team. I remember thinking that perhaps they had performed narratives together before. During this sequence all the group members agreed on her presentation and performance of what might happen to a child in such a context. The woman takes it all even a little further by telling how even to speak is not something that children are encouraged to do in these contexts.

10. Man 1: “..*to be quiet!*”

Scene three

11. Woman: “*to be quiet..asking,*

12. *speaking is like, is not normal you know..*”

I interpret this to mean that children are not to speak when adults are present during problem solving issues or family matters. She brings up the term “normal” in relation to what is expected from children in such a context. The normal being quiet, and if one should ask, it must not be related to the subject or issue at hand. Another man supports the previous two speakers with;

13. Man 2: “*Is, is not, ...eh.. particularly for the child*

Scene four

14. *and he comes to another person...*

15. *eh...who comes..the child didn't allow to...*

16. *if he comes to the home....*”

This man wants to be more precise in explaining to me and the group what one means with the term “normal” in relation to a child speaking or not. In this sequence the man alters between present and past tense to explain further what the woman is saying by using an example of a person who visits the home. My interpretation at the time was not that children must not speak at all, but they are not to speak about what is considered adult matters, which, in this case is meant anything that is problem related or involves adults and child communication. The man is explaining what is expected of the child, and what should happen when a child meets an adult. This could for example be a therapist or helper who is considered a stranger to the house. He does not only say what he thinks should happen, he also uses the phrase “ he would prefer” about the child’s choice of action when in such a situation;

17. ” *he would prefer to take another way*

18. *rather than to interfere with the eh..*

19. *other person who is in there and communicating that person.*”

This sequence may be understood as the teller’s effort to show his audiences that he not only understands the dilemma for the child, but he also understands what the child prefers to do in this situation. The phrase “interfere with the other person” gave me an idea that if a child was to talk to such

a person, it would be viewed as *interfering*, not communicating, and that communication between the adult and child would be interfering in the predetermined show or expectations in the family and culture. Verbal communication between adult and child are seen as interferences, and are not seen as good things, but rather something undesirable and to be avoided. I felt privileged when remembering my own childhood and how I was encouraged to speak my mind, and sometimes I was even aloud to participate in the grownups conversation.

20. *“If he comes...kiss him, and then go back “*

Scene five

There are however some actions that are expected in the communication between adult and child, namely that the child must kiss the elder person as a sign of respect, and then withdraw. My thoughts were at the time that children are taught to be submissive from early childhood, and must not interfere with what the adults are doing or talking about. Perhaps the kiss could be a sign of respect to the elder person, not necessarily act of submissiveness.

21. *“the reason why...eh...*

22. *a child may not interact communication...*

23. *and eh.. the culture doesn't allowed to talk with elders!”*

Coda

These words were given at the end of the narrative, and I interpreted them as both an explanation of the dilemma, and how to understand it. But I also saw the explanation as an attempt to give legitimacy to the practice of keeping children and adults apart since the term “elders” was brought in. The culture was used as a legitimate foundation for practice. One could read from this that anyone who is an adult is an elder, and that the term “elder” is not necessarily limited to family or relatives, but also would include a therapist or helper of the family, as long as he was an adult.

During this group performance, I kept feeling that the storytellers were all eager to help me understand, and that they had prepared themselves for our talk. In the beginning of the interview there was some uneasiness of their roles and positions during the talk. There was difference in gender, social status, academic level and experience. I felt that all of these factors influenced on the story in such a way that when the woman opened up with this story be contextualizing their work situation, the group could accept this as a good performance, and that they would help each other perform this story not only to me, but also to each other. This was the second interview done in the study, and looking back, I appreciate the group’s performance and introduction to their culture and general positions as helpers in that culture, a good start to any show.

4.2 Narrative 2

Son and mother seek help – an interview with “Susan”

Context: The following narrative is from an individual interview and the theme is violence, child resilience and how children help the helpers to get more information about their families. The narrative was presented thirty minutes into the interview and Susan explained that she preferred to work mainly with mothers and parents. If she talked to children, it would be with the child alone and after getting consent from the mother or parents. Susan said she could talk to children as well, and that she also had some experience doing that.

- | | |
|--|--------------------|
| 01. S: But you would first of course get the permission from the parents? | Scene one |
| 02. Susan: <i>mm.... sometimes.. you know.. before you ask them... without asking them sometimes...</i> | |
| 03. <i>some fast kids, when they come with their mum..</i> | |
| 04. <i>” you know... my dad is.. I don't like my dad”</i> | |
| 05. <i>“Why?”</i> | |
| 06. <i>“It's my dad, who did all these things to mum, he always beats my mum.... I don't like him”..</i> | |
| 07. <i>he was crying also..</i> | Scene two |
| 08. <i>it was so sad.. yah..</i> | |
| 09. <i>they do explain it...</i> | |
| 10. <i>without me asking them he he he ..(chuckling)</i> | |
| 11. S: Is there one child specifically who said this? Can you remember this child? | Scene three |
| 12. Susan: <i>I eh.... eh...</i> | |
| 13. <i>I remember one family.</i> | |
| 14. <i>He was an active boy...</i> | |
| 15. <i>he was only seven.</i> | |
| 16. <i>And that morning... the mother had a big fight with the husband.</i> | Scene four |
| 17. <i>And she had some wound over her face.</i> | |
| 18. <i>And she was crying....</i> | |
| 19. <i>And her son followed her up to our clinic...</i> | Scene five |
| 20. <i>and they came (chuckling) both were crying...</i> | |
| 21. <i>so we wanted to reassure both of them,</i> | |
| 22. <i>and when he gets into the clinic.. ah.. I asked what happened.</i> | |
| 23. <i>And the boy was saying that this happened because of his dad was hitting the mum</i> | |

Coda

Prior to this narrative, we had discussed whether Susan had any experience on children who helped the helpers or their families. Susan was clear about how she never would contact a family on information solely from children and without the parent's consent, even if one of the parents were physically abusing the child. Susan then presented this narrative;

01. Sven: "But you would first of course get the permission from the parents? **Scene one**
02. *mm.... sometimes.. you know.. before you ask them...
without asking them sometimes...*
03. *some fast kids when they come with their mum.."*

My question was put after Susan had explained to me that children cannot be the first and only source of information. She explained that she does think children can give information about family matters, but that information was needed from one or both parents if one expected change and cooperation from the parents. This is why the term "of course" is used. I used the term "parents", assuming that children had more than one parent, something that is not necessarily natural as HIV, poverty, famine and other hardships are major strains on people's lives in Ethiopia.

Susan gives the audience examples where children, with no request from the helper, may still tell a family secret. My feeling was that she wanted me to know that she and her colleagues did actually talk to children and parents, and that this narrative would illustrate that. I got the feeling that she wanted to satisfy my need for answers on the topic and my question forced her to perform a narrative. She perhaps felt that she must not give just any narrative, and so she presented this one.

The context that Susan refers to is a child coming to seek help with the mum, and that this child is "fast". My interpretation of "fast" was that Susan meant children who are brighter than other children, and that seeking help is an intelligent thing to do.

Being a man and a family therapist who often witnesses men's oppressive and antisocial behaviour, I felt a little uncomfortable at the time. It was as if one would hear the inevitable; the man or husband is the oppressor or defined problem. I remember reflecting on how natural it seemed that the mum be the oppressed, and that she would come with the child for help, and not the father. This is not unlike my experience in my workplace in Norway.

04. *"you know... my dad is.. I don't like my dad"*

Susan uses direct speech to convey this boy's message to her. This phrase was presented with a stronger voice, giving us the impression that the child really had something important to say and was desperate. It was as if the boy said; "this is really important; you must help us in this tough situation".

The fact that the boy says he doesn't like his dad made me feel sad. Several issues and memories in my own life came to mind in my relationship to my father. The boy breaks with the norms and expectations

in his society, and tells the helper about an emotion he has towards his dad, and is answered by a single;

05. “why”?

At the time I thought, would perhaps asked “what has happened”? The question “why” seemed too much to answer. In “why” there may lie an expectation that the child should not speak like this about his father, but it may also be an invitation for the child to tell more. My thought was that perhaps in the word “*why*” lies an expectation that all should be good between a son and his father. Or perhaps Susan may also question the emotion, in order to see if it is legitimate or not. In her question to the boy, there may be an expectation from Susan that the child must produce evidence that he in fact is in trouble, and subsequently that the father is doing something that he should not be doing. The boy explains;

06. *“It’s my dad, who did all these things to mum, he always beats my mum.... I don’t like him..”*

As a response to Susan’s question, the child answers with a precise description of what is happening in his family, and he repeats his dislike of his father. He puts the blame on the father, and by telling the helper what has happened to them, he takes sides with his mum. Several memories came to mind in my own practice where children are forced to make a choice of like and dislike between parents who are in conflict. I felt sorry for the boy who was forced into this position.

The boy and mother had not only experienced this once, but on several occasions. This gave me a slight feeling of anger and despair on the child and mothers behalf due to some personal experiences in my childhood. At the same time, I felt that I must not disturb Susan with my thoughts and feelings in case the narrative would end. The story made me curious, I wanted to hear more.

07. *“he was crying also..*

08. *it was so sad.. yah..*

09. *they do explain it...”*

10. *without me asking them he he he ..(chuckling)*

Scene two

The boy was showing his emotions that in turn made Susan feel sad. Here the storyteller asides with the audience by confirming and repeating that children can be of help to helpers, and that they even do it without being asked, indicating that the child has his own will and ability to do something about the family problem. Or perhaps that he had no options given the situation at home. Susan’s response could stand for itself, confirming my research questions that children can and will act when in need of help.

Her chuckle made me wonder if she was laughing because the child’s utterance fascinated her, or that my question seemed unnecessary and she might feel that her answer would make me feel embarrassed asking such a question. Perhaps also her chuckling was a response to the boy’s obvious conscious

breach of norms by telling a stranger the family secret, and that his behaviour under normal circumstances would not be tolerated, but was due to the acute situation.

11. "Is there one child specifically who said this? Can you remember this child?" **Scene three**

My question on whether Susan could remember the person who said this was an attempt and need I felt at the time to hear more details of her experience and the story. I felt excited and anxious to hear more. She then responded by telling me about a different family. My initial thought was that she and I were communicating well, and that she felt comfortable in the situation as storyteller, but that she felt obliged to give the audience more. Reading the transcripts again, this change of scenes and performance is puzzling. Were my questions not clear enough? Was the question intruding, embarrassing or otherwise out of place? Or perhaps her change of story was a response to my demand for a more detailed narrative, and she felt that the following narrative was better? It could also be that she simply did not tell the rest of that story because she misunderstood my question, and thought that I asked for something else, a different and new, better or more satisfying narrative. The shift in the performance gave me the feeling that the performer felt that the audience was not satisfied, and the shift represents an attempt to give the audience something else that might be of interest. The next scene supports this last assumption;

12. Susan: "*I eh.... eh...*

13. *I remember one family*".

The pauses and stuttering as Susan was in her own thoughts trying to come up with a new narrative can be interpreted on the one hand as an attempt to keep the audience attentive and to stay in their seats so to speak. The utterance can be seen as her way of acknowledging our joint attempt to find suitable performances and examples, and the "*I eh.... eh...*" expression is meant to signal to the audience that there is more, "just hang in there". Then the sentence comes that the audience is waiting for; "*I remember one family*". These words set the stage for a new narrative, expecting the audience to listen and participate as one is included, once again in a new narrative. My interpretation was that this is a generous gesture to me as the audience. There is a sincere will and action to present something that will be accepted by the audience. The beginning of the narrative gives us information of the actors or persons the narrative is about, an experience as she recalls it.

14. "*He was an active boy...*

15. *he was only seven.*"

When the term "active boy" was used, I thought about how familiar it sounded to me, that boys are called active or demanding, whilst girls are sweet or cute. The term active could also indicate that he

had a reason to be active, and that active boys act! On the other hand, the meaning could be that by using the word “active”, the teller wants to aside with the boy and give him a star-feature in the show. By using the word “only” when giving us his age, the audience is given a hunch or expectation that soon something tragic will be told, or that there is a tragic element in the story. Already I felt sorry for the boy, and was anticipating the follow-up story.

16. *“And that morning... the mother had a big fight with the husband.*
17. *And she had some wound over her face.”*

Scene four

The drama is revealed, in the morning, on *that* morning. The performer pinpoints the peak of the narrative to a specific day, and to a specific time of the day. I can’t help thinking of all the battles that are described in history books about human war-histories that are either fought in the morning, or at dusk. There is a kind of mystic with mornings and dusks, suitable for drama. The fight between the mother and father are described as “big” and is followed up by describing the mothers wound in her face. This description lets the audience imagine what the poor woman has been subjected to in her relation to the husband. My assumption was that the husband had inflicted the wound, and that he was not being a good father or husband. I also wondered what Susan felt at the time, seeing the woman with the wound and obviously in need of help. Again, I didn’t ask since I wanted the narrative to go on undisturbed by my questions or comments. Susan describes the result of the mothers experience with her husband;

18. *“And she was crying”*

Susan presents the tragic result, or the expected reaction from a mother beaten up by her husband in front of the child. I remember feeling at the time that the mother, given the culture, perhaps also felt ashamed that the child should witness violence in their home and life. Or that she as a mother felt that she had failed to protect her son from a bad experience with his father. At the same time she was dependant on the boy to get help. The storyteller does not describe what kind of cry the mother had, but simply says that “*she was crying*”, implicit that we all know what that means in this context. I couldn’t help thinking about the mourning and crying cultures I witnessed in Ethiopia as a kid when professional criers wept, cried and mourned loudly on behalf of the grieving family. The employed mourners kept it going for several hours. This is part of an ancient funeral tradition that still goes on in Ethiopia today.

At the same time, her emphasis on the crying can also be interpreted as the custom that crying is something one does not do in public and that crying is a business for the professional criers, not for anyone and perhaps not in this context. But this mother’s cry was different; it was connected to a concrete happening described as a fight between wife and husband. I also felt a disturbing thought

coming to mind: In a paternal culture, women perhaps experience violence and manipulation often in relation to their husbands, and I found myself thinking that this was probably not the first time the mother or Susan had experienced violence against women and children. Violence towards children and females are not uncommon in western societies either, and I felt a sense of hopelessness and sadness towards men in general. Was she telling me this story to make sure that I, a man from a western culture, understand the seriousness in gender issues in their society?

19. *“And her son followed her up to our clinic...”*

Scene five

The seriousness of the situation is described in this sentence as the son *“followed”* his mother to the clinic. She didn't bring him or take him with her. Children are perhaps expected to contribute to a solution in this kind of dramatic situation. Or, this may indicate that the mother was in such a bad state that she needed following and support. Or perhaps she and the son both were so afraid that they had to run for help. I also felt that the son was doing his duty as a good son, and that he wanted to make sure that his mum would be ok. There is no mentioning of him being physically wounded, but one can imagine the boy's anxiety witnessing his father's aggression and violent behaviour.

20. *“and they came, (teller chuckling) both were crying...”*

The grief and crying is shared by the mother and the son. I felt the boys despair and sorrow, imagining what it must be like taking your abused mother for help, and at the same time perhaps feeling betrayed and intimidated by the father. I wondered if my focus towards the boy was because of my role as a helper in a child and adolescent mental health service in Norway. Both mother and son were suffering, but my main concern and focus was on the boy's experience and role in this performance. What options did he have, and which dilemmas was he in seeing his role model treat the mother like this? By telling us that they both were crying, Susan emphasizes how serious this situation was for the family. My thought was; what help could they get or expect from the helpers?

21. *“so we wanted to reassure both of them,”*

Reassurance is the objective and method of help described by Susan. Who needs help? And what kind of reassurance is there for the two help seekers? These questions came to mind. If the father was violent and aggressive, would he not get angry with the helpers too? He too needs help, but perhaps was not available for help yet. Susan includes the boy in her focus on helping. I felt uneasy on Susan's behalf. My thoughts were that working with violent and aggressive men can be hard and scary if the aggressor feels threatened or exposed.

22. *“and when he gets into the clinic.. ah.. I asked what happened.”*

23. *And the boy was saying that this happened because of his dad was hitting the mum*” **Coda**

When they get to the clinic they are taken care of by the helper there. Telling someone outside the family about the violence is considered helpful, and part of the help that is offered. My thoughts were how often help seeker expect the helper to solve the problem. In this context I thought that professionals like Susan perhaps had a great strain in their daily work as people in their country perhaps had unrealistic hopes that the professional must solve their problem for them.

By asking what happens, Susan invites the son to tell what happened. By being included, Susan shares the pain and sorrow that the two brought with them to the clinic. My immediate thought was that the father probably would get really mad and punish not only the mother and son who told about the family secret, but also the helpers at the clinic. I felt a sense of pride on behalf of professional helpers, and an admiration for Susan who seemed tough and experienced in these cases. She repeats how the boy tells the story of his dad’s violence. Perhaps Susan felt that I didn’t actually believe the story that the boy dared to tell, and she felt she must emphasise this point to me? Or perhaps the boy’s behaviour was also uncommon to Susan that she needed to repeat the point about him telling on his father who had done something wrong and unacceptable?

This narrative is amongst other things a reply to whether children can be helpers in their families, and if children also can be helpers to the helper. The boy takes on his father by taking his mum to the clinic, thus putting himself in a potential dangerous situation in relation to his father.

Secondly the boy shows trust in the helpers at the clinic as he tells them the story of violence, and includes them in this family secret. During the interview I heard this story as an example of a woman who experienced male violence, and that there was drama and tragedy in the narrative. Later, while transcribing the text, the boy’s role as a helper became clearer to me in a way an answer to my initial research questions. Perhaps I was too occupied with the mother’s fate and situation to see the child’s role and attempts to solve the problems. This thought gave me in turn new ideas as to why children are often left out in family therapy in the west. Perhaps we are all too taken or engaged in the tragedies and sufferings in help seeking families to see the potential of the children as helpers?

4.3 Narrative 3

Parent and child connection. An interview with “Bob”

Context: The third narrative is from an individual interview with a helper that often talks with parents and children together and in the same room. Our talk had up to this point focused on how the helper had vast experience, and that he worked with parents and various helping systems.

Apparently Bob was also educated abroad. One of the dilemmas or challenges he explained to me was how and if to bring the western based knowledge and see how and if it proved useful in Ethiopian contexts.

My excitement and enthusiasm about meeting Bob somewhat clouded my focus on my research questions. The interview lasted sixty minutes, and while doing the transcriptions I found few topics that were connected to child and parent participation. Most of the topics were about culture, challenges in clinical practices, health related political issues and potentials in the country's health system. Bob was a very good story teller. Combined with my need to meet someone who felt that he understood my questions, the interview was very interesting and rewarding in terms of information about the Ethiopian mental health care situation. I wanted however, more specific information about actual experiences or thoughts on including children in talks with the parents present.

In spite of few narratives that were directly related to my research questions, there were some references and examples to the topic. The following sequence is about how Bob understood the interaction between parent and child, and how he understood what help was needed for both mother and child.

- | | |
|---|--------------------|
| 01. S. “..if you.. do you have some experience on using children.... | Scene one |
| 02. <i>Bob:Yah!</i> | |
| 03. S:... as your helper? | |
| 04. <i>Bob: “oh yes.. oh yeah..! Yes..right there in the session. That is what I see...</i> | |
| 05. <i>in fact, I noticed that, ... after I started this clinic here...</i> | Scene two |
| 06. <i>you know, we sit there, and the mother is ah... trying to just stop the child from doing everything,</i> | |
| 07. <i>and we see the emotion of the child changing,</i> | |
| 08. <i>..and the child then starts becoming physical and tantrums....</i> | |
| 09. <i>and that is the time when I start talking to the mother.....</i> | Scene three |
| 10. <i>you know.... Even themselves.. they help me.. to make awareness in the mother.</i> | |
| 11. <i>And.. by reversing her reaction to the child.. again..</i> | |
| 12. <i>you show her also how the child there and then you know,</i> | |
| 13. <i>shows her that he is liking...</i> | Scene four |
| 14. S:yes | |
| 15. <i>Bob: “..the way she does....</i> | |
| 16. <i>So..(chuckling)... it is there.... it is there. It helps very much really!”</i> | Coda |

My question in scene one (01) was an invitation to the helper that he might give examples of his experience on the subject. Before I finished the sentence, Bob confirms promptly that he has such experience. I felt relieved that someone so immediately understood my question.

01. S. “..if you.. do you have some experience on using children....”

Scene one

02. Bob: *Yah!*

03. S: ... as your helper?”

Bob acknowledges and confirms my question before I finish it. I interpreted this as an eagerness to let the western audience know that although it may not be a common thing in Ethiopia, this helper had the experience and professional attitude that viewing children as a resource was something natural and that he was familiar with this way of working. I had thoughts that he had a sense of professional pride and experience and that he with ease answered my question, more or less implying that this is to go without saying. This was also puzzling since he then seemed so different to the other interviewees and colleagues.

04. “ *oh yes.. oh yeah..! Yes.. right there in the session. That is what I see...* ”

Bob repeats several times that he has experience with children as helpers. He refers to “*the session*”, pointing to his experience as a helper. By saying “*that is what I see*”, Bob is referring to previous experiences and situations. I remember feeling a sense of happiness and relief that one of the interviewees so easily understood my question about children being helpers. In a way it gave me a feeling that my research questions were legitimate, and that so far it was difficult finding interviewees that acknowledged my goal and ambition to seek this kind of information. I felt that I liked this person, and wanted to hear more! I also felt that Bob’s natural stance to the issue of including children in family problem solving made me feel uneasy that I perhaps had interviewed the wrong people all the way, and the my study needed a complete go over. At the same time, his understanding and acceptance of my questions made me wonder if he too felt part alien and part Ethiopian in his approach to the subject. If so, he and I would share a common experience, and perhaps this was my feeling.

05. “*in fact, I noticed that, ... after I started this clinic here...*”

Scene two

Bob wanted me to hear more, he leads me on with an example. Not telling me straight out, but making a loop by explaining that he noticed something “after he started this clinic here”. The storyteller wants to contextualize the experience. He refers to some initial experiences connected with a new practice *after* he started the clinic. I couldn’t help thinking that this helper seemed like a fish in the water. He seemed very confident and satisfied with his present situation as a professional helper, and that he

wanted me to understand the experiences was connected to him and the clinic. Then I am given an example;

06. *“you know, we sit there, and the mother is ah... trying to just stop the child from doing everything”*

This sentence tells about a mother who comes with a child to get help. I am not told what the problem is, or what is expected from the helper. Instead focus is directly on the relationship between the boy and his mother. Again the mother is a central figure when narratives on child/parent issues are told. According to Bob the mother is trying to calm the boy down and to behave properly in accordance to norms and rules for good conduct. At the end of scene two Bob addresses the emotional side of the boy's behaviour that is turning dramatic. Bob lets us know that he made this observation, and that is what he focused on later when helping them;

07. *“.... and we see the emotion of the child changing,*

08. *.. and the child then starts becoming physical and tantrums...”.*

The child's emotion is described as something one can see from the child's behaviour as a direct response to his mother. From the text it seems that the child's behaviour is defined as unwanted and problematic since he becomes “physical and tantrums”. I tried to imagine what it would be like for the parents when their children behaved like this at home. In a strongly religious culture they might run the risk that neighbours and others might believe that the spirits had possessed him, or that the madness was derived from evil, thus forcing them to contact the local priest for help. The situation must have been difficult and desperate for the parents too. My bias was that in these situations, children are perhaps smacked or ignored because of their behaviour which is interpreted as bad behaviour and that the child must stop acting strange.

I also thought at the time that perhaps the child too was performing an expected act, now that they finally managed to see someone who might be able to help them; he must produce the symptoms and show Bob what or how the problem manifests itself. Perhaps the tantrums and physical behaviour was the boy's way of helping Bob understand, and thus helping the helper?

09. *“and that is the time when I start talking to the mother.....”*

Scene three

Bob pinpoints when he asides with the boy and turning to the mother to talk to her specifically. He changes his focus from the boy's behaviour to the mother, a turning point in the narrative. I thought at the time that giving the mother attention is perhaps a way for Bob to show the boy that he sees the problem, and that he will now make an effort to help the boy by talking to the mother. My thoughts

were also towards the mother; how would she feel by more or less getting the blame for the boy's strange behaviour?

10. *“you know.... even themselves.. they help me.. to make awareness in the mother.”*

Bob moves from this specific boy to children in general when he tells me about how children help him understand. I wondered if Bob was slightly fascinated and surprised by the fact that children do this, and that he wants me to understand this. In this case the assumption is that the boy gives the helper a hint that his behaviour is connected to his mother's commands, comments and worries towards him. The helper follows up and changes focus from the boy to the boy's mother. Bob's interpretation that the mother needed greater awareness towards the child, and that this was actually the child's intention and goal, is an interpretation on Bob's side. I thought that perhaps the focus and notion that the mother did something wrong, or the mothers lack of awareness towards the child was a reflection of the paternal society. What worried me was how quickly I adopted this idea, and even supported Bob in his assumption. I remember nodding and using non-verbal language to encourage Bob's story and assumption about the mother and theory on the family's problem.

11. *“And.. by reversing her reaction to the child.. again..”*

In this part of the text the solution and explanation as to what went on, or what was the chosen method of help, Bob shows us what action he took. I understood the words “reversing her reaction” as Bob's way of naming the process of focusing on the communication process and dynamics in the communication between mother and son. I also wondered if he used the term “reversing” as a way to describe the process of him as a helper, supervising the mother and giving suggestions as to how to handle or understand her son's behaviour.

12. *“you show her also how the child there and then you know”*

Bob uses the phrase *“there and then”* about how he goes about helping the mother understand. He uses the current concrete situation, a “here and now” situation to do this. I remember wondering what the mother might feel, being taught how to handle her son. At the same time, I know from professional experience in Norway, that in crises some parents need supervising and support in their communication and relationship to their child.

13. *“shows her that he is liking...”*

14. S: yes

15. M:.. *the way she does....”*

Scene four

In scene four Bob shifts from the previous dramatic scenes to a more calm and soothing part of the narrative, like a scene taken out of the Disney story about Bambi the Deer⁵, when his mother protects him from danger. Bob takes the position of a helper that understands on behalf of the boy by showing the mother the boy's positive reaction after the mother changes her behaviour and becomes focused on the boy's needs. Implicit is the expectation in Bob's narrative, that when the mother makes a change, the boy will respond in a good way and the problem is solved. Listening to the tape, I hear Bob's voice turning soft and mild, as if describing a miracle or wonder that gradually dawns on us. I couldn't help thinking that this was Bob's way of saying that he on the one hand succeeded in helping them, and on the other hand managed to perform a good narrative that would be useful to make me understand his way of being a helper.

I too participate in the scene to show my understanding that the story is going towards the end, and I am a satisfied audience. My "yes" towards the end of the scene was to support Bob in his assumption that the mother needed this kind of help, even though I also felt that this was too simple a solution for the boy's behavioural problems. My thoughts were on the father, and I had some assumptions that the father's role and influence on the child would be relevant to observe too. I interpreted that the child was anxious and afraid. I was not too sure that this treatment would do the trick, but I didn't dare challenge his "remedy" for the two.

16. *"So..(chuckling)... it is there.... it is there. It helps very much really!"* **Coda**

Bob's chuckling and conclusion is that "it" is there. I interpreted "it" as meaning the children who help the helpers to solve their problems. The phrase "it is there" reminded me of natural sciences where one seeks the "truth" or "proof" that the thing one was looking for actually is there, *it is found* - at last! As a helper he feels that children's participation and contributions are helpful, and that it happens! Bob emphasizes his sincerity by ending the story with the word "*really*", to underline the point.

Bob's chuckling could also be a sign or symptom of relief and satisfaction in our communication; he as a respondent and helper managed to deliver a good enough performance with relevant responses. As a researcher and audience I had also played my part in asking, watching and listening to the performance. Several times during the interview I felt that Bob was pleased and happy to facilitate me, a foreigner and one who needs information on details of the Ethiopian context concerning children and mental health. But Bob also kept referring to information that was implicit, expecting that I understood what he meant or was talking about. Looking at the transcripts after our talk, thoughts came to mind about how I acted during the talk. I nodded, approved and cheered him on throughout our talk. I interrupt him and finished his sentences, or said "yeah, yeah", or "exactly", like an audience at a concert,

⁵ Bambi in the film is dependant on help from his mother who is considered a safe sanctuary for him in life's many dangers

encouraging the performer to give more of the same. I wondered whether my encouraging was a response to his enthusiasm and dedication to his work. Or was I perhaps so relieved to meet someone who might have responses to my research questions that would be right on? During the interview, and even more so after looking closer at the transcriptions of the talk with Bob, it seems that Bob wanted to tell me something. He wanted to let me know that even though many helpers do not have the resources and access to knowledge-bases in his country, there is a change going on in Ethiopia regarding children's position and mental health conditions, and that he and many with him were gradually changing things.

4.4 Reflections on chapter four

The narratives chosen in this chapter for in depth analyzing were chosen because they are all different. The first was from a focus group interview, the second a female individual interview, and the third was a male individual interview. The themes range from a response on culture, to family problems and violence to abnormal behaviour and parent child relations.

The focus group narrative is about culture and norms in the Ethiopian society. The storytellers in the focus group gave the foreign audience an introduction to an Ethiopian context, thus helping him understand the difficulties of this kind of thinking and practice in their country and context. In a way that discussion or narrative in the focus group was a show for the readers and perhaps also for each other since all of us (me included) had some knowledge about the Ethiopian culture. Perhaps we all had the western audience in mind when creating the narratives?

The second talk was about a child's participation when a parent is the identified patient. The storyteller puts the child in a context where he/she is can participate in such dramatic or demanding situations. One can wonder if child participation is expected in these dramatic situations, but not in more trivial or day-to-day problem solving in homes and families, and that this is part of the message to the audience. The drama and descriptions of the family's situation reminded me of the Norwegian help centres for battered women and children safe houses that have been created in Norway to protect children and their mothers.

The third narrative is performed by a helper who had experience with children and parents together in therapy. My feeling of liking this person can be seen as my bias or my predisposition to like those who resemble me or my own practice and experience. This helper seemed dedicated, practical, able and at the same time realistic in his work. His practice seemed a very demanding and an almost impossible task in a country with a population of eighty million people and very few professionals to help. It seems

only natural that he must work on many levels within the health care system in order to change or better the health care situation for children in his country.

When playing back the recordings and while transcribing the text, I heard myself changing my own dialect so it would match the Ethiopian way of speaking English. This was not a deliberate act on my side, but rather a consequence of the interaction that was going on between us at the time. Perhaps this was because the performances were so lively that I too lived through them at the time, thus participating in the creation of the narrative. In any other context, copying other peoples dialect would be considered rude, but not in this context. My assumption was and still is that the interviewees did not take notice of this during our talks. I remember wanting to do everything possible to help them feel relaxed and at ease so that our talks would be as natural as possible.

4.4.1 The “not knowing position” during the interviews.

The not knowing position is a position where the helper has little or no knowledge of the details in the helps seekers life and story, but has considerable knowledge on helping processes and human sciences (Anderson 2003). A not knowing position is considered fruitful in therapy as the help seekers themes and details are in focus, and the helper therefore can concentrate on these and not be an expert on the others life and problems (ibid). By not knowing one can create situations of “tolerance and uncertainty” as Seikkula and Olson put it. This can in turn open up for new narratives and dialogues that bring more understanding and insight in the others situation (Seikkula & Olson 2003).

In this study the “not knowing” position gave new meaning to me. My position in relation to the term “not knowing” was one of knowing some things, and yet not knowing at all. First the fact that I had limited knowledge of the thoughts and practices that the Ethiopian helpers had on the subject. I had limited knowledge about the Ethiopian practices or norms or on including children in problem solving with families. At the same time, I had studied and prepared myself for the research process with some general knowledge on child mental health issues in my culture and in my work, and I had studied Desta’s thesis and views on children’s mental health situation in Ethiopia. Therefore I had some presumptions and biases on the topic which I was curious to learn more about.

Secondly I have a position as a white African, or as an insider/outsider researcher. The white African position has two main aspects to it. Coming from my work and home in Norway, I was obviously in a position as a foreigner or one who does not know. At the same time being I had some knowledge and experience in this culture by being born and brought up in East Africa. My childhood was relatively protected and privileged, something that gave me little or no knowledge of an insider position to this part of African culture. This multicultural feeling became clearer to me while working on this paper and by doing this study.

Throughout the interviews, both those in May 2008, and those done in February 2009, I felt that the interviewees all were trying hard to satisfy and facilitate me, the audience. My assumptions were that in the Ethiopian culture obedience, repetition and learning by rote are key elements (Desta 2008).

I had this ambivalent feeling that they would do anything to give the audience (me) whatever I asked for in the study, both out of hospitality and perhaps a kind of obedience as well. On the one hand I appreciated their enthusiasm and help. At the same time I feared that they by trying so hard to give what they assumed I wanted to hear, their actual practice and thoughts would not be told. Since I had no control over, or information about what they conceived as relevant or “good” for the study, they would be inclined to say what they imagined a westerner wants to hear.

During the interviews, I found myself performing questions and themes for my own audiences, these being the future readers of this paper, my supervisor, colleagues and the interviewees as well. It was as if I too wanted to tell my audiences something about African traditions and potentials. On the one hand I had a rough idea what the answers would be on the subject of including children in problem solving processes. This was due to my own experiences and knowledge on the Ethiopian society as a child, and later a colleague and contributor in family therapy at Amanuel Hospital. On the other hand, the transcriptions revealed to me several points that I had not anticipated. My presumptions on children being excluded and rejected were challenged by closer study of their culture and of the text in this study. Instead of seeing it as exclusion and rejection, one could use terms like protection, care or respect for the child and the variety in ages and positions in the Ethiopian society. In comparison, some western societies treat children as small grown-ups and are subjected to adult cultures and habits, or they may often be expected to have opinions on matters that perhaps are more natural for adults to solve or comprehend than for children.

Chapter 5. Discussion

“To describe storytelling we focus on what is said and what is not said within a horizon of speaking, listening, and feeling – a lived unity of bodily participation”
(Langellier & Peterson 2004:11)

In this chapter the analyzed text in chapter four will be discussed further in light of relevant theory. In addition to this, quotes from the transcribed text from all the individual interviews and focus groups in the study will also be included in the discussion. This is done to recall some of the impressions, utterances and narratives when interpreting and retelling the stories that evolved from our talks.

Various themes will be discussed from a starting point in the term culture. The phrase “it’s our culture” came up in practically all the interviews to clarify or explain their practice of including or excluding children in family therapy. Culture influenced their work and therefore needs attention in order to understand the pros and cons of inclusion or exclusion of children in family therapy in their context.

According to Inga-Britt Krause, culture is very difficult to define as it is both what one thinks, believes, feels, understands and experiences inside oneself, but also that it is outside ourselves in actions, practices and responses in lived human life (Krause 2001) .

In this study and context, culture is understood in a *historical* context since social heritage and traditions are passed on from generation to generation and the Ethiopian culture that has roots three thousand years back. Culture is also understood as *normative* since ideals, values, or rules for living are expressed in the interviews. Furthermore culture is understood as *structural* patterns and interrelated ideas, symbols, or behaviour that have a *symbolic* value based on arbitrarily assigned meanings that are shared in their society (Kluckhohn, Kroeber, Meyer, Untereiner 1952).

5.1 The ethical heart of the study

In chapter four the narratives were given a limited analysis. This was done deliberately as I wanted the narratives to stand for themselves and that I should not mediate the reader’s interpretations too much. It is important that the stories’ integrity be kept, surviving a narrative analysis done by a foreigner.

Some of the stories from focus groups were collective stories. Collective stories are presented by several or all of the group members, and their approval of the presentation, content or performance of the story. Collective stories are important to identify as they may give vital information to the interviewer and ultimately the readers of this paper (Smith 2008). Collective stories or narratives can be

seen as a reflection of culture and what people agree on to be “true” or their reality and their way of living life and have therefore been giving priority in this discussion.

To solve a problem together, one needs to listen, speak and respond, understand and make attempts to understand the other (s).

5.2 Protection culture

Protecting and shielding children from situations that are considered harmful or inappropriate for children was a main theme in all the interviews. Several of the interviewees were clear that children should not be over burdened or over involved in family problems. The protection theme is interpreted here as both a sign of parent responsibility for teaching children manners and by setting boundaries, and also a way of showing love and affection for their children (Sori 2006).

The protection of children had many sides to it. One is the belief that children don’t understand and thus they can’t solve problems (Desta 2008). The second is that involvement is not thought to be good for children; they might take harm or get spoiled in some way. Others expressed worries on behalf of the children if they spoke out on what was going on in a family; they would get beaten by their parents or foster parents when coming home (Desta 2008; Sori 2006). On the other hand, excluding children from family talks can also be understood as helpers attempt to shield children from grown up talk as Berg and Steiner point out (Berg & Steiner 2003).

Working with parental systems seems to be the most common way of helping children. When asked how one would go about addressing a family problem to parent, this answer was given:

*“first I would have to talk privately with the mum, and then with the dad...
and then with the children also .. alone”*

Working with parental systems is described in both African and western literature. Using the parent system as a medium to understand and help the child or family is not uncommon in western family therapy either (Halleraker & Uchermann 1998; Sori 2006). How to communicate with the child is described by Haldor Øvreeide as the third face in the child’s relationships. As a helper one tries to get the parent or parents to communicate with the child and vice versa, emphasis is on the adult and child communication (Haavind & Øvreeide 2007).

5.2.1 Burdening a child

“sometimes I think we give..., we overburden a child”

These words came after a discussion on how helpers saw children’s involvement when adults included children in their difficulties. The discussion was on the subject of giving children too much

responsibility or as this helper called it – a burden. Burdening a child was not discussed primarily from a physical point of view by giving children chores and duties that are heavy or straining in a physical way, even though chores like carrying water and herding cattle and other chores are common duties for young children (Desta 2008; Nwoye 2006). The context in the discussion was children listening to their parent’s complaints and troubles in daily life. The phrase “we overburden a child” indicates that “we”, as apposed to “them”, do something we need to change. It is as if the helper has an idea of what is good for a child in comparison to other cultures and their practice, in their culture. “We” points to the people living in their culture.

According to one helper protection does not last very long as children are expected to participate in chores and labour and need to grow up fast in a society where life expectancy is some forty plus years and child mortality rates are high (ibid).

“it is very contradiction... it is very contradiction... and this eh.. protection thing.. it doesn’t last actually... you know after few years...after the child will be you know.. learned with all sorts of orders and expectations...mmm”

The contradiction being that on the one hand, the children need to be shielded from experiences and knowledge in certain parts of human and family life, but at the same time need to understand and experience certain vital facts of life in order to help the family in daily chores and family difficulties. The children are expected to learn, and after they have learnt they must help out.

5.2.2 Participation

Children are expected to participate in family matters and daily chores. But there are social contexts where children are not wanted or should not participate. In social settings in the Ethiopian culture, coffee, and coffee ceremonies are a great part of their cultural heritage⁶. Participating in coffee drinking is a social thing amongst adults, the coffee being an alternative to alcohol and wine which is considered not good for children or grownups in the two main religions Islam and the Orthodox Church and other religions.

“you see...like in life..you see..his behaviour will be..be strange....or..he might be addicted to coffee..thats a problem for...you see..... not only the coffee, but we don’t allow the children to take mmm...taste..alcohol or like...local beer . It’s because parents are afraid of their children...”

So if children were to be in such a social context, he or she would perhaps become part of a drinking culture that in turn might turn into an alcohol drinking culture and thus be bad for the child. The

⁶ The Ethiopian culture is reckoned to be the country of origin for coffee beans, and they have long traditions on who, how and when to drink coffee.

children are not considered to be autonomous individuals with their own will and capability to participate in social life, but need to be taught and guided into adulthood (Desta 2008).

When the helper says “afraid of their children”, he actually means “afraid on behalf of their children”, I believe this was one of the linguistic problems we encountered by not using their language, but having to use the English language which can in itself be seen as a colonizing tool to understand and interpret the text (Matua & Swadener 2004).

There are also dilemmas that arise as to what children must know about or be protected from. One helper describes her family situation with her one child who was not told about the grandmother’s death. The reason for not telling the child was that since it was so attached to the grandparent, it would not handle the sad news of his death.

“My mother is died last four years back, the greater...eh.. the greater one...the older one is too attached to my mother..”

On the one hand it is important to spare children the trauma and agony of certain happenings in life, at the same time there is an assumption in the Ethiopian culture⁷ that children don’t have feelings (Desta 2008), hence they can be exposed to trauma and other disturbing experiences?

”yeah..you know..most of the children are so far from what is going on, they eat, then they go out and play, and they don’t care about their anything...but family is taking care of all that”

This interviewee has the assumption that children don’t know, and don’t care (ibid). Children were also described by another helper as a blank sheet of paper that can be influenced in any direction, hence the need for protection and guidance. In family therapy one would perhaps not include the child because the assumption that the child would not benefit in participating in family therapy, let alone contribute with solutions.

Although, some of the interviewees did see children as helpful as informers to the therapist since they knew about what was going on in their families.

“they are wise... they are wise..! They can read you know, the face of their mother. When something is wrong, they can understand... But we think as a .. a .. family, especially in this country they don’t know anything”

Problems are to be solved by adults and family elders. Even if children may know, in a family context with parents and other adults, they “don’t know anything”. Children are given space in life to play and not worry about troubles and difficulties in life, to a certain age when they are expected to help out in the home and household.

⁷ Children are to be spared from serious grief and death messages

Some of the interviewees described a difference between their personal family and lives and their professional experience and practice.

“...in my family, my daughters, they know everything, each and everything what is going on, they are so close...”

Some of the helpers differed between their own families and families in general. This could explain the impression I got that on the one side helpers wanted to be able to talk to children and their families, but at the same time are prevented from doing so because of the culture in their country.

5.3 Gender and culture

It was striking that the narratives that were given about family problems all included the mother and children as the victims of family problems, and the man as the oppressor. Interviewees described how the mother and child, or the grandmother and child, or the aunt was affected or how she reacted. Also, it's the mother who comes to the various helping facilities like AH and MS. A tendency one can see in western societies too, the mother pushes for help from outside the family, while fathers or foster fathers drag along displaying their ambivalence to participate.

Some helpers mentioned that gender patterns are taught and practiced from early childhood. How children are treated and understood in terms of gender has a great influence in social life. “Gender is a key principle in socialization, cultural interpretation and individual understanding”⁸ (Liv Mette Gulbrandsen in Haavind 2000:284).

Gender was an issue that was brought up as a potential problem especially for female children in families, as they are not accepted or encouraged to be socially or physically active in talks on family matters.

“yah...that's my expectations...eh..mostly boys are physically more in everything. They catch everything...they want to see....but we don't expect that from ehhhh..mostly from ehh...female children”

The interviewees pointed out that the girls are held back in expressing themselves in social situations, thus creating an additional problem for the helper to communicate or get help from the girls in a family. Traditions on gender differences are taught from early childhood, and this next quote confirms that girls and boys are brought up differently. One of the female interviewees was clearly upset during the discussion, and I interpreted the following as a reaction to what she saw unfair and annoying in their

⁸ This is my interpretation from Norwegian to English.

culture on gender issues. The men responding to her words by confirming her thoughts with “yeah” and “yes” as if it was the obvious way things should be.

Woman: “...*They always encourage her to be quiet, but they encourage him to be energetic – to be a bigger one.*”

Man: “yah”

Woman: ..*ehhh..to be successful, all*”

Man: “yeah!”

Woman: “...*always they encourage him..*”

Man: “yes!”

My interpretation of the man’s reaction could be a misinterpretation on my side. He could, by confirming her observation and utterance on the difference in upbringing between the sexes, be trying to support her on this point and that he too felt this was a problem. But like her, he too was entangled in the space between his culture and the western thinking and influence on Ethiopian academia. My presence in the talk could be a dilemma for the male participants on the gender issue. On the one hand they may want to identify with the western way on gender roles, and on the other hand they live in their culture where boys have privileges compared to the girls.

5.4 Ethiopian culture and fear

The Ethiopian culture and people have experienced several wars and conflicts with neighbouring countries for many decades. Conflicts have been with Eritrea, Somalia and also internal armed conflicts. People are traumatized and there is a great lack of professional helpers (Desta 2008). From the communist days in the seventies and eighties the informer system that was common in communist countries, still has an affect on how people interact. One interviewee explained to me after an interview that I must remember that children in their culture learn to fear at a very early stage in life, and that this was important for me to understand. A culture of not telling and fear characterizes the way social life is conducted (ibid). One can imagine that a child would have great difficulties in telling a stranger and therapist about matters that are considered private or that are for family members only. As a therapist one would need to create an alliance with the child and family so that they would feel secure and be able to talk about their difficulties with a therapist or a civil servant. To create “*a mutual agreement regarding confidentiality as to what will be disclosed to parents and what will not*” (Sori 2006:165)

“A. ...eh..for sure....ah...in Ethiopia I think..you know...in front of guests or strangers, everybody behaves calm...the child, he might be allowed to talk, but even if there is a problem, he won’t say a word, because everybody fears..”

The reference to guests or strangers indicates the importance of maintaining a stiff upper lip⁹ in the presence of guests and strangers. This in turn will be picked up as preferred behaviour by the children who naturally would not let the therapist know what is going on, even if he knew, in fear of retaliation from the adults. Children's silence can also be a sign of loyalty and support towards the parents and family, and by not speaking, he/she demonstrates loyalty and belonging to the family (Schulman 1992; Minuchin 2007).

5.5 Religion and culture

During the interview at AM the interview situation was strongly affected by the neighbouring Cathedral of the Ethiopian Orthodox Christian church where mass was going on during the interview. The singing and activity going on in the church was at times so loud that we had to take short pauses because of the difficulty in hearing each other. Muslim, orthodox and evangelical churches and congregations spread their message through loudspeakers at many locations in Addis Ababa. The sound of priests and ministers calling out for salvation and redemption goes on much of the day and partly through the evenings and early morning too. This reminded me that the religious beliefs and contexts must be reckoned on in Ethiopia, and that the people live in this context throughout their lives (Bakke 1987). It is an assumption on my part the respondents' answers would be influenced by religious beliefs and myths as they live in this context and culture.

Some of the themes that came up in the focus groups were closely related to religion and culture. In most of the interviews a child is seen a gift from God and that therefore need to be protected.

“A child is a gift of God..eh.. given.. to the parents as a gift...ah....from God”

Although religion was not mentioned explicitly in all the interviews, it is indeed a great part of the cultural heritage and various religions have a great influence on people's lives and understanding of their own culture (Desta 2008; Bakke 1987). Religion and culture cannot be separated in African countries and cultures. To rule out religion would be a mistake as one would miss out on vital contextual information. One of the helpers claimed that many of their mental health problems are closely connected to religious beliefs and practices (ibid). “The spirits possess people and cause sickness and hysteria. But they can also be regarded as beneficial, and able to serve man” (Bakke 1987:30).

Before the interviews some of the interviewees told me stories about how mental illness may sometimes be treated as possession of evil spirits, thus causing additional complexities and hardships

⁹ An English American expression meaning an exercise in self-restraint in hiding ones true feelings

for the families. First of all because shame and taboos were connected to the person who was acting strangely or behaving like a possessed person. Secondly because the cure being a local priest who's remedy may be that the "patient" bathe himself in holy water and thus getting rid of the spirits. The use of spiritual rituals and practices was described as problematic by some helpers in mental health services are not contacted early enough which in turn can make the helping process more difficult (Desta 2008; Nwoye 2005).

At the same time one could think that if something is believed to work and be efficient, it might serve the purpose, as a mental health placebo¹⁰ effect (Carr 2009). Studies on what works in therapy show that no given method or theory is necessarily better than others. But therapeutic alliance with the help seeker, and the therapists own conviction or dedication to his method works are vital for a good result in family therapy (ibid)

5.6 Family and culture - the extended family

Family therapy is not defined as a profession in the Ethiopian culture or in the health services¹¹. In order to get their definition of a family, one of the questions I asked all the interviewees was how they defined a family in Ethiopia.

"Families in Africa are an extended family – not like in the west where... with the nuclear family"

As they point out, the nuclear family consisting of mother, father and children, preferably only two children is something typical of the western societies (Ng 2003) and that any other constellation would easily be seen as "enmeshed". "Enmeshed" meaning that one needs to sort out who is who in terms of roles and power positions in the family¹².

Woman: ... family...

Woman2: It is a husband, a wife, children, grandmother, grandfather, aunt, uncle!

Sven: Ok – so its quite..

Woman: Extended!

Man: Wide..!

So if one were to use the term family when asking whether children participate in family problem solving, one would have to understand that in their context the family is understood as extended in comparison to the western nuclear family. Grandparents, aunts and uncles are naturally seen as part of

¹⁰ Placebo effect meaning the positive effect treatment has on the treated, irrespective of the method or technique used by the helper.

¹¹ My observation through the joint project between LDS and AH at Ambo seminar in February 2009

¹² The term enmeshed used by Minuchin to describe families where there is what is considered an unhealthy hierarchy between generations and relationships in the family.

the family, and can participate freely on solving family problems. In fact, it is even expected that a relatives get involved in finding solutions (Nwoye 2006). A family therapist may need to have both physical space and mental flexibility to have meetings with the extended family, an experience perhaps many therapists in western societies find too demanding and difficult thus leaving them out and concentrating on the parents only (Taffel 2001; Sori 2006).

The concept of including the extended family and local community is often a challenge in western cultures due to the degree of individualism and isolated nuclear families, divorces and alternative ways of living together (Hårtveit 2005). At the same time, one could see local network interventions and theories in the west as a substitute, or perhaps a parallel to the African extended family. Working through people's network can be efficient and rewarding. The method has also has some success in cases with serious mental illnesses like psychosis in the northern part of Scandinavia (Seikkula 2005; Fyrand 1994).

Likewise, narrative therapy has become increasingly popular in both western and indigenous cultures in Australia and around the world. The method uses alternative stories that are created by hearing other people's narratives about oneself, and through this a new and different story is created, thus helping the person or family (White 2007).

5.6.1 Generations

Grandparents are important in Ethiopian families. It seems that in an African context, helpers would count grandparents and other close relatives as natural helpers to solve family problems (Nwoye 2006). Whereas in western cultures and contexts, having several generations participating in family therapy is not that common, but never the less desirable in many cases (Sori 2006; Napier &Whitaker 1978; Andolfi & Haber 1994).

If children were to speak out and participate in discussions when adults are present, the fear is that this would damage the social structures in society. I asked what would happen if a child should, in spite of the norm and culture, give his/her opinion when grownups are present.

Woman: *"..just they..they don't respect the elders..the respect of the elders"*

There is a close contact between the grandparents and the children. Grandparents help out looking after the children while the parents are at work. They participate in the upbringing of the child, thus passing on culture and traditions (Nwoye 2006; Desta 2008). Respect for elders is essential for the children to learn. If respect means being quite and not participating in public, it can obviously be difficult to include children in family therapy where parents, grandparents, uncles or aunts can participate, and the

child is taught and expected to not say anything. A child would in this context perhaps not reveal the family secret¹³ or try to describe the problems in the family. Children feeling intimidated occurs in all cultures, but by including them and asking for their thoughts as Andolfi demonstrates, children are often very brave and willing to talk (Andolfi & Haber 1994).

One could expect the child to feel more at ease and comfortable with the extended family present. Cherished grandparents who do not necessarily agree with the parents can be a support for the child and also give the therapist vital information about generational issues and challenges in the family. This was also one of the points that pioneers in family therapy Ackerman, Napier and Whitaker had when arguing that one needed to include several generations in family therapy so the therapist could understand what is going on in the family (Ackerman 1970; Napier & Whitaker 1978).

Perhaps the Ethiopian culture already has in it several of the conditions needed in the above mentioned theories, and that working in extended families is a preferred method like Michael White's assumptions and practice shows¹⁴? Both Nwoye and Desta claim that community and extended families are important to take in consideration when working with families in Africa.

5.7 I and Thou

“No need to hear you voice. Only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Rewriting you, I write myself anew. I am still author, authority. I am still the coloniser, the speaking subject, and you are now in the centre of my talk” (hooks 1990:152)¹⁵

There is an ethical side to performing myself into the text and narratives given by the interviewees. With what right do I interpret “them” into my own world and understanding? By asking questions, analyzing text and talks, rewriting the narratives and presenting them to new audiences I have in a way colonised the “other”. My understanding of the people I met in this study, has been, and will be for some time, a centre of my talk with friends, family and colleagues.

A small comfort is that, according to Bakhtin, words and utterances are common property. Even though we organize words into sentences that are spoken or written, we all share the same verbal territory, regardless of culture and language. Bakhtin writes:

¹³ The family secret being a phenomenon, act or happening that is known only to the close family members.

¹⁴ As mentioned on page 69

¹⁵ bell hooks is a pen name for Gloria Jean Watkins, an American feminist, author and social activist.

“To be means to be for another and through the other, for oneself. A person has no internal sovereign territory, he is wholly and always on the boundary: looking inside himself, he looks into the eyes of another or with the eyes of another” (Bakhtin, 1984:287)

Bakhtin talks about the space between humans, and how we mutually understand, affect and influence each other - depend on each other. By rewriting or retelling narratives, one reflects on oneself and the other, and on what happened between us (Andersen 2006). Reflection can hopefully enable a process where ethics and consideration is given to the others feelings and position, and more empathy and understanding of the other.

5.7.1 The child’s voice

Through this study, one of my interpretations concerning the features in the Ethiopian helping culture is that children are very much kept in the minds of the parents, people and culture. Perhaps more so than in many western cultures where children are expected to participate in all parts of the culture and decision making. Starting out in this study, the inclusion of children in family therapy could easily be interpreted as children must always participate in family therapy. Through this study several nuances come to mind on the subject of when to include or exclude children in family problem solving. Several of the interviewees said that they were pleased to participate in the study because their wish was that the children of Ethiopia might gain on their contribution and that they hoped this study would be of help to them. It seems that in the Ethiopian culture, children are given a lot of thought and mindfulness. Mindfulness meaning that their practice on including or excluding children from family therapy sessions shows how much thought and consideration children are given by protecting, not overburdening, not involving and when to include them, or when it is considered good for them to participate.

5.7.2 How does this affect me?

How did the study and meetings with the interviewees affect my practice and understanding? First of all I got the chance to take a critical look at how often, and if at all, my own practice included children in talks and discussions with families. Through the experience of performing narrative in this study, together with the interviewees in Ethiopia, I have decided to change my focus and attention on how and when to include children in my own practice. The experience has taught me more about when to include, and when not to include, how to include, and how not to include children in therapy.

Secondly, the fact that most of the interviewees focused on helping the parents or adults in families, gave me a reminder that this is an important factor in all family therapy, and that children perhaps not necessarily benefit from family therapy by being in the room at all times. Children can be helped by

working with the other people in the family or other systems connected to the family (Berg & Steiner 2003; Carr 2009; Minuchin, Nichols, Lee 2007, Nwoye 2006; Sori 2006;).

Thirdly, the physical and mental travels back to Africa gave me time to reflect over my heritage and identity as a white African. Reflecting on my own role and position as a white African and grandchild of a colonialist, brought up in a protected and privileged environment in Africa in the sixties and seventies, gave me the chance to see myself and the Ethiopians in a new way. It was tough to realize how little one understood then, and how little one understands now of the “other”, a reminder that “not knowing position” is vital in a multinational world (Ng 2003; Matua & Swadener 2004).

5.8 Coda.

In a global perspective, anyone who can help children must do so, for the sake of our own future and well-being as human beings.

Ethiopian helpers express their will to help children, but focus on their challenges in their context. There is a positive development in the amount of professionals being trained and educated in child welfare and child psychology in Ethiopia; this is good news for the children and their families.

One of the advantages of globalization is that we all can communicate and tell our story across boundaries, cultures and languages. Information is available to more people than ever in the history of mankind. In this context we all can learn something from the others, irrespective of culture, language and beliefs.

Perhaps globalization can spur an interest and generosity towards our fellow human beings – the others, the audiences around us?

Biography

- Ackerman, N. W. (1970) *Family Process* New York: Basic Books, Inc., Publishers
- Andersen, T. (2006) *The Reflecting Team* Gylling, Denmark: Narayana Press
- Anderson, H. (2003) *Conversation, Language, and Possibilities* New York: Basic Books
- Andolfi, M., Haber, R. (1994) *Please Help Me With This Family – Using Consultants as Resources in Family Therapy* New York: Brunner/Mazel Inc.
- Bakhtin, M (1984) *Rabelais and his world*, trans. H. Iwolsky. Indiana: Indiana University Press
- Bakhtin, M. (1981) *The Dialogic Imagination*. Austin: University of Texas Press.
- Bakke, J. (1987) *Patterns & Functions within the Ethiopian Evangelical Church Mekane Yesus* New Jersey: Humanities Press International Inc.
- Berg, I.K. Steiner, T. (2003) *Children's Solution Work* London: W.W. Norton & Company
- Carr, Alan (2009) *What works with Children, Adolescents, and Adults?* London: Routledge, Taylor and Francis Group
- Fyrand, L. (1994) *Sosialt Nettverk – Teori Og Praksis* Otta: Tano Forlag
- Goffman E. (1974) *Frame analysis: An essay on the organization of experience*. Cambridge, UK: Cambridge University Press.
- Haavind, H & Øvreide H (2007) *Barn og unge i psykoterapi* bind II; terapeutiske fremgangsmåter og forandring Oslo: Gyldendal Norsk Forlag
- Haavind H (2000) *Kjønn og fortolkende metode*. Metodiske Muligheter i Kvalitativ Forskning Oslo: Gylden Norsk Forlag

- Halleraker, S.H., Uchermann E.M. (1998) *Foreldrene – barnets nærmeste hjelpere og barne- og ungdomspsykiatriens viktigste samarbeidspartnere* Oslo: Kommuneforlaget AS
- hooks, b (1990) *Yearning: race, gender and cultural politics*. Boston, MA: South End Press.
- Hårtveit (2005) *Perspektiver på Parforhold* Oslo: Universitetsforlaget
- Kluckhohn C., Kroeber A. L., Meyer A. G., Untereiner W. (1952) *Culture: A Critical Review of Concepts and Definitions* Cambridge: Peabody Museum
- Krause, Inga-Britt (2001) *Culture and System in Family Therapy* London: Karnac Books
- Kvale, S. (2007) *Det kvalitative forskningsintervju* Oslo: Gyldendal Norsk Forlag
- Langellier, K.M., Peterson, E.E. (2004) *Storytelling in Daily Life* Philadelphia: Temple University Press
- Maxwell, J.A (2005) *Qualitative Research Design – an Interactive Approach* London: Sage Publications Ltd.
- McLeod, J. (2001) *Qualitative Research in Counselling and Psychotherapy* London: Sage Publications
- Minuchin, S. (1974) *Families and Family Therapy* Cambridge Massachusetts: Harvard University Press
- Minuchin, S., Nichols M.P., Lee, Wai-Yung (2007) *Assessing Families and Couples – From Symptom to System* New York: Pearson Education, Inc.
- Mishler, E. G. (1991) *Research Interviewing – Context and Narrative* London: Harvard University Press

- Mutua, K. & Swadener B.B. (2004) *Decolonizing Research in Cross-Cultural Contexts- critical personal narratives* New York: State University Of New York Press
- Napier, A.Y.& Whitaker, C.A. (1978) *The Family Crucible* London: Harper & Row Publishers
- Ng, K. S. (2003) *Global Perspectives In Family Therapy – Development, Practice, Trends* New York: Brunner-Routledge
- Ngugi wa Thiong`o (1986) *Decolonising the Mind: The Politics of Language in African Literature* Oxford, UK: James Curry Ltd.
- Riessman, C. K. (2008) *Narrative Methods for the Human Sciences* London: SAGE Publications
- Riessman, C. K. (1993) *Narrative analysis* London: SAGE Publications
- Satir V, Baldwin M (1983) *Satir Step by Step – A Guide to Creating Change in Families* Palo Alto: Science & Behaviour Books Inc.
- Schulman, L. (1992) *The Skills of Helping Individuals, Families, and Groups* Illinois: F.E. Peacock Publishers, Inc.
- Smith, J. A. (2008) *Qualitative Psychology – A practical Guide to Research Methods* London: SAGE Publications Ltd
- Sori, C. F. (2006) *Engaging Children in Family Therapy- Creative Approaches to Integrating Theory and Research in Clinical Practice* New York: Taylor & Francis Group
- Taffel, R. (2001) *Getting Through to Difficult Kids and Parents - Uncommon Sense for Child Professionals* New York: The Guilford Press
- Thagaard, Tove (2003) *Systematikk og Innlevelse* Oslo: Fagbokforlag
- White, M (2007) *Maps of Narrative Practice* New York: W.W. Norton & Company, Inc.

Doctorates:

Desta, Menelik (2008) *Epidemiology of child psychiatric disorders in Addis Ababa, Ethiopia*
Division of Child and Adolescent Psychiatry, Department of Clinical Sciences Umeå University
Medical Dissertations, Sweden

Mæhle, M. (2003) *Re-inventing the child in family therapy. An investigation of the relevance and applicability of theory and research in child development for family therapy involving children*
Faculty of Psychology Department of Clinical Psychology- University of Bergen, Norway

Articles/Publications

Carr, A. (1994) *Involving children in family therapy and systemic consultation.*
Journal of Family Psychotherapy, Vol 5: 41–59.

Cederborg, A. (1997) *Young Children's Participation In Family Therapy Talk*
The American Journal of Family Therapy, Vol. 25, No.1

Korner S., Brown G. (1990) *Exclusion of Children From Family Psychotherapy – Family therapists' Beliefs and Practices* Journal of Family Psychology Vol. 3 No. 4

Miller, L.D., McLeod, E. (2001) *Children as Participants in Family Therapy: Practice, Research, and Theoretical Concerns* The Family Journal: Counseling And Therapy For Couples And Families
Vol. 9 No. 4

Nwoye, A. (2001) *History of Family Therapy: The African Perspective* Journal of Family psychotherapy, Vol. 12 (4) 2001

Nwoye, A. (2005) *Memory Healing Processes and Community Intervention in Grief Work in Africa*
ANZJFT Volume 26 Number 3, 2005 pp. 147-154

Nwoye, A. (2006) *A narrative approach to child family therapy in Africa* Contemporary Family Therapy 28(1) ISSN:0892-2764. Permitted copy by Centre for Child and Adolescent mental Health, R-Bup Oslo

Rober R. (2008) *Being there, experiencing and creating space for dialogue: about working with children in family therapy* Journal of Family Therapy **30**: 465-477

Ruble, N (1999) *The voices og therapists and children regarding the inclusion of children in family therapy: A systematic research synthesis* Contemporary Family Therapy, 21 (4) December 1999

Seikkula, J. Trimble, D. (2005) *Healing Elements of Therapeutic Conversation: Dialogue as an Embodiment of Love* Family Process, Vol. 44, No. 4

Singh, R., Clark G. (2006) *Power and Parenting Assemments: The Intersecting Levels of Culture, Race, Class and Gender* Clinical Child Psychology and Psychiatry Vol. 11 (1): 9-25

Sori, C.F., & Sprenkle, D.H. (2004) *Training family therapist to work with children and families: A modified Delphi study.* Journal of Marital and Family Therapy, 30 (4), 479-495

Internet references:

Definition of the word "Taboo" from Wikipedia - the free encyclopaedia.

ULR: <http://en.wikipedia.org/wiki/Taboo>

Timmi, S. (2005) *Effect of globalisation on children's health* British Medical Journal volume 331,

URL: <http://www.bmj.com/cgi/content/full/331/7507/37>

UNICEF, Child poverty in perspective:
An overview of child well-being in rich countries,
Innocenti Report Card 7, 2007
UNICEF Innocenti Research Centre, Florence.

URL: http://www.unicef-irc.org/publications/pdf/rc7_eng.pdf

Appendix

- 1) Information to the participants/respondents of my study
- 2) SSI (semistructured interviews)– Ethiopia May 2008 – Focus groups
- 3) Map of Ethiopia

Information to the participants/respondents of my study;

“Children in family therapy”

The researcher:

My name is Sven Figenschou, I am 45 years of age. I was born in Moshi, Tanzania. Both my parents were born in Africa. As a child I lived in Ethiopia from 1972-1977 where I attended a Norwegian boarding school in Addis Ababa.

I currently work as a family therapist in Norway at Dr. Nic Waal’s Institute (NWI) which is part of Lovisenberg Hospital in Oslo. My speciality is child and adolescent psychology in family therapy. For twenty years or so I have worked within several parts of the Norwegian healthcare/social caring systems.

Besides being a clinician at NWI, I am working on a master degree in “Systemic Practice and Family therapy” at Diakonhjemmet University Hospital – also in Oslo.

My background as a white African has shaped me as a person and my outlook on life. Amongst other things I have a special interest in Ethiopia and Tanzania, and in particular how children in these countries cope and survive under harsh conditions. I believe that children in general possess many resilient capabilities, so that they can manage life, in spite of various hardships and challenges they live through on a day to day basis.

The aim of my research

The theme in this research is caregivers and helpers perspectives (be it in public health care institutions, private institutions, NGO’s and so on) in including children when practicing family therapy. My assumption is that children very often are not viewed as real helpers for the therapist/helper/social worker. In addition to this, children are often left to themselves to cope with tough subjects, thoughts and experiences, whilst the grownups are cared for and counted with. In the long run, my objective is to highlight Ethiopian children’s health care needs and demands for *stability, security, continuity, predictability* in their environment.

Methodology

To obtain information about Ethiopian helpers' thoughts and experience on the subject of including children in family therapy, I will use a qualitative approach by interviewing respondents through focus groups. A focus group is a group of respondents who discuss in a group. The interviews will be semi-structured. A semi-structured interview gives room for follow-up questions and lets the group pursue interesting clues and opinions that arise, and at the same time the structure helps the researcher stick to the theme at hand. During the interview there will be a digital recording device recording the questions and answers given.

In order to analyze the text, I will use a phenomenological approach which aims to clarify situations lived through by persons in everyday life. In other words, I need to know what *your personal perspective* is on the subject. Opinions in the group will vary from person to person, and from context to context, this is expected and desirable. The expected duration of one interview with the focus group is 1,5 - 2 hours. It may be necessary to interview the focus group twice, depending on the amount of information you want to contribute to the research with, and the response given by the group as a whole.

Who can be a respondent?

Anyone who is in a caring position with families and individuals can be a respondent. It is not essential that you have a university degree or diploma. The only criteria is that you are involved in giving help and care to others through work or on a voluntarily basis. It is desirable that the group should consist of helpers from different levels in your organization. Both men and women may participate. The focus group may be solely women or men groups, or mixed. The interviews will be done in English, so as a respondent you must be willing to communicate in English.

Anonymity

After the interview(s) are done, the tape will be transcribed from text. All respondents will receive a copy of the full interview in text. As a respondent your answers will be treated with anonymity so that your expressions and opinions cannot be traced back to you.

As a respondent you may withdraw from the interview process anytime you choose to do so.

As the researcher in this project, I am obliged that you have chosen to contribute with your thoughts and feelings on the above subject.

Kind regards

Sven Figenschou

Addis 2008

I agree to participate in the study “Children in family therapy” and have read the information above.

Name:

_____ Date:..... Addis Abeba 2008

SSI (semistructured interviews)– Ethiopia May 2008 – Focus groups

The interview will be conducted in three parts. First of all I will introduce myself to the participants and explain my interest in the subject of children in family therapy and what I intend to ask them about.

Secondly we I will focus on questions that address children in general which perspectives the participants have on children and their role in Ethiopian society today. These

Then I will ask questions that are more specific about what experience and thoughts the participants have on children in family therapy.

At the end of the interview I will ask if there is anything more opinions or experiences the participants want to share with us before we end the interview. If it turns out that we need more time, and that the participants want to share more of their thoughts and experiences, I will ask the group if they want to meet again once before we part.

The research question is:

“What opinions and thoughts do helpers and therapists at Amanuel Hospital and “My Sisters” have on including children as helpers in family therapy?”

Semi-structured Interview Questions

First part:

- 1. Short info on the process of the interview**
- 2. Present myself – update our relationship**
- 3. Are there any thoughts you want to share with us before we start?**

Second part

- 1. What is a child?**
- 2. What is a family?**
- 3. Where do children come from?**
 - a. Who produces them
 - b. What do children need (or want) from us?
 - c. Who responsibility is it to care for children?

Third part:

- 4. What were your thoughts on our meeting here today – before you now have participated in this research?**
 - a. What were your biases, presumptions and “by careful signs”?
- 5. What do we expect from children?**
- 6. Have you experienced having children in family talks/therapy?**
- 7. Are there any issues that one cannot let children participate in when talking to families?**

HIV? – Death ? - Upbringing how to raise children? Violence in the family?
Others?
- 8. In which way can children help the therapist?**

