



**The search for 'Ichambawilo' (an encounter) with refugee and asylum-seeker
parents whose children are vulnerable: an African Drama therapy intervention
programme.**

Nonkululeko Faith Busika

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Abstract

Refugees and asylum-seeker parents in South Africa usually find it difficult to adequately fulfil their parental responsibilities because they face many challenges. 'Three2Six' is a project in Johannesburg, which focuses on refugee and asylum-seeker children's right to education and psycho-social well-being. I, as a drama therapist, have personally observed that drama therapy makes a meaningful contribution to the 'Three2Six project' because it assists teachers to address the therapeutic needs of refugee and asylum-seeking children who are manifesting psychosocial and behavioural problems at school. Unfortunately, the parents of the children I rendered drama therapy to did not seem to be able to help their children make good progress. The main purpose of the study was thus to design an African Drama Therapy intervention programme with the 'Three2Six' parents so that they could adequately fulfil their parental responsibilities. The need to engage the parents of these learners increased even more because the COVID-19 pandemic encouraged children to be at home. The research methods selected to fulfil the study's main purpose was action research in the field of Drama Therapy. The study used multiple approaches in three different phases. Participants were purposively selected and included the parents and school staff members at the Holy Family College and Sacred Heart College, where the Three2Six project is housed. The main theoretical and conceptual frameworks underlying the research were Moreno's Role theory, the concept of African spirituality and Ubuntu. Data were gathered during the three phases of the research process by conducting personal, semi-structured interviews with school staff members and a Visual Mapping discussion with parent participants using drama therapy techniques, role embodiment and a recorder. The study findings are an African Drama Therapy Intervention programme, (the API-R5), that takes into consideration Ubuntu and Spirituality being central to African well-being. The findings further demonstrate how the Western approach to Drama Therapy, can be adapted to the African context.

Keywords: drama therapy; intervention programme; parenting; vulnerable children; psychosocial well-being; encounter / Ichambawilo

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Declaration

I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where stated otherwise by reference or acknowledgement, the work presented is entirely my own.

Signature: *F. Busika*

Student No. 0713674p

Date: 20 February 2024

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**Dedicated to the 'Three2Six' children I worked with for therapy
from 2015-2023.**

Chapter 1

Introduction

In this chapter, I briefly discuss why I as a drama therapist rendering therapy to asylum-seeker and refugee children at Holy Family College decided to conduct research. After focusing on the problem situation, I present the main research question and aim of the study. I then motivate why the study is important to the field of Drama Therapy. I also define and explain key words and concepts relevant to the study. The chapter concludes by discussing the theoretical framework and the methodology that underpinned the research study.

Background

Unfortunately, there is not conclusive data available in South Africa regarding the number of asylum-seekers and refugees currently living in South Africa. However, based on the UNHCR (2017) report there were between 80 000 – 90 000 recognised refugees living in South Africa in 2017. The International Organization for Migration (2017-2018) indicated that there were about 25 000 recognised asylum-seekers living in South Africa. However, it is understood that many foreigners living in South Africa are in fact irregular, illegal or undocumented people and they make up a significant portion of this population. For example, in the year 2000, there were approximately one million foreign people living in South Africa and in 2017, there were four million (Van Lenon, 2019). Three out of four of these immigrants came from neighbouring countries, especially Lesotho, Mozambique and Zimbabwe (Global Education Monitoring Report Team, 2018).

Considering the high number of asylum-seekers and refugees living in South Africa, it stands to reason that there are also many foreign children in South Africa; documented or undocumented, accompanied, or unaccompanied minors (Hall & Posel; 2019).

Parenting involves loving and connecting with children, monitoring them, and providing warmth, guidance, support, and protection (Woodcock, 2003). Parents also model behaviour and set boundaries for children. However, fulfilling these roles and responsibilities can be a challenge when they are already parenting under extreme conditions such as poverty, HIV/AIDS or lack of resources (Ward, et al., 2015). These challenging circumstances are usually experienced by asylum-seekers and refugee primary caregivers. It is therefore even more difficult in a situation where parenting occurs through a substitute, often a relative in an extended family, or friend. This parenting from a distance has a negative impact on the child psychologically and emotionally (Stieger & Lewetz, 2016)

In response to a horrific outbreak of xenophobic violence in South Africa in 2008, a Methodist minister, Paul Verryn, who was doing extensive work among the inner-city refugee community, challenged Sacred Heart College – a private Catholic school located in Johannesburg – to do something meaningful about the fact that so many refugee children were not in school and living in constant fear of xenophobic attacks. The need to address foreign children's right to education was recognised and the Three2Six Project was founded by Sacred Heart College with the purpose of bridging the education gap in children.

The Three2Six project is an afternoon bridging school for refugee and asylum children between the ages of 6 and 13 years. The project is named Three2Six because the children make use of the high school's classrooms from 15:00 and 18:00 every afternoon. The project focuses on three main areas: English, mathematics and life skills. The idea is that the children need to be

prepared to enter the state schooling system as soon as they are ready, but no later than Grade 7. The children are also given uniforms and a daily meal.

Sacred Heart College was thus the first host school of the project, where nearly 100 children were given three hours of education daily and experienced love, comfort, and protection. In 2008, the project expanded and opened two new classes on a new campus, hosted by Observatory Girls Primary School. In 2016, the project opened a third campus at Holy Family College in Parktown, to offer four classes there by 2018 (Croucamp, 2016).

Problem situation and rationale for undertaking the research

I started working as a drama therapist in a Catholic school, Holy Family College at the beginning of 2016. In the four-year experience of working in the school, I have worked with both South African and refugees' and asylum-seekers' children; the majority being of African descent. In both groups of children, the dominant psychological, emotional, and behavioural problems that the children experience are directly linked to the quality of the parent-child relationship, the trauma they have been exposed to, as well as circumstances in their current home environment that makes them vulnerable to social risk factors.

Most children who are part of the Three2Six programme are between six and thirteen years of age. Many have experienced extreme traumatic events in their country of origin, and they continue to witness violence in their host country, South Africa. Some children have experienced the death of their parent(s), displacement, violence, divorce, forced separation from their (parent[s]) and personally observed parental conflict, abuse and substance addiction. They are also exposed to incidents of xenophobia in South Africa. As a result, they display suicidal symptoms, anxiety, depression, grief, and risky sexual behaviour. Most display symptoms of

post-traumatic stress disorder (PTSD). They are often anxious about where they will be going to school after the Three2Six programme ends.

Teachers frequently complain about their academic underperformance, emotional acting out, violence, anger, and rowdy behaviour that the children display in the classroom. They also report finding these children engaging in sexual acts with one another in the school bathrooms. In educational settings these kinds of behaviours are viewed by some as maladaptive and undesirable (Mc Ardle & Spina, 2007, p. 50).

Progress made during the drama therapy sessions at school is mainly interrupted by the school holidays when the child spends more time in the home environment. After the school holidays, I usually find that I must return to the initial stages of therapy because regression has taken place. For example, a child who is withdrawn in the classroom environment is usually referred to me by the class teacher. The child attends eight drama therapy sessions and is supported by the teacher within the classroom. The child makes significant therapeutic progress; the child begins to interact with his/her peers in the classroom and on the playgrounds; they are seen playing with other children. However, once the child returns from the school holidays, the child is back to being withdrawn.

There is a gap in therapeutic support between the school and the parent(s) in the existing home circumstances. This support system of the school, Drama Therapist and the parent is one that has not been fully explored in the field of Drama Therapy within the South African context. Parents influence their child's therapy progression; they therefore need to be engaged holistically in the Three2Six therapeutic project to promote their child's well-being.

Most primary Three2Six parents have expressed that they do not have the necessary knowledge and skills to care for a vulnerable child. This makes it apparent that there is a gap in

knowledge and a need for an African parent intervention model that can address the primary caregiver's psychosocial well-being and educate and train them to develop parenting skills in an embodied way (rehearse), thereby assisting them to adequately parent a vulnerable child.

Hafen (2016) in his writings stated there are two distinct kinds of knowledge. One involves such rational processes as gathering information and memorising. The other kind of knowledge I would call skill development-learning; how to do something like playing the piano or swimming or taking car engine apart, learning to sing or dance or think.

The process of acquiring skills to parent in a healthy way is more than a matter of learning facts and figures. Africa as a continent is not fully represented in these studies, hence the need for an African parent intervention program that focuses on the needs of African parents.

It was anticipated that the design of such an intervention model would be original because it focused on improving the knowledge and parenting skills of a vulnerable population group in South Africa, namely parents with asylum-seeker or refugee status, who are caring for children engaged in the Three2Six project. It was anticipated that it would also be unique because it would be designed to be accessible; to meet the needs of this group of African parents using the approach of drama therapy. This is knowledge that had not been explored fully in the field of Drama Therapy particularly in the African context.

It would draw on embodied methods that are familiar to the African parent, such as storytelling, role-playing, song, and dance to create a space where the parents can dialogue about their parental needs in a non-judgemental, friendly context—in other words, a practice-led approach. The principle of 'Ubuntu' and the core beliefs it holds of community, spirituality and harmony in relationships would be embedded in the programme; something culturally relevant to the African parent.

New knowledge would also be developed in the field of drama therapy in the African context. Working within the discipline of drama therapy would allow for a breaking of boundaries from therapy space to an alternative space.

Another reason for conducting this research from an academic perspective is that the literature review done showed that there is a gap in knowledge in the field of Drama Therapy, specifically in the African context. There are no drama therapy African intervention programmes to support refugee or asylum-seeking parents who are raising vulnerable children. This new knowledge could support many working African drama therapists who support refugee and asylum-seeking parents.

This is the case for programmes that are implemented in settings and contexts that are removed from the context in which they were developed and tested (Chen & Chan, 2015). This research conducted in the South African context with refugee and asylum primary caregivers from Africa used African parenting practices to address the concerns of child maltreatment.

The design of such an intervention programme would be original because it would focus on improving the knowledge and parenting skills of a vulnerable population group in South Africa, namely primary caregivers with asylum-seeker or refugee status, who are caring for children engaged in the Three2Six project. It would also be unique because it would be designed to be accessible, to meet the needs of this group of African primary caregivers using the approach of drama therapy. It would draw on embodied methods that are familiar to the African parent.

The principle of 'Ubuntu' and the core beliefs thereof, of community, spirituality and harmony in relationships, would be embedded in the programme; something culturally relevant to the African parent. New knowledge would also be developed in the field of drama therapy in

the African context. Working within the discipline of drama therapy allows for a breaking of boundaries from therapy space to an alternative space.

On a personal note, my reason for conducting this research is that I am a black African drama therapist. At the time of completing this study I was lecturing at the University of the Witwatersrand and working closely with asylum-seeking and refugee children who were engaged in the Three2Six Project. I was also offering my therapy services at Holy Family College campus. In my close engagement with the children, I wondered at length about supporting the parents of those children who are in therapy. I pondered on their extreme circumstances and how I would offer therapeutic advice to a parent who is in survivor mode and concerned about serving their child's needs. My desire to set about designing an African parent intervention program came from my desperation as a drama therapist to want to help the Three2Six children in therapy in a more integrated way, by supporting their parents at home. My personal story as a black African Christian who was raised by a single mother also motivated this desire to research for the African parent intervention programme.

I write from this position of having lived the experience as well as to point out the complexities that are involved in assessing an African black child, particularly one who is a foreigner and an asylum-seeker, within the therapy space.

Fundamental Research Question

The fundamental question underpinning my research was: What African drama therapy intervention program should be designed and implemented for refugees and asylum-seeker parents in South Africa, who are responsible for vulnerable parenting children?

Main Aim and Objectives of the Study

The main aim of the research

The main aim of this research was: To investigate the needs of the Three2six parents and design a supportive African drama therapy intervention program for adult refugees and asylum-seekers in South Africa who are parenting vulnerable children who are engaged in the Three2Six project, to promote effective parenting practices.

Study objectives

- Explore the challenges experienced by refugees and asylum-seeker parents that influence their responsibilities as parents.
- Investigate what they know about effective parenting skills and how they think their needs to parent effectively can be enhanced.
- Explore the perceptions of staff members at the Holy Family and Sacred Heart Colleges regarding what psychosocial stressors, the parents face and the effects this has on their children.
- Based on research findings, design a supportive African drama therapy intervention programme.
- Conduct a pilot study, with the selected Three2six Parents to evaluate the outcome of the drama therapy intervention programme based on the feedback received from the parent participants.
- Based on research findings, make recommendations to the Holy Family and Sacred Heart colleges on how the Three2six Parents can be supported and the Drama School at the University of the Witwatersrand on an African Drama Therapy Intervention.

Definitions and discussion of keywords and concepts

Below are definitions of keywords and concepts relevant to this research.

An Asylum-seeker

An asylum-seeker is a person who has fled his or her country of origin and is seeking recognition and protection as a refugee in the Republic of South Africa, and whose application is still under consideration. In case of a negative decision on his application, he must leave the country voluntarily or will be deported (Van Lenon, 2019).

Drama therapy

According to Emunah (1994, p. 8), the intentional and systematic use of drama/theatre processes to achieve psychological growth and change defines drama therapy. The tools are derived from theatre; the goals are rooted in psychotherapy. Although drama therapy can be practised within the theoretical framework of almost any existing school of psychotherapy, it also has its own unique heritage conceptual sources: theatre, psychodrama, dramatic play, dramatic ritual, and role-playing.

Encounter

The **encounter** term is a key word in the sociodrama context. Moreno explained that the term ‘encounter’ is more than an existentialist term, but first and foremost a practice (Kristofferson, 2014, p. 60). J. L. Moreno shaped his concept of encounter as he developed children’s theatre in one of Vienna’s parks around 1909-1911. Based on an incident, Moreno described ‘*idée fixe*’: Some children in a park. A man sits under a tree and tells fairy tales. The children are drawn towards the narrator. They come from a drab and monotonous life and are now pulled into the life of the fairy tale; into a world different from the one they come from, a world where new things happen and unimaginable realities open. In this world, events in the

fairy tales are reshaped into a manifold play. A play and a drama where the scene is both in and around the tree where the narrator sits, and where the magic reality of the play is ever developing. In the end, only the sky limits the expanding play, “the sky was the limit” (Moreno, [1947], 1983 p. 3).

The narrator later writes that it was not so much what was told through the fairy tales as such, as how they *worked*. How the fairy tales became actions in a play that developed an atmosphere of mysteries, of paradoxes and contrasts, how the unreal became real. The narrator wrote that the events in the park turned into a new and vital experience for him. He continued: “Then gradually the mood came over me to leave the realm of the children and move into the world, it was the decision that the *idée fixe* should remain my guide. Therefore, whenever I entered a new dimension in life, the forms, which I had seen with my own eye in that virginal world, stood before me. They were models.” (Moreno, 1983, p 4).

The narrator also wrote that: “Behind the screen of telling fairy tales to children and staging the sociodramas of a new society I was trying to plant the seeds of a diminutive creative revolution.” (Moreno, 2012, pp. 15,16). The actions he saw played out in the games of the children, and which gave an *idée fixe*, became decisive. *Idée fixe* was the discovery of something unadulterated, genuine, and simple, of a *language* from an original source. Maybe our first source of productivity? “The *Idée fixe* became my constant source of productivity...” (Moreno, 1983 p. 3). In addition, there was in *Idée fixe* a sociodramatic staging that might show a new way in society and culture, a way with the aim of planting a “seed” for a creative revolution. And not least the *idée fixe* had something existential about it, something the narrator describes as “the grace of God” (Kristofferson, 2023, p. 2).

This was an experience that included the discovery of a certain kind of *language actions*¹ in children's play, of imagination, creativity, and spontaneity, of how the unreal can be made real in interaction with others. The experience was also about an ambition to change societies, to contribute to a creative revolution while maintaining an existential dimension, a thought that humans are part of something bigger. Indeed, it all contained so much vitality that it became a guiding principle for various theatre forms and for a lifework that was at its beginning when he left the children in the park (Moreno, 1983, p. 4).

Vitality is a word for good feelings, intensity, strength, energy, and tempo. Vitality deals with a feeling of life, with life in the body. To create forms that strengthened this feeling of life was possibly what *idée fixe* was all about. If so, the feeling may have been a contrast to the everyday life Moreno experienced in his surroundings in the city where he grew up, in Vienna around 1900-1910. There he experienced a daily life, fixed targets, and belief in immutability, or, as he labelled it himself, "cultural conserves". (Kristoffersen, 2013; Kristoffersen, 2023, p. 2; Rasmussen & Kristoffersen, 2011). It is the practice thereof that the researcher must engage with.

Ichamabawilo or Mu Mbalasa

This is a term in the Lamba language used within the African context, namely in Zambia and the Democratic Republic of the Congo. The term means a place of meeting, where dialogue and education take place. The term is equivalent to *imbizo* (isiXhosa language) and *lekgotla* (Sesotho language) used in the South African context.

Meetings, known as Ichambawilo or Mu Mbalasa in Ichi Lamba. The Lamba people are primarily found in Zambia, which is located in southern Africa. Within Zambia, the Lamba people predominantly inhabit the Copperbelt Province, which is known for its mining industry. Additionally, Lamba communities can be found in other parts of Zambia, particularly in the Northern and Luapula provinces. The Lamba are one of the many ethnic groups that contribute to Zambia's rich cultural diversity. While the Lamba people are primarily associated with Zambia, there is also a presence of Lamba people in the neighboring Democratic Republic of Congo (DRC). In the DRC, Lamba communities are mainly found in the southern part of the country, particularly in areas bordering Zambia. However, their population size and distribution in the DRC may be smaller compared to their presence in Zambia. Despite this, the Lamba people in the DRC still maintain their distinct cultural identity and traditions within the broader context of Congolese society.

Ichambawilo or Mu Mbalasa hold profound significance beyond mere gatherings. They serve as vital platforms for community engagement, knowledge sharing, and collective decision-making. Rooted in tradition and deeply ingrained in the social fabric, these meetings play a pivotal role in preserving cultural heritage and fostering communal cohesion. Here, we explore the multifaceted purposes of meetings in African culture, highlighting their role in community building, knowledge sharing, decision-making, education, celebrations, problem-solving, and collaboration (Kimbala, 2022)

Community Building

Ichambawilo provides a space where community members converge to strengthen bonds and foster solidarity. In many African cultures, the collective welfare of the community supersedes individual interests, making these gatherings essential for nurturing a sense of belonging and unity.

1. Knowledge Sharing

Elders, leaders, and knowledgeable individuals utilize Ichambawilo to impart wisdom, share experiences, and transmit traditional knowledge to younger generations. This exchange not only preserves cultural heritage but also ensures the continuity of customs and practices vital for maintaining cultural identity.

2. Decision Making

Ichambawilo serve as forums for deliberating on crucial community matters, ranging from conflict resolution to planning communal events. By providing a platform for dialogue and consensus-building, these meetings uphold democratic principles and foster inclusive decision-making processes.

3. Education and Learning

Ichambawilo offer opportunities for community members to acquire new skills, receive training, and engage in discussions relevant to their livelihoods and well-being. This educational aspect empowers individuals and equips them with the knowledge needed to address contemporary challenges.

4. Celebrations and Rituals

Some Ichambawilo are occasions for celebrating cultural events, marking special milestones, or performing traditional rituals. Through storytelling, music, dance, and other cultural expressions, these gatherings reinforce cultural values and strengthen collective identity.

5. Problem-Solving and Support

Ichambawilo provide a platform for addressing challenges faced by individuals or the community as a whole. By fostering mutual support, collaborative problem-solving, and collective action, these meetings empower communities to overcome obstacles and adversities.

6. Networking and Collaboration

Ichambawilo facilitate networking and collaboration among community members, organizations, and stakeholders. Through the exchange of ideas, forging partnerships, and mobilizing resources, these meetings enable communities to address common goals and challenges effectively.

In summary, meetings in Lamba culture, known as Ichambawilo, serve as dynamic spaces for fostering knowledge sharing, community empowerment, and social cohesion. Through their diverse purposes, these gatherings play an indispensable role in preserving cultural heritage, promoting inclusive decision-making, and strengthening bonds among community members. As integral components of African societal structures, Ichambawilo contribute to the resilience, innovation, and collective well-being of communities across the Lamba tradition.

Parent

According to the African Human Rights Law Journal (2012, p. 385) family and the role of parent is understood from a functional rather than a structural viewpoint. This postmodern definition highlights key needs that the parent must satisfy for the child to be functional. The satisfaction of a child's emotional and psychological needs is the primary responsibility of a child's parents, legal guardians, or persons responsible for the child.

The definition further recognizes that the presence or lack of maternal warmth predicts later emotional adjustment including feelings of insecurity, loneliness, depression, and perceived self-worth, while paternal warmth predicts later social and school adjustment such as peer and teacher-assessed social competence (African Human Rights Law Journal, 2012, p. 384).

Refugee

A refugee is a person who has been granted asylum status and protection in terms of Section 24 of Refugee Act No 130 of 1998. Under the 1951 United Nations Convention, a refugee can be a "convention refugee" who has left his home country and has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or a membership in a particular social group. Under the same convention, a refugee can also be a person "in need of

protection” whose removal to his home country would subject him personally to a danger of torture or to a risk to his life or a risk of cruel and unusual treatment or punishment.

Sociodrama

Moreno, (1972, p. 325) explained that sociodrama may be simply defined as a group method in which common experiences are shared in action. It is the application of psychodrama techniques to social situations in the community sociodrama as a method from Moreno’s socio-psychodrama was applied as a tool within the approach of Drama Therapy that was used in this intervention.

Vulnerable children

Moore’s (2016) understanding of “at risk” is used to define a vulnerable child. Here she defined in three focus levels how children can be explained to be at risk. She explained the three approaches of “at risk” as follows: Approach one: Some would argue that all children are at risk in some way or another, while others emphasise that some children face much higher risk than do other children. For example, the refugee or asylum-seeking children could be seen as at risk because of their various levels of vulnerabilities, sexual abuse, and violence. This is true for the children in the Three2Six project I have engaged with.

The second approach is that some contend that one should not view children themselves as being at risk, but rather the environments in which children develop (Moore, 2016, p. 1). Families are most critical settings for the development of children and family risk factors, such as poverty, single parenthood, and low parental education levels.

A third approach would focus on community, neighbourhood, or school context as an “at risk” environment (Moore, 2016).

Theoretical Framework

This research study integrated Moreno's Role theory, the African spiritual model and Ubuntu, as the three lenses were critical for the framing and embodiment of the parental intervention. Moreno's role theory lens was important for this study because it framed the embodiment of the intervention, the parents rehearsed the parental skills as well as processed their own childhood stories through role, reflection and empathy. The African spirituality was important for the study because the Three2six parents collectively shared that their spirituality and connection to God. Their personal relationship to God is the spiritual resilience that keeps them going through life challenges. This theoretical framework assisted in the understanding of the Three2six parents' lifestyle behaviour. Ubuntu philosophy is the overarching theory that explains the African way of being. All three of these theories were critical in this study. The details of the theories is discussed in further detail in chapter 3.

This study was mainly based on **Moreno's Role theory**, which is made up of three roles:

1. **Psychosomatic role** that basically involves the earliest connection between mother and child.
2. **Social role** where one belongs to a group, and 3. **Psychodramatic role**: This role focuses on our role as fully developed as human beings.

The **African spiritual model and Ubuntu** within the context of drama therapy also formed part of the theoretical framework of this research.

Research Methodology

The research paradigm was based on constructivism. I adopted a qualitative approach when conducting participatory intervention research. The two samples of participants were purposively selected:

- 1) Parents were invited to participate in the research if their children were attending the Three2Six programme.
- 2) Staff members of Sacred Heart and Holy Family Colleges who were familiar with the Three2Six project and have personal contact with children engaged in it.

Data gathering involved the use of Drama Therapy methods (self-reflexivity, role-taking, storytelling, check-ins, and the narradrama approach). Semi-structured interviews were conducted with staff members.

The intervention research was made up of three phases. During each phase, data were thematically analysed and the findings were taken into consideration when entering the next phase. (The research methodology is discussed in more detail in Chapter 4).

The Structure of the Research Thesis

The research of the report is structured as follows: the following chapter, Chapter 2 focuses on the literature review that I undertook before commencing the research. Chapter 3 discusses the theoretical and conceptual frameworks underpinning the research. Chapter 4 discusses the research methodology. Chapters 5, 6, 7 and 8 present and discuss the research findings regarding each phase of investigation process. Chapter 9 concludes the research and makes relevant recommendations.

Chapter 2

Literature Review

Introduction

Based on a rigorous narrative literature review, in this chapter I critically discuss the most important and critical aspects of the phenomenon I researched. I focus on discussing the concepts of parenthood and migration. I then highlight the challenges experienced by migrant, refugee, asylum parents and the trauma endured because of the challenges faced during migration.

I then describe the intervention strategies that have been designed to support parents in relation to their children's needs on an international level. The literature further illustrates and argues for effective parenting programmes that are adaptable to the context they are implemented in by being culturally sensitive, aware of the spiritual beliefs and the socio-economic factors that impact on effective parenting. Arguing for the African perspective in parenting programmes, the literature draws on an African example, highlighting collaboration and relationship-based parenting programme as key elements in working with African parents. The literature review will further illustrate how the African spiritual phenomena in the context of Ubuntu can influence the African families and argues for this phenomenon to be strength based for African families.

I will then unpack through the literature how the approach of drama therapy has engaged refugee and asylum-seeking families who are vulnerable to psychosocial stressors and ill mental health. The literature review further illustrates drama therapy as the possible adaptable approach in working with African parents because of its embodied nature and its ability to hold and process trauma.

Parenting practices transform in the context of migration

As Raffaella (2016) discussed in her literature review on studies of migration and parenting, studies have traditionally drawn on psychological and biomedical perspectives to explore parenting practices among parents coming from non-Western countries who raise their children in a Western society. The focus has been on the tensions resulting from the conflicting child-rearing beliefs and practices due to divergent cultural values and ideals around childhood, family and gender between host country and country of origin. Studies have also focused on the stress and loss of control over children.

Migrant parents experience raising their children in a context where practices commonly used in their communities of origin, such as physical punishment (corporal punishment), are seen as inappropriate. This is also a common stress among African refugees and asylum-seeking parents in South Africa. Their concern of raising their children in South Africa, which upholds children's rights, where corporal punishment is regarded as a criminal offence against the child's rights, leaves the parents helpless in knowing how to discipline their children (Hall & Posel, 2019, p. 10).

Using interviews and focus group discussions, Mugadza et al. (2020) showed that sub-Saharan African migrant parents perceived that the Australian parenting ideal is rooted in individualistic values that are opposed to their collectivist beliefs and values. These parents experienced that the Australian laws posed some limitations on raising their children in a way the African migrants deemed appropriate (Mugadza, et al., 2020, p. 20). In line with these studies, Bose (2016) found that Bangladeshi parents in the UK find it challenging to inculcate traditional values in their children and to exert disciplinary authority because they perceive that these practices are disapproved of in the host country. Feelings of being judged and not trusted in

relation to their parenting were also found in interviews with Southeast Asian mothers in Taiwan (Liang et al., 2020).

Yet studies have also argued that raising children in a new country can be an opportunity for parents to learn parenting practices that they may come to consider more appropriate than those of their countries of origin (Zhu, 2020, p. 20).

Raffaella (2016) showed migrant mothers' idealisation of Western parenting ideals comes with criticisms of some practices and middle-class values. Based on their experiences of injustice in the host country, migrants may question whether raising their children with egalitarian ideals will prepare them for success and happiness (2020, p. 21). An example of experiences of parenting in a cross-cultural context widely illustrated by the literature is migrant parents 'development of hybrid parenting' resulting from mixing elements from both cultures and the reasons that motivate parents to take this approach. Aaazi and colleagues (2018) interviewed African parents in Canada and found that this group of parents incorporate both African and Western practices depending on the age of their children and the potential consequences of their choices, like legal prosecution by child welfare services.

Research has also shown that migrant parents actively balance old and new parenting practices (Cheah, et al., 2013; Leung and Zhou, 2013, Nguyen, et al., 2014). The experiences prior to migration that parents had with educational systems, family policies and urban/rural living were found to play a significant role in their engagement with parenting ideals in the host country (Bossong & Keller, 2018; Zheng, De Haan & Koop, 2019b).

Moreover, research has claimed that negotiations around parenting are in a transnational context in which global discourses on childhood and parenting are imparted through several

channels, such as social media, policies and expert knowledge and influence parenting beliefs and practices across borders (Mugadza et al., 2019; Raffaella, 2015).

This is also evident in the refugee and asylum-seeking parents in South Africa within the Three2Six community. Parents therefore are active participants who look for and use several resources from diverse countries when seeking advice on parenting. This challenges a static view of culture as it recognises that local understandings and experiences are also influenced by global trends like the attachment paradigm and child rights (Raffaella, 2016, p. 21).

Mostly studies have looked at changes in parenting to assess the level of acculturation of parents and have emphasised the challenges parents experience raising their children in a new country (2016, p. 21). Understanding transformation in parenting in terms of assimilation runs the risk of reproducing essentialism because it is based on an understanding of culture as static and of change as a gradual process that migrant parents go through from traditional parenting practices to modern ones.

Involuntary migrant families with children: overview of the challenges and the trauma experienced

Merry et al. (2017) in their writings on the impact of migration on parenthood share that in many countries migrant families with children are a rapidly growing population, with migration for some sparked by threats of war and violence, political and civil instability, and poverty (Merry et al., 2017, pp. 1-3).

Parenthood, whether for first or subsequent children, involves emotional, social, and physical changes as well as adaptations of functional roles, which continue through childhood from infancy to teen years / young adulthood. While all families may face challenges, migrants may experience compounding difficulties due to the loss of social support networks including

their extended family, and adjustments necessitated by a new cultural context (Merry et al., 2017, p. 5). They may also experience discrimination, a decline in social-economic status, and reduced access to health and social services. Refugees, asylum-seekers, and migrants with undocumented status have particularly challenging migration trajectories. Merry et al. (2017, p. 8) argued that they may have suffered abuse and trauma pre-and during migration and more likely compared to other migrants, to be exposed to unfavourable and stressful conditions in the receiving-country, which puts these families at risk of marginalisation.

There is recognition that migrant families with children often face multiple difficulties and need special support. However, less attention has been given to the unique parenthood contexts presented by having a humanitarian precarious migration status, argued Merry et al. (2017, p.17). Greater understanding of experiences of refugees, asylum-seeking and undocumented migrant families, especially from their perspective, could inform health and social services, practices, and policy.

The nature of the common and core challenges faced by migrants, refugees, and asylum-seeking families

Gillespie et al. (2022) stated that globally an estimated 79.5 million individuals have been displaced, nearly 40% of whom are children. Parenting interventions may have the potential to improve outcomes for displaced families (United Nations High Commissioner for Refugees, 2020). Among this population are individuals with diverse range of legal statuses and journeys (e.g., internally displaced people, asylum-seekers, refugees) who nevertheless share an experience of displacement that could impact their caregiving practices and the psychosocial outcomes of their children (El-Khani et al., 2018). Forced displacement refers to movement due to persecution, conflict, or disaster, away from one's home or region. Individuals who have

crossed over international borders and who have well-founded fear of persecution in their nation of origin qualify for legal status of “refugee” under UNHCR’S mandate (UNHCR, 1951).

However, due to historical and political reasons, not everyone who meets those criteria is automatically granted the legal status of refugee; those whose refugee status is being reviewed are called asylum-seekers (2022, 396).

Forced displacement impacts on child safety and development directly through exposure to traumatic events and deprivation of resources (Betancourt et al., 2012), and indirectly through the impact of displacement on child’s parents and caregiver environment. Children experiencing forced displacement, who comprise 40% of the displaced population, are at elevated risk for mental health and developmental challenges (UNHCR, 2020). According to a recent meta-analysis of eight studies that assessed mental health using clinical interviews, the overall prevalence among refugee and asylum-seeking children and adolescents of post-traumatic stress disorder (PTSD) is 22.7%; depression is 13.8% and anxiety disorders are 15.8% (Blackmore et al., 2020). Rates based on self-report may be even higher (Vossoughi et al., 2018).

Common and core to the migrant parenthood experience are sacrifice, hardship and loss. Loss is manifested on various levels: death, moving away from family, loss of possession, loss of identity. Those without status lived in fear of deportation and separation from children and family (Meryl et al., 2017, p. 21, 60). Parents are in the difficult position of having to discuss their precarious status with their children and to prepare for the outcome if they were ever deported. Not having status restricts their movement and interactions and adversely impacts their safety (since migrants would not seek help, including for family violence) and has a profound impact on their mental well-being (Meryl et al., 2017, p. 72). Undocumented families were

frequently ineligible for services and / or would not seek services fearing that this action might affect their future status.

Merry et al.'s (2017) study, conducted in Norway, further indicated that asylum-seeking parents also feared separation from their children if their applications for refugee status were not accepted. They worried about being returned to an unsafe country with their children (Merry, 2017, p. 24). Access to services and rights, such as being allowed to work, varied depending on receiving country. Like undocumented families, the precariousness and difficult circumstances caused strain and affected the well-being of the whole family.

In studies with refugee families, Merry et al. (2017), the main contributors to their sense of loss and to the adversity that they faced, were the forced nature of migration and experiences of war, violence and death of family members and friends, creating a sense of anxiousness about recurring loss.

Merry et al.'s research (2017) further highlighted the trauma some refugee mothers, including unaccompanied minors, experienced parenthood because of rape. Refugee parents were affected by memories and worried about family and friends who remained in their country of origin or were missing; these intensified concerns they had for the safety of their children. As a result, the children are also impacted by the parents' intensified anxiety.

Risk factors and problems with refugee children on academic achievement and psychosocial well-being

Child refugees are at high risk for problems with academic achievement and psychosocial well-being (Aghajafari et al., 2020). Child refugees are diverse in their educational performance and early deficits often resolve with time spent in the host country. These children are at an increased risk of emotional and behavioural difficulties and multiple factors are associated with

these outcomes. Although educational difficulties of primary school-aged child refugees in high-income countries tend to resolve, the risks for psychosocial problems persist (2020, p. 909).

The health risks child refugees face are affected by their mode of travel; the distance and duration of their journey and the health, social and political situations in their countries of origin, transit, and destination (International Society for Social Pediatrics and Child Health (ISSOP,) 2017). Children are vulnerable and the risks they face have immediate and long-term effects on their health, safety, well-being and ability to reach their full developmental and academic potential. This in turn impacts local, regional, and global societies both socially and economically (ISSOP, 2017).

Evidence has shown that child refugees are at high risk for mental health and psychosocial problems due to compound trauma experience during their journey, including the closing of borders, worsening of living conditions, xenophobia, and social marginalisation (ISSOP, 2017, Vaage, 2014). Other factors that affect children's mental health are their parents' psychological health, poor housing, frequent changes in where they live, lack of toys and limited access to school, and lack of interaction with peers (ISSOP, 2017; Vaage, 2014).

A recent overview of the prevalence of mental health disorders in refugee populations showed an average frequency of 18% for depression and 36% for post-traumatic stress disorder (PTSD) in child and adolescent refugees (Turrini et al., 2017). These mental health issues have been associated with increased risks of violence, delinquency, addiction, suicide, and radicalisation, which contribute to the double marginalisation of child and youth refugees from their society of origin and their host society (Ratkowaska & Leo, 2013).

In contrast, social inclusion, a supportive family environment, good mental health of caregivers, and positive school experiences have been found to enhance resilience in child

refugees (Betancourt & Khan, 2008; Fazel et al., 2012). This is a dynamic process that allows the individual child to positively adapt when faced with threats or adversity (Masten, 2014). The purpose of the intervention designed for the African primary caregivers was to strengthen the mental health of the parent and, in turn, the child's.

Overall, 1% - 10% of children suffer from learning problems (Goswami, 2008) that arise from the interactions among neurodevelopmental predisposition, environmental factors, and life experiences in a dynamic process (Goswami, 2008, p.10). Early exposure to deprived environments may be a risk factor for negative long-term cognitive and mental health outcomes (Merz et al., 2016). Little is known about how young refugees adjust to school environments in high-income countries and the impact this has on their academic achievement and psychosocial well-being in a host country.

The challenges of basic needs for settlement and caring for the well-being of the family

Migrant parents in almost all studies described resettlement challenges, namely financial, housing, employment, access to services which left them feeling overwhelmed (Meryl, 2017, p. 45). Discrimination and exclusion, especially due to their migration status, were frequently described as issues. In many studies, the fact that they lived in poorer neighbourhoods augmented parents' concerns about the safety of their children. Financial strain was also common and caused parents to be consumed by work to provide for family (2017, p. 46). Undocumented parents were particularly at risk of exploitative and poor working conditions. In several studies, parents reported needing to prepare their children to deal with discrimination and support them in doing so. Inadequate resources, the loss of family support and concentrating on just surviving were issues shared by many parents across studies and it meant they struggled to

meet the basic needs for children and could not parent as they would like. This contributed to parents feeling demoralised, inadequate, and humiliated.

The barrier of language in socialisation and educating their children

Masarik and Conger (2017) described experiences of having to manage different language, traditions, beliefs, and ways of doing including navigating new systems (for example, education and healthcare). This presented challenges regarding socialisation and disciplining children and interaction with educators (2017, p. 24). Merry et al. (2017) argue further that, in several studies, parents sensed a loss of control and authorship over their children and worried that their children would lose their language and culture. The acculturation gap between parents and children caused tension. Some parents felt that systems (teachers, social workers, child protection services) were working against them and parents perceived that they needed to conform to expectations of receiving society and feared losing their children to child protection services if they did not (2017, p. 25).

Single parenthood among refugee mothers was sometimes due to death or abandoned spouses. Changes in gender roles between parents and children and between parents is also a common experience that results in barriers of educating the child.

The need for parenting interventions for children in need

Parenting programmes

Internationally, parenting programmes in which parents acquire specific parenting skills, such as giving clear instructions or using time-out instead of spanking when disciplining children, have been shown to be effective in improving parenting and in leading to better outcomes for children (Ward & Wessels, 2013, p. 62).

Psychosocial art-based programmes with children are widely recognised, but little research exists on arts therapy-based programmes for care-workers/primary caregivers who live and work with vulnerable children at risk (Meyer, 2017, p. 1).

There is evidence in the literature of several interventions that have been designed to support a parent whose child is at risk because of a chronic illness, such as heart disease, cancer, HIV/AIDS, and children with learning difficulties (Alexandra, 2013). The focus of most of these interventions is to teach the parent about the specific illness that the child has, and to help parents develop coping skills.

Recent South African work suggests that improving parents' knowledge about caregiving may improve child outcomes, even in families where there has been intimate partner violence

A case study: Evaluating skilful parenting in Kenya

A skilful parenting programme was implemented to address a variety of social issues, including violence against children in Western Kenya. Many families in Kenya are exposed to factors that make child-rearing extremely challenging, as over half of Kenya's population lives beneath the absolute poverty line. Poverty is still on the rise due to inflation, a shortfall in agricultural production and constant climatic issues such as floods and droughts, which cause problems for many Kenyans.

Numerous families in the rural areas of Western Kenya are exposed to certain levels of social or physical aggression and domestic violence throughout their lives (Maburugu, 2005; Wilson & Ngige, 2005). A report regarding violence against children in Kenya from 2010 stated that almost two thirds of the respondents had experienced physical violence before age 18, ranging from being whipped or beaten with an object (UNICEF, 2010) while the use physical methods to discipline children is a common practice for parents (Aikinyi, Fiti & Lasser, 2013).

In collaboration with their NGO local partners, creating change developed and implemented the skillful parenting programme in rural areas of Western Kenya. The goal of the programme is to work with parents to strengthen their parenting role, aiming to prevent and reduce child abuse, neglect, and family disintegration amongst other goals (Esch and De Haan, 2017, p. 7).

The programme is part of the larger initiative for socio-economic improvement in the area, where the aims of the parenting programme include attempting to reduce child abuse in Western Kenya. The programme is based on the idea of civic-driven change which assumes that social change must or will happen because of civic agency (Foweler & Biekart, 2011).

The programme's central concepts were reviewed for cultural sensitivity—for example, whether they took into account a more collective notion of family, including involvement of grandparents and siblings and in-laws of parents, and adhering to particular norms on the expression of affection within the family. The programme also adheres to local social conventions of presenting and discussing issues such as using songs, biblical references, and forms of presenting and speaking that are directed to more collective sharing of knowledge in a communal way.

In addition to these adaptations, the programme adheres to international scientific ideas and concepts associated with relationship-based parenting programmes, such as the importance of attachment, positive reinforcement, and consistent parenting behaviour. It also introduces other international elements of parenting such as Baumrind's Parenting styles (Levin, 2011). Esch and De Haan (2017) concluded that the programme was developed to respect the culture and the local habits of the parents and at the same time to share Western-orientated knowledge and skills (Ogutu, 2015).

Parenting interventions for refugees and forcibly displaced families

According to Merry et al. (2017), while all families may face challenges, refugees, asylum-seekers and migrants may experience compounding difficulties due to loss of social support networks including their extended family, and adjustments necessitated by a new cultural context. There is recognition that migrant families with children face multiple difficulties and need special support. However, less attention has been given to the unique parenthood context. A better understanding of experiences of refugee, asylum-seeking and undocumented migrant families, especially from their perspective, could inform health and social services practice and policies (2017, p.7).

Refugees, asylum-seekers, and migrants with undocumented status have particularly challenging migration trajectories. Merry et al. (2017) argued that they have suffered abuse and trauma pre- and during migration and more likely compared to other migrants to be exposed to unfavourable and stressful conditions in the receiving country—such as unemployment. These factors put these families at risk of marginalisation and further endured trauma at home.

One promising strategy to reduce risks may involve interventions that target parents and caregivers. Caregivers can play a central role in promoting resilience among children exposed to adversity (Masten & Palmer, 2019). Scaling up the most effective parenting programmes for vulnerable groups has been identified as a major component of efforts to address the United Nations sustainable development goals (Sanders et al., 2021). Studies in the parenting intervention (Sanders, 2021) reveal that majority of parenting programmes were developed for and evaluated with caregivers living in high-income, Western countries. Consequently, many are

structured around Western child-rearing norms and expectations of child competence (2021, p.396).

In an effort to protect the well-being of youth and prevent violence against children, parenting programmes are increasingly used as part of developmental aid efforts (Richter & Naidoo, 2013, p. 3). Parenting programmes can be defined as group-based interventions aimed at changing parenting practices by “training” and or/providing support to parents. An example of more well-known programmes are Australian Triple P and the Webster Incredible Years programme developed in the US.

Parenting programmes may vary in target group, set up/design and the underlying learning theory (Cottam & Espie, 2014), and have Parenting programmes addressing maltreatment been implemented in many countries outside the US and Australia, such as Iran and Thailand (Chen & Chan, 2015) and Kenya (Vendenhout et al., 2010).

Most programmes are based on varying premises, including the notion that family and parent-child relationships have a pervasive influence on the psychological, physical, and social well-being of children. Often the parenting programmes focus on removing risk factors, such as insecure attachment, harsh and inconsistent disciplining, and marital conflict. In addition, the aim is at increasing protective factors, such as strengthening parent-child relationships, providing a safe environment for children, and providing parents with knowledge and skills to improve their flexibility and problem-solving abilities (Baker et al., 2010; Sanders, 1999; Slade, 2007).

Studies have shown that parenting programmes improve factors such as intra-family relationships and increase parent sensitivity, reduce marital conflict, improve home safety and attachment, and decrease harsh disciplining, which in turn results in a reduction in child maltreatment (Chen & Chan, 2016; Kaminski, et al., 2008). These studies are conducted in many

countries. For example, Chen and Chan's (2015) meta-analysis of over 30 programme evaluations worldwide demonstrated that parenting programmes affect child maltreatment behaviour of parents. The analysis included research done in a diversity of Western and non-Western countries, such as Thailand and Iran, but did not include African countries. Moreover, these studies provide limited insight into precisely how these programmes work or into how the training and lessons implemented lead to the intended reduction of risk factors and improve protective factors.

This is the case for programmes that are implemented in settings and contexts that are removed from the context in which they were developed and tested (Chen & Chan, 2015). This research conducted in the South African context with Refugee and Asylum primary caregivers from Africa used African parenting practices to address the concerns of child maltreatment.

Parent engagement in child and family intervention programmes

Although there is a large body of literature that indicates various parenting interventions within the school environment, at the stage I was conducting a rigorous literature review there appeared to be no evidence of an African drama therapy intervention programme designed to support the parent with psychosocial stress and psycho-educational skills, in order to care for a child who is in therapy and is at risk.

In the article entitled, "Parent participation engagement in Child and Family Mental Health Treatment", Haine-Schlagel and Walsh (2015) pointed out that although there is not much research focusing on the phenomenon, there is evidence that parent participation engagement plays a critical role in treatment outcomes. Whilst the focus on help-seeking and attendance in child and family literature are quite rich (Gopalan, et al., 2010), to date limited attention has been paid to participation engagement (Linsey et al., 2013).

Literature further elaborates that attention to engagement in child and family mental health treatments has increased in recent years given growing emphasis on moving efficacious treatment into community settings, identifying methods to provide services more efficiently and improving overall quality care (Becker et al., 2013).

Demonstrated links between process and outcomes have led to a greater focus on treatment processes (Shirk et al., 2012). Without attention to the key process of child and family engagement, efforts to improve the effectiveness and efficiency of treatment are largely futile. This has been evident in the therapy work that I have been involved in. The focus has been on the child in the context of the school environment and little attention has been paid to the parent figure in the home environment.

While parent attendance at child and family treatment sessions is necessary for effective parent engagement in treatment (Israel et al., 2004, 2007), it is not enough to represent the complex nature of participation in treatment sessions and through actions at home.

Despite the benefits of parent participation engagement, observational and qualitative research has demonstrated that parent participation engagement in treatment is lacking and that parents face challenges to participate actively in treatment (Barker-Ericzén et al., 2013). Examples of challenges include feeling blamed, judged, and not listened to by therapists, not feeling supported by formal service systems and feeling dissatisfied with their children's mental health service in general (Barker-Ericzén et al., 2013).

Parenting and the different ways it can affect children's lives

Parenting is a universal human task which can be defined as those purposeful activities implemented to ensure the survival and development of children (Utting, 2007, p. 64.) However, parents tend to underestimate their own influence on the child's emotional development and are

prone to lack awareness and understanding of the child's feelings at times of emotional stress (Sanders et al., 2021 p. 396)

In immediate disaster or conflict settings, a host of stressors may make it difficult for caregivers to buffer their child's distress. Family stress models centre parenting practices as a primary mechanism through which stressful family contexts affect child outcomes (Gewirtz et al., 2020; Masarik & Conger, 2017). Parents may have knowledge of effective parenting skills yet be unable to implement them under highly stressful conditions (El-Khani et al., 2018). Indeed, reducing parent stress has been shown to augment the impact of parenting programmes and reduce perceived barriers to participating in treatment (Kazdin & Whitney, 2003). Displaced parents may also face novel parenting challenges for which they do not have pre-existing strategies, including challenges related to temporary / refugee camp living conditions, changes in their child behaviour following migration and parents' own emotional difficulties (Sanders et al., 2021).

In the African context, specifically South Africa, many parents live under extreme conditions of stress because of poverty. This results in parents becoming psychosocially stressed and often emotionally unwell which then means they struggle to provide fully for the emotional and psychological needs of the child (Alexandra, 2013). This results in the high-risk behaviour of the children.

Studies show that children who may be struggling with parent relationships are most likely to be involved in high-risk health behaviours, such as smoking, illicit drugs use, alcohol use, sexual risky behaviour, and obesity (Utting, 2007).

The number of suicides among adolescents is increasing worldwide including South Africa. It should not be assumed that parents will be able to implement the recommended suicide prevention strategies without additional education and support from providers (Horwitz, 2007).

The prospects and limitations of a common framework for proper parenting

Considering and finding an applicable and justifiable parenting programme is extremely complicated when considering contextual factors. This is true for the refugee and asylum-seeking parents present within the South African context. We must be critical of what constitutes interculturally valid constructs to determine and measure what good parenting is, what the child needs are and what a parent can provide in different contexts. Arts therapists and other mental health practitioners working with refugee and asylum-seeking parents have to be cautious of the deficit narrative that all approaches for measuring effective parenting are universal.

Van Esch and De Haan (2017) argue that generally the United Nations Convention on the Rights of the Child (UNCRC, 1989) is seen as a political basis for common and presumed universal framework against child maltreatment or violence against children. Globally the UNCRC is considered the norm as a total of 192 countries worldwide countries have ratified it, making it an accepted standard amongst these nations regarding the definition of violence against children. Derived from the UNCRC, the concept of child neglect is used by scholars as a means to measure and describe how children are treated by caregivers (2017, p. 4). However, the CRC is conceptually broad and more specific standards are required to determine how children should be treated.

A more concrete way to label proper parenting versus improper parenting is using the concept neglect. Neglect has been labelled the most common and frequently fatal form of child maltreatment (Proctor & Dubowitz, 2004). Although there are many different definitions of

neglect, it can be summarised as the persistent failure to meet a child's physical and / or psychological needs likely to result in the serious impairment of the child's health or development.

A parent is neglectful when he / she fails to provide adequate food, shelter, and clothing, fails to protect a child from danger or fails to access proper medical care or treatment (Dubowitz, et al., 1993). Although neglect is commonly perceived as something that occurs without the intention of the carer, it also includes the latter's unresponsiveness to a child's basic needs.

Neglect is often related directly to the idea of well-being in the sense that absence of certain conditions (both physical and emotional) is seen as endangering a child's well-being (Dubowitz, et al., 1993; Tanner & Turney, 2003). However, the use of the term neglect is problematic. The reason for this is because it also reinforces a deficit narrative, in which practices that endanger perceived child well-being are shortcomings, both those of the wider social context, as well as those of the respective caregivers. For example, refugee and asylum-seeking parents living in South Africa struggle to sell their goods because of persistent xenophobic attacks, and this means they battle to provide food for their children. According to the definition of neglect discussed above, their parenting practice would be insufficient. Here it is argued that the use of such concepts may be inapplicable, non-international practice.

Esch and De Haan (2017) further emphasised that they believe that the term neglect may disqualify parents who have limited resources, knowledge, and skills from being considered proper caregivers because they do not meet the respective norms. These standards pertaining to neglect and child well-being are unrealistic and even unjustified. This issue of standardisation is an especially relevant point for developmental aid practices, as resources are often limited within the areas where such aid is implemented. Parents who do not have access to these resources are

in danger of falling into the category of people who do not by default be considered insufficiently equipped to be good parents under those circumstances (Esch et al., 2017, p. 5). In other words, adherence to these standards would render a large percentage of parents around the world as “bad” parents by default (Esch & De Haan, 2017, p. 5).

The deficit narrative is placing emphasis on what parents cannot do and do not have, rather than examining the effective parenting practice within the respective social and environmental contexts. In addition to using concepts that paint certain parenting practices as deviant by definition and the result of economic factors, these normative underlying concepts may also disregard cultural and spiritual practices of non-Western communities (Esch & De Haan, 2017, p. 7).

Literature shows that the most discussed example of the denial of alternative cultural norms evolves around the use of attachment theory in an international context. Keller (2015) provided a multi-level description of the complexity of generalising attachment theory beyond the Western context. Despite attachment being widely accepted and extensively studied as a social scientific construct, there is a relatively small cross-cultural database with respect to attachment outside the Western context (Ijzendoorn et al., 2008).

In addition to this is the theory’s inherent notion that a child is an independent agent, which is not a universally accepted premise, particularly in Africa, the child is never independent, they belong to a community. They exist and are because of the community (Keller, 2015). Attachment theory also emphasises single caregivers. More specifically, the theory focuses on a dedicated mother-child interaction that is considered beneficial to proper attachment. As with the concept neglect, the inability to provide such single parent / mother care implies a threat to child well-being namely their attachment in communities where shared

parenting is the norm or where parents primarily engage with their children without elaborate and direct one-to-one interactions.

Implementing a parenting programme across cultural contexts

In their paper, Esch and De Haan (2017) critique universalistic “at risk” approaches to parenting programmes in the context of international development, arguing that local practices are neglected in research. Fifty post-training interviews with 25 participants in Western Kenya are analysed using discourse analysis. Post-training parents reported less corporal punishment and emphasised parent-child communication more. However, analysis shows that parents see these newly introduced methods as means to act more efficiently within the utilitarian approach to parenting they have defined before training.

Cultural norms related to respect, authority and compliance remained important although attention to responsiveness and inner motives of children had arguably started to bend and twist the older family hierarchy and the position of children in it. It is argued that the effects of such programmes in international development contexts should be considered the result of interaction between programme content and the local ideas and practices (Esch & De Haan, 2017). The policy implications of this dynamic are discussed further.

This research collaboratively worked with the primary caregivers based in South Africa to find parenting practices that are healthy and effective based on cultural and spiritual norms. Cultural values such as discipline and an acknowledgement of the older generation being hierarchal were taken into consideration when the intervention was designed. This normative form of expressing effectiveness in parenting comes especially problematic when considering Koop’s (2014) argument that parenting practices and ideas are always nested in or derived from local ideas about personhood, childhood parenting and that, even within our own societies, the

idea of what a child is and how a child should be treated and what then can be considered as maltreatment, has changed much over time (Koop, 2016). For example, Dasberg (1957) explained that historically the idea of the child has changed from being considered a little devil that should be disciplined (sometimes harshly) to being a non-barbaric subject to the conceptualisation of the child as an innocent infant corrupted by the adult world.

Ideas about parenting, identity and personhood differ across places and time and are by no means culturally and historically universal, even within our cultures. Dasberg's (1957) argument is true for the millennial child, where social media is at their fingertips, and they are exposed to all cultures through social media. How these children are parented is different to how the generation before social media was parented

African parenting: developmental stages of an African child versus the Western measure of development

As a field of study, child development belongs to the twentieth century (Clarke-Steward, Friedman & Koch, 1985). During the sixteenth century, writers such as John Locke (1632-1704), Jean Jacques Rousseau (1712-1778) and Charles Darwin (1802-1882) realised that childhood experiences seem to have a profound effect on later adult life. This consequently led to the establishment of philosophy of human development.

Human development is a universal phenomenon, characterised by various stages and these stages differ from culture to another culture. Furthermore, each developmental stage tends to bring about expectations that are specific to accordance with a particular culture. In addition, in each culture there exist problems that are specific to a given stage as well as to the way these problems are resolved. Erikson's stages of human development are generally regarded as universal.

The universal acceptance of Erikson's stages seems to be based on a study he conducted involving a variety of cultures. A question that Ramokgopa (2001) poses is "Was Erikson's developmental stages similar to those which an African child goes through?" He further argues that Erikson's theory of human development has succeeded in explaining the different stages of development among various cultures. This seems to have led to a general assumption that developmental stages follow a similar pattern in all cultures. This may have further led to the conclusion that the psychological effects of these stages on individuals are universal.

However, according to Cornett and Hudson (2012), development of personality is increasingly viewed as an emanation of the products of events and episodes of a lifetime. This implies human development takes place according to the cultural and value systems that exist within a particular given community. Therefore, Erikson's theory of stages of development and their psychological effects may not hold in every culture. Valsiner (1989, p.4) argued "... within any given other culture, children's developmental trajectories are guided by the cultural organization of the environment". As such, Valsiner's statement suggests that developmental stages may not be regarded as totally universal, since each culture tends to define, create, maintain, and promote its developmental stages. The above points of view emphasise the important roles that cultural values play in shaping the development of the child.

Although literature that deals with developmental stages of African children exists (Brown, 1926, Gibbs, 1968, & Silk, 1966) most scholars use Western models for interpreting the psychological implications of such stages. This seems to imply that cultural bias still exists with regards to studies in child development, especially among the disadvantaged rural communities in Africa.

As is the case with all children, irrespective of which culture they belong to, an African child seems to be confronted by challenges throughout his / her developmental path. It can therefore be assumed that the success or failure of going through some of the stages has certain psychological effects of developmental path. Consequently, it can be assumed that the success or failure of going through some of the stages has certain psychological implications on a child's later life.

Although literature pertaining to the psychological effects of development exists, most of it is of Western origin and therefore fails to address the psychological impact of such developmental stages on an African child. Lindel and Kvalsvig (1990, p. 6) notes that "... despite the vast majority of South African children being disadvantaged by Western standards, an examination of research publications indicates that developmental issues facing this sector, have, with few exceptions hardly began to be examined". For Africans, the spirit of interdependence, and altruism rather than that of independence is emphasised (Ottenburg, 2015; Louw, 2015)

Child development from an African perspective: Ubuntu as the philosophy of raising an African child

Studies in child development, particularly in Africa, were only initiated after the colonisation of this continent by Western powers. At that point, missionaries as well as anthropologists started to develop an interest in developmental stages of Africans. Writers such as Brown (1926), Seligman (1930), Whiting (1963) and Kuper (1965) were among the first to undertake studies regarding the developmental stages of an African child.

In South Africa in particular, people like Stayt (1931) and Krige (1950) have endeavoured to outline the stages of development among Africans. Developmental stages among Africans,

seems to be defined not in terms of age alone, but also in terms of the capabilities of an individual at a given period as well. Brown (1926) supports this by stating that among Africans age is not a fixed issue but depends on an individual's readiness to be involved in a given task.

A survey of the literature from authors such as Stayt (1993), Krige (1950), Hammond-Tooke (1974) and Krige (1980) suggested that the developmental stages that fit into African perspective can be broken down as follows: birth and infancy, early childhood, pre-puberty, and puberty.

In traditional African countries, the birth of a child is joyous and hailed throughout the village (Schapera, 1950). Africans describe the infancy stage as a period between birth and weaning (Whiting, 1963). Therefore, weaning is regarded as a measure used to determine a child's readiness for the next stage as opposed to the use of age in Erikson's theory. Although the child is usually separated from their mother soon after birth, the child remains in the same hut as the mother (Monning, 1983; Stayt, 1931).

These authors further mentioned that during this stage, the child's father is not allowed to see his offspring but is merely informed of its arrival. This is aimed at preventing evildoers from causing harm to the child through the father. This measure serves to alleviate anxiety that would otherwise prevail among family members. During the stage after the child is born and until it is weaned, the child leads a warm, secure, and pampered existence (Van der Vliet, 1974).

Psychologically, the security and pampering seem important because these behaviours help the child to feel welcome and to develop trust in its environment, as is the case with Erikson's first stage of development. Socially, these factors enable the child to adjust to his new world more easily. Unlike in Erikson's stages, the African child is assisted to adjust to his new world by following certain rituals.

According to Monning (1983), the Pedi help their children to adjust by performing rituals: “*Go Phaphathela*” literally meaning to smooth the child’s hair into a particular style, according to the customs of the community to which it belongs. This is done so that the child looks like other children of the same age in the community.

Go Phaphathela is followed by *Go tiisetsa*, meaning to strengthen. This ceremony is aimed at protecting the child from evil intentions and witchcraft through the use of special medicine (Blacking, 1964; Rasekgala, 1998)

In most African societies, human relations are more important than mental and physical development. Therefore, the development of positive social skills is of the utmost importance to Africans. Ndaba (1994, p. 14) pointed out that the collective consciousness evident in the African culture does not mean that the African subject wallows in a formless, shapeless, or rudimentary collectively. It simply means that African subjectivity develops and thrives in relational settings provided by ongoing contact with other. The collective consciousness as indicated by Ndaba (1994) brings out two other important factors that Erikson’s theory fails to address. First Erikson seems to emphasise how an individual must be different from others by competing with them. By contrast, African developmental stages tend to emphasise how one sees oneself as being one with others, by being part of, and cooperating with, others.

Identity in Erikson’s theory emphasises the “Who am I in relation to myself?” as compared to the African version, which emphasizes “Who I am to others?”. This also means that self-identity in Erikson’s theory is internal and exclusive, whereas in African culture self-identity is external and inclusive. The African cultural lifestyle encourages cooperation, which indicates that people work together and are dependent on one another; factors that result in interdependence.

The African culture thus encourages interdependence which in turn helps to eliminate actions that would otherwise encourage individualism. The result is a feeling of being an extension of oneself and being part of society. This is supported by Shutte (1993) who states that the concept of Ubuntu is unifying vision enshrined in the Zulu maxim, “*Umuntu ngumuntu ngabantu*”. This attitude brings about collective responsibility whereby one’s weaknesses are viewed as those of the entire community through shared value system. The idea of sharing, therefore, fosters the spirit of cooperation.

Graham (1999) argued that African children often consider themselves to have several mothers and fathers because of the African child’s great involvement with other people, including immediate and extended family and wider community members. Parental responsibilities are a collective duty in African communities; a parenting style captured by the phrase that “It takes a village to raise a child” (Keller, et al., 2005). It is thus evident that by excluding African cultural practices, Erikson’s theory of development effectively excludes the role of interdependence as well as psychological effects it exerts, especially among children in rural Africa and African refugees. Africans seem to emphasise the development and internalisation of altruism among their children, through the teachings and practice of rituals, readiness, cooperation, and interdependence. As such, an African is not likely to experience feelings of despair later in adult life, as problems are taken care of by the whole community as a shared responsibility. This attitude seems to help reduce the incidence of psychopathology among Africans.

The changes in the socio-economic and political world that are taking place have a direct impact on cultural values, especially in rural South African areas. This in turn leads to changes in developmental trends.

The African worldview has important consequences for the way in which African children are raised. This can be understood in terms of Super and Harkness's (1996) parental ethno-theories being translated into customary practices and setting up of specific and physical settings, firstly in align with collectivism.

African spirituality and the Ubuntu phenomenon can contribute positively to the well-being of the African family and parenthood

African spirituality can be described or understood from the following characteristics: beliefs, practices, ceremonies and festivals, religious objectives and places, values, and norms as well as religious officials and leaders (Mbiti, 1991). Amanze (2011, p. 13) stated African spirituality as is a scenario of tension between local and foreign forces utilising spiritual means to try and resolve that tension. African spirituality in this case is not fixed collection of spiritual means which might be labelled specifically African. Many such spiritual means are imported intercontinentally from outside Africa from such world religions as Christianity and Islam.

African spirituality is a holistic concept that stemmed from the historical, cultural, and religious heritage of Africa, and includes among others, folktales, beliefs, rituals, and culture. African spiritualities must be understood as originated from African soil, but also developed through contact with people from other countries and continents.

The African independent or indigenous churches played an important role in the establishing of African Christian spirituality. An article by Amanze(2011) focused on the African family and the influence of African spiritualities on the family. Although the article refers to children (newborn -14 years) and engaging youth and adults (15-34 years), the focus is on the family for the following reasons: firstly, African spirituality finds itself in and is related to

the oral African tradition. It is also conveyed to children by different family members, including grandparents, parents extended family members, and siblings (Amanze, 2011, p. 5).

Secondly, working from a covenantal reading of scripture, children – and especially the spiritual formation of children – may not be discussed as something outside the family.

A third reason is that family life has changed drastically and radically within the process of industrialisation, urbanisation, globalisation the technological revelation and newfound democracies in Africa, and especially in South Africa. The article answers the question concerning the influences of African spiritual phenomena on African families (Amanze, 2011)

Spirituality is not always religious but is always concerned with the quest for the meaning of life. When such a quest involves an explicit reference to God or Divine, then that spirituality is religious (Amanze, 2011; Wellman et al., 2009, p1).

Spirituality, then, is not defined by an explicit set of religious beliefs or practices. On the contrary, spirituality does not need religion at all to define itself. Spirituality therefore is more about how people identify themselves, and how they view the world, interact with others and make decisions.

This understanding of spirituality in Africa is most applicable as it complements the holistic African view. According to this understanding, Africa is a continent with a vast plethora of spiritualities—some of which originated on African soil while others developed through contact with people from other countries and continents.

It needs to be stressed that there is not just one single African spirituality. Although many of the characteristics of the African spiritualities are alike, each may have different interpretations. It is in this regard that Nurnberger (2007) stated: “Spirituality are not fixed and watertight systems of meaning but subject to internal change and external impact. Moreover, if

genuine, they respond to changing needs and perceptions of reality religious assumptions are always in historical flux, integrating elements from outside, reacting to new experiences, producing new intuitions. What matters is not the ostensibly original form of African spirituality which may or may not have practised centuries ago, but its present living form.

In discussing African spirituality, it needs to be noticed that in discussing African spiritual phenomena today, we need to be aware of and distinguish between 1) the original traditionalists' religion, 2) the impact of Christianity, 3) The impact of modernity, and 4) the current postmodern culture.

Although original African traditionalism is rarely found today, together with the impact of Christianity it still influences the world view of many Africans. For example, 12,000 young Africans participated in initiation schools in Mpumalanga province in South Africa during 2018. Most African people are somewhere on the way to modernity in tandem with large-scale urbanisation. This is especially so for young African people in cities, who have become part of the global modern postmodern African culture (Knoetze, 2019, p. 30)

Although spirituality in Africa may be viewed as a political scenario, African traditional religion (ATR) and spirituality are very intertwined. Mbiti (1991, pp. 17-19) describes ATR as incorrectly called "ancestor worship, superstition, animism or paganism, magic, or fetish". However, there are different opinions on this from other African scholars. For example, Amanze (2011) argues that the spirits of ancestors freely interact with living. Turaki (2001), who describes Christianity in Africa and from an African perspective, states although there are no sacred writings on ATR it is recognisable in almost every aspect of life in Africa. Mbiti (1991, pp. 20-30) indicates that it is found in rituals, ceremonies, and festivals of Africans in shrines, sacred places, and religious objects; it appears in art and symbols, music and dance, proverbs,

riddles and sayings, names of people and places, myths and legends, beliefs and customs—indeed in all aspects of life.

Six markers of authentic African spirituality: contemplative awareness and deep listening in parenting

Amanze (2011, p. 1) described six markers of authentic spirituality; namely, contemplative awareness, effective action in the world, emphasis on community, a disposition to openness, non-dualistic thinking, and discernment, indicating that African spirituality adheres to these six markers.

Contemplative awareness: Amanze (2011, p. 3) indicated that spiritual awareness requires listening, which specifies a state of mind that enables us to open our hearts to listen to God. Nurnberger (2007, p. 42) notes that even in 21st-century South Africa “millions of Africans still turn to hundreds of thousands of diviners and healers when in trouble. When African parents become aware of unnatural or fearful behaviour in their children or family, they will always consult with a spiritual intercessor (in many instances before any other action is taken). This person could either be the sangoma or the prophet who will then determine whether the child or family member is called by the ancestors to become an intercessor or whether the child is cursed or bewitched. Ilo (2017, p. 21) calls for humility through listening to become aware of people’s agony, calling it vulnerable mission of the wounded. It may then be said that African spirituality includes at least listening to the living God, to the living dead (ancestors or authoritative deceased) and to the living people.

True spirituality does not withdraw from the world; it is not an escape from reality, but rather an engagement with reality such as in illness. Although African beliefs and religion are not

described in sacred books, it is written in the lives of the people performing different rituals and at lent different festivals (Mbiti 1991, p. 131)

Many rituals and festivals include the children in a very direct way, for example birth rituals, name giving rituals and initiation. According to Oduro et al. (2008, pp. 21-27), one of the main functions of African religion is to link the world of the dead with the world of the living and as such ensure harmony in the community. Therefore, salvation within African religion has to do with the needs of life which include “well-being, healing and protection against evil powers” (Oduro et al., 2008, p. 26). Authentic spirituality is thus action orientated in an effort to heal the world and its brokenness, because there are little distinction between the sacred and profane, between earthly and eternal salvation (Oduro et al., 2008, p. 27). The action that may be expected from spirituality is caring for others, transcendence and seeking goodness, truth and forgiveness (Mwambazambi & Banza, 2014, p. 2).

In connection to reality, African spirituality is often expressed in celebration, people celebrate life. They celebrate faith. They celebrate death, they celebrate suffering. Life is governed by a spirituality of intimacy and connection (Ilo, 2017, p. 19). Ilo (2017) described the true picture of Africa as a multiplicity of human experience held together by a common African spirituality base in the connections between people, which brings us to the emphasis on the community.

Values of Ubuntu that strengthen the well-being of the African family and community

In Africa, life is part of community; in other words, African spirituality is not individualistic but communal. The community is responsible for the preservation and continuity of traditions and charisms (Amanze, 2011, p. 3). In the African worldview there is no life or spirituality outside the community and therefore children are cultivated by social interactions

with siblings and age groups. The need for belonging is critical as it determines the nature of human beings. Oduro et al. (2008, p. 21) describe the main function of African religion as to link the world of ancestors with the world of living, creating harmony in community as well as the sense of belonging.

Related to this belonging, every community member's status and role is determined through age, gender, and seniority. Individuals are not entitled to go beyond their particular spheres of competence, and in compound societies the spiritual order reflects the social order, indicating that it is an order of power and authority.

Importance of family in African spirituality: living and dead are all connected to God

African children are brought up with the understanding that marriage is viewed as the sacred duty which every normal person must perform (Mbiti, 1991, p. 104) because it leads to family and belonging. Marriage is also the meeting of the three phases of life: the departed, the living and those yet to be born. African spirituality informs people that through marriage and childbirth, the effects of death are reduced and neutralised. Mbiti (1991, pp. 110-115) described several meanings and purpose of marriage such as obligation to bear children; to be a unity link within the rhythm of life; to contribute to the building of a family; to develop new relationships between family members to ensure remembrance of parents after death; to regain a loss of immortality; to bring people together; to give a person completeness; and to create good personal qualities.

It is clear from above that the understanding of marriage and family in Africa is a much broader and more holistic concept than family from the Western perspective. Although there is no one definition of family, the concept of family in Africa includes not only the living but also the deceased and even those not yet born. In short, this may be described as Ubuntu. The

understanding of Ubuntu is ‘I am because we are’, and it is thus understood that a person only lives through other persons regarding keeping the ancestors alive as was described above. ‘I am and you are because he (God) is’ (Knoetze, 2017, p. 1).

In the African worldview, reality is a whole that is more than the sum of its parts, as everything is in interaction and inter-reaction, in this context the role and importance of children must not be underestimated: they are the link between past the present and the future.

The traditional African worldview sees all life as spiritual, and the spirit world controls everything including the physical world. Everything has a religious narrative (Ilo, 2017, p. 20) Therefore man lives in constant reverence of the spirit world (Oduro et al., 2008, p. 8; Van der Walt, 2003, p. 183).

Parenting in the 21st century versus traditional African beliefs and values

Buchana and Glatz (2022, p. 10) pointed out that historical and cultural change over the 20th and 21st centuries has been rapid and all-encompassing. The invention rise, and pervasiveness of smart phones and social media is only one example of historical development that has rapidly and dramatically changed the landscape of parenting over the first two decades of the 21st century.

Many other technological, scientific, and social changes of the 21st century have affected the task of parenting and parent-child relationships directly or indirectly. The impact of these changes has sometimes been positive, sometimes negative, and sometimes both simultaneously. To make things even more complex, the impact sometimes has universal features, or sometime

Although there is an outcry from parents es varies for parents in different demographics (e.g., racial, ethnic, and economic contexts) about the preservation of African culture, more and more African youth are turning towards a Western kind of lifestyle, thereby abandoning

their traditional ways of life. Therefore, current developmental stages in South Africa seems to be strongly influenced by changing social and cultural trends, that are undeniably moving towards the Western perspective.

Although Western civilisation is not without limitations, it seems to be extremely attractive to the African youth despite having negative effects. Examples of these negative effects are street children, child prostitution, alcohol, and drug abuse among children, gangsterism, family violence, car hijacking as well as obvious lack of identity and general pathological behaviour among the youth (Buchmüller et al., 2020, p. 312)

Evidence regarding drama therapy intervention for parents and children

Drama as a discipline has shown a curious reluctance to enter the field of work with families. “This is a lost opportunity, I believe, for the profession and for families” (Kottman, 2011, p. 211). The practice of drama therapy offers a unique therapeutic language to clients. This is true of drama therapy work with groups individuals and client families. Certainly, drama and theatre trace their cultural origins in the community and group experience, and drama therapy will always be a powerful therapeutic force in groups (Kottman, 2011, p. 211).

There also appears to be an opportunity for drama therapy to extend its practice into a whole range of areas, including work with families. The creative, universal and above all symbolic language of Drama therapy adopts itself with great plasticity to all human living and work contexts: the family business organisation, the school, the work team, the couple, the individual and the family are the truly therapeutic context for practice and the others are drama therapy applied in a secular setting.

Drama therapy with parents and children in parallel groups develops an approach for healthier family dynamics

The two main bodies of literature that relate to working with parents / primary caregivers are underpinned by attachment theory from a cross-cultural perspective and systematic-orientated approaches. Bowlby (1988), Winnicott (1965) and Mkhize (1997) are the key authors of the above approaches.

Bowlby's concept is one of a secure base, the significance of attachment experiences, and in particular the quality of the initial attachment relationship between the mother and baby in shaping one's whole being in the world (Hobeck, 2014, p. 104).

Systematic therapy, like drama therapy, focuses on relationships, stories and narratives told. The therapist in this context is part of the family conversation in systematic practice, rather like an invited stranger. The Drama therapist facilitating the encounter space is not the expert but rather the container that reflects, validates, and holds empathy towards the parents and encourages hope among the parents.

Drama therapy with children and adolescents

According to Dermody (1995) the family is a psycho-system of two, three, four or more generations who progress simultaneously through the human life cycle. Each generation negotiates its way through its own life-cycle phase. At the same time as other generations, grandparents are coming to terms with ageing, whilst adults / parents are struggling with multiple responsibilities of their roles and, as children play their way through childhood, tortured teenagers endure the exquisite turmoil of adolescence. This combination of generations synergises to create its own family-psycho-ecology, which seeks to maintain delicate emotional

balance as it evolves interactively through time. These concepts become important when parents are considering ways of parenting effectively in the 21st century.

A return to the arts for an answer to parent programme interventions in the context of children in therapy

Meyer (2017) examined the role of an art-based programme in enhancing care-workers' capacity to respond to children and young people. The purpose of this study was to examine a professional development experiential workshop programme that uses art-focused, active methods to understand how participants experience core drama therapy processes, how art methods influence core drama therapy, and how art methods influence care-workers (Meyer, 2017, p. 2). The findings suggest that through participation in the programme most participants reported new understanding of themselves, the young people they work with and their professional practice and the climate for enhanced learning (Meyer, 2017, p. 2).

Play in Drama therapy as a means for processing and relieving trauma

Sajanan and Reed (2014) wrote that the strategy as a drama therapist in a potentially explosive environment is first developing the body and imagination of the group as warm-up to the dramatic world that will soon follow. The play has many functions in the context of cultural conflict. It allows participants to connect as human beings out of their ego states. They find commonalities in the state of play to communicate in non-threatening ways. This starts to develop the space that will build up later in process. Sociometric exploration, gradually the serious theme of our gathering is introduced, and the process deepens even more through step-in sociometry (Blantner, 2000).

Sociodramatic enactment follows, using sociodrama as an intervention in the healing the wounds of history process, the group can bypass some of the taboos related to saving face, an important value in both cultures.

Drama therapy of all types is based on a set of values and perspectives on the human condition. These include the importance of intimacy in interpersonal relationships, embodiment and physicality, imagination and transcendent experience and depth of emotional expression. These values are shared with numerous other professions. However, in the current climate of trauma treatment and mental health in general, these values are not being supported, argued Sajanan and Reed (2014).

Drama therapy as an approach to collective trauma

According to studies in drama therapy collective trauma is a psychological state shared by a group of people and can affect even an entire society, including children. The impact of collective trauma is carried in our psyches in the form of images, stories, sense memories, spoken and unspoken messages transmitted by parents, teachers, and the media. This is evident in the Three2Six community researched in this study: their home country traumas as well as the host country, South African traumas. The cycle of collective trauma is perpetually maintained. Ultimately this process evolves into collective narrative, this narrative is absorbed unconsciously through a process akin to osmosis and has an impact on the cultural and national identity of the individual and the group.

The Three2Six parents hold collective trauma narrative from their home countries, caused by civil war. This collective narrative integrates with the trauma narrative of being a refugee and asylum-seeker in South Africa where there are persistent xenophobic attacks. This collective

trauma narrative is consciously or unconsciously passed down to their children, resulting in both parent and child's well-being being under threat.

The transgenerational transmission of trauma is a phenomenon where the continuing destructive impact of collective trauma is felt centuries after the original event took place (Daniel, 1998). The inheritor of such a legacy receives the ancestor's trauma as a burden of unexpressed grief, rage or hurt, often out of their conscious awareness. This is evident in the Three2Six community, both parent and child.

Historical trauma can have negative effects on cultural and national identity and self-esteem. Human beings are tribal in nature and have a need to feel good about the tribe to which they belong. When this pride of association is disrupted through the history of war, humiliation, defeat, or subjugation, it negatively affects the collective self-regard in the form of internalised oppression (Sajanan & Reed, 2014, p. 46).

Sajanan (2014) argued, that as a drama therapist working with this population like Volkas, I too have come to learn that in working with intercultural conflict and conflict and collective trauma is that there can be no permanent political solution to intercultural conflict until we understand and take into consideration the needs, emotions, and unconscious drives of the human being. This is also the complexity present within the Three2Six community. Healing the wounds of history, which takes a psychological approach to conflict, provides the map to help polarised groups traverse the emotional terrain to reconciliation. Sanjanan and Reed (2014) in their writings on drama therapy as a psychological approach to trauma, identify two phases in processing collective trauma.

Drama Therapy's unique contributions to trauma-informed methods

Firstly, in many drama therapy approaches, particularly psychodrama and developmental transformations, aspects of traumatic events are re-enacted in a performative play space. This is without question imaginal exposure; however, in comparison to bringing up image in one's mind (as in most exposure threats) dramatic re-enactment provides far more vividness of experience through the engagement of the physical body and the entire sensory of the body. Vividness of recall has been empirically shown to be most important element in successful desensitisation (Foa, et al., 2007, p. 17).

Secondly, drama therapy utilises theatrical conventions that offer incredibility and range in the degree of cognitive distance from traumatic experience. As Moreno (1987) has developed and Robert Landy (1983) and his colleagues (Glass, 2006) have so well-detailed, the drama therapist is expert at titrating the degree of under-to-over distance through various structuring manoeuvres that can shift the clients state of mind from deeply cathartic emotional release to a highly observant and reflective involvement in their experience.

Theatrical tools provide much greater range than verbal instructions in real space used by CBT approaches. As a result, the therapist has greater capacity to control a gradual exposure experience for client, which for some clients such as small children maybe essential to the success of treatment (Sajanan & Reed, 2014).

Summary

The above literature review has described and discussed the most important and critical aspects of the effective parenting phenomena within the African context. The unique challenges and traumas faced by the refugee and asylum-seeking parent are analysed and discussed. The analysis shows that the refugee and asylum-seeking parent carry socio-economic, psychological,

and emotional challenges from their country of origin. These challenges are further aggravated when they enter their host country, resulting in multiple traumas.

The chapter also discusses parental strategies that have been implemented to support parents who need parental support. Literature shows that there have been several of these; however, it has been a struggle to convince parents to participate because of several constraints discussed above. This literature further argues for an African parent programme that will authentically meet the needs and challenges of the refugee and asylum-seeking parent.

The new knowledge this research is contributing to literature is described and discussed; the philosophy of Ubuntu; Spirituality, community, empathy and the drama therapy approach are pointed out as frameworks for the African refugee and asylum-seeking parent programme. The chapter also argues for this approach to combat African refugee and asylum-seeking parents' challenges in parenting. The need for working in the community when caring for the child's well-being, parent, teacher, and therapist are highlighted.

Finally, this literature review has also described problems faced by refugees and asylum-seekers and further discussed ways of overcoming the challenges. Chapter 3 expands on the theoretical framework of the research. It points out Moreno's role theory in connection with African spirituality and Ubuntu as frames that hold the African Parent Intervention program.

Chapter 3

Theoretical Frameworks

Introduction

In this chapter, I discuss the theoretical frameworks that were foundational for this research study. Firstly, the chapter introduces Moreno's psychodrama role theory, and then the African spiritual model and Ubuntu. Each of these three theoretical frameworks holds common principles around embodied healing, empathy, witnessing, and healing in the community. These common principles invite for integration and working together of the role theory, Ubuntu Philosophy, and the African spiritual model to design an African Drama therapy intervention program.

Moreno's psychodrama role theory

Moreno's philosophy and theories are captured in his following comments: "... more important than science, is its results", and "... one answer provokes a hundred questions" (Moreno, 1914).

Sayre (2022) pointed out that Moreno argued that for an encounter between group members to be successful, both parties must be equally able to empathise and reverse roles with one another. This gives a framing of Moreno's development of psychodrama and sociodrama. "Psychodramatic methods have now become integrated into drama therapy, drama in education, sociodramatic explorations of community issues, personal growth programs, men's and women's group" (Blatner, 1996, p. 1).

Psychodrama is a set of widely used philosophies, theories and techniques on which J.L. Moreno laid the foundations. Moreno built his philosophy and practice on spiritual grounds from

existential thought, theology, and texts about the relationship between God and man (Centore, 1996, p. 4)

Moreno envisaged a religion based upon acknowledging Godlikeness in each person and the capacity to bring out the creator in every person. The expression of these religious beliefs would be in action, interaction with others according to principles based on the sacredness of spontaneity and creativity in every individual. He postulated that if we get sick in relationships, we should get well in relationships; a therapeutic service that the body of Christ should offer to all who become members (Moreno, 1941). The above principle of acknowledging Godliness in each person and finding healing in relationships is critical in the philosophy of Ubuntu. It is present in Ichambawilo. There is respect for the almighty creator and his existence in each person. Thus, an acknowledgment of each person is important.

Whilst most talk therapies emphasise the verbal mode of healing, Psychodrama brings the action of the body language, role-play, and behavioural rehearsal into psychotherapy. Since most of what happens to us is a whole experience, much more than just verbal, the techniques of psychodrama focus on the reproduction of life in such way that it can be relived, understood, reaffirmed, reframed, dealt with and new behaviours rehearsed in a safe and protected atmosphere (Centore, 1996, p. 2)

Blatner (1996) highlighted the core principles of human encounter and collaborative healing, which will be central to the programme in gathering the African caregivers in the cause of collaborative healing from psychosocial stressors and collaborative healing in running healthier homes for children. The collaborative nature of the encounter brings the common understanding that parenting or being a primary caregiver for a child in an environment that is full of

psychosocial stressors is not an easy task and perhaps requires collaboration and collaborative support.

Upon reading the invitation of encounter, one is introduced to concepts such as ‘locus,’ ‘status,’ ‘nascende,’ and ‘cosmic matrix,’ as being key to understanding the complex relationship human beings have with each other, themselves, and society.

The encounter is the real focus of Moreno’s method. It is born out of the encounter poem that Moreno used in Vienna in 1914 commenting on the culture at the time, where he was calling the society to do something with the current challenge at the time of war and refusal of refugee people into the country. The poem states:

The meeting of two, eye to eye, face to face.

And when you are near, I will tear your eyes out and place them instead of mine

And you will tear mine and place them instead of yours

Then I will look at you with your eyes and you will look at me with mine

(Moreno, Vienna 1914, published in *Psychodrama* 4, 1977)

It is in ‘role’ that Moreno’s theory is understood; role is what grounds the practical engagement of the theory. Role theory played a pivotal role in making meaning of the refugee and asylum-seeker parents’ life experience in an embodied way. The role theory was critical in framing the methodology approach of an arts-based enquiry.

Moreno’s role theory is made up of three roles that Moreno explains in relation to their function:

1. **Psychosomatic role:** is directly connected to the earliest connection between the mother and the child. This role is directly connected to the basic needs of the child before they learn to speak. Moreno highlights how this role is directly affected by its connection to the primary source of life.

2. **Social role:** here Moreno was pointing to the part where one belongs to a group. He explained how being part of a group causes one to be the subject as well as the object of the group. In the African context, this role is central because of the closely-knit structures of having to understand culture and its influence on raising children.
3. **Psycho-dramatic role:** This role explains that it is when we have fully developed as human beings; when we are ourselves, developed in character.

These three roles are what operates in the Matrix that Moreno speaks about in his philosophy.

He explained the various matrices as follows.

1. **Cosmic Matrix:** In this specific matrix there is a clear understanding that we are all human beings and we come from something; that we are part of something bigger than. In this research, 'something bigger than' will be explicitly referred to as 'God'. The name 'God' will take on various Africans' understanding of God.
2. **Genetic Matrix:** The genes of a mother and a father formulate the genes of a child. He explains that the child therefore inherits certain physical, psychological, and spiritual traits from the parents. In the refugee community it is apparent that the children, as well as the parents, may have inherited genetic trauma because of the circumstances of being a refugee, being in wars and witnessing violence. In the role embodiment, it will be important for the parents to travel to a place where they can make meaning of their current well-being state. To travel to a place of hope and health where the child can be cared in healthy ways by a healthy parent. These three roles as well as the various matrix spaces that Moreno has explained is what holds and frames the role theory. (Moreno also identifies the identity matrix, family matrix and social matrix. This report will focus on the family matrix, which is essential when discussing the parent-child relationship).

There are therefore several conceptual levels at which theory in drama therapy can be directed: 1) a theory of therapeutic effects of drama therapy 2) theory of psychotherapy in general 3) a theory of theatre / drama, and 4) a theory of the self and human experience. I will be drawing from these conceptual levels. So far only Moreno (1969) has created an autonomous theory of self / society. Moreno insists on a transformation of the investigator from ‘participant’ observer to social investigator (2006, p. 146).

The study of well-being is becoming increasingly important in psychology and other social science fields. Concepts associated with well-being, also known in hegemonic psychological science, largely reflect Western and often middle- and upper-class characterisations. They are rooted in modern individualistic constructions of person and society associated with settings that are Western, educated, industrialised, rich, and democratic (Henrich, et al., 2010).

Critics have proposed that hegemonic conceptions of well-being do not resonate with the more relational understandings of well-being that are prominent in many non-Western, educated, industrialised, rich, democratic settings. This critique is important for the application of the drama therapy approaches developed from the Western perspective.

I therefore deliberately used Moreno’s (1914) theory to underpin the study and the methodology as it holds central concepts that are apparent in the African context. Moreno (1914) established a practice that is for the human race and his concept of encounter is an invitation for the collaborative “We” versus “I” as a means of resolving concerns in the society we live in. The concerns in this context are social ills affecting refugee and asylum-seeking parents and their children. The collective frame was central to this study of research as it operates within the African context where the collective understanding of human beings is imperative.

Spiritual Model: African spirituality

Nolan (1982, p. 7) shared an interesting concept of spirituality. He said, “the spiritual life is the whole of one’s life insofar as it is motivated and determined by the Holy Spirit, the spirit of Jesus.” The great wonderful gift that God has given to people is the gift of life. We are therefore charged to manage and take care of our lives.

In Africa, self-management is closely related to one’s world. In other words, how one lives his or her life is part of management of this gift. Self-management is all about the living of the highest quality of human life, as well as being able to enjoy life in a positive Ubuntu style. Parents caring for their children in a holistic manner is part of this African self-management.

This kind of spirituality shapes persons in such a way that they grow into the concept of Ubuntu (humanness). In other words, an integrated spirituality is a spirituality in which who we are, and what we do, are intimately related. The process of an African spiritualist is also developed within the village. Mbiti reminds us that: “it takes a whole village to raise a child” (1977, p. 23).

Relationship is part of development of African spirituality. This article further explores how elders within the village become leaders, and towards the end of their life journey they become teachers and good ancestors, especially to the younger generation. It is important to note that those who are good (while living) can pass their knowledge and wisdom to others and become good ancestors when they die (Masango, 2006, p. 930).

This framing of African spirituality holds the dual nature of Christianity and ancestry and forms the spiritual model that this research will be applying to centre the African primary caregivers’ (usually parents’) well-being with the Drama therapy approach, that is relational and

relatable to all on mother earth. In African spirituality caring for one's prosperity is a big part of generational well-being.

The theme of spirituality has become a common word in modern life. Current interest in spirituality is evident both at popular and scholarly levels. Modern society is revisiting this old concept once again to correct the values and dignity of Ubuntu that have been lost.

The research used four pillars of community development as defined by Bishop Maponga (2018) who is an African spiritualist, evangelist, author, and musician. These include.

- a) The physical structure-infrastructure, place of dwelling
- b) The mind (psychological)
- c) Socialising
- d) Spirituality

The study of well-being is becoming increasingly important in psychology and other fields. Concepts associated with well-being, also known in hegemonic psychological science, largely reflect Western and often middle- and upper-class characterisations. They are rooted in modern individualistic constructions of person and society associated with settings that are Western, , industrialised, educated, rich, and democratic (Henrich, et al., 2010).

Critics have proposed that hegemonic conceptions of well-being do not resonate with the more relational understandings of well-being that are prominent in many non-Western, educated, industrialised, rich, democratic settings. This critique is important for the application of the drama therapy approaches developed from the Western perspective. I therefore deliberately used Moreno (1914) as the theoretical underpinning for the study as it holds central concepts that are apparent in the African context. Moreno (1914) established a practice that is for the human race

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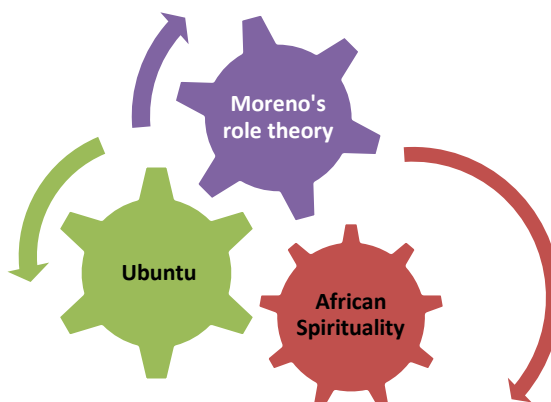
The philosophy of Ubuntu

Ubuntu parenting is rooted in an African perspective and approach. Acknowledging that there is no homogenous African perspective. African approach is cognizant of the various traditions, cultures and lifestyles that exist in different parts of Africa and the African diaspora communities. Notwithstanding the diversity of cultures, research points out that there is a common ground of consciousness that all Africans or Bantu tribes share. Ubuntu is an African tradition. Ubuntu has been grounded as an African philosophy, rooted in the attributes that a good person ought to have love, kindness, empathy, respect of self, and others and care for the existing environment. As an African philosophy, Ubuntu gives an understanding of the value of relationships for the good of well-being of society. In this case an action is deemed right or wrong based on how it is related to corporate existence. The philosophy is founded on the importance of collectivism, interconnectedness, cooperation, harmony, maintaining good relationships and sensitivity to well-being of other people individually or collectively. Nussbaum argues that Ubuntu speaks to the interconnectedness, common humanity and the responsibility enshrined in each other that flows out from the depth of natural connection. (Shambare, 2021, p1).

Ubuntu is not just an African philosophy, but a system of spirituality and ethics engraved in the African way of life. Hunhu / Ubuntu is both horizontal and vertical; that is, the relations go beyond human relations to include the human beings' relations with the spiritual world. It is a way of life because it has existed from time immemorial. In Africa, they are taught to acknowledge that if one's mother's love is not from the biological parent it is compassionate motherly love regardless. In the African worldview, no one is born outside Ubuntu because one is born in a community, exists within a community and when one dies, they are committed to a community of ancestral lineage. As a way of life, Ubuntu is rooted in the oneness of purpose, value, and significance. A person is of value to the sustainability of the whole society and community. An Ubuntu way of life invites an individual to see the good in self and the intended production shared communally, which means certain things need no explanation but require one to abide and uphold. This makes the whole village accountable for the affairs and well-being of an individual. Ubuntu has three pillars: interpersonal values (regard for others), intrapersonal values (regard for self) and environmental values (regard for community). These pillars are integrated into the framework outlook of Ubuntu, which is the individual, the family, the community, the environment and the spiritual. The individual incorporates the biological mechanisms that are inherited from birth. (Shambre, 2021 p. 1).

Figure 1

A summary of the theoretical framework underpinning the study



(The ‘gears’ or theories are interdependent on each other, for optimal functioning.

Summary

Chapter 3 presented the three theories that underpinned the research, namely African spirituality, Moreno’s psychodrama role theory and the Family systems theory. Moreno’s role theory explains the importance of the encounter experience in the context of creating equal empathy for both parties to understand each other. The parent and the child in Moreno’s role theory are encouraged to empathise with one another’s roles. This is done through role reversal and the embodiment of real-life experiences. The invitation in Moreno’s role theory is for the two parties to reproduce real-life experiences within the imaginative context and for new behaviours of life to be rehearsed. Moreno’s role-theory emphasises healing in a collaborative way, within a community.

The African spirituality theory focuses on a higher being for meaning in life. Also, it emphasises similar principles to Moreno’s role theory of communal healing. If the vulnerable child is to find healing, then the parent must also be part of that healing process.

Chapter 4

Research Methodology

Introduction

This chapter introduces the philosophical assumptions underpinning my study. I proceed to discuss my research approach, research design and research methods. Further, I describe the population and sample, sampling procedures and the methods followed to gather and analyse data. I then proceed to detail the ethical issues that I considered when conducting this study and efforts I made to improve the trustworthiness of the research.

Paradigm underpinning my epistemological and ontological assumptions

I adopted the paradigm of constructivism for my study to understand the African Refugee and Asylum-seeking parents' daily experiences in South Africa.

According to Guba and Lincoln (1994, pp. 110-111), constructivism is *a paradigm* that promotes unique ontological and epistemological alignment. The ontology of constructivism, for example, is often referred to as relativism, or the idea that reality is made up of “multiple, tangible mental constructions, socially and experientially based, local and specific in nature, and dependent for their form and context on the individual persons or groups holding the constructions”.

On the other hand, we must ask how a constructivist would come to know those multiple realities, (i.e., the epistemology of constructivism). Adopting the constructivist paradigm, I aligned with a subjective epistemology (constructivism) in which “knowledge is symbolically constructed and not objective” (Hatch, 1985, p. 161). In other words, people use perceptions and experiences to interpret what their senses tell them.

It is also important to note that drama therapists are arts-based in practice and adopt a constructivist paradigm because they do not believe in a single truth (Sajnani, 2015).

I believe that constructivist paradigm is critical for understanding the Three2Six parents' perceptions of their lived experiences; the psychosocial stressors that they are experiencing; their experience of implementing parenting styles and responsibilities, coping mechanisms and how these impact on their children's experiences.

Similar to practice-led research, I investigated for an awareness of everyday living. "Our attempts at being aware everyday living all convince us that experiential encounter with the presence of the world is the ground of our being and knowing" (Heron, 1997, p. 276).

Research design

The research design I selected for this study is intervention research. Intervention research has been defined as a purposive change strategy which is basically characterised by both design and development of interventions (Frazer & Galinsky, 2010, p. 459; Rothman & Thomas, 1994).

Melnyn and Morrison (2012) pointed out that intervention research can be experimental or non-experimental, but basically involves focusing on what efficient new intervention programme or treatment is necessary to meet the needs of a population and bring about positive change. A qualitative, quantitative, or mixed method approach can be adopted but most research adopts a qualitative approach. The said authors added that although intervention research can be a challenging and lengthy process it is worth conducting if researchers care deeply for the population they are focusing on because the research aims to improve their well-being and is thus personally and professionally rewarding.

Of course, I am particularly concerned about meeting the needs of asylum-seeker and refugee parents who are raising vulnerable children so that parents' and children's well-being can be improved, and my drama therapy can prove successful on a permanent basis.

My research was based on the following guidelines that I regarded as relevant:

1. It focused on a problematic situation in practice to improve practice. In my study I had observed that any therapeutic progress I had made with children in the Three2Six project implemented at the Holy Family and Sacred Heart Colleges seemed to be undermined when they returned to the home environment.
2. Intervention research is a developing process where each phase of the research process is based on findings related to a previous phase of the research. In this study, the research process consisted of three main phases, namely, 1. The Investigatory Phase, 2. The Implementation Phase, and 3. The Pilot Study Phase.
3. The study actively engaged the research participants in the study so that they could play a meaningful role in the intervention programme designed to meet their needs. In my study, I worked with parent participants and staff members of Holy Family and Sacred Heart Colleges in Johannesburg which implement the Three2Six project.
4. In intervention research, researchers are usually actively involved in bringing about needed change. I was actively involved in the sense that as drama therapist I was personally rendering services to vulnerable children in the Three2Six project, as well as working with their parents. The positionality of being a black South African drama therapist wanting to meet the African needs in therapy also had a subjective influence in the study.

Population, Sample and Sampling Procedures

Population

The main population for this study consisted of all asylum-seekers and refugee parents in South Africa, residing in Johannesburg and whose children are vulnerable. They come from countries such as the Democratic Republic of Congo, Zimbabwe, Bangladesh, Ethiopia, Somalia, Pakistan, and Nigeria.

Sample

A sample is basically a subset of a population selected for observation and questioning to provide qualitative information concerning a certain topic (Salkind, 2006). The sample of participants were purposively selected based on selection criteria. The main goal of purposive sampling is to focus on characteristics of a population that will best enable you to answer your research question.

Two main categories of participants were selected as samples. Category 1 were asylum-seeker and refugee parents whose children were engaged in the Three2Six project; Category 2 were staff members of Sacred Heart and Holy Family Colleges who were involved in the conducting of the Three2Six project.

Children were also selected to participate in Phases 2 and 3 of the intervention research. (They participated in activities related to implementation and pilot testing of the designed intervention programme).

Experts in the field of drama therapy helped facilitate some sessions held in Phases 1 and 2 of the research. The criteria used to purposively select the two categories of participants are summarised in Table 1 below.

Table 1***Summary of sample categories and selection criteria***

Category of Participants	Selection criteria
<i>Category 1</i> Parents	1. Asylum-seekers or refugees 2. Their children are engaged in a Three2Six project implemented at either the Holy Family College or Sacred Heart College 3. Their children must have received drama therapy. 4. Adults, i.e., 18 years and older 5. Man or woman
<i>Category 2</i> School staff members	1. School teachers teaching or who have taught children engaged in the Three2Six projects 2. Three2Six project coordinators 3. The school principals at the Holy Family and Sacred Heart Colleges 4. School counsellors at the Holy Family and Sacred Heart Colleges 5. Transport drivers 6. All participants needed to be adults

After receiving written permission to conduct the study from the project coordinator based at Sacred Heart College and the project coordinator based at Holy Family College, as well as ethical clearance from the Wits Human Research Council (non-medical), I invited the following number of participants to participate in the study.

1. All parents meeting the selection criteria summarised in Table 1.
2. School staff members:

- Four teachers from the Holy Family College and four teachers from the Sacred Heart College.
- The Three2Six project coordinator from each college.
- A school counsellor from each college.
- The principal of Sacred Heart College and principal of Holy Family College; and
- The transport driver from each college who had personal experience transporting asylum and refugee children engaged in the Three2Six projects.

Overview of the research process

The following systematic, three-phase process for the development of an intervention programme was conducted:

Phase 1: Investigatory

During this phase, data were gathered from Category 1 participants, (namely parent participants) by conducting two focus group discussion, namely one at Holy Family College and one at Sacred Heart College. Visual mapping and sociodrama were used to facilitate gathering of data in these two focus groups.

Personal semi-structured interviews were subsequently conducted with the Category 2 participants, namely staff members at the Holy Family and Sacred Heart Colleges.

A variety of tools and sources of information was used to gather data in Phase 1. This is to enrich the quality and trustworthiness of the data.

Phase 2: Designing of the intervention programme

Data gathered in Phase 1 were thematically analysed in accordance with the narrative, storytelling approach used in drama therapy. People who are experts in sociodrama and people working with refugees and asylum-seekers were consulted.

Collectively with the Three2Six parents and the drama therapists who helped facilitate the focus group discussion with the parents in Phase 1, I discussed possible drama therapy approaches to be used for the intervention.

The parents shared what they needed to be present in the intervention programme and specifically included the African frame of understanding.

The COVID-19 restrictions at the time of Phase 2 resulted in me making the decision to work on the WhatsApp online platform, where a group titled 'Effective Parenting' was created. Here, as researcher, I created the fictional character of Mama Sophie based on the findings of Phase 1 in order to teach effective parenting skills through visual performances.

The findings from Phase 2 indicated that there was a need to focus first on the parents' well-being before teaching effective parenting skills. The outcomes of Phase 2 therefore had a huge impact in the designing and the implementation of the embodied pilot study, that took place in Phase 3.

Phase 3: Pilot study

Once the parenting intervention programme that focused had been tentatively designed based on the findings coming to the fore in Phases 1 and 2, a pilot study of the intervention programme was implemented with seven parents of the children being seen in therapy. The intention of the pilot study was:

1. To assess the process of engaging with the sample of parents whose children who are in therapy (i.e., what motivated them to engage in the pilot study?).
2. To investigate where it would be best to run the intervention programme pilot study from the parents' perspectives.

3. To investigate over what timeframe the intervention programme should take place.
(For e.g., should it be a five-hour intervention programme conducted in one day or if it should be implemented over a few days, and whether it should be implemented through the child's therapy process or a once-off intervention programme).

4. To find how best it is to retain parents in the designed intervention programme.

5. Explore parents' perceptions and experiences of the intervention programme and establish if there should be any amendments to the intervention programme based on parents' feedback.

I present a summary of these three phases in Table 2, but each phase will be discussed in detail in the following chapters.

Table 2

Summary of the three-phases of the research process

	Phase 1 Investigatory	Phase 2 Designing an African drama therapy intervention programme.	Phase 3 Pilot study and evaluation
Data collection methods	*Focus group discussions with parents using visual mapping and sociodrama techniques *Semi-structured interviews with staff members of the two colleges where the Three2Six project is conducted.	*Drama therapy experts in the method of sociodrama contribution in semi-structured interview *WhatsApp online platform to engage parents in the design of intervention programme.	* Conduct semi-structured interview with parent participants engaging in the pilot study to evaluate their perceptions on the effectiveness of the intervention programme. *Evaluate the effectiveness of the intervention programme based on my observations of the children's therapeutic progress. *Discuss evaluation with an expert black African drama therapist.
Participation	*Parents of the Three2Six project *Teachers of the Three2Six project *Principals *Transport drivers who transport the children from home to school. *School counsellor	*Drama therapists and *Socio-dramatists	*Expert black African drama therapist *Observation by me and feedback from parents.

Data gathering and analysis

Different methods of data gathering, and analysis took place in the distinct phases of the research process. For example, drama therapy methods, such as self-reflexivity, role-taking, storytelling, check-ins and the narradrama were implemented (These methods will be discussed in detail when focusing of each of the three phases of my intervention research).

For instance, during the investigatory phase when I conducted focus groups with the parent participants, I used a visual mapping activity to gather data. Although this tool for gathering data breaks away from the norm of other tools used for gathering data in qualitative research (e.g., semi-structured interviews), researchers in the different fields of therapy (including drama therapy) regard the technique as a creative means of gathering rich data (Bahn et al., 2012; Groves, 2022; Kremer, 2017; Yanik, 2023).

Interactive discussions resulted when discussing where and why different stickers were placed in different places on the map. On the Drama Based Instruction website (<https://dbp.theatredance.utexas.edu/content/visual-mapping>) the purpose of visual mapping is explained as follows:

Visual mapping invites participants to synthesize ideas and generate responses to prompts that are verbal and visible to the whole group. It also allows participants to see where their ideas and responses intersect or overlap with those of other participants. Working collaboratively to organize the group's collection of responses, participants make new connections between ideas as they discover ways to visually represent how ideas intersect.

Taking videos of the focus group discussions was another method used to gather data. The audio recordings of the videos were transcribed. When reviewing the videos, I was also able to take note of participants' non-verbal behaviour.

Rowan et al. (2020) pointed out that video data can be used to record the rich detail of real-time events. Videos preserve the exact timing and sequencing of observed events and with less editing and more contextual detail than photographs, audio recordings, field notes, transcriptions, interviews, or questionnaires.

Also, during Phase 1, I conducted semi-structured interviews with school staff members from both colleges. A semi-structured interview guide was used to guide as the tool to gather data. (See Appendix A).

I used the thematic data analysis process described by Braun and Clarke (2013) when analysing data gathered. I implemented the first five phases of their six-phase model of data analysis. (Phase 6 describes the report writing phase, which I only completed once all three phases of the research process had been completed).

Phase 1 Familiarisation with data

This is an active process where the researcher carefully studies the content of the interview transcripts and notes meaningful thoughts and patterns.

Phase 2 Generating initial codes

This phase of the analytic process involves the generation of initial codes which can commence once the researcher has familiarised themselves with their data and have managed to write down some ideas that they picked out from the process in Phase One.

Phase 3 Searching for themes

This is the stage where the researcher starts thinking about combining the codes into meaningful themes.

Phase 4 Reviewing themes

This phase commences when the researcher has potential themes. However, these are not the final themes, they are only candidates and may need further refining.

Phase 5 Defining themes

Phase Five involves the refinement of themes to form concrete themes. At this phase, the researcher must finalise defining the themes so that they can concentrate on analysing closely the data within those themes.

I also reflected throughout the research process by making journal entries. Reflection is considered a crucial cognitive practice in the research field, especially in qualitative research. A reflective researcher "... does not merely report of the research but at the same time questions and explains how those findings are constructed." The value of reflection is that it enhances the trustworthiness of the study (Mortari, 2015, paras 3 & 4).

Ethical considerations

Research ethics deals largely with the interaction between researchers and the participants in research. Established standards for research ethics help to ensure that researchers will consider the needs and concerns of the people under study. In this way oversight conduct is avoided and trust is established between the researchers and the participants (Mack et al., 2005).

Ethical considerations with human participants are of paramount importance and occur at different phases in the process of the research (Creswell, 2014). I was cognizant of the various ethical issues and addressed them throughout the various phases of the study. I was mindful that the main purpose of ethics in research is to safeguard that no-one is harmed or suffers adverse consequences from the research activities (Cooper, et al., 2006).

Informed consent was ensured by providing Three2Six parents and children with all the details of the study so that they made an informed decision (De Vos et al., 2011). The level of sensitivity and personal impact can be categorised as ‘medium’ for the primary caregivers. The key role-player participants’ level of risk.

All potential research participants were furnished with a Participant Information Sheet which explained the purpose of the research and what research procedures would involve. (See Appendices A and J). Each participant who was interested in participating in the study was requested to sign a Consent Form voluntarily agreeing to participate and approving the audio-recording of the interviews and video-recordings of the focused group discussions and pilot study process. In addition to these appendices, a letter requesting permission to conduct the study was submitted to the principals at the two colleges.

Confidentiality and privacy were adhered to by keeping participants’ personal information private and protected. During reporting, sharing, and storing data, the researcher ensured integrity, honesty, reliability and confidentiality towards the participants, the schools, and the reporting of the results (Creswell, 2014).

I checked the site to circumvent disruptions, respected all participants, and avoided any deception. I also demonstrated and tried to avoid power imbalances (i.e., me, the qualified drama therapist versus parents), and strived to ensure non-bias in presenting results.

Participants were made aware from the outset of the supervisor’s involvement and that only my supervisors and I would have access to the data collected.

Soft copies of documents, and video and audio recordings from the study, were safely stored in a locked cabinet. They will be kept for a two-year period following any publications

based on research findings, or for six years in the event of no publication emanating from the study.

The only other persons with access to the recorded interviews and the transcriptions were my two research supervisors.

Although there was no deception involved in the research (Given, 2008), participants were debriefed upon conclusion of the interview with me explaining the follow-up steps and the use of disclaimer questions. For example: “Is there anything in this interview that you have been uncomfortable with and would like removed? Is there something you would like to add?”

The disclaimer questions posed to all participants helped to re-establish each individual’s trust, level of satisfaction and comfort with the information discussed during the interview. Participants could request that certain details presented earlier be removed, or information that was omitted in the interview could be added at this stage. I also provided contact information in case the participants had questions or concerns. Participants were also reassured that they should feel free to withdraw from the study at any time with no explanation or consequences. There were no penalties for withdrawal nor pressure to continue.

According to Oliver (2010), a participant’s withdrawal can be expected even if they have given their informed consent to participate. A copy of the research abstract and main findings will be availed to participants if they would like written feedback from the study.

Four drama therapist facilitators in the first phase of investigation were invited. Each drama therapist held a group of 10 parents during the visual mapping process. These drama therapists were trained to know what to do should there be any psychological and emotional breakdowns. Each drama therapist was committed to upholding ethical principles when

facilitating Phase 1 involving focused group discussions with the parents of the children who were engage in the Three2Six project.

In the final embodied pilot session, there were two drama therapists, namely me, and another black female drama therapist. We held the five sessions together to be able to contain the heavy feelings that the parents shared their personal stories during a part of the pilot study.

In the pilot study sessions, parents were asked to come on a Saturday morning. They were given R100 each for transport money, and breakfast was prepared for them in all the sessions.

During the parallel process of seeing the Three2Six parents on Saturday morning and the children for therapy on Monday afternoons, confidentiality with the parents and the children was kept throughout.

Research limitations

The time horizon of the research was longitudinal, that is, the three phases of the research process were conducted over a period of three years, namely the years 2020, 2021 and 2022. Unfortunately, it was over this three-year period in which the COVID-19 pandemic was rife.

This impacted negatively on the time of when the study took place as well as how long the pilot study was run. The study had huge moments of not progressing because of the COVID-19 restrictions.

The sample of the participants for the embodied pilot study phase had to be limited to seven parents (only women voluntarily agreed to participate) because of the health restrictions of COVID-19. This small sample impacted on my study because findings would have been more trustworthy when analysing results.

The negative socio-economic impact of COVID-19 in South Africa affected both South African citizens as well as refugees and asylum-seekers. For example, some participants lost their jobs, and they were also unable to trade because of restrictions. This placed a huge strain on the refugee and asylum-seeking community. Their psychosocial stressors and general stress levels obviously increased.

Another national incident that impacted on the progressive measures of the study was the “Operation Dudula”, a mission to remove all non-South Africans, that took place a month after the embodied pilot study was initiated. It was difficult for me to establish if the embodied pilot study was being properly implemented in the home environment. After four weeks of tracking the children in therapy and their progress, they became anxious and focused on the violent xenophobic attacks that their parents were going through.

My journal entry on 2022-06-22 reads:

The last time Operation Dudula – mission to remove all non-South Africans – was reported to have moved from Alexandra to Johannesburg. This was in March 2022. Yesterday in the Three2Six parents’ group, it was announced that children must not come to school because of the strikes. The coordinator of Three2Six project wrote in the WhatsApp group; “Dear parents tomorrow we are not going to school because of the strike. We apologize for the late communication (20:35). Thank you for your support, and if you live near any of the protests, please keep safe.

At 01:30 a.m., one of the parents who stays in Yeoville market side, posted in the parents’ group, “Gambela in fire” (i.e., the Yeoville market where most refugee and asylum-seeking parents make their money by selling veggies and other goods). This was followed by two videos: the first of the buildings on fire and second of people screaming at the firefighters to hurry up because the building was burning down with their goods. There is much sorrow present in the Three2Six parents’ group. As the therapist and researcher who works with these families, I too feel deep sorrow. My immediate thoughts went to the children, how fearful and anxious they are witnessing this violence on their parents. This for me as

researcher emphasised the need for more interventions to support the parents, that these interventions should be in partnership with government, so as to stop the violence on the families. I am reminded again of the question I asked myself in the middle of the study, when I discovered the depth of the parents' psychosocial stressors; "How do I expect a parent living under these extreme circumstances, to learn parenting skills, when they are consistently in fear and survival mode, in their host country?" These skills of touch and communication become secondary. I am learning that one must first create an environment where foreign nationals can feel safe and begin the process of being protected from trauma before thinking of teaching.

Another limitation of the study was the language barrier that existed with some of the parents who spoke predominantly French. Although the study did make use of creative visual art forms (visual mapping, videos, and performance of Mama Sophie) there was a limitation in parents encountering process. This was mostly evident on the WhatsApp online intervention moment. The parents feared to express themselves in their limited English. During the focus group moments when the dialogue became in-depth the parents changed to their mother tongue to fully express themselves. This meant I could not track the conversation fully.

During the embodied pilot study, none of the seven parents attended consistently because they found piece job opportunities.

Summary

Chapter 4 focused on describing and discussing the research paradigm, approach, research design and the research methods applied in my intervention research. It covered how my two categories of research participants were purposefully selected, and the manner in which data were gathered and analysed. I also discussed the ethical issues I took into consideration when conducting the study. Finally, I summarised the limitations of my study.

Chapter 5

Research Findings regarding Phase 1: the Investigatory Phase

Overview of the presentation and discussion of the findings

In the three phases of the research, an African perspective was used as the framing lens that guided the investigation of the Three2Six primary parents' daily life experiences as parents within the South African context. Concepts of collective engagement and community were foundational for the research study.

Findings are presented chronologically. This chapter, Chapter 5, presents the process followed and discusses findings related to Phase 1, the Investigatory Phase which focused on exploring these parents' needs and their psychosocial stressors. Data were gathered from two broad categories of participants.

The first category of participants was the refugee and asylum-seeker parents of the Three2Six community from Sacred Heart College and the Holy Family College who met the selection criteria. Category 2 participants were school staff members employed by each of these two colleges. Their participation was also based on selection criteria.

Chapter 6 focuses on Phase 2, where the Three2Six parents were taught parenting skills through the WhatsApp platform online because of the COVID-19 pandemic.

Chapter 7 concentrates on Phase 3 of the research study, the implementation of the embodied pilot study applying the African Parenting Intervention, Restore, Re-tell, Replenish, Reauthor, Reconnect intervention programme (API-R5).

Finally, in Chapter 9, I present a summary of the main research findings, highlight the conclusions I reached, and present recommendations based on the research findings.

Phase 1: Investigatory phase with parent participants

Introduction

The category of parents consisted of two groups of parents; one group of parents was from Holy Family College, and the other group of parents was from Sacred Heart College. The main aim of Phase 1 was to explore the parents' needs and psychosocial stressors using the 'Encounter' approach from Psychodrama. The community visual mapping process was used to create focus group discussions on parents' needs when parenting a vulnerable child.

Socio-demographic particulars of parent participants

In Phase 1 the initial intention was to have approximately 20 parents from each of the Three2Six communities (i.e., Sacred Heart and Holy Family Colleges) form part of the encounter circles (also referred to as focus group discussions [FGDs]). However, when parents were informed of my prospective study that was sent to the parents via WhatsApp groups, where there were 136 parents in the group, as well as the parent newsletter, many parents engaged in Phase 1. In total there were 140 parents; to be specific: 60 parents from Holy Family College and 80 from Sacred Heart College.

One focus group discussion in the encounter groups was conducted separately with parents from the Holy Family College and the Sacred Heart College on different dates. This generated diverse data. Phase 1 also influenced how Phase 2 would unfold.

Table 3***Socio-demographic particulars of the two groups of parent participants***

Name of College	Holy Family College	Sacred Heart College
Number of parents	60	80 (increased number was due to more advertisement time)
Age range	29 – 60 years	30-63 years
Sex	10 men and 50 women	20 men and 60 women
Country of origin	Angola, Zimbabwe, DRC Congo, Bangladesh, Pakistan, Somalia, Nigeria, Mozambique, Zambia, Ghana	Angola, Zimbabwe, DRC Congo, Bangladesh, Pakistan, Somalia, Nigeria, Mozambique, Zambia, Ghana
Family structure	The parents are mostly single mothers	The parents are mostly single mothers
Trauma experienced as child	Most parents reported to have experienced trauma in their childhood	Most parents reported to have experienced trauma in their childhood

Methods of data gathering

Phase 1 involved exploring two core issues, namely: i) the psychoeducational skills needed to parent a vulnerable African refugee and asylum-seeking child, and ii) the psychosocial stresses affecting the parents and how these stressors influence their parenting within the home environment.

The encounter / Ichambawilo experience and the collaborative engagement is critical in the field of Drama Therapy research within the African context based on the communal and dialogical aspect of encounter (Moreno, 1914). Parents were invited to share their experiences from an African perspective. In other words, they were asked to share their lived parenting

experiences within the African context, back in their home country and their current hosting country, South Africa.

All the Three2Six community of parents were therefore invited to participate in the investigatory phase as a practical group exercise by answering focused questions within a group, where I encouraged narratives related to personal experience.

The use of community visual maps was to create smaller focus groups that would dialogue together and embody the dialogue through the visual representation of what it is they are dialoguing about. This process was conducted the same way at both schools. I was the main facilitator in both schools. There were also five facilitators at the Sacred Heart College, namely four drama therapists (one white male, three black females) and one volunteer facilitating a group of parents.

By asking a series of questions that probed discussion, critical thinking, and the choice to represent the parents' chosen position through a colour-coded sticker was placed on the community map that maps out the parents' psychosocial stressors, spaces they go to receive support for their stressors, the parenting skills that they need support with, and finally the dialogue of what healthy African parenting is.

At Holy Family College, we had six groups and I facilitated two groups. At Sacred Heart College, the groups were larger and were reduced to five groups. Each facilitator had one group and was more directive with the instructions and discussions.

Data gathered when conducting Visual Mapping in Encounter groups

Visual Mapping is an exercise that has a visual map that is placed in the centre on the floor of the circle of parents. It has images and symbols representing the Three2Six community, namely the physical environment, developmental facilities, health spaces, and psychosocial

spaces. The visual map also had questions about the psychosocial well-being of the parents. How it works is that the facilitator asks a question and then invites the parents to place their colour-coded sticker where they desire to have it. These colour-coded stickers indicated to me what most of the answers were for the parents.

The objective of choosing visual mapping for data collection was to begin initiating the 'Encounter' experience as framed by Moreno. The 'Encounter' experience was thus used to initiate dialogue among the parents as well as create an atmosphere of critical thinking and authentic sharing on African parenting experiences.

I was also interested in the embodied practical experience of the encounter Moreno speaks of. The 'Encounter' term is a keyword in the sociodrama context. Moreno explains that the term is more than an existentialist term, it is first and foremost a practice (Kristofferson, 2014, p. 60). In my study it involved refugee, and asylum-seeking African parents coming together physically in one space to encounter one another in their parental role, emotionally, psychologically, and spiritually.

According to Tur-Porcar (2016, p. 6) the definition of 'Encounter' from various scholars is explored as follows: the term 'Encounter' in the context of existential humanism has the specific meaning of an authentic, congruent meeting between individuals. Rogers (2005) described encounter groups as a form of group training where participants learn about themselves through their interaction with each other. They use feedback, problem solving, and role-play to gain insight themselves, others, and groups.

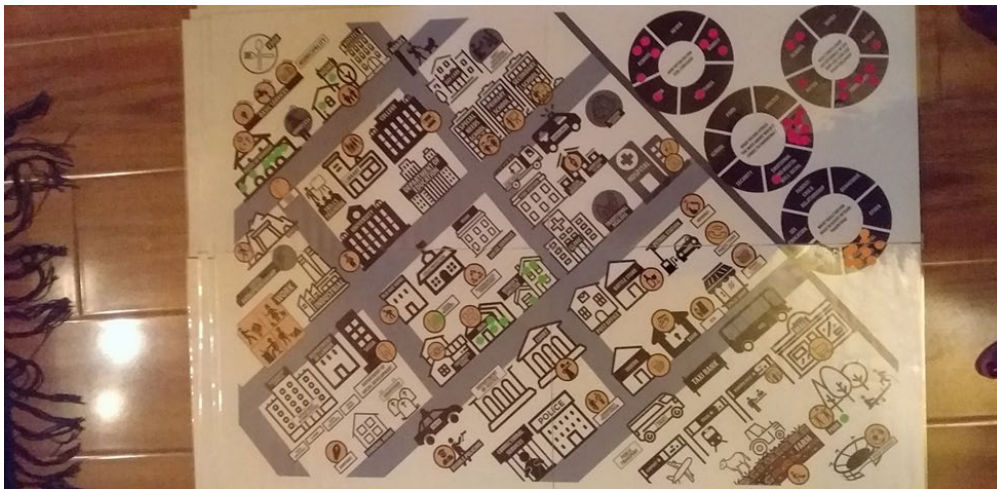
I also hoped that when participants participated in the visual mapping exercise, they would build their community and hope in themselves, and among one another. In other words, the choice for visual mapping was to create an encounter experience so that the Three2Six parents

could collaborate in their healing process, share ideas of what effective parenting in the South African context entails, and what living challenges prevail.

Community visual mapping was developed by a South African psychologist Sara Black (2000) who was interested in safeguarding children by teaching the school educators of public schools to explore the backgrounds their learners came from. It invites the teachers to show empathy towards their learners as well as to place their learners in context.

Figure 2

Visual Mapping with colour stickers



Moreno (1914) envisaged an encounter space to be upon acknowledging Godlikeness in each person and the capacity to bring out the creator in every person. The expressions of these encounter principles would be in action, interaction with others according to principles based on the sacredness of spontaneity and creativity in every individual. He postulated that if we get sick in a relationship, we should get well in a relationship; a therapeutic service the body of Christ should be offered to all who become members (Moreno, 1914).

Blanter (1996) highlighted the core principles of human encounter and collaborative healing. The collaborative nature of the encounter brought the common understanding that

parenting or being a parent for a child that is living in an environment consumed by psychosocial ills is not easy and does need the community to work collaboratively to combat its ills.

Visual mapping as a data collection method invited spontaneity, creativity and physical embodiment in a group encounter setting of the Three2Six parents. The choice for the embodied intervention was to carefully hold the bodies of the parents in the play, reflective frame, while simultaneously inviting healthy vitality from the parents.

The visual map was placed in the centre of the circle on the floor, and each of the parents were given colour-coded stickers that represented the response to the question asked. They were invited to place the sticker on the visual map indicating their choice.

The presentation of the Visual Mapping focus groups for both Holy Family College and Sacred Heart College was based on a set of questions. These questions were framed around the following: 1) The psychosocial stressors that the parents experience, 2) The spaces and people they consider for support, 3) The potential risks for their children that they have identified in the current environments they live in, 4) The parenting skills they need, and 5) What are the spiritual values they hold to raise up their children?

The encounter groups started off with play following the Drama Therapy structure: check-in to find out how everyone is by using games, an icebreaker came entering world of play and release of inhibitions, and finally breaking up into groups, where they can encounter each other through the visual mapping exercise. The parents were divided into groups of 10 members and there was one facilitator for each of the 10 groups. The facilitators were qualified Drama Therapists trained in the approaches used.

It was apparent during the play event that the parents were stressed and tensed up physically. However, there was a positive difference in their physicality and energy at the end of play. They appeared flexible, laughing, open and lighter in their energy.

Sajanan and Reed (2014) pointed out that the strategy as a drama therapist into potentially explosive environment is first develop the body and imagination of the group as warm-up to dramatic world that will soon follow. The play has many functions in the context of cultural conflict. It allows participants to connect as human beings out of their ego states. They find commonalities in the state of play to communicate in non-threatening ways. It became apparent that play as a frame for the intervention would be beneficial for the participants.

In the encounter circles (focus groups) the play was further maintained through the fictional character of Mama Sophie (see Figure 3), which I played. A video introducing Mama Sophie who is also a refugee parent in South Africa was played at the beginning of the focus groups as a distancing mechanism and one they could identify with. Mama Sophie shared her concerns about parenting and then invited the parents of the Three2Six community to participate in the encounter circles.

Mama Sophie's character was introduced in the groups because she would later be used in the intervention as a distance mechanism that the parents could relate to and learn from. When the video of Mama Sophie started playing, some of the parents recognised that it was me (therapist) in role of Mama Sophie. They started laughing and pointing to me. However, I held onto the play, imaginative frame by relating it back to Mama Sophie and stating that it's not me.

Figure 3***Mama Sophie's story on how she parents***

The facilitators in their individual groups also maintained the imaginative Mama Sophie by mentioning that it's not me. Later in the session it became evident that the parents had bought into the imaginative character of Mama Sophie because they started to use sentences as "You see like Mama Sophie, I too struggled with transport money". The parents started to project their life experiences onto the character of Mama Sophie without feeling too vulnerable and judged.

Phil Jones (2007) in his writings of the nine core principles of Drama Therapy pointed out that Dramatic Projection involves the placing of aspects of ourselves or our feelings into other people or things. Usually, it is an unconscious process. Aspects of projection are present in our everyday life. Main (1975, p. 64) described it as a normal mental activity. He argued that it is part of the way we relate to and understand the world. One manifestation of this is how we imbue other people or roles with our feelings, which is what the Three2Six parents started doing in the group sessions. They projected their feelings of parenting in a foreign country onto the fictional character of Mama Sophie.

The related responses that I gathered from the parents invited me to use Mama Sophie for the online WhatsApp platform (because of the COVID-19 pandemic) in Phase 2 that would focus on psychosocial effective parenting skills. (I will discuss this further in detail, when unpacking the online WhatsApp experience).

All the encounter groups were visually recorded with the consent of the parent participants.

Presentation and discussion of research findings based on Visual Mapping

Data gathered during the visual mapping exercises with parents from both Holy Family and Sacred Heart colleges were thematically analysed. Table 4 below summarises the main themes coming to the fore when discussing with the parent participants the various issues related to their experiences of parenting.

Please note that because there were so many parent participants in Phase 1 of the research process, I only selected one or two verbatim quotes to substantiate the themes identified. (Refer to the following page for Table 4 which summarises the themes emerging based on thematic analysis.

Table 4

Summary of the themes emerging based on thematic analysis of data gathered from parent participants from both colleges

Themes arising based on questions related to possible reasons for feeling stressed and what impact this has.

Theme 1 Stress is related to the lack of alignment between one's spirit and God.

Theme 2 Unemployment is a main cause of stress because one cannot meet the basic needs of family members.

Theme 3 Stress related to unemployment leads to the abuse of children, and domestic violence.

Theme 4 Father absence can create stress for single mothers.

Theme 5 Children's behaviour can be difficult to manage.

Themes arising from the questions related to spaces and the people parents rely on for support.

Theme 1 The family is sometimes approached for help.

Theme 2 The church is a common space that offers spiritual upliftment and relieves stress.

Themes arising from the question related to the parents' perspectives of what parenting skills they require.

Theme 1 We don't need to learn how to discipline children because punishment is best.

Theme 2 New parenting skills are required for raising children in the 21st century.

Theme 3 We need to know about the developmental stages of children.

Theme 4 Raising children in a 'risky' environment is stressful and dangerous.

Themes arising from the question related to the spiritual values parents uphold when raising their children.

Theme 1: Faith in God is an important principle when raising children.

Theme 2: Religious beliefs offer support.

Themes arising based on questions related to possible reasons for feeling stressed and what impact this has

In the thematic analysis of the data (visual maps, videos of the encounters groups, and playing the role of Mama Sophie), there were five core themes that were present in both parents from Holy Family College and Sacred Heart college. These themes were based on the parents' lived experience within the context of their home country and South Africa.

Theme 1: Stress is related to the lack of alignment between one's spirit and God

When I began probing what stress is and the possible causes thereof, parents in all the encounter groups paused and were quiet for some time before answering. Then most members of the different focus groups suggested that stress is related to the lack of alignment of one's spirit to God.

One father, who is also a priest, captured these sentiments well: "You see when your spirit, heart and mind are not for God, aligned to God then, you have stress. You need to be connected to God not to stress."

Responses to the question were based on individuals' faith in God, and the idea of being stressed all the time meant that one did not believe in the almighty God who is in charge and above all.

Most of the parents when asked the question of how often they stress, they chose "sometimes" as a response because of their understanding of stress being related to needing to be aligned with God. A brief comment illustrates this point: "Sometimes, if you say always, you don't believe."

Theme 2: Unemployment is a main cause of stress because one cannot meet the basic needs of family members

Many participants in encounter groups expressed that their stress was related lack of employment because this meant not being able to meet the basic needs of family members and that the COVID-19 lockdown exacerbated this. For example. They were unable to go out onto streets to sell their goods. One participant explained “Sometimes, my problem is I don’t want to go broke because as a mother I worry about things. Since lockdown its tough.”

Another participant was clear when discussing possible reasons for stress and how this made him feel:

“You think stress when there is no money. Here in Johannesburg hospital, they kept me four weeks in hospital because of chronic stress. When I come to the country, I have 5 kids and I am a security. I was sick not knowing how to feed my kids.”

Other participants had similar sentiments: “Stress can come many ways like under pressure at work or rent payment. Boss calling to tell me I am jobless that is worse. First think about family, I can sleep in park but kidz won’t.”

Most woman participants from the two colleges were single mothers. They pointed out that they are in continuous worry about sourcing food, shelter, and security for their children. So, although they desired to live a life that is connected to God, they could not help but stress about their families. They expressed that raising a family by themselves was too much of a load to carry by themselves. For example, one single mother highlighted this point well: “Sometimes I stress about what they are going to eat. Haai! The stress wants to finish me. I stress about school fees because some are in high school. I am always stressed.” (She expresses her feelings as she laughs and cries).

When analysing participants' responses to my questions related to how frequently they stress, it was mainly single mothers who emphasised that they 'always stress'. A couple of quotes depicting this include: "Me I choose always because I am a single mother." Another participant, "Me I choose always because as a single mom. Need shelter for your child. You stress when you can't pay accommodation, stress about my child's education. It comes even if you don't want. So that's why I say always."

One of the group facilitators later pointed out to me that the educational concerns that the parents presented about their children's schooling was because of lack of parent involvement in education. "Parents can't read, so can't help or parents are very busy to look for something to eat and rent money. When they get home, they are very tired. Can't help child with homework, we have identified learners who are struggling academically."

Theme 3: Stress related to unemployment leads to the abuse of children and domestic violence

All parents in their various encounter groups shared how it stressed them to not have employment so much that they have taken out their frustration onto their children, through shouting and beating their children. They acknowledged that abusing their children was displaced anger resulting from stress related to unemployment.

Responses related to the question of whether stress has had a negative impact on their parenting role, most parents responded in the affirmative. This finding is substantiated by the following verbatim quotes:

- "So, you always remove your stress onto the kids?"
- "Sometimes can beat your children, like when they say mom, I want money."

- “If you have stress, you can’t help child” (The parent then switched language from English to French and showed physical movements of beating using hands and cross facial expressions. Other parents broke out in nervous laughter because although they could relate to the frustration acted out by the parents, they felt uncomfortable because I and the other facilitators were present).

One of the man participants implied that the stress created by unemployment can also result in domestic violence:

As a man I have a future partner. So, let’s say you have a rose garden, and you break that rose, there will be no rose garden. The same when you beat your wife. The flower will no longer be there. Women know the house and what is missing and needs to be bought, we don’t. So as people we must always ask and learn even from kids.

This man spoke as one who had committed violence towards the mother of his children, because she was complaining about not having enough food and the need for better employment. As this man shared his experience it was apparent that his commanding male African voice had caused the women in his group to be silent, even though they had their own thoughts. The men in this group dominated with their voices while the women listened.

Theme 4: Father absence can create stress for single mothers

Some women in encounter groups responded when the man continued to address the women in the group in a patriarchal manner and he suggested that the women should lie to their children about where their absent fathers have disappeared to. He implied that if this was done by the mother of the children, the children would not be emotionally upset or unhappy and confused.

But as single women I understand what you are going through. Everything is difficult. You have a big job. Everything is on your shoulders. The kids are looking at you. Lie to

them about why their father is not there and that he will come back. You're doing it for the sake of the kids.

As this man was projecting his lived experience with women onto the women in the group, women generally responded with outright rejection of this notion. Women in the groups' facial expressions and body postures changed to one of intensity and rage. One woman yelled:

No, no! That is the problem ... don't lie to the kids! Just tell them the truth. If the father pass away, he pass away. I know one of our Congolese ministers, whose dad was absent in his life. It motivated him to work harder at school. He became a minister and took care of the mother. What happen now the father came back. He went to child saying, 'I am your father ask your mother' The mother say yes you are, but what did you do? I struggle to send this child to France to study. The son tells the father you are not my father. Pack your stuff and go! Yes, biological father, but you did nothing.

The feelings of anger and frustration were present in the women who were relating the story, but also in the ones who were listening. The man who was dominating the conversation was quiet and the other men became empathetic towards the women in their group. This story related by the woman, appeared to invite the other single mothers to also share their absent father stories. The issue of the absent father was evident in most encounter groups.

Stats SA (2021) revealed that most children in South Africa live in nonstandard family structures with mostly one of their biological parents. The research, which was conducted in 2018, revealed that the majority of families had twice as many children living with their mothers compared to those living with biological fathers (76% and 36.6% respectively). Among the various population groups in South Africa, only 31.7% black children are raised with their biological fathers (Stats SA, 2021).

Merry et al. (2017) explained that loss among refugee and asylum-seeking parents is manifested on various levels; absent father, death, moving away from family. Many of the single

mothers shared a story that was common among them. The father of the children travelled together with them to South Africa. Then he left the family, found a younger wife who was financially stable, or the father suffered death due to severe illness.

In many of these single mothers, as they shared their personal stories in their encounter groups, strong pent-up emotions were expressed. It was apparent that the encounter groups became cathartic for the single moms. Their pain was witnessed in these encounter groups. The experience of being seen and listened to as a single mother was encouraged in most encounter circles.

In one of the groups, a single mother shared her personal story of raising her son alone in the absence of the father. The men in her circle were very empathetic towards her when she shared her story and encouraged her to not give up. One man stated: “We men here also motivate you not to give up!” (The group started to clap for the woman). This form of encouragement opened the groups to begin dialoguing about effective ways of parenting in their challenging circumstances.

Dermody (1995), in the writings of drama therapy, explained that drama therapists facilitating the encounter space is not the expert but rather the container that reflects, validates, and holds empathy towards the participants and encouraging hope among them. (This is a role that was taken by me throughout the research process).

Theme 5: Children’s behaviour can be difficult to manage

Another common issue raised was that stress relates to finding it difficult to manage the children’s behaviour. For instance, a participant pointed out that her stress was caused by her son’s abuse of drugs, and she was dependent on his stepfather financially: “My son is 15 years

and smokes too much dagga. He will sit smoke and come back home and sit. If you leave R50 there you will not find it. Last week I left him there (i.e., in Zimbabwe).

It is apparent that she chose to send him back to Zimbabwe because of her concerns about his abuse of dagga, and the fact that she is staying with the stepfather whom she relied on financially. She suggested that the stepfather would chase her son away because he was not his biological son.

Rafaela (2016, p. 7) in her writings on migration and parenting pointed out that refugee parents stress about loss of control over their children. Gillespie et al. (2022, p. 396) further argued this point by stating: “In context of ongoing danger some refugee parents perceive practices like restrictive parenting, as necessary for protecting children’s immediate safety.”

Another reason raised related children being difficult to manage had to do with not being honest with their children about their poor financial circumstances. Trying to meet their children’s unrealistic expectations, such as fashionable clothes, lead to further stress. Two quotes captured this point of view:

Let me come it from a different angle, yes, we stress. You will look to our backgrounds, let’s look at our parents. Back then everything was free. My father did not stress about food or labels. Now we come to our time. We forget to teach our children to appreciate small things if we don’t call them back in order. Remembering back at how my parents loved me and valued me. We look at our children and we give into their demands. They want Adidas brand, new phone, and we forget that these things create tense environment in you. What did you miss go back to foundations. Ask what I want for this child. If the child asks daddy, I want a new phone, I need to ask if this is going to show I love him? All what can satisfy them is love I give. The question I would like to ask all here is, do we give our children real love they need, or do we base our love on material things?

My name is ... I want to give example of myself. Teaching our children where we are coming from, as you can see my son matriculated here at Sacred Heart College. I was always telling him don't focus on the things others have but if I give you appreciate. If I don't have appreciate also. This school is expensive. If I buy you a shirt for R20 downtown and I iron it nicely, you must appreciate. I can tell your fellow brothers and sisters my son was listening to me and very faithful. Now he is in university. (Sacred Heart finished this arrangement because of her child's good academic performance). I was trying to show life. I learn from my parents to appreciate everything if there is no food I appreciate, if there is food I appreciate. I did not change my lifestyle because my son is in an expensive school. I leave him in the same situation. I am not shaking" (Group claps for her story).

This group discussion is evidence of the encounter experience that Moreno (1914) envisioned. The group of parents witnessed each other's stories, dialogued about parent challenges, comforted, and encouraged each other, and humanised each other in their roles as parents. Parents were motivated to take responsibility for raising their child and not to fall victim to poor parenting.

The application of sociodrama in the visual mapping method invited the Three2Six parent participants to share their common lived experiences and to show empathy for each other and inviting catharsis of suppressed emotions to be released while being witnessed by the group.

Chesner (2020, p. 5) stated the following about "witnessing" in group settings: "... the group in an encounter space becomes a therapeutic agent, where validation and witnessing invite the processing of difficult emotions. This is what happened in most of the groups during the encounter group experience. The men and women were able to share their lived experiences and the feelings thereby providing for catharsis of feelings. Chesner (2020, p. 7) further emphasised that it is therapeutic for group members, whether they held a role on a psychodramatic stage

(participant sharing his / her lived experience regarding an issue raised), or witnessed from an audience space (i.e., other participants listening to participant who is sharing their lived experiences). The witnessing and validation in the context of these groups invited for a validation of their role as African parents, who can parent effectively. The principle of loving children outside of material gifts and the principle of gratitude were emphasised as key principles of parenting effectively within the African context.

Themes arising from the questions related to spaces and people parents rely on for support

Based on the data analysis of information concerning a discussion related to the spaces and people participants rely on for support, two core themes arose. Although audio dialogue showed diverse responses to this question, it became apparent that most participants sought help from communal spaces, where a collective of people could help, like the extended family and the church.

Theme 1: The family is sometimes approached for help

The notion of going to family members for support was secondary to the Three2Six parent participants because of their refugee and asylum-seeking status. Many expressed that they felt displaced in South Africa because many of their family members were living in their home countries. However, some of the participants who had family in South Africa explained that they approach their family members first for support. For example, one participant shared:

“I go to my family if I have stress or problem I can’t solve. I go to family. I sit down with them and tell them. If they can’t give me solution I go to my spiritual father, I tell my pastor I have problem. How I am going about it. So, I start with family before going to church.”

Theme 2: The church is a space that offers spiritual upliftment and relieves stress

When the Three2Six parent participants were asked the question of where they go to find support for their stress and to improve their well-being, most of them identified the church as the place they go to relieve stress and find support holistically. The evidence of their responses indicated that they go to church for support emotionally, spiritually, and mentally.

In most of the encounter groups, they discussed that talking to their pastor or directly praying and talking to God helps to relieve their stress and to find guidance of how to continue with life. For example, participants stated:

- “Us, we go to church, ah how I cry at church. I lose [relieve] everything.
- “I go to church. I say God help me!”
- “We are Christians, we focus on God, church is the way.”

One woman participant responded:

When I stress, I go to church because my communication with God can also teach me something, to change maybe I am wrong, maybe I am correct. You can also change your behaviour in your family. Because the social worker is the last. We do not get any solution. But when in communication with God is the essence, something spiritual you can control but social worker is just a human being, and they also have problems. They use the learning of the book, but the learning of the living is something else.

It became apparent from this woman’s comments that her belief in God is prized above the help a social worker could offer, because the social worker is another human being. Her comments were the epitome of what most Three2Six parents shared; that their well-being is connected to the Almighty God, and their ancestors, who are their guardian angels on earth.

The woman, in her emphasis on connecting to God, a higher spiritual source than herself, points to Moreno’s cosmic matrix in psychodrama and one of Amanze’s (2011) six markers of

authentic spirituality, contemplative awareness. The woman was aware of her own limitations as a parent as well as those of the social worker. She chooses to turn to her creator God for answers on her role of parenting. God the creator, God the all-knowing. Her contemplative awareness invited the whole encounter group of parents to consider their role of parenting within the presence of God the creator and the comic matrix Moreno speaks of.

Moreno (1914) stated that in this specific matrix there is clear understanding that we are all part of something bigger. In the context of Africa, it is God. (1977, p.10). Amanze (2011) indicated that spiritual awareness requires listening which specifies a state of mind that enables us to open our hearts and listen to God (2011, p.3).

Most parents of the Three2Six community emphasised that when they pray to God their load feels lighter and their mind is at peace. They can think clearly of how to tackle their life challenges. The verse from Matthew 11:28 “Come unto me all ye that labour and are heavy laden and I will give you rest” (King James Bible) was the scripture alluded to in the groups. Most of the parents shared that they talk to their spiritual guides, their pastors at church. They often ask that they pray with them regarding their trials. These choices made by the African parents point to the fact that Africans regard God and church as the place one goes to relieve stress and to improve well-being.

Unwell-being is equal to imbalance with your spiritual connection with God. To reinstate balance, one must pray to God or ask the pastor to help through praying on behalf of them. Nurnberger (2007) noted that even in the 21st century millions of Africans still turn to thousands of diviners and healers when in trouble (2007, p. 42).

When African parents become aware of unnatural or fearful behaviour of children or family, they will always consult with the spiritual intercessor (in many instances before any other

action is taken) which could either be a Sangma or a prophet to determine whether the child or family member is called by the ancestors to become an intercessor or whether the child is cursed or bewitched (2007, p. 42). One mother shared: “You see when a child is behaving in an unnatural way or crying a lot, we Africans go to church for pastor to pray for the child to be healed. Here in South Africa, I see they go to sangoma”. These are common responses the Three2Six parents shared. Ilo (2017), who called for humility through listening to become aware of peoples’ agony, called it a vulnerable mission of the wounded.

It may then be said that African spirituality includes at least to listen to the living God, to the living dead (ancestors or authoritative dead) and to the living people (2017). Ilo (2017) argued that true spirituality does not withdraw from the world; it is not an escape from reality but rather an engagement with reality such as illness (2017, p. 21).

Other research studies have also concluded that religious and spiritual beliefs support and empower many refugees to make it through displacement, migration, and settlement. Religion and spirituality can be sources of emotional and cognitive support, a form of social and political mobilization and a vehicle for community building (Gozdziak, 2002; Gozdzia & Shandy, 2002; Mavelli & Wilson, 2016).

Programmes that incorporate religion and spirituality to heal trauma are an excellent alternative to approaches which treat refugees suffering a pathology and medicalise their experiences (Bracken et al., 1995; Gozdzia & Gozdzia & Tuskan, 2000; Pupavac 2002).

Themes arising from the question related to the parents’ perspectives of what parenting skills they require

Four core themes came up during the analysis of the data.

Theme 1: We don't need to learn how to discipline children because punishment is best

A major issue that was explored in all the encounter circles and discussed at length was that times have changed regarding how to respond to children who misbehave. They pointed out that their parents beat them to make sure that they behaved themselves. Most of the comments made by the participants was that they still support physical punishment rather than discipline. For example:

- “They say hitting kids is not okay. So, what must do, I must watch them, haai!”
- “Me, I say beating is a solution.”
- “Beat her and after explain why you beat her.”
- “Don't allow the child to think he is boss.”
- “Yes, I beat also but social workers don't like you here in South Africa. You don't beat because of law but other times a child must be beaten.”
- “Beating a child is part of discipline. After beating her don't just leave her to cry, call her after she finish crying.”
- “Do you know why I beat you?” When our parents beat us, they call us back. But now we're in the modern world. You can't beat her out of love.”

The frustration that was felt in the groups around appropriate ways of disciplining a child was heightened because the parents felt overwhelmed. Parents expressed that if they do not beat their children, there is no understanding of the fact that they are the parent, and it is the parent who ensures rules are obeyed. Participants also reasoned that if children are not beaten then the children will begin taking over their parenting role and become ill-behaved. As a result, the only solution that the parents could think of was the one that was modelled to them by their parents, namely beating the child.

One father participant shared with other participants that his mother used to beat him hard and that made him sad. He argued that culturally his mother was right for beating him because he would have turned out to not be good if she did not beat him: “I think somewhere somehow my mom was right for beating me. The more I grew up I tend to understand now. When I see it on my child, I will beat him.”

Most participants drew attention to the fact that manners, humility, and respect are African parenting values that are critical for raising children well. The child in the African context is seen as the extension of their parents or the family they come from. If the child misbehaves in society, the Africans will often ask who the child’s parents are and what their family name is. The child is never a separate individual entity but rather is part of a communal context that is responsible for teaching him / her the ways of life.

In their paper, Esch and DeHaan (2017) critiqued the universalistic approach to parenting styles. For example, in the study done in Western Kenya post a parenting training programme, parents reported less physical punishment (i.e., corporal punishment) and emphasised parent-child communication more. The study showed that parents see these newly introduced methods as means to act more efficiently within a utilitarian approach to parenting they had defined before training.

Further, Esch and Dehaan (2017) argued that their findings reflected that cultural norms related to respect, authority and compliance remained important although attention to responsiveness and inner motives of children had arguably started to bend and twist the older family hierarchy, and the position of children in it.

Participants in different Three2Six encounter circles also emphasised that ‘disciplining’ a child is related to cultural norms regarding respect, authority, and compliance. However, unlike

in Esch and De Haan's findings (2017), participants' responses at this stage of the study did not reflect a move towards taking the child's inner motives and good communication between child and parent into consideration thereby reflecting a bend and twist to the cultural family hierarchy.

No matter how much we as facilitators disapproved of their implementing punishment and pointed out the negative psychological impacts of it, most parents still preferred beating as this is how they asserted their authority and control over their children as parent. For example, one participant made it clear that "Discipline [she was in fact referring to punishment] is nice. Me I want discipline if they go somewhere they must know you got a parent, can't be parent and not discipline!" (The group clapped because most African cultures believe the management of children by the parent reflects in how the children behave and their manners towards other members of society).

The arguments of these parent participants problematise Koop's (2014) opinion about childhood parenting, the idea of what a child is, and how a child should be treated, and what then can be considered as maltreatment, have changed much over time (Koop, 2014).

It was only a small number of the parents who were open to the idea of finding alternative healthy ways of disciplining their children: One participant pointed out: "But beating up a child can result not only physical hurt but also psychological and emotional."

Theme 2: New parenting skills are required for raising children in the 21st century

Most of the parents expressed deep concerns about the era of the 21st century, namely the evolution of technology and globalisation, and how they found it challenging parenting in this century because the rights of children are emphasised rather than holding onto cultural practices. What I learnt from the dialogue with the Three2Six parents is that the feeling of helplessness is

also a result of not having the skills of parenting a child who is living in the 21st-century generation and consequently they are exposed through social media to diverse cultures and beliefs.

Some responses in this regard:

- “... children change from age to age; this generation is different!”
- “You see the way our parents raised us, in the old days, you can’t do the same with these children.”
- “It’s the children with rights, you beat them you get arrested, so what must we do?”

Buchmüller et al. (2020) argued that although there is outcry towards the preservation of African culture, and consequently more and more are abandoning their traditional ways of life. Buchmüller et al. (2020, p. 13) added that current developmental in South Africa seems to be strongly influenced by changing social and cultural trends, that are undeniably moving towards the Western perspective. However, the responses of the parents participants did not indicate this, so these authors’ findings cannot be generalised.

Although Western civilisation has its limitations, it seems attractive to African youth despite having negative effects. Examples of these negative effects are street children, child prostitution, alcohol, and drug abuse among children, and gangsterism. African youth are turning towards a negative Western kind of lifestyle, including violence, car hijacking as well as obvious lack of identity and general pathological behaviour among youth (Buchmüller et al., 2020, p. 13). This argument by Buchmüller, et al. (2020) is also evident in comments made by the Three2Six community in their small, focused encounter groups.

Theme 3: We need to know about the developmental stages of children

Parents also expressed the need to know more about the developmental stages of children. Parents desired to know specifically how a child shifts emotionally, physically, and

psychologically as they enter the various stages of development. This knowledge is important so that they can understand how to parent effectively. The following verbatim quotes reflect this sentiment:

- “I want to know the developmental stages, when a child grows, they behave like this.”
- “I choose developmental stages because, sometimes I need to understand why my child is behaving like this. Like from 0 age, now she is 8 years, she is changing so I need to understand why my child is behaving like this.”

The need to feel comfortable when talking to their daughters about sex was raised by many mothers in the encounter circles. One participant shared her reason for this parenting skill: “These days my daughter is exploring pubic hair in her private parts. She says, ‘Mommy look at me’ but I don’t pay too much attention. I tell her you still a baby.”

Another participant clearly emphasised the need for parents to provide information about sex to their children:

I think sex education is important because there are a lot of things that come about when they come teenagers. Sex education is something my mother taught us. I remember my mother brought honey she put it in a jar and put in teaspoons. She said we are not using teaspoons. We are going to eat it with our fingers. She said the honey is nice. She asked us what will happen if you eat too much honey. You will get sick? We said yes. She said, “sex is like that”. So, the minute you have sex now you are going to have HIV etcetera”. So that thing kept us awake till now. So, I think sex education is not taught at school and it’s not explained to them. So that you as parent must sit and explain. Not only explain but help them understand the consequences. Like I tell my children if you have sex now and fall pregnant you going to have a full-time job raising a child.”

Ashcraft and Murray (2018), in their writings on adolescent sexuality, stated that the importance of parents, guardians, and other caregivers in all aspect of adolescent development

cannot be overstated, but their role in sexual education is crucial. Parents are the single largest influence on their adolescent's decision about sex, and parents underestimate the impact they have on their children's decisions. For most parents and their children, the prospect of talking about topics related to sexuality creates anxiety and apprehension and this may lead to avoidance of discussions because of not knowing answers, not knowing the correct language to use / sounding crude, being wrong or being corrected (Ashcraft and Murray, 2018, p. 305).

Mchunu et al.'s (2012, p. 301) research findings that were published in the African Science Journal highlight the statistics of teenage pregnancy in South Africa. Among female youth 19.2% said that they had an adolescent pregnancy, while 58% of male youth indicated that they had impregnated a girl when they were an adolescent (12-19 years). Furthermore, 16.2% of the women indicated that they never had an unwanted pregnancy and 6.7% had terminated a pregnancy.

Theme 4: Raising children in a 'risky' environment is stressful and dangerous

Many Three2Six parents in their encounter circles expressed concerns about the environment in which their children are being raised. They felt that their children are at risk in South Africa because they are exposed to drug abuse, peer group pressure and xenophobia. They implied that this 'risky' environment leads to challenges regarding raising their children in a principled and valued way. Responses indicating why they think their children are at risk included:

- "Potential drugs is too much!"
- "Children staying, living where alcohol is sold. Shabbeen way of living is a risk for children."
- "South Africa is mixed with children who smoke dagga."

- “Friends often cause potential risk for school dropout.”
- “They fear for their lives. They rob and steal f/om their shops. Xenophobia! It’s not easy to get treatment for children in hospital.”
- “Metro police take their goods. This is not good, go to your country” [implying that foreign children are not welcome in South Africa].
- “Love of immorality influence teenage pregnancy.”

From the encounter discussions it became evident that the Three2Six parents from Colleges were frustrated because by not having the ability to protect their children from the risk factors associated with drugs, alcohol, and peer-pressure. They implied that the risk they experienced was exacerbated because of their asylum-seeking and refugee status.

Poverty and lack of basics services from police, hospitals also meant their children are at risk. They expressed fears of being in foreign country where violence is perpetuated by protection services, namely ‘metro police’ and xenophobic attacks. It became obvious that they felt helpless as parents because of the risky environment they are raising their children. Their verbal and non-verbal responses suggested that they felt helpless as parents.

Themes arising from the question related to the spiritual values parents uphold when raising their children

Three main themes arose from the data analysis. I decided to separate themes 2 and 3 although they overlap.

Theme 1: Faith in God is an important principle when raising children

In the very difficult conversations about the complexities and frustrations of raising children in a foreign environment the parents of Three2Six encounter groups returned to the idea

of church space, namely that God and spiritual values are important when raising an African child. Poignant responses included:

- “Show them the way of God.”
- “Africans come from different cultures, but God is the way... have to sit in fruits of spirit, love and temperance.”
- “Spirituality plays a role. Praying helps us assist our children.”
- “Teach our children to pray every day, they go to church. Africans use the Bible to teach about morals.”

In his article titled “African spiritual phenomena and the probable influence on African families”, Knoetze (2019) distinguished and gave attention to the influence of African traditional spiritual phenomena as a globalised Africa spiritual phenomenon on African families. When the influence on Africa families is discussed, it is done from a Christian religion point of view. Although the article refers to children (ages 0-14 years) and emerging adult (ages 15-34 years) the focus is on the family for the following reasons; firstly, African spirituality finds itself in and is related to oral African tradition. It is also conveyed to children by different family members including grandparents, parents, extended family members and siblings.

Secondly, working from a covenantal reading of scripture, children – and especially the spiritual formation of children – may not be discussed as something happening outside family (Knoetze, 2019, p. 6). Knoetze (2019) in his writings highlighted the value of spirituality in the family context and in raising children.

Mutepfa and Maundeni (2019) in their writings talked about the value of spirituality and religion in resilience in sub-Saharan African children. They argued for spirituality as a source of resilience regarding chronic stressful life events experienced by children. There is a need to

establish the role of faith in children's lives because of different types of adverse events that impact child development.

I am familiar with the fact that many African countries are inundated by untold hazards that impact on children more than any other age group and this trend requires urgent intervention by stakeholders. At research level, there is need to conduct studies that explore, over prolonged periods of time, the processes and role of spirituality in facilitating or inhabiting children's adjustment to traumatic experiences.

Additionally, at policy level there is a need for governments in Southern South Africa to implement policies, intervene and protect children; in addition to encouraging collaboration among the religious fraternity, traditional leaders, other stakeholders to make the world a better place for children. In the encounter circle of the Three2Six parents it's apparent that their faith in God is the source of strength for raising their children.

Theme 2: Religious beliefs offer support

Another theme emerging that overlaps with the one above, is that through this encounter discussion it became evident that for asylum-seeker and refugee participants, their faith in God is what governs their well-being, as well as those of their children. Being right and in tune with God no matter your circumstances are at the core of these African parents.

The Investigatory Phase 1: Findings related to school staff members

The focus of Phase 1 was to investigate the psychosocial needs and stressors experienced by the Three2Six parents, using focus group discussion (encounter groups). To explore this issue in further detail, semi-structured interviews were conducted with the stakeholders from both colleges (see Appendix A for the interview guide). Table 5 summarises the socio-demographic characteristics of school staff members that participated in my study.

Table 5***Socio-demographic characteristics of school staff participants***

School staff members of Holy Family College			School staff members of Sacred Heart College		
Role	Sex	Years employed by school	Role	Sex	Years employed by school
1 principal	Man	5 years	1 principal	Man	10 years (founder of Three2Six programme)
4 teachers Teacher 1 Teacher 2 Teacher 3 Teacher 4	All women	9 years 8 years 4 years 7 years	4 teachers: Teacher 1 Teacher 2 Teacher 3 Teacher 4	Woman Woman Man Man	7 years 7 years 8 years 10 years
1 coordinator of Three2Six programme	Woman	15 years	1 coordinator of the Three2Six programme	Woman	15 years
1 transport driver	Man	15 years	1 transport driver	Woman	5 years

School staff participants

The same number of school staff and the roles they fulfilled were selected from both colleges to participate in my research. All these participants had had personal contact with the children participating in the Three2Six programme and many had also had contact with the children's parents.

Methods used to gather data

In-person, semi-structured interviews were conducted with the community of staff members from both colleges. Based on thematic data analysis, five themes were identified. These themes are summarised in Table 6 on the following page.

Table 6

Summary of themes identified when analysing data gathered from school staff members

Theme 1: High parental stress results in harsh punishment of the child and poor parent-child relationships

Theme 2: Parents are so involved in struggling to meet the family's basic needs that they do not support their child's educational development.

Theme 3: Parenting styles practised in the African country of origin, violate children's rights to protection.

Theme 4: There is an essential need for parenting education and training to promote positive parenting practices.

Theme 5: Children face risk growing up in poverty-stricken communities and the instability of residence in a foreign country.

Theme 1: High parental stress results in punishing the child and a poor parent-child relationship

All the teachers, principals, coordinators, and drivers interviewed identified that the Three2Six parents often present feelings of anger, frustration, and conflict because of their inability to provide for basic needs, like food, shelter, and security for their children. The interviews also revealed that most parents of children attending the Three2Six programme project these feelings of anger, frustration, and conflict onto their children.

Some teachers, a school principal and project coordinator mentioned that the consequence of intra-family conflict results in parents punishing their children. Although not the parents' intention, they are actually abusing their children physically, emotionally, and psychologically. A teacher from Holy Family College stated: "Most of them (children) where

they come from, their parents act out of anger; each and every parent when you don't have money. You develop anger, that frustration. So, whatever the child does it's taken out onto child."

A statement expressed by the coordinator from the Holy Family College also captured this point: "There is a lack of knowledge on two levels. First, the only language parents understand in communicating with their children is beating, and two, parents don't know how to communicate to a child when they are emotionally affected."

Similarly, the principal from Holy Family College expressed:

A lot of parents in the Three2Six community are having a lot of stressors in their lives trying to make life work in their life. Simple things like putting food on the table, shelter, care, protection, warmth, and love. And at the same time, they have that child they must care for. It's that conflict that hits home where parents take their frustration onto the child, through abuse.

Piotrowska et al. (2016, p. 16) in their writings on parental systems and mental health pointed out the following factors when it comes to effective parenting: in order to respond appropriately parents need to know what to do (for instance, when the child needs comforting or when she has broken a rule) and what not to do (such as use harsh forms of discipline, such as beatings) and to be able to do these things consistently. These authors further elaborated that this is a tall order for any parent at the best of times. But many caregivers in South Africa are parenting under extreme conditions, namely poverty, exposure to violence, health conditions such as HIV, poor mental health, as well as single parenthood. These are all factors that may increase the stress of parenting and make poor outcomes for children more likely.

Dehart, et al. (2006) pointed out that poor and disturbed interaction between the mother and the child causes an increase in stress of the mother which in turn leads to more poor interaction between the mother and the child. Thus, the mother's stress results in negative parenting style behaviour and insufficient interaction orientation.

Parents from the Three2Six community experience additional stress particularly because of their refugee and asylum-seeker status that hinders their progress of finding work to meet their basic family needs.

In the findings from the interviews with the Three2Six school staff members, it became evident that the Three2Six parents do tend to resort to abusing their children because of the stresses they are facing. However, they don't seem to associate stress with unacceptable punishment.

Theme 2: Parents are so involved in struggling to meet the family's basic needs that they do not support their child's educational development

Both the teachers and coordinators from Holy Family College and Sacred Heart College identified that most of the Three2Six parents have 'piece jobs' that don't bring a stable income into their homes. As a result of the scarcity of piece jobs in South Africa, they rarely attend parent meetings to help them become engaged in their children's learning process. They also spend very little time at home with their children. A teacher from Sacred Heart College commented: "Parents don't come to the parent meetings because of work. If they don't work, there is no money to feed children." Similarly, a teacher from Holy Family College expressed:

We are raising the child together, it's better to talk face-to-face with the parent. Where I have 25 parents, 10 won't show up, 15 will cooperate. The reason is that they are busy with their work. Some work in restaurants, salon, some sell downtown Johannesburg. If

they don't sell, they won't have anything to eat. That is the reason why they don't come to school, when we call parent meetings.

Another teacher from this college said "Parents are very busy going to look for something to eat or rent. They can't help child with school homework."

Aghajafari et al. (2020, p. 9) argued that the child refugee is at risk for problems with academic achievement and psychosocial well-being. Child refugees are diverse in their educational performance and early deficits often resolve with time spent in the host country. These children are at an increased risk of emotional and behavioural difficulties and multiple factors are associated with these outcomes. Although educational difficulties of primary school-aged child refugees in high income countries tend to resolve the risk for psychosocial problems, some do persist.

Vaage (2014) emphasised that evidence has shown that child refugees are at high risk of mental health and psychosocial problems due to compound trauma experiences during their journey, including the closing of borders, worsening of living conditions, xenophobia and social marginalisation. Other factors that affect children's mental health are their parents' psychological health, poor housing, frequent changes in where they live, lack of toys and limited access to school and lack of interaction with peers (ISSOP, 2017; Vaage, 2014).

Turrini et al. (2017) in a recent review of the prevalence of mental health disorders in refugee populations showed on average a frequency of 18% for depression and 36% for post-traumatic stress disorders (PTSD) in child and adolescent refugees. These mental health issues have been associated with increased risks of violence, delinquency, addiction, suicide, and radicalisation which contribute to double marginalisation of child and youth refugees from their society of origin and their host society (Ratkowasica, & Leo, 2013). I have also personally seen

that refugee and asylum-seeker children within the Three2Six programme that are in the drama therapy sessions manifest the same problems.

A project coordinator expressed a similar sentiment and added the issue of literacy and language being a barrier in supporting their children in the learning process: “Some parents won’t help the child with school homework, even if asked by the teacher. The reason is because the parents are too tired from piece job and because they can’t read or write, and language is a barrier.”

The statements made by the teachers and coordinator, and the emotional tone they showed during the interview, highlighted the survival mode in which the Three2Six parents are living. The rat-race struggle of trying to meet basic needs has a negative impact on the effective parenting process. Helping their children survive by providing them with shelter and food is the priority for the Three2Six parents. Educational needs and the emotional care become a secondary priority because of the extreme poverty circumstances the parents find themselves in.

Gillespie et al. (2022) emphasised that in immediate disasters or conflict settings, a host of stressors may make it difficult for the caregivers to buffer their child’s distress. Family stress models centre on parenting practices as a primary mechanism through which stressful family contexts affect child outcomes (Gewirtz et al., 2020; Masarik & Conger, 2017). Caregivers may have knowledge of effective parenting skills yet be unable to implement them under highly stressful conditions (El-Khani et al., 2018).

A bus driver from the Holy Family College emphasised the terrible hardships parents of children engaged in the Three2Six project are experiencing. He narrated about an incident that occurred during a food parcel handing-out day. One of the parents who had just collected her

food parcel from the school was about to walk back to her home in Yeoville from the school in Parktown and the bus driver offered her a lift home. During the bus drive he noticed that the woman appeared not to be okay. He then enquired from her what was wrong. The parent explained that she could not pay her full rent of R1500; she had only given her landlord R1000. This resulted in her landlord removing the front door of her shelter. She therefore had no door to lock up her place. She explained to the bus driver that she is worried about safety of her children and herself as a woman, as well as her belongings. She further explained to the bus driver that she had to move to Yeoville police station until she can manage to secure the R500. The bus driver added that most Three2Six parents move about five times or more during the year. They don't reside in a single place for long because of the financial struggles they face when paying rent.

In a situation like this, the survival of parents and their children takes precedence over the children's schooling and emotional well-being. Gillespie et al. (2022) stated that caregivers may have knowledge of effective parenting skills yet be unable to implement them under highly stressful conditions (Gillespie et al., 2022, p. 396).

This problem-situation was also evident in the focus group discussions with the parent participants. For example, most of the parents explained that they would appreciate spending more time with their children. However, because of the living demands for food, shelter, and school, they fail to do so. It is therefore critical for well-being practitioners working with children from a context such as those experienced by the Three2Six parents to understand the complexity of the living circumstances of the parents before concluding that the child is being deliberately neglected.

Theme 3: Parenting styles practised in the African country of origin, violate children's rights to protection

The Three2Six project coordinator from Holy Family College pointed out that refugee and asylum-seeker parents from different countries outside of South Africa struggle to meet the right of children to not be physically and emotionally abused. She explained that African parents in general don't know any other way of disciplining their children because this is normal for them as they were brought up with beatings and harsh words.

Although the African Charter on the Rights and Welfare of the Child provides for the child's right to be protected from violence and ill-treatment, the implementation of corporal punishment all over Africa (and around the world) continues to violate children's rights (Vohito, 2021).

Mostly studies have looked at changes in parenting to assess the level of acculturation of parents and have emphasised the challenges parents experience raising their children in a new country (Raffaello, 2015, p. 21). Understanding transformation in parenting in terms of assimilation runs the risk of reproducing essentialism because it is based on an understanding of culture as static and of change as gradual process that refugee, asylum-seeking and migrant parents go through from traditional parenting practice to modern.

It became apparent during this phase of the study that bringing about change in the parent participants' disciplinary skills would be challenging. However, I needed to be hopeful because research has claimed that negotiations around parenting are in a transnational context in which global discourses on childhood and parenting are imparted through several channels, such as social media, policies and expert knowledge, and influence parenting beliefs and practices across borders (Mugadza et al., 2019; Raffaello, 2015).

Theme 4: There is an essential need for parenting education and training to promote positive parenting practices

Closely related to Theme 3 above, the Three2Six stakeholders all agreed that the way to address these difficulties, is that the Three2Six parent community needs to be educated about effective, healthy parenting. One coordinator suggested that parenting workshops should focus on “... how to look after the child emotionally because they don’t know what physically abusing a child is. Teachers, parents should be educated on the objectives of why children come to school. Parents must know the challenge children face”. The coordinator ended off by stating: “Parents are already traumatised; therapy for them is needed. Because they go back to the same cycle, mother drunk, sleeping with many men for money...”

A principal made a similar point: “Our parents need to be educated. Give parents tools to be better parents”.

Piotrowska et al. (2016) argued for parenting interventions to be effective in combatting some of psychosocial stressors faced by parents who are refugees and asylum-seekers in South Africa. They argued that positive parenting, warm, affectionate parenting that provides appropriate boundaries for children without violent discipline can buffer the effects of risk factors, such as poverty on children. Further, recent South African work suggests that improving parents’ knowledge about caregiving may improve child outcomes, even in families where there has been intimate partner violence.

Theme 5: Children face risk growing up in poverty-stricken communities and the instability of residence in a foreign country

The challenge of trying to meet the family's basic needs results in desperation from the parents and the child; they go into survival mode. In other words, the parents face continual and unresolved stress.

The bus driver participant described that the health of the children is not taken into consideration because the parents are desperate to adequately meet their children's needs for food. He explained that even if the child is not well, for example has flu, the parent will send them to school so that they can eat the food provided by the school. The bus driver continued to narrate in IsiZulu, "*Uyazi hini engiphula idliziyo* (meaning 'you know what breaks my heart'). He pointed out when the bus has left these children from their pick-up point because they were late, they have to walk to school so that they can eat. They do not know the shortcuts of the road to school, so they walk where the school bus drives, on busy roads.

The bus driver emphasised that the walking incidents did not happen once but many times:

I remember seeing one of the children crossing JSlovo drive, walking on the highway to come to school because of food. Because I always help when it comes to food packaging, I noticed that the parents of the Three2Six community, always wish that the food was more. Most husbands don't work; the mothers are the ones who are usually trying to find piece jobs. As the driver of these children, I see that they are continuously shifting homes, because one day I will pick up the child at this bus stop, then next time another, and so forth. They move around Johannesburg, Bez Valley, Bertrams, Bekker, Saint George, and some outside of the bus stop like Ghandi Square.

Based on this information, it became apparent to me once again that inconsistency of having adequate food and the lack of stable, secure homes causes stress and anxiety for the parents, which in turn affects the child in negative way. Merry et al. (2017, p. 24) in her writings of refugees and asylum-seekers stated that asylum-seeking parents and refugees are in perpetual anxiety because of being displaced from the country of origin and the continuous moving of houses in the foreign country of residence.

Summary

Phase 1 of the research process clearly indicated that the Three2Six parents stress about the inability to satisfy their family's basic needs. Lack of employment is thus a major stressor. The COVID-19 pandemic exacerbated their challenge to secure any employment or generate their own income. The idea of seeking professional help from social workers or therapists was not encouraged in Phase 1. Most parents selected spirituality as their way of healing and enduring their challenging life.

The psychosocial stress experienced by the parents frequently results in corporal punishment that has become common practice because of their own upbringing.

School staff members emphasised that poor parenting skills and the parents being unable to provide for their children's security and stability places their children at risk and there is a definite need for parents to undergo training to enhance their parenting skills.

One important source of support for these parents is their connection with God and sense of spirituality.

Both the visual mapping in the focus group discussions and the role-play of 'Mama Sophie' promoted open discussion among the parent participants. Rich, meaningful data also

came to the fore when I interviewed school staff members. They seemed aware of the challenges these parents are facing and emphasised the need for parenting training.

Because the parent participants expressed to know about child development so that they could better understand their children's misbehaviour and help them communicate better with their children. They emphasised that they are experiencing challenges because children of the 21st century have many rights, are losing disrespect for their parents, and exposed to negative social media.

School staff members also pointed out that the children's parents would definitely benefit from attending a parenting skills workshop and that there is urgent need to address the parents' mental health and well-being. The needs assessments that was conducted in Phase 1, with both parental groups from the two colleges, and the staff members helped me to capture what exactly were the parent's psychosocial stressors and their parental needs. This data were used to design the online intervention program for the Refugee and Asylum seeking parents in Phase two of the research.

Chapter 6

Phase 2: Designing an African Drama Therapy Intervention Programme.

Introduction

The main aim of Phase 2 of the study was to promote effective parenting practices by designing an African drama therapy intervention programme for adult refugees and asylum-seekers in South Africa who are parenting vulnerable children engaged in the Three2Six project. There were 134 parents from Phase 1 who were invited to participate in the design online.

There were approximately the same number of men and women (attendance was not consistent). The men could understand English better than their wives so communication with them was easier.

WhatsApp platform to engage parents in the design of an intervention programme.

The creation of an online WhatsApp platform to complete Phase 2 became necessary from 21st November to 16th December 2022 because the COVID-19 restrictions had been reinstated. After consulting with the parent participants, we decided that the WhatsApp platform would be suitable to teach and create reflective space concerning effective parenting skills. All the participants also had access to cell phones, and we decided that using WhatsApp would be the best way forward to complete Phase 2.

The findings related to Phase 1 of the research process were taken into consideration when conducting Phase 2. I thus focused on the following topics: i) Effective communication

between parent and child, ii) Disciplining children without beating them, iii) Providing safety and security for children, and iv) Preparing the child for a risky environment.

These four topics were presented as follows: They were presented on the WhatsApp platform in light of the COVID-19 epidemic. The urgency in releasing the episodes in the month of December 2021 also served the purpose of safeguarding the children in their homes during the December holidays. Each topic had a short training video that parent participants could view before chatting as an encounter group on WhatsApp at a scheduled time.

I decided once again to use ‘Mama Sophie’ to lead the group discussion via WhatsApp. (Mama Sophie is the fictional character that was introduced in Phase 1 of the study, and playing this role facilitated open discussion on sensitive issues). I (Mama Sophie) and three Congolese siblings (aged 16, 13 and 10 years) were cast as actors focusing on different experiences related to Mama Sophie’s parenting experiences in the four episodes of the short videos. Both I and the children collaborated with one another when deciding what information should be included in each video. We basically had five rehearsals and on then the episodes were captured on video.

These children were not part of the Three2Six community. Written consent was obtained from the mother of the three children concerned, as well as assent from the children.

I made some journal entries during Phase 2. They include the following:

Journal entry on 2021-10-23(summarise in a paragraph that it came to mind that the focus should been African spirituality. Place priority on belief in God

For the longest time I have been thinking about the possibility of teaching effective parenting skills on a WhatsApp platform. I was sold to specific ideas and what needed to be done.

Today however shifted when I brought in three Congolese children, who are asylum-seekers

in South Africa, to be my actors for Mama Sophie's episodes. They listened to my ideas and then gave their own critical thoughts about the reality of what it is that I was trying to do in the episodes from a child's perspective.

The rehearsal and creation process of the episodes were framed with the Applied Theatre principles of playmaking which focused on collaboration, facilitation to unearth the unsaid, awareness of bodies in play space, reflection, critical dialogue, and negotiation of ideas in relation to the real-life circumstances (O'Tool, 1987, p. 30).

When starting the process of rehearsal, all three of the children appeared to be physically bound in their bodies. My initial thoughts were that they were nervous, since it was their first day. However, this discomfort appeared to be familiar to me as researcher. I had experienced it for the first time when I was asking for their mother's permission for them to participate in the project.

Through the playmaking of today's rehearsal session, it became apparent that the children were using the story making of Mama Sophie to process their real-life experience as asylum-seekers in South Africa. During the Scene 3 creation, which was focused on the security and safety of the children, the oldest child, who is 16 years old, explained during the reflection moment that he felt uncomfortable to do the scene because of what he experiences in his real life: his father beating his mother. It is in this reflection moment that I stopped to focus on the safety of the child. I invited the children to dialogue about what security and safety means for them and how would they choose to represent it. The older boy reflected a lot on his experience:

You know while you (researcher) explained the frame of what you hope Scene Three to be, I wondered if you had stalked my family. Because its exactly what happened in my family, we went through exactly the same experience. Growing up I saw my dad beating up my mom a lot when he was drunk. Also, my mom left us a lot alone because she had to work. I had to take care of my siblings. I am grateful that I can talk about it now without crying. You know my most painful moment was my dad's unfulfilled promise my dad made to me. I had asked him to buy me a red bicycle, but he did not! (He became teary.)

The youngest child then shared about the violent moment when their dad came to their flat drunk and upset that the mother was having an affair. He then broke down, started to cry. I then took up the role of the therapist, by counselling the children and inviting them to go to therapy. The story of Mama Sophie appeared to be an epitome of all South African refugee and asylum-seeking families' life experiences. The children projected their fragmented traumatic experiences of their past life onto the fictional story of Mama Sophie. As they projected it was apparent that the children were trying to work through the hurt and to make meaning of it through the story of Mama Sophie. The children thanked me as the research for inviting them to talk through their thoughts and feelings.

Journal entry on 2021-10-28

Today at 06:30 p.m. we scheduled to rehearse for the play at the children's home. From when I drove in and spoke to the eldest child, I noticed that he was unusually anxious, and the anxiety was apparent in the performance as well. When we sat down to map out our rehearsal, the little one shared that she wants us to change Scene 4 of the drunk guy because it scares her. Because we are working on a collaborative process, I also invited the other two children's thoughts. The middle child shared that she has an idea, and the idea is that, perhaps we can make the drunk man a neighbour who tries to open the door while they are home alone instead of having him there.

The older boy then said that he wants to write a monologue that captures the feelings of his character. We started off the rehearsal with a prayer. The warm-up game was transforming the magical imaginative ball. Play stimulates the children's imaginative thinking. I then used the turning out circle to help ground the children's thoughts. This exercise was done with the awareness that the children were in their own home. The exercise helped to focus the children. The rehearsal took place in the dining room where the door was closed.

The children's mother arrived from work. When it came to the older boy's scene, he asked that his scene take place in the kitchen, where his mother was cooking. It became apparent that the older boy wanted to use the fictional character's words to communicate his feelings indirectly to the mother. This was evident when he said this line... "I don't like it when you

compare me to my sister”. He also wanted to model for the mother through the story of Mama Sophie what she should be doing to care more effectively for him.

The mother of the older boy did witness. She left the room upset. It is then that I realised what the boy was doing. The mother invited me for dinner. After the dinner she too expressed that she desired to share with all her children the story of how she grew up with her father. It was as if mother was also trying share that she does not know any other way than what and how she was brought up by her parents. She shared a memory about her report card experience. She shared that she was not good in maths. Whenever she received a lower than 50% her father would shout and beat her. She then shared an experience of when she was living with her aunt and uncle’s family. She shared that her uncle’s children would get 50% average on their report card, they would not be beaten. She would bring a report card that has 70% and she would be asked if she thought it was a good mark. During the mother’s narration of her past life, her son listened carefully. The mother, however, spoke with her back towards the son. Her narration revealed that she was complaining to her children that she too did not have an easy life growing up and that life is still hard for her. I noticed that myself as the researcher and therapist kept validating the mother’s sharing by bringing up my own upbringing that had challenging moments.

As a way of releasing the tension being experienced through laughter, I noticed that at the dinner table there were a lot of memories from the past that were shared by the mother and her children. I am noticing that the witnessing and enacting of the scenes evokes memories and story sharing between two generations. I am noticing that this family of asylum-seekers’ story is a representation of what unfolds in most South African refuge and asylum-seeking families.

Parenting is a lived embodied experience that is passed down from generation to generation. This mother therefore is parenting the same way that she was parented by her aunt and father. If beatings were a part of the parents’ experience growing up then they draw from what they know and was modelled to them, whether it is seen as right or wrong. When looking at themselves as adults, the argument they made to their children is that they turned out fine because their parents did not spare the rod.

This is a continual paradox that is present in the African parenting style. There is a clear awareness that beating harms the child emotionally, however respect for authority can only be brought up through the beating process. This dynamic of parenting is challenged by the 21st-century laws and rights that protect the child. It is important to begin sharing with parents alternative ways of engaging the 21st-century child. In this “family council play” rehearsal with the children I am working with, it’s evident that the children desire to be spoken with in a manner that allows for their voices to be heard. I noticed that the script was created from the children’s lived experience. The intensity of how they said it is telling that they were wishing that it was from their own life experience, and it invited for catharsis. Some of the phrases selected were, “Mom, we don’t like it when you beat us... it hurts us”, “You put too much responsibility on me”, “Mom don’t like it when you leave us alone.” This rehearsal showed that counselling as a family about concerns relieves tension in the house and invites for new ways of engagement in the family that are healthier. Having faith in God also supports. I am learning as a researcher that I cannot assume that a family has all things well, because they look healthy. There could be things underlying that are not healthy. For example, I chose this family because they appeared at church to be the healthier version of asylum-seeking family only to discover in the creation that they too carry the exact same story that most refugee and asylum-seeking families hold. The rehearsal also shows that the functioning of a healthy family involves open communication, listening and empathy towards each other. (<https://youtu.be/hFdJRpmJOg4> video recording of the psychoeducation series that was shared on WhatsApp).

As briefly explained in the previous chapter, my decision to create the fictional character of Mama Sophie came because of wanting to help the parents identify with Mama Sophie; being able to relate to her and empathise with her in their role as African parents. The main objective of Mama Sophie’s role was to invite listening, witnessing and non-judgement that is often associated with parenting interventions. The hope was that the African primary caregivers could see themselves in Mama Sophie and to project the fractured parts of themselves onto Mama Sophie without the feeling of judgement and helplessness. Rather, identifying with Mama Sophie

could invite for deep reflection and exercising agency in a conscious way when parenting.

Moreno (1914) in his writings on taking up role and witnessing the role in action, explained that empathy and identification are experienced by those participating.

WhatsApp group encounter regarding effective parenting

In the online WhatsApp focus group, it became evident that the parents did suspend their disbelief, and they did enter into the fictional world of Mama Sophie to make meaning of the effective parenting skills being presented. The deeper the discussions became, the more the parents identified with the fictional character of Mama Sophie. For example, a parent would say... “You see, like Mama Sophie... I too struggle with my child”. These statements created an atmosphere where the parents not only identified and empathised with Mama Sophie but also did not experience judgement and saw themselves in Mama Sophie.

Robert Landy (1983), in his writings on the use of distancing in drama therapy, stated that distancing is particularly relevant to drama therapy; the drama therapist draws on a wide range of psychodrama tic and projective techniques that imply a variation of distance relationship between self and role and between self and other. In this context, its distance between self and the parent role and self in relation to their child. Drama therapists can be more effective in treatment if they understand the dimensions of distancing as applied to the choice of techniques, client needs and the therapist-client relationship.

Although the Three2Six parent participants were not my clients, their children were. I thus understood the need to create distancing with the parents using the fictional role of Mama Sophie. My initial reason for using the distancing of Mama Sophie was because of the context I was working in, namely the African context. I needed Mama Sophie to be part of the community and therefore invite an encounter with the parents. Mama Sophie’s character traits, values, role

and refugee or asylum-seeking status were representative of the Three2Six community I was working with. I culturally understood that the community would not listen as well as they would to one that looked and sounded like them. In other words, I understood that if I presented myself as Faith (my real name), the South African drama therapist and one that has not borne her own children yet, I would not be persuasive and facilitate open discussion. These parameters would have caused resistance to engagement as well as perpetuating further judgement in their parent role, which is innately there. Mama Sophie's role was the negotiating entry into the community to have an encounter with them.

Figure 4

Title of online training programme conducted on WhatsApp platform during Phase 2



Introduction to Mama Sophie's story on how she parents

I introduced the programme as follows:

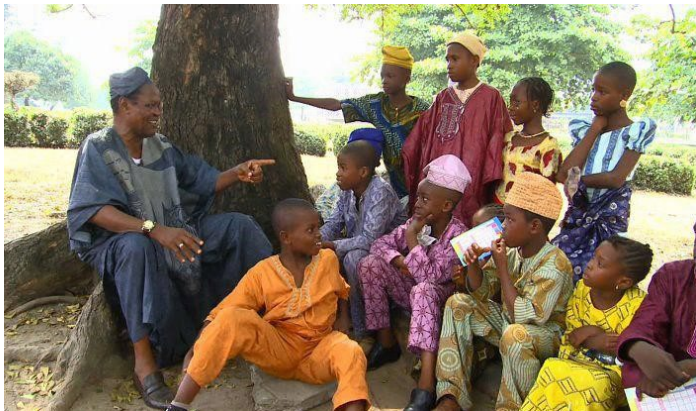
2022/05/02 11:48 a.m.

Good evening parents, once again. This is the group I have created for the continuation of the dialogue on effective parenting. In this group we will see three episodes of Mama Sophie's story on how she parents, and what new skills she learns. May I please invite you to dialogue, make effective comments that will be helpful to all. I will post every night till we reach the 4th episode. The aim of these episodes is to share possible ideas on effective African parenting that is healthy for the times we are living in.

Figure 5

Episode 1 Effective Communication

Episode 1: Effective communication



- Principles:
- Space and time to talk
- Both child and parent must listen
- Avoid using negative words when communicating
- Both child and parent must seek to understand
- Always speak from a place of love

Figure 6***Episode 2 Discipline without beating***

Episode 2: Discipline without beating 	• Communicate when calm • Seek to understand what caused the behaviour • Remind the child of the rules and consequences of not listening • Help the child understand what is upsetting you about the behaviour • Remember the children will do what they see • Communicate using positive words
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Figure 7**Episode 3 and 4 Safety and security of children**

Episode 3: Safety and security of children • Remember it takes a village to raise a child • Who are your three trusted villagers • Never ever leave the children alone at home seek an adult • Avoid violence in the home. Children are hurt by it. • Observe your children and communicate to them to ensure they keep good company	
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The online WhatsApp group chat showed that the parents were accepting of Mama Sophie into their community just as they had been in Phase 1. This was evident in the way they spoke when referring to her and the advice they had for her. The role of Mama Sophie was therefore effective in creating an encounter and in teaching effective parenting skills through role-play. Landy (1983) stated that the choice of distancing techniques depends on three factors: quality of distance inherent in the technique, special client needs, and therapeutic goal.

Through the role of Mama Sophie, the real and the imaginative worlds collided, forming a mataxis space where meaning making of the real is made in the imaginative frame, inviting deep internal reflection. Augusto Boal (1994) coined the term metaxis when the real and imaginative world meet. He explained that it's in between this real and imaginative space that change in behaviour can occur. This was evident in the active critical dialogue that took place on the online WhatsApp platform. Although the primary caregivers understood that Mama Sophie was a fictional role, they still pursued the discussion because of the need to address their real-life concerns regarding parenting skills.

Unfortunately, a number of obstacles were faced when implementing the parenting programme via WhatsApp. For example, although the videos were helpful, it became apparent the first night after playing the video that the language of English limited the participation of the parents in the subsequent discussion.

The lack of data was another reason the parents did not fully participate. About a third of the participants messaged me privately stating that they would love to watch the videos in the time I had allocated, however they could not engage because they did not have sufficient data and that meant they could not download the video sent through.

The downloading often happened midnight when they could access free data. This then resulted in a few parents participating. After the first episode, the Three2Six coordinator made me aware that most Three2Six parents only arrive and settle at home after nine p.m. Her remarks were as follows: “Hey *wena* Faith! The parents are busy at that time (eight p.m.). They are only arriving at home from work. That time they are getting ready to cook for their children and family. So, give them time they will respond”.

It became apparent that once again I had assumed that these parents are like many South African parents who are at home and settled by eight p.m. However, the coordinator highlighted the challenge of lack of employment that the parents face exists because of their refugee and asylum-seeking status. This challenge meant that they must work extremely long hours to ensure that they have rent and food money. From this counsel received the first day, I decided to send the episodes at eight p.m. along with the questions and leave the WhatsApp open for the parents to answer when they were ready to do so. I then stayed online for a period of two hours. The parent participation increased by a small percentage as the episodes continued over the week.

The online WhatsApp platform was able to enter the private spaces of the Three2Six parents who could afford data. It revealed the depth of challenges and complex issues parents are facing because of their refugee and asylum-seekers status, and the poor living circumstances they find themselves in.

I now focus on the themes emerging during the ‘episodes’ of the online parenting training encounters.

Table 7***Key themes emerging during the episodes focusing on parenting skills***

Theme 1: Holding family council meetings is challenging.

Theme 2: Parenting long ago is different from parenting today's children.

Theme 3: Parents acknowledge that beating scars the child but question how to discipline in a healthy way.

Theme 4: Parents take full responsibility and seek community support to carry out healthy parenting

Theme 1: Holding family council meetings is challenging

In the first episode, we focused on the topic of effective communication between parent and child. Mama Sophie shared how she used a 'family council meeting' to effectively talk to her children and begin solving the conflict that was present in the house.

In African indigenous knowledge systems, Africans are known to hold traditional councils to discuss matters that affect the family and the community. Traditional communities include families, local communities, and religious communities. The family is an example of a traditional community, and it is very special in the sense that formal laws define its various aspects (Omari, 2018, p. 1).

In these councils, the elders of the village, together with the affected parties, discuss at length the problems being presented. The elders will listen to all parties as well as their advisors and those people involved in the matter. Together they will come up with solutions for the family or community.

Omari (2018, p. 5) pointed out that traditional councils are constituted as follows: 60% of the council is selected by the senior traditional leaders and 40% are democratically elected by members of the community through ballot or any other applicable method. One third of these

elected should be women. Omari (2018) discussed the relevance of African indigenous knowledge systems in contemporary conflict transformation and stated that the Bakweri people in Cameroon have a rich culture of indigenous mechanisms for mitigating conflicts. However, most of them have been overshadowed by modern state structures in contemporary era of globalisation. The study found that the Bakweri chieftaincy faces numerous challenges in contemporary times. Among others, it is marred by corruption, a leviathan state, and the impact of immigration into local communities. However, the study concluded that as an indigenous African institution, the chieftaincy holds great potential for restorative and sustainable resolution of disputes (Omari, 2018, p. 7).

Although children don't form part of the traditional council system, I decided to explore using the 'family council' model as an approach to resolve conflict within the family system. Bednaar (2018) who is of the Christian faith described what a family council is and that there are four different types. The first is referred to as a full family council, where the whole family is present. Number two is an executive family council. This involves only the primary caregivers, for example the mother and / or father, or the grandmother and grandfather. The third council type is referred to as the limited family council, involving the primary caregiver and the child concerned. The fourth type of family council is when parents let their children help solve the problem, and when everyone agrees on a solution, everyone will have ownership of the problem. The most important priority of family councils is facilitating open and candid conversation to solve each other's problems (Davis, 2017, p.1)

Bednaar (2018) further explained the benefits of holding regular family council meetings. He emphasised that if family council meetings are held regularly this helps family members identify problems surfacing in the family and try to 'nip the problem in the bud' to avoid it

becoming a serious problem. “Further, council meetings provide each family member with a feeling of self-worth and acceptance; and most of all they will assist us to be more successful and happier in our precious relationships, within the walls of our home” (Davis, 2017, p. 1).

Family council meetings involve prayer and scripture study. In episode 1, Mama Sophie and her children introduced the Three2Six parents to a complete family council meeting. In this episode, we hear Mama Sophie sharing with her children the concern she has about them not talking to each other, as well as the arguments they have with one another.

Most of the Three2Six parents expressed that they did not feel comfortable running a family council in their own homes. The reason is that they felt they needed somebody who is trained to facilitate the council meeting, and they felt that they themselves would also need training. They were concerned about perpetuating further harm. For example, during an online encounter discussion focusing on whether the family council meeting could prove effective, one of the parents responded: “Good evening family. My answer is ‘No’ because counseling need someone who is trained for. Some advice can build, some can destroy. So, I think to find trained person is the best

meetings with their children and allowing their children to share their voices and opinions is something they felt uncomfortable with.

(Please see Appendix B)

Theme 2: Parenting long ago is different from parenting today's children

Another theme that became apparent throughout Phase 2 is that the way the participants were parented differs significantly from what is expected currently. A reason they felt rather uncomfortable having regular family council meetings is that they were concerned that the children would share too much of their voices (express their own opinions) and their authority as parents would be undermined. The following verbatim quotes substantiate this point of view:

I think life has changed. Everyone should be responsible to her children and also spend time with the right people who will give guidance and directions because life is now demanding. Everyone is with their own things. Women were housewives. They were spending time with the children, fathers at work, but now mom and dad need to work because things are expensive.

The parenting for long time ago is different from nowadays. Same like Mama Sophie you see the child keep on doing same mistake. Why because she is telling her to walk away from him, but she is not telling her the reason why she must do so. It is good to tell but be specific.

In this encounter discussion, it is evident that the parents are acknowledging the generational time shifts and the need to pay more close attention to one's child. The Three2Six parent participants and I started exploring what the shifting parenting style for this generation might mean. For example, instead of just saying no to the child's request, perhaps it's important to explain why you as parent are saying no. This behaviour validates the child and does not dismiss the child.

Theme 3: Parents acknowledge that beating scars the child but question how to discipline in a healthy way

Ofoha and Ogldan (2020) argued the following about punitive violence against children. While parental harsh disciplining of children is a global concern, African children often experience particularly high levels of harsh discipline, constrained by the lack of parenting skills to effectively manage children. Most African parents rely too heavily on the use of violent methods in disciplining of their children, which poses a huge threat to their well-being and development (2020, p. 1). This was evident among the Three2Six parents in the discussion of the discipline episode.

The encounter was as follows. The following statements made by the participants included:

- Thank you but if sitting the child down doesn't work and the child repeats the same mistake every time what do you do?
- Response to the question cited above, another participant: "This is a very good question!"

Some parents seemed to support the idea that abuse should not be used to control children's behaviour:

- Parents need to stop being dictators in the living of their children but see them as friends. Thats my opinion...
- I believe you need to be observant of the child, see what could be causing the repeated bad behaviour. Consider whether there is something in the home environment or at school that maybe causing him to behave in that way.
- The parenting for long time ago is different from nowadays same like Mama Sophie. You see the child keep on doing same mistake. Why? Because she is telling her to walk away from him, but she is not telling her the reason why she must do so. It is good to tell but be

specific. The response to the comment was: “This is very good. So, a lot of times we don't tell the children the why.

One participant recognised that parents are making a big mistake by using physical punishment but implied that implementing discipline would be a big challenge for them (the parents). She implied that someone trained in child discipline would have to carry this out:

Again, you can see she is full of anger that why we need trained person. Those people they know the right time to talk to you. For example, if you are angry or uncomfortable again, they will know the right time to speak with you. They don't just boom!!!: Thank you so, as parents when our child has done something to upset us, we have to first wait till we are calm to communicate and discipline them?

Another participant pointed out that sometimes because of challenges that the parents are going through they become harsh to their children. “For example, when a child does a mistake the parent freak out instead of solving the problem”. This participant also suggested that this challenge lies particularly with young parents because they lack experience: “With most of young parents they become parents while they are not ready and also untaught how to become a mother or a father.”

A response to this comment by another participant:

Thank you this is very helpful. I believe then such parents who are young and now not ready to be parents must not be shy to ask for help and support on how to parent in a healthy way. They can receive support from therapists, councillors', older family members who have been parents, there are institutions like church and NGO s that can support.

Esch and DeHaan (2017) in their research conducted 51 post-training interviews with 25 participants in Western Kenya and analysed data using discourse analysis. Post-training parents reported less physical punishment and emphasised parent-child communication more. However,

analysis showed that parents see these newly introduced methods to act more efficiently within the utilitarian approach to parenting they have defined before training. Cultural norms related to respect, authority and compliance remained important although attention to responsiveness and inner motives of children had arguably started to bend and twist the older family hierarchy and the position of children in it. The researchers argued that the effects of such programmes in international developments contexts should be considered the result of interaction between programme content and the local ideas and practices. Similarly, the Three2Six parents on the online discussion on discipline started to be open to alternative ways of disciplining but insisted that their African cultural norms of children showing respect for their parents should be maintained.

Theme 4: Parents take full responsibility and seek community support to carry out healthy parenting

In all the online episodes and the discussions in the WhatsApp platform, it became evident that the parents desire to parent in a responsible, healthy way. However, they do seek support from community members that can offer such support. Their discussions pointed out family members, such as aunties, grandmothers as well as teachers at school.

Unfortunately, during the WhatsApp online discipline episode, I received a private message from one coordinator of the Three2Six programme asking for my help immediately. She sent me messages about a 16-year-old girl who was participating in the Three2Six programme and had returned to Zimbabwe after her mom and dad separated. The young girl had written a suicide note expressing that she can't stay without her mother anymore. She expressed that she was suffering in Zimbabwe and the only way to release herself from the pain was through

suicide. The coordinator proceeded to send me pictures of the young lady in hospital with her neck cut and stitched up. The coordinator asked what she needed to do. I advised that the mother needed to return to Zimbabwe, as the child was crying for her presence. The coordinator explained that she did not have money to do so. We then proceeded to organise money with the programme head and the woman returned to fetch her children to stay with her in South Africa. This incident once again challenged the depth of the research I was doing. The primary caregivers, although in survival mode, needed to understand the psychological danger that is seated with their separation from their children. ISSOP (2017) and Vaage (2014) stated that evidence has shown that child refugees are at high risk of mental health and psychosocial problems due to compound trauma experiences. These high risks frequently lead to suicide.

Important note: This incident shifted my focus. I became even more conscious of the emotional vulnerability of the participants. They found it difficult to learn about effective parenting because they did not enjoy personal mental well-being. The Three2Six parent participants were usually unable to hear or pay attention to their children's well-being needs because of the huge struggle of trying to 'survive' themselves. It became apparent to me that unless parents enjoyed mental well-being, they would not be able to learn about effective parenting. I concluded that I would first have to conscientise the participants regarding their risk-filled lifestyle and the impact this was having on their parenting responsibilities.

During Episode 3, and later when Episode 4 was due to take place on the WhatsApp platform, I invited the participants to consider participating in the embodied pilot study so as to reflect and dialogue and embody what it means to care for themselves and, in turn, their family. From the rigorous literature search, it became apparent that there is a need to focus on caring for the caregiver (Kirsten, 2008).

Summary

This chapter focused on the online psychosocial parenting skills that were taught to the parents via the Mama Sophie videos. The chapter points out the dialogue that the parents held in the WhatsApp group as well as the challenges they faced; for example, difficulty in expressing their thoughts and feelings not in their home language. It also describes why the intervention shifted from teaching healthy parenting skills to an intervention that focused on caring for the parents' well-being first. The findings in this chapter show that refugee and asylum-seeking parents are concerned about their children, and they do want to support them. However socio-economic factors make them vulnerable. One thus had to first focus on the parents' personal mental well-being before engaging in training sessions regarding improving relationships between child and parent by helping the parents develop effective parenting skills. Based on the data gathered in Phases 1 and 2, I was able to design and implement the African parent Intervention with 7 parents who volunteered to be part of the pilot study. Chapter 7 captures the embodied Pilot study of the research.

Chapter 7

Phase 3 Implementation of an Embodied Pilot Study

Introduction

The main research question underpinning this study was: ‘What African parenting intervention programme is needed to support refugee and asylum-seeking parents whose children are vulnerable?’

This chapter answers this research question by unpacking the findings of the embodied pilot study. The pilot study is titled embodied because of the drama therapy, sociodrama, role theory and African oral storytelling form that the parents participated in.

The chapter is structured using my Intervention programme that I’ve labelled: African Parent Intervention: Restore, Retell, Replenish, Reconnect and Reauthor programme (API-R5 programme). The chosen design and framing of the intervention programme were born from the collaborative encounter I had with the Three2Six parents and school stakeholders during Phases 1 and 2 of the research process. For example, in Phase 1 of the research process, school staff had emphasised that “Parents are already traumatised; therapy for them is needed because they go back to the same cycle.”

The parents’ responses and behaviour during the encounter groups in Phase 1 had also indicated that they felt overwhelmed living in current circumstances where they were battling to survive.

During the online WhatsApp group discussions in Phase 2, when I presented sessions focusing on effective parenting skills, it became evident that I as researcher and therapist could not teach effective parenting skills to the Three2Six parents without first addressing their personal need for well-being. The parents revealed through the WhatsApp online process that

they were experiencing psychological and emotional trauma related to their current circumstances and leaving their home country.

I thus reached the decision that although a parent intervention programme could not alleviate their poor economic circumstances, it could provide space to relieve stress and begin the process of psychological and emotional healing. The implementation of this embodied pilot study therefore focused on strengthening participating parents' psychological and emotional well-being.

Essentially, the core finding coming to the fore during Phases 1 and 2 was that the epitome of African healing and support is their connection to God and Jesus Christ, and African spirituality.

In African spirituality, self-management is closely related to one's world (Johannes, 2019, p. 1). In other words, how one lives his or her life is part of management of this gift of life. This gift of life comes bearing talents (gifts) that can bless the person and those around them. Self-management is all about the living of the highest quality of human life, as well as being able to enjoy life in a positive Ubuntu style. However, it became apparent during my study that for African asylum-seeker and refugee parents living in deep poverty in a foreign country it can be very challenging to manage one's gift of life. This intervention programme therefore sought to support the African parent in managing their life by focusing on improving their well-being and then equipping them with the skills needed for the parent-child management relationship. I thus reasoned that the intervention programme had to begin by focusing on the strengths of these beliefs systems because this would enhance the parents' sense of well-being and being able to fulfil the challenging experience of parenting vulnerable children in difficult home circumstances.

The collaborative experience of working with the parents, inviting their thoughts during the dialogue, meant that I had to be flexible with shifting focus from original idea of teaching effective parenting skills to inviting parents to process their psychosocial stressors by focusing of their own mental well-being.

As mentioned, the consistent presence of God as the ultimate source of help and healing was frequently emphasised in Phases 1 and 2 of the research process. Thus Phase 3 shifted the re-design of the anticipated pilot study implementation focusing on parenting skills to one that started off from their perceived strength: believing in an all-powerful God could enhance their personal well-being. In other words, the sense of well-being had to first start with themselves as parents as this would enhance their parenting capacity. The embodied pilot study therefore focused on the parents' well-being and then moved to an understanding that their personal well-being could affected their children's well-being.

According to the Christian faith and African spirituality, we are all children of God, and He is our parent (Johannes, 2019, p.1) As a result, the direction for our lives and what we can become we must seek it from Him. As our parent, He seeks only that which is good for us, His children. He therefore grants us the gift of bearing and rearing children so that we can experience the joy of being parents and experience the sacred love bond between a parent and a child. He knew that coming to live in the mortal frame would not be easy as adversaries would be faced. However, He gave us the gift of the spirit of comfort, to direct us through the challenges of life. As we turn to God in prayer, heal through His love, we will be able to manage our lives here on earth.

My personal line of thinking is connected to Moreno's encounter experience and the cosmic matrix that he explains in role theory. Moreno (1970) explained that in the cosmic matrix there is a clear understanding that we human beings are part of something bigger than ourselves.

The embodied intervention pilot study was run during the months of April and May 2022. The pilot study involved six parents who had engaged in Phases 1 and 2 of the study and had volunteered to be included in the pilot study. Unfortunately, only four of the six participants attended all five sessions of the pilot study which was conducted on five consecutive Saturdays for approximately two-and-a-half hours each.

The reason for the inconsistent attendance by the two participants was because of employment opportunities and family responsibilities that occurred during the time of the sessions. These sessions were co-facilitated by two drama therapists, namely me, and another black African woman. The reason for having another black drama therapist was for 'holding' purposes, to be aware of the group, and assist with any members who can be emotionally triggered during the sessions. This enabled one drama therapist to be facilitating the session while the other observed the whole experience.

The sessions were recorded, and photographs were taken with the permission of the participants. In Table 8, I present the socio-demographic particulars of the six parents who participated in the pilot study.

<https://youtu.be/b1UskQpAnvg> Link showing the video recording of the embodied five sessions of the pilot study.

Table 8

Socio-demographic particulars of the six parents who participated in the embodied pilot study

Parents	Age range	Sex	Country of origin	Number of sessions attended	Number of children who attend drama therapy	Marital status
Participant A (PA)	42	Woman	Congo	5	2	Single
Participant B (PB)	41	Woman	Zimbabwe	2	1	Single
Participant C (PC)	36	Woman	Zimbabwe	5	1	Single
Participant D (PD)	40	Woman	Zimbabwe	5	1	Single
Participant E (PE)	43	Woman	Zimbabwe	5	1	Single
Participant F (PF)	38	Woman	Zimbabwe	2	1	Married

The design and frame of the intervention programme

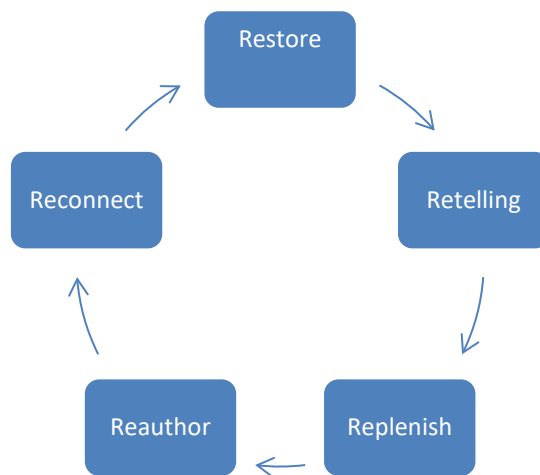
The embodied intervention programme was strength-based; it was framed on the Christian and African principles, and the love of their children because it was evident that the Three2Six parents held this as their strengths.

The designed is named in accordance with the embodied experience it provided for the parents: **R**estoration of broken identity, **R**etelling of childhood story from a place of having agency, and **R**eplenishing what is missing inside of the parent, through their connection with their maker, God, **R**eauthoring their lives so that there is healthy functioning and finally **R**econnect with their child applying the healthy ways of being with their child. The abbreviation of the intervention programme is API-R5. API-5 stands for African Parent Intervention

programme and the R5 refers to the five Rs mentioned above. Figure 8 on the following page summarises this programme.

Figure 8

The API-R5 programme



Each of the sessions of the programme feed into each other. For example, the restoration stage has elements of retelling in it and retelling invites for restoration, the replenishing session involves restoration, retelling and then reauthoring involves restoration, retelling, replenishing and this is the same with reconnect.

Structure of sessions

Each session held the same ritual of opening and closing, that is, it started off with a word of prayer from any member of the group (this included the facilitators of the sessions [me and Veronica]), and a selected scripture was read that focused on the theme being explored. In each session, there was breakfast shared before the session started. This was to facilitate building community cohesion. The goals of the programme were:

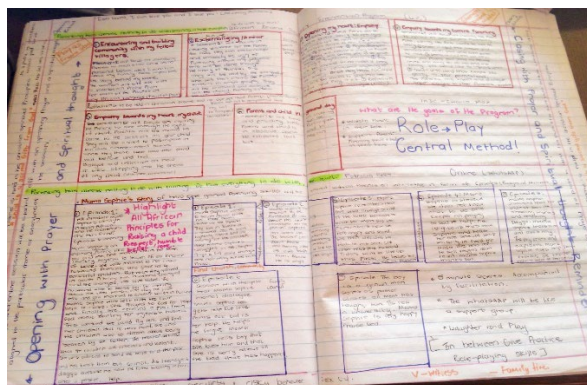
- Conscient the parent of any trauma that may be holding them back from being a healthy parent.

- Through prayer, meditation, and invitation of agency (free decision-making) restore the parents' strength in parenting in healthy ways, validate the parent in their role as parent and their lived story, remind the parent of the kind of generational children they are raising and which parenting skills seem to work best (e.g., communication and negotiation, not beating).
- Reconnect the parents with their child in a healthy way through play, the language of the child. The affirming statement that was selected to be said at the beginning of every session was *"I am loved, I can love you, and I love you"*. This statement was to remind the parents to work from a place of love when parenting.

In Figure 8 below, I show the visual design of my intervention programme.

Figure:9

Visual design of the intervention programme



Framing of the five API-R5 sessions

Session 1. Restore:

The session sought to restore the broken identity and revive the dormant parts of the parent (emotionally, psychologically, and spiritually) using play, storytelling, singing, dancing, and role-play. These are embodied practices familiar to the African context. According to Sajanan (2014), when a person experiences trauma, parts of their identity fracture. Parts of who

they really are get hidden deep inside their subconscious, to be protected. Play, in its imaginative frame and safety valve, can invite for these parts to emerge to the conscious memory. Play in drama therapy plays the dual role of inviting the participant to enter the imaginative space, through symbolic or embodied play and to begin healing the unconscious trauma material that may be deeply seated in the subconscious. Landy (1996), in his role method, explained that role-play creates a space in which the person can play out their real-life roles in the imaginative space, where they pay close attention to the role. This role-play and close observance allowed the person to expand their role repertoire if it was limited and stuck. Thus, within this play space, the person begins thinking through their real-life experience.

Moreno (1970) explained that role-play invites empathy to be present between two parties. This empathy is created through role-reversal where there is an exploration of how the other feels in their role. This expands their world view of the other and creates empathy. All this can be learnt within the context of play. Role-play within psychodrama allows the therapist to track the client's thoughts by enquiring about their thoughts within the role they have selected to play. This thought tracking once again can allow the person to see their negative thought patterns and begin consciously to move away from such thinking.

Oral storytelling was emphasised in Sessions 2 and 3. The use of African oral storytelling rituals and play in the intervention process, was a way of meeting the African context and its needs. That oral performance can be highly theatrical in the sense of emphasising non-verbal, particularity gestural and proxemic sign systems is pointed out by Harald Scheub in his study of oral storytelling specifically *iintsomi*.

The language of this artistic performance involves much more than word. It includes the relationship with the audience, the nuance of the hand, the movement of hip, the subtlety of the

force, the range and variety of human sounds, the rhythmic use of language. it includes physical touch, a sudden and fleeting bit of mime, a distancing-in-place. It involves the blending of gestures and word of dance (body movement) and song so that they become so closely interwoven that is impossible to speak of one without treating the other. One of the components of oral storytelling that Scheub (1989) stresses in his writings is musical element. Songs and chants are able in a sense to transcend linguistic and gestural codes to create a specific level of emotional intensity unattainable by other means (Balm, 1999, p. 148). In Sessions 2 and 3, song as used in oral storytelling was applied to carry the loss that the parents had shared in their stories. Particularly the loss of the biological parents and those who were secondary parents, grannies, and aunts. The song “Ama Gugu” carried the very real pain that was present in the room as the parents shared their grief. The song also helped to lift the grief and give the parents mobility and emotional strength to tell of and move through their pain.

The embodiment of the story invited also for a moving through the pain and trauma. Sajanani (2014) in her writing of play and trauma, points out how play can be an entry into trauma which is what this research intervention applied. My strategy as a drama therapist into potentially explosive environment is to first develop body and imagination of the group as a warm-up to dramatic world that will soon follow, their stories.

The play has many functions in the context of cultural conflict. It allows for participants to connect as human beings out of their ego states. They find commonalities in the state of play to communicate in non-threatening ways. This starts to develop the space that will build up later in process (2014, p. 49). Sociometric explorations, gradually, the serious theme of our gathering was introduced, and the process deepened even more through step-in sociometry.

The invitation to play, played five roles; 1) First to prepare the body, by presenting it to the actual space, 2) Relief of any heaviness and tension in the body 3) Remove the threatening and judgemental inhibitions, and to 4) Release the endorphin hormone in the body and 5) Lastly to enter into imaginative frame for distancing and empathy and identification creation.

Schaefer and Drewes (2009) generated lists of therapeutic powers of play, suggesting that each of these factors has specific beneficial outcomes for clients in therapy. Some of these therapeutic factors are self-expression, access to unconscious, direct and indirect teaching, abreaction, stress inoculation, mastering of fears and counter conditioning of negative affect, catharsis, positive emotion, competence and self-control, sublimation, attachment formation. All these therapeutic powers were encouraged within the intervention structure, everywhere where play was invited.

The dramaturgy for the intervention was first introduced online by Mama Sophie's story of parenting. Mama Sophie is also a refugee living in South Africa with three children. Her story was to provide a frame that the parents could see their stories without judgement.

The drama therapists who held the intervention played the role of encouraging, role-modelling, and researcher.

African storytelling was also used as a tool to deepen the parents' exploration of their own childhood stories, their identity, and historical inheritance, first projected through role cards and then embodied. Socio-dramatic enactments, role-play of their stories, using sociodrama as an intervention in healing the wounds of history process, the group of parents was able to bypass some of the traumas experienced in their childhood and to reflect on what they desire for their children in the future.

Below is the agenda carried out for Session 1:

Aim: The main aim of this session was to validate the parents in the group and to begin building community. We were aiming to begin restoring the parts they may have lost because of experiences of trauma in their childhood narrative. This was done using playing games together as a community, introducing parts of our identity through storytelling and poetry.

*Who am I?

*Where do I come from?

*Who is my family?

*What is the story behind my name?

The following issues were taken into consideration when facilitating this session:

What does it mean when people share who I am?

Seven things: 1) I am a teller, 2) The story I am telling is addressed to someone, 3) Listener, I am telling myself (deeply listening allows the listener to free themselves), 4) Ways of listening, listener and listening, 5) The situation, 6) The story starts living its own life (identification and empathy, and when the story has been heard it can be given back, 7) The story became a part of the community.

The invitation to share about yourself and your identity in a space of being witnessed. In what ways can this humanise the parent and put them in a brave space to share?

How do we create a telling atmosphere?

For it to unfold, who is framing it? (Drama therapist and leadership are interconnected)

Facilitators: Me and Victoria

Time: 9:00 -12:00

Opening ritual: Prayer (Victoria or Faith)

Spiritual thought on the theme of restoration: Jeremiah 30:17 *“For I will restore health unto thee, and I will heal thee of thy wounds, saith the Lord; because they called thee an outcast, saying, this is Zion, whom no man seeketh after.”* (King James Bible)

Affirming statement: *“I am loved, and I can give love.”*

Closing ritual: Prayer (One of participants)

Questions put to participants before, during and after the session:

Q: How are you feeling today?

Q: How are you feeling in your body?

Q: How do you feel after the session?

Process followed:

1. Welcome everyone standing in the circle and start off in prayer.
2. A spiritual thought is shared.

(Purpose: To frame what the pilot study is about and its purpose. This is to give frame of the study. To also introduce that God as the higher source is guiding the process and we rely on Him.)

3. Check-in: Share your name and your traditional food from your culture. Followed by the rest of the group acknowledging that “We see you.”
4. Game of many names and dishes of food. I invited the group to first throw a ball to the person whose name they remembered. They have to say the person’s name clearly before throwing the ball. Then once a rhythm was established, I introduced the second ball for food items. Participants had passed the ball to a second person. The rhythm of the first ball and its sequence of throwing should be remembered as well as the second.
5. Bridge-out: I invited all the participants back into the circle to share and introduce their partner who they listened to either through a dance, praise poem or words. I emphasised that it should be honourable.

Once the poems had been listened to, I played gentle music and invited the participants to thank their partners for their gifts to them.

Song: Tuko Pamoja (To create a relaxed environment. Also, continuation from online theme song).

6. Bridge-in game: “Mingle mingle” I invited the group to engage with the game of mingle.

Participants walked around the room and I called out a group number that invited them to mingle (interact with another participant) by focusing on the following questions:

1. What is my favourite thing to do and why?
2. Where is my home country?
3. What do I love and appreciate about home?
4. What is my culture?

Purposes:

To call the participants’ identity and existence in the room, begin creating community. To call for presence using body and cognition (memory, focus). To continue building through laughter. To call the participants’ identity and existence in the room. Begin creating community. To introduce play and release of any inhibitions that may be present in the room. To call for presence using body and cognition (memory, focus). To continue building through laughter.

5. Main event: I invited participants to share with their partner about: 1. Where do you come from? 2. How many siblings do you have and who helped raise you? 3. What is the one favourite memory of your childhood you remember? 4. What is the story behind your name?

(Purposes: To continue calling the identity of the participants into the room and to build community. To begin planting the seeds of thinking about their identity in relation to where they come from and to validate through listening. This is to invite the primary caregivers to be listened to in an active way. Practise the skill of listening to the other. This is to also encourage

the teller to be conscious of their story as they tell. Validation of their lived experiences. To validate and witness the parent within a bigger community space. To emphasise that they are seen for their efforts.)

Throughout this session I questioned: What role does prayer play in the session? Does it shift the participants in any way? In what ways can listening and witnessing space invite for presenting and dual listening? What impact does narrating have on the participant who is telling (physically, tone of the voice, breath) and what happens to the participant listening? In what ways does the game invite the presence of the whole body? In what ways can the game disrupt regular rhythms and patterns of being? What happens to the participant when their name is called in the room and witnessed in their body? What happens when the poems are shared in the circle? What happens in the body of the other participant when their story of who they are was shared by someone else? What role does validation play in an individual who has experienced trauma?

Session 2. Re-tell:

Aim: Re-tell the story of their upbringing using the 6-part story frame of Drama Therapy. The emphasis of the telling focused on the idea of them being able to identify the creator (God) in their story.

The session focused on the parents' direct story of their upbringing. Projected techniques such as role cards were used to tell the story. The telling of their stories was within the six-part story frame of drama therapy (i.e., hero, other people in the story (roles); the action (what happened); obstacles in the way of achieving goal and the guide (whether perceived or not God is always there, where do you think Jesus was?). The telling of their story is the Psychosomatic role, Social role, and Psychodramatic role were also used. There was an invitation for the playing out of the story through other parents, as a form of further extension of projection.

- *What are you seeing that you might have never seen?
- *What are you feeling?
- *What are you taking that is of value?
- *What has happened in your life to get you here?

The main objective of this stage was to support parents in seeing how their upbringing story is guiding or influencing their current way of parenting. Inviting them to review it if needed as well as continue the process of restoration and validation. It was also to remind them that they still can choose their decisions regarding the way forward.

During the session, I informed participants that even though the stories had obstacles, they could still see God. The telling of the story moved from projected (using role cards) to embodiment by the groups. The purpose was to encourage the participants to look at their story from a more hopeful perspective as well as see how this story may be influencing their current parenting story. The embodiment by the other participants was to allow for externalisation of the story and to assess for any problem-saturated stories.

Process followed:

1. Welcome.
2. The spiritual thought focused on the theme of opening our heart in God's presence:
Numbers 14:14 *"And they will tell it to the inhabitants of this land; for they have heard that thou Lord art among this people, that thou Lord art seen face to face, and that thy cloud standeth over them, and that thou goest before them, by day time in a pillar of cloud, and in a pillar of fire by night."* (King James version)
3. Check-in: How are you?
4. Can you describe to the rest of the group what kind of child you were? What was your favourite game?

- I invited participants to share how they are feeling today through a sound and action and to share one childhood game they loved playing. The rest of the group acknowledged the teller.
5. Game: Snatch: “Shoo ba du duto.” Something valuable (money on your knees). The participants were told to lift up their left hand which must be open, and their right index finger placed on the person next to them. When I explained that whenever they heard the word snatch, they must grab a finger and pull.
 6. Bridge-in: I invited each of the participants to listen to Mama Sophie’s story of how she was brought up by her parents. I made sure to emphasise that they should look for the heroes, the action, the obstacles and how God helped her. Participants were then asked to share their thoughts and feelings.
 7. Storytelling: Participants were invited to tell a story in a circle using one-word phrases and passing a tennis ball around. On the third time of receiving the ball they must have a beginning, middle and end, look for who is the hero, the guide and the obstacle.
 8. Main event: I invited the parents to choose a partner they would like to tell their story to. Once they had selected a partner, they were invited to use the piece of paper to tell their story and to give it a title. Each partner shared their partner’s story with the other participants. I then invited partners to share what behaviour patterns they are seeing from their childhood upbringing and to bring those to the retelling of their childhood story to continued the restoration process of things that may have been lost because of life experiences and the remembering of the strengths they hold within themselves.

The retelling allowed for the parents to be seen and witnessed in a way perhaps they may have not been witnessed, the reclaiming of lost identity through play.

9. Active listening and understanding for the parent and those listening were critical in this stage as the parent is projecting their past and is in the process of healing.

Bridge-out: I invited participants to select a story from the stories they were told. They were also told that they could combine the stories and they could use embodied telling or the spoken word.

(I was to take in the six-part story and invite the parents to consider their upbringing in relation to how they are raising their children and to interrupt any behaviours they consider bad.)

Purposes of Session 2: To continue with the familiar rituals set in session one and to invite God and the Holy Spirit to guide facilitators and participants. To find out how participants are feeling and to work from a place of being sensitive to their needs. To begin planting the seeds of childhood memories. To invite them to bring their focus and presence into the body and mind. To invite for play and spontaneity among the parents. To begin preparing them for the storytelling that they would listen to, and what that they will also participate in telling. To create distance for the parents to project their own childhood stories onto Mama Sophie's story without any judgement. This was also to demonstrate for the parents what is required of them. To invite parents to investigate their upbringing story as well as look at the patterns of behaviour that were present then and how those may influence their parenting. I invited them to look at what worked and did not work, while being empathetic to their younger self. I invited them to step into the shoes of the child through their own childhood experience and to externalise any saturated stories that may be holding the parents. I invited them into the community to witness and to allow for

partnership carrying of heavy stories. Once again for the teller to see their story from different perspectives from an externalised way?

Session 3. Replenish:

Aim: Conscient the parents of the resources that they perhaps have used unaware that it is a resource invites ‘health’ in their lives. These resources could focus on understanding and meeting the psychosocial stressors of the parents.

The parents were asked to look closely at what they needed to replenish themselves. Parents were invited to look at their spiritual, psychological, emotional, and physical needs through the frame of Christianity and African spirituality. They were invited to deeply consider for themselves what and where are the places and resources of replenishment. In this session, I encouraged dialogue as well as introduced some of those spaces and resources.

Retelling of their childhood stories had taken place in Session 2. This session focused specifically on what parents need support with regarding their psychosocial stressors. Parents were invited to consider how they are in the different areas of their lives, through the perspective of God’s presence in their lives. A story from the Bible was be used to guide the meditation and then they were invited to speak to a therapist (Veronica, another drama therapist that was acting with me as co-facilitator) for 30-minute consultation where they could air their parenting concerns and seek guidance.

Below is the agenda carried out:

The opening rituals for Session 3 followed the same process as the previous two sessions.

Spiritual thought on the theme of opening my heart, having empathy towards my child:

Psalm 127:3 *“Behold children are a gift of the Lord. The fruit of the womb is a reward.”(King James)*

Affirming statement: *I am loved, and I can give.* Then return to the Bible story and be reminded of their ultimate source of help: God.

Process followed:

1. Welcome: I welcomed the parents at the 'The Wilds' entrance in Johannesburg. I framed that the session would focus on how we fill ourselves up spiritually through prayer and the word of God in order to move through our life challenges.
 2. Spiritual thought: I shared with them: "Today is about you and your Heavenly Father. We will move through a journey of prayer. We will have moment where we share as a group and participate in a ritual of releasing challenges to Him."
 3. Bridge-in: I invited the participants to check-in with "What is in my heart and what do I wish to pray about today?" I then invited the parents to start prayer in silence but walk as a group.
 4. Main event: When the group had walked to a certain point in the journey, they will be invited to sit and quietly reflect on their experience as well consider what it is that they desire to release into God's hands and receive the peace of Christ in their lives. The parents then each took one black and one white balloon that I had brought along for them. (The black ballon represented what they would release to God to control, and the white ballon represented peace of Christ). I then began the ritual of participants releasing their ballons into the air while saying the serenity prayer: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference."
- The participants were then invited to share their testimonies of how they have witnessed the hand of God in their lives. Once testimony was shared, the women were

reminded to care for themselves. I provided them with a small pack containing the scriptures.

5. Bridge-out: Participants were asked to select a partner to walk back with and talk about their experience of prayer. They also had to find an object in nature that captures the essence of their conversation. We then closed with sharing what objects we had found and what we each committed to as we enter back into normal life.

Purposes of this session:

To provide a clear spiritual framework for the session. To begin inviting the parents to think through what they need to replenish themselves spiritually. Through an active action of praying to God, the women handed their challenges of life to God, and to have faith that God hears their prayers. To prepare the women to share their testimonies to begin strengthening each other. To begin inviting the parents to reflect on how in their challenges in life God was and is the hope in their lives. They can surrender things they can't control to the Lord Jesus Christ. To encourage a sense of hope to the parents.

(Refer to Appendix E for more details of this session)

Session 4. Reauthor:

Aim: Support parents to enter the frame of self-management and use of one's free agency to reauthor their lives with the help of God, community members and the daily practices of health.

The beginning and ending rituals were similar to the previous sessions.

The spiritual thought focused on the theme: "God has the power to deliver me": Exodus 14:13 reads "*And Moses said unto the people fear ye not, stand still and see the Salvation of the Lord which he will show to you today; for the Egyptians whom ye have seen today*

ye see them again no more forever. (King James version)” (The Lord will be our light in the difficult moments of our lives; we can trust and rely on Him).

Process followed:

1. After the opening ritual, the participants were told that we were going to focus on the current parenting patterns they hold, see if they are influenced by the past, and whether need to interrupt any patterns.
2. Check-in:
3. Game of Master to Jack: I invited the participants to share the phrase: “Yeah they made a mistake”, and they would then clap for the participant who has made the mistake. They were then invited to start again.
4. Bridge-in: I framed that Mama Sophie from our online series is facing a serious problem and she is needing some expert advice from parents. I invited the participants in their small groups to begin discussing Mama Sophie’s concern and to consider what is the suitable advice for her. Once they had decided on the advice they needed to give to Sophie, they were invited to role-play it for Mama Sophie.
5. Main event: Once they were done role-playing what advice they would give Mama Sophie as a group, they were invited to travel to the other side of the room and to tell their parenting story using role cards and cloth. They had to choose three cards that best described how they are currently parenting. They then had to choose one more card to point out what pattern of parenting behaviour they would like to interrupt because they feel is not good. This they had to tell a partner.

6. Bridge-out: Participants were invited to travel to everyone's homes. (They used clothes and cards in this regard). I then invited parents to share their creations and for dialogue to emerge. The emphasis was on "trying again and again".
7. Grounding: Once sharing was finished, I invited the participants to travel back to their space and to sit there for a moment while listening to a piece of Christian music that emphasises that the Lord is with you through your parenting experience.

Purposes of the activities carried out in the process:

1. For parents to critically think through what the best parenting advice to give is. To critique and think even more deeply about their advice when reflecting on the role-play.
2. To directly work with their own parenting story and to consciously choose what they would like to interrupt in their parenting behaviour that is not working well. For psychosocial education to take place through empathy and role-play.

To validate parents' current parenting experience through listening and witnessing and dialogue.

To invite reflection and to emphasise their spiritual source of help in this challenging role of parenting. Any feelings of being overwhelmed to be pointed towards the Lord.

Session 5. Reconnect:

The main aim of this final session was to reconnect the parents to their children through a playground of play for the parent and child.

The parents were invited to reconnect with their children from the perspective of their child being a sacred gift, and them caring for their heart which lives outside of them. In this

session, the parents were encouraged to maintain contact and support one another and to remind one another of their strengths.

In Session 5, the parents applied all the skills and techniques of care that were role-modelled to them, to me and during their own embodied play. This was a continuation of the reauthoring and reconnecting of their relationship with their child.

The framing of Session 5 was the same as all the other sessions, where spirituality, play, dramaturgy, role-play, and facilitation were important.

The beginning and ending rituals were similar to the previous sessions.

Process followed:

1. Check-in: This was led by the parents in their small family units. Parents asked the children how they are today and what makes their family special for them.
2. Bridge-in: Members of each family were asked to come up with a name for their group.
3. Game: Human Knot: Family members had to all try untangling themselves from the group human knot.
4. Main event: A variety of games were played in family groups. Victoria encouraged each family to try keep a ballon up in the air by communicating effectively. *'Umgosha'*. (You and your family must reach to the highest level. Encourage each other). It involved an obstacle. Family members stood in a line and had to keep 'baby' safe throughout the journey. It involved running while in a bag and carrying a fragile egg. It also involved running with an egg on a spoon and running with an egg while hoola hooping. The first team back had to sit down, and they received a small prize.

Purposes of these activities:

To frame and to begin introducing the idea of parents role-modelling for their children appropriate behaviour. To assist parents to model the learnt behaviour of listening to children's feelings. To motivate team spirit among families and to begin fostering collaboration and cohesion. Also, to engage with effective communication. To help families understand that sometimes we as families find ourselves in the entanglement of life, and how we should help each other out. To promote family awareness of how we can protect our families.

At the end of Session 5, the parents and children were given the opportunity to reflect on their experiences of the session.

Findings and discussions regarding the embodied pilot study

When thematically analysing data six main themes came to the fore.

Table 10 summarises these themes:

Table 10

Summary of themes emerging from thematic analysis

<u>Theme 1</u> : Ubuntu and African spirituality are essential elements of parents' well-being.
<u>Theme 2</u> : Retelling of childhood narratives helps identify helpers in life, and that God is the ultimate helper.
<u>Theme 3</u> : Catharsis of suppressed emotions from childhood can be a step into the healing process.
<u>Theme 4</u> : Recognising that childhood experiences are both similar and dissimilar in different generations builds parent-child relationships and thereby enhances well-being.
<u>Theme 5</u> : Raising children in the 21 st century is challenging.
<u>Theme 6</u> : Reconnection between parent and child improves well-being because understanding and love become the foundation.

Theme 1: Ubuntu and African spirituality are essential elements of parents' well-being

During all five sessions it became apparent to me that the concept of Ubuntu was borne in mind by the participants when interacting with one another in a group. It was evident that the philosophy of Ubuntu oscillated between the micro (i.e., the immediate family of the individual) and the macro (the community of the individual) levels.

Within Ubuntu all interactions are orientated towards the common ground, the community, the family, the birthed relationships and in relation to the physical land (Mubaya, 2016, p. 8). For example, in Session 2 when the participants were asked what they consider as well-being, all of them referred to caring for their family and working hard for their families as well-being for them. Even when we as drama therapists probed with the question of whether caring and providing for their families could be overwhelming, the participants became puzzled by our remarks and still explained that they are healthy when their families and children are well. “It is what God would have me do, take care of my family and children, it blesses me on the inside, my heart, mind and spirit” (PA). In this comment it is evident that the concept of individualism, meeting one’s own personal needs first is not applicable in the well-being of an African parent. Rather it is the individual serving the family group and community that invites well-being.

Ubuntu is a form of humanism. Samkange and Samkange (1980) defined Ubuntu as an indigenous African philosophy whose three aspects are humanity, the sanctity of life, and people-centered status. Desmond Tutu (was a South African Anglican bishop and theologian, known for his work as an anti-apartheid and human rights activist) was a big advocate of Ubuntu, claiming that Ubuntu has been Africa’s largest contribution to the world. He further

stated that the quality of Ubuntu gives people resilience, enabling them to survive and emerge still human despite all efforts to dehumanise them (Nyanguru, 2013, p. 88, citing Tutu, 2000).

This overarching philosophy of black people of Africa is named differently in African communities and languages. In Table 9, the different terms used in different African countries are summarised.

Table: 11

The different terms used to reflect the philosophical principle of Ubuntu

Country	Name	Country	Name
Angola	Gimuntu	Botswana	Muthu
Gambia, Liberia, Sierra Leone, & Mali	Maaya	Burundi	Ubuntu
Cameroon	Bato or bantu	Ethiopia	Medemer
Ghana	Biakoye	Kenya	Utu munto or Modo
Malawi	Ubuntu	Mozambique	Vumuntu
Namibia	Omundu	Nigeria	Mutunchi
Rwanda	Ubuntu	Tanzania	Utu, Obuntu
Uganda	Obuntu	Zambi	Umunthu
Zimbabwe	Unhu, Hunnu, Botho		

The term ‘Ubuntu’ has become the most popular usage (Mugubale et al., 2023, p.1). This overarching philosophy has existed since time immemorial, and its origins is attributable to black Africans as a whole North, West, East, Central and South of the continent. Black people on all sides of the Sahara have contributed to the origin and development of this philosophy over a period spanning thousands of years. Different communities may emphasise different aspects of the philosophy but there is a common foundation that shapes relations, knowledge, values, and practices (Mugubale et al., 2023 p. 1).

Mbiti (cited in Mugubale et al., 2023, p. 1) in his writings explaining the philosophy behind the concept of Ubuntu had this to say: “What happens to the individual happens to the

whole group, community, or country; environment and spirituality are intricately related. The individual can only say I am because we are and since we are therefore I am.”

Using Moreno’s explanation of the house of encounter (Kristofferson, 2014), the parent refugees and asylum-seeker parents were in encounter houses; they listened to each other’s stories and empathised with one another and in turn humanised one another.

The philosophical concepts of ‘Ubuntu’ and ‘Encounter’ framed the experience of the group sessions. This involves empathy and focuses on the wholeness of the conglomerate, whether a household, family, or community of any sort. It acknowledges that facts are relational, contextual, and incorporate many components and transfers everything into an embodiment in people (i.e., holism).

As already described in Phase 1 of the research process, as part of restoring fractured identity, the exercise of validation, regarding the gifts and talents parents have from birth was implemented with the Three2Six parents. When asked the question of what gifts and talents they hold from birth, most of the parents struggled to articulate their gifts but after some time they started sharing their gifts (talents) in relation to others. Their gifts (talents) were there to bless others around them. Although the exercises were framed to validate the parents and to begin building their self-esteem, their responses to the exercise indicated the philosophy of Ubuntu that is embedded in them.

The African parents see their lives and gifts as purposeful when they are working hard, when they are giving of their resources, even when they don’t have sufficient themselves, and showing love through sacrificial actions. The parents all said this was understood as well-being. When everyone is taken care of, then they are well as individuals.

Ubuntu and Moreno's role theory explain that for an individual to feel empathy for the other they would need to put themselves in their shoes and walk their experience through the story that other tells. Moreno emphasised this point when he explained role-reversal. The individual imagines themselves in the others' shoes, their life story (Moreno, 1969). The parents shared this in context of their children and family. For example,

PD:

My gift is I like to help. Come to me with your problem, like when you sick. I will take the problem like it's mine. I can feel for others. If person comes to me I don't have this and that even me I don't have. But I will break and give to the other that's my gift. My family say I am childish, because if for example someone does not have. I will cry on their behalf. My dad used to say you will never change.

PE: "Where I live there is a lot of people, so I usually help them with their problems because I know God helps. I will help when person has nothing."

My conclusion was that all participants' gifts are associated with serving others; that is, practising Ubuntu. It was evident in this encounter discussion that individualism and taking care of one's personal needs is not where well-being is for these parents. The well-being for them is in the family and community system. It is therefore flawed for me as an art therapist to invite individual focus when addressing the need of well-being.

It is also flawed to use the Western lens, that one has been trained in to make meaning of the African parents' well-being. The Western lens that one uses automatically concludes that the African parent is unwell and unhealthy. For example, Maslow's hierarchy of needs is a theory by Abraham Maslow, which puts forward that people are motivated by five basic categories of needs: physiological, safety, love, esteem, and self-actualisation. Mubaya (2016), in his article where he interrogates Maslow's applicability in the African context, argued as follows:

Since the postulation of Abraham Maslow's theory of human motivation, the theory has been celebrated as a determining factor to account for and explain human wants and needs. While the theory has its genealogy from an individualistic society, the United States of America, where it was crafted and propelled to take a stand as a universal theory determine human wants needs across the world, little has been done to critically examine its seemingly perceived universality and applicability in societies such as those of Africa that recognize behavior motivated by pursuit of relationships, strengthening of community, acknowledgement of authority, sharing, and avoidance of shame.

In many indigenous cultures in South Africa, the group and moderating role of cultural factors influence human motivation, as opposed to Maslow's individual factors as determining force. In many parts of the world, it is the group, or the community, and the attributes the group reflects upon its members, that are central and considered worthy to be pursued.

Pinto (2000), a Dutch scholar studying intercultural communication, called for a revision of Maslow's pyramid to address the motivation of people in group settings. He pointed to the emergence of group-focused interaction arising due to economic circumstances, religious influences, peer-groupings, or individual choices. He proposed a different motivational hierarchy relevant for such settings: (i) Primary needs, (ii) Group pleasing, (iii) Good name, and (iv) Honour.

It was apparent in how the parents listened to each other and showed empathy for each other that well-being started to emerge. Whenever a difficult story was shared, the group of parents naturally empathised and encouraged the individual, through sharing of similar experiences and advice of the way forward with their problems. Ubuntu, which has empathy embedded in it, was engaged in a related way. Lefa (2015), in her article on the philosophy of Ubuntu in South African education, argued as follows: "Ubuntu lies at the heart of the African way of life and impacts on every aspect of peoples well-being."

Participants' check-ins and group story sharing moments embodied Ubuntu by the fact that they encouraged each other spiritually and shared ideas and experiences they have learnt regarding raising their children. This was more evident when individuals started crying. Empathy is embodied within the philosophy of Ubuntu; there is always the need to recognise and experience the life situation of the other. For example, during Session 4, the Replenish session, where the focus was on their personal spirituality and prayer, when the women were sharing with one another the challenges that they are experiencing, there was significant evidence of the experience of Ubuntu, empathy and encouragement related to God. For example, while the women were sharing their challenges, one of the women in the group who had not been there for the first three sessions started to cry a lot while she was sharing her challenges. In this encounter dialogue we saw these group of women encouraging her and showing empathy.

PD, together with the other parents, started to encourage participant PF, while she was crying. She commented:

God knew why she had to come today. All these three weeks she has not been coming. Today God said it's your day and you must be here, and you must be here to receive your blessings today. But you need to forgive yourself first.

In drama therapy, Jones (2011) defined empathy as the ability to listen, witness and put oneself into the shoes of the other. The Intervention session enhanced this opportunity to be experienced through the story-sharing and the roles that the parents played. They were able to experience each other's life circumstances by taking up roles in the stories of their lives. This frame of empathy together with the natural empathy present in the Ubuntu of the parents invited the intervention to build community and empathy amongst the parents. It also invited well-being and reflection on their life experiences in an empathetic way.

In all five of the sessions conducted with the Three2Six parent community, spirituality – or connection to God – is what they defined as well-being for the African parent. The analysis of their stories showed the mention of praying to God as a way of relieving stress and worries they experience and hold onto in regard to their families. Each time a parent shared a difficult story, the other parents would end off by stating: “But God makes a way”. In other words, in their group circle of sharing their parenting challenges, those listening to another speaking of their challenges would respond by encouraging using God as the source of healing and all knowing.

Theme 2: Retelling of childhood narratives helps identify helpers in life, and that God is the ultimate helper

Session 2 in the intervention programme was designed to invite the African parent to travel down memory lane of their childhood experiences with the purpose of identifying key moments. These would be times where they felt the moment had an impact, positive or negative, on their development as a child.

Externalisation to capture the parents’ stories using visual role cards was implemented. Johnson et al. (2000) explained externalisation as follows: “The person isn’t the problem; the problem is the problem.” I invited the parents to externalise through the visual role cards and language of telling with the aim of freeing the parents from the grip of the problem. Johnson et al. (2000, p. 115) further explained that this externalisation process helps participants to separate themselves from the problem and offers new perspectives. In the reflections that the parents had post the telling of their stories and during the embodiment of their story, they were able to gain new perspective into their childhood story and to separate themselves from the problem of what had happened to them.

Ben Okeri (2003), a Nigerian storyteller, argued the following about the power of transformation in storytelling: “In a fractured age, when cynicism is good, here is a possible heresy; we live by stories, we also live in them. One way or another we are living the stories planted in us early or along the way or another we are living the stories planted in us early or along the way or we are also living the stories we planted – knowingly or unknowingly – in ourselves. We live stories that either give our lives meaning or negate it with meaninglessness. If we change the stories, we live by, quite possibly we change our lives.

The narration of their personal stories revealed the common theme of trauma in childhood. All the stories the parents shared that they were not raised by their biological parents; instead, they were raised by grandparents and aunts. It was apparent that the presence of God was important in their upbringing and present in all their childhood stories.

Knoetze (2019) argued the following about African spirituality in African families.

African spiritualities find itself in and are related to the oral African tradition. It is also conveyed to children by different family members, including grandparents, parents, extended family members and siblings.

This came up when the parents spoke about the helper in their tragic childhood stories. Prayer and studying the word of God from the Bible have helped and continue to help their life here on Earth. This was apparent in this encounter. Teachings of God and seeking of His wisdom from an early age is what each of the parents was taught by their de facto parents and what they are now teaching their children. The parents shared in their childhood memories, that for their well-being they were taught to continuously look to God as the helper for all needed in their lives. For example, PB, when she shared about the loss of both parents and needing to find a new

family to stay with, she found an aunt who was her helper, who was sent by God, the ultimate helper. She shared her story as follows:

One upon a time there was a little girl by the name of B and during that time, it was a time of war in her country Zimbabwe. So little B ran away with her mother in Bulawayo in town. As B was Dad's little girl, she used to listen to her dad whistling church music to her. As she was in Bulawayo, she did not know where her dad was. She was taken to her aunt, the sister for her father. So, the aunt went to the husband to ask if they can live with the little girl. Husband's response was "*NO!* I will not take her. She is very young, she needs school, she needs clothes. Who is going to do all of that? No take her to your relatives, your sisters, her aunt, not here!" The aunt for the little girl thought of her aunt, who could take the little girl to live with her. That aunt is a granny to the little girl. There at aunty's house. Aunty shared that she had no kids and was praying to God to give her someone to help and in granny's house the little girl was rescued. She was taken to school, where she passed O' level and A level. Teachers started telling her granny how smart she is. The little girl passed her A level. The granny was very happy with the little girl but did not have enough money to push her to study into university because of no money. Granny said she must remember God in all she does. "You will succeed." So, from here the little girl worked in a post teller communication in Bulawayo for two years, As the economy in Zimbabwe was decreasing. She travelled to South Africa for greener pastures. While the girl was in South Africa unfortunately granny passed away. The little girl was sad. Granny was buried. The little girl was all alone in South Africa but now she was big girl she could look after herself. And then the little girl is now a mother in South Africa. She has two of her own children. We thank God and praise him for what he has done for the little girl.

When each of the parents shared their stories of how they were brought up, the commonality is that each emphasised the spiritual teachings as crucial and the cultural values of respecting the elderly, being hardworking and showing Ubuntu, specifically empathy, and sharing resources towards all humans. This was evident in their reflections on each of their stories at the end of Session 2 and when they referred to hurts that they experienced in their

childhood life, and how they applied the principle of forgiveness. The following encounter dialogues give evidence: in this encounter, the parents share about a tragic happening, but all end off with God making an alternative way through their tragic moment:

- When God closes one door another one is opened: Sometimes we don't see it, we just complain. Ya but God cannot close one door without opening another.
- Like what she says when one door closes another opens. So, it was a blessing that grandmother was alive, could take her to school.

In this reflection encounter it became evident that the parents attributed any good that came from trying life situations to the ways that the almighty God works. In each of these shared stories, there is an apparent diagnosis of trauma being suffered by these refugees and asylum-seeking parents. The most apparent is the loss of their biological parents in the stage of early childhood development. In each of the stories, it is apparent that the parents, at the time of their loss, experienced emotional, psychological, and physical strain as a child. Mao et al., (2020, pp. 1-3), in their short-term and longitudinal study on the effects of parental absence on child development, argued that parental care in early childhood is viewed as one of the most important factors that help foster the cognitive and non-cognitive abilities of children. A vast swathe of literature has shown that the absence of parental care in early childhood negatively affects children's development in mental health status, daily behaviours, and in-school performance. A mother's absence seems to have persistent negative effects on child's development.

As an arts therapist working in South Africa, this information becomes important to consider, before labelling the parent as unfit to parent. The findings indicate that a majority of these Three2Six parents had not been raised by their biological parents because of various reasons, death and war being the most evident. If they have not received role-modelling of effective, healthy parenting from their parents, this means there is a great need for parental

interventions that teach effective, healthy parenting skills through role-modelling interventions such as this one.

The African parents' stories shared also indicated that as an arts therapist or mental health practitioner I cannot assume that these parents are traumatised because they have not been raised by their biological parents. The collective Ubuntu principles of 'it takes a village to raise a child' have been applied in a healthy way to some of these parents. For example, in the above stories it is apparent that PB eventually found a family member, that is her granny, who valued education and ensured that she received the best thereof.

Motsi et al. (2012, p. 1) argued the following about African trauma: the Western worldview is different from the African worldview, superimposing solutions or providing pre-packed answers to unique African problems. This will lead only to re-traumatisation, whereas cultural sensitivity and the right diagnosis will lead to correct treatment.

Theme 3: Catharsis of suppressed emotions from childhood can be a step into the healing process

Singing and praying is central to African spirituality; they are the channel used to connect the spiritual and real world and to bring them into alignment. This was evident in Session 2 where most of the participants shared that they had several losses of primary caregivers in their lives. When they narrated and embodied their stories in the small groups they were in, the groups naturally broke out into singing to carry the death scenes and to capture the emotions that they felt.

“Amagugu alezizwe” (Zulu/Ndebele) This song expressed that the troubles of this world will be left in this mortal world when travelling back to live with God after death. This song created a reverent atmosphere where the feelings of the parents were real.

Schaller (2021, p. 1), in his writing on catharsis-empathy and identification in role-play, explained the process of passive catharsis as significant in the psychotherapeutic field. For example, in hypnotherapy, reliving situations from the past or witnessing imaginary images and scenes in a trance state seems to have a healing effect on the psyche. Freud was interested in this phenomenon and developed it further. In psychoanalysis, the concept of catharsis is relevant insofar as patients may be purified of impulsive desires or relieved from fears by recalling difficult life events or telling illicit fantasies and desires.

In the telling and the embodying of their childhood stories, the parents of the Three2Six group engaged with this concept of catharsis, empathy, and identification. When they were asked how they felt afterwards, most of the parents explained that they felt light. For example, Parent B responded: “Mmm I feel like something is lifted from my shoulders...ya I feel light.”

Moreno, in his role theory and psychodrama, talks about the release of suppressed emotions when in role on stage. There is a catharsis of emotions that gets released (Moreno, 1969). In African oral storytelling, song carries the emotions of the story and soothes the difficult emotions in those listening. The lightness of feelings is because the individual has released that which was suppressed on the inside and was heavy emotionally.

Theme 4: Recognising that childhood experiences are both similar and dissimilar in different generations builds parent-child relationships and enhances well-being

The nature of parenting and parent-child relationships is often dramatically affected by the historical period in which one raises children. Historical changes in a myriad of possible areas, ranging from gender roles and healthcare to technological innovations and globalisation, influence values, norms, and expectations for parents as well as the unique opportunities, pressures and challenges they face raising healthy children (Buchana & Glatz, 2022, p. 10).

The process of the pilot study invited reflection by parents to understand their story as a child before understanding their child's story. In this reflection by story sharing, many of the parents could identify themselves as children in their own children. During the session most parents used the phrases, "Ah I now understand", "Oh okay. I never saw it like that", "Going forward I will be more loving".

As already mentioned, the pilot study used the technique of role-reversal accompanied by the parents' childhood memories. The objective was to create a sense of empathy for the parents' childhood upbringing and simultaneously invite them to show empathy towards their own children's current situation.

In this context, play had a dual role of releasing the parents' physically tense body as well as conscientizing the parents to their reality of how they are dealing with their children. It had become apparent in Phase 1 (the Investigatory Phase) that the Three2Six parents are overwhelmed by the experience of trying to survive in a foreign country, that listening to more concerns about their children's disruptive psychological, emotional and behaviour was too much for them. The intervention therefore invited the Three2Six parents to first process their own unresolved childhood material before listening and being empathetic to their child's concerns.

Chiu et al. (1989) reported on psychosocial, emotional, and behavioural difficulties in child refugees. The majority of these studies reported an increased prevalence of emotional and behavioural problems. The reported outcome in these studies included risk of PTSD (Ballard et al., 2018; Goldin et al., 2008, Hanes et al., 2019) and anxiety and depression (Chiu et al., 1989, Habir et al., 1994).

PTSD was evident in the parents sharing their own childhood stories as well as present in their children that I saw for therapy. During the narration of their stories, parents

would cry, experience unregulated emotions, have moments of freezing in thoughts, and they would wring their hands or devoice while narrating painful moments.

Jones (2004), in his essays on the significance of play, explained that projected and embodied play assists in the healing of PTSD. This was evident in the encounter circle where the parents were invited to reflect on their stories told to determine if they witnessed any similarities between their younger self and their child.

For example, PA shared:

None of my kids are like me... But my youngest he beats too much. He fights a lot with the brother. I tell him "This is my child not yours". But he can't talk when he is angry, he beats. The other son he is sweet. Ah, the girl, she also put make-up on and she come home late. My middle son, I love more (Laughter in the room). I loved to play as a child but in these school these days, I don't see them playing. Always on phone. They busy on phone, won't see them playing now. Everything has changed.

In this encounter circle it was evident that the parents can see themselves in their children. They can also identify the maladaptive behaviour that they manifested as children and the presence of this in their own children.

The Three2Six parents also expressed genuine confusion of the times and the inability to know how to engage their children because of the high sensitivity of emotions and the increased focus on cell phones.

For example, PA in this discussion shared that one of her sons is very angry and often beats the other sibling. She did not understand why he was behaving aggressively. However, she recognised that anger in herself. She also said that she loved to play as a child, but the children of these days don't play much, they are always on the phone. Her comment on cell phones invited all parents to agree. An increased risk of disruptive behaviour and difficulty adjusting to school has also been reported (Son, 1995) as well as sleep disturbance and intrusive memories in Somali

children in Australia (Driver & Beltran, 1998). In addition, inattentive behaviour, aggressiveness, and hyperactivity have been reported in child refugees across multiple studies (Buchmüller et al., 2020). Other findings have identified maladaptive behaviour: mental distress (Goosen et al., 2014) and psychosocial stress (Mc Closkey et al., 1995). Four studies (Bryant et al., 2018; Lau et al., 2018; Sim, 2018; Zianian et al., 2018) reported high rates of hyperactivity, emotional conduct and peer problems in child refugees, which were associated with parents' PTSD and harsh parenting style.

Most parents shared that they were not brought up by their parents because their parents had to go find work to feed them. So, their grandparents and aunts were the ones who brought them up. The process of telling the problem-saturated childhood story of the parents and the invitation to use their agency to re-author, helped many participants to share the painful memories that have entrapped their progress. Most of these painful memories indicated that being raised by secondary caregivers, who labeled them as inadequate, negatively affected their self-esteem. Some comments made by their secondary caregivers in this regard:

- “You will never succeed.”
- “You are useless like your mother or father.”
- “You are not good enough to be married.”

In Session 3, the Three2Six parents started seeing that they were mirroring what had happened to them when they were children. In the intervention programme, they shared that they desired to change and shift their parenting to not repeat the same mistakes.

The play that the parents engaged in during the sessions, as well as their children in therapy alleviated the parents' and children's stress levels. Play invited lots of laughter. However, the

levels of stress were still apparent for those children whose parents did not attend the sessions. (See Appendix D for my journal reflections on the group therapy with the Three2Six children.)

This journal reflection and the stories of the children revealed the extent to which the parents' stress and poor well-being distresses the child, as well as shows that when a parent is healthy it impacts the child in a good way. The parents often think the children are unaware, however this reflection shows that children are highly aware and sensitive to the violence, unhealthy emotions and behaviour the parents experience. Parents parenting in the 21st century should be aware of their children's emotional awareness.

This reflection also points to the importance of a single parent needing to communicate honestly to their children about the absence of the other parent. Any lies cause feelings of anger and betrayal in the children.

Several studies (Driver & Beltran, 1998; Goosen et al., 2014; Hanes et al., 2019; Nasiroglu et al., 2018; Nielsen et al., 2007) showed that the high level of psychopathic behaviour in child refugees is related to traumatic experience of being in detention and this was more significant among children who had multiple relocations within the asylum system.

In a study of child refugees from diverse cultural backgrounds, Sourander (1998) demonstrated that behavioural problems were significantly more severe in younger children (6-14 years) compared to older (15-17 years). Young age was a risk factor for psychosocial problems in multiple studies (Erucar, et al., 2018; Lau et al., 2018; Son 1995; Wiegesma et al., 2011). This also holds true for the Three2Six children, who all fall into the younger category.

Gillespie et al. (2022) argued that several factors can enhance refugee adjustment in their host country. For example:

- Support for family (Annan et al., 2017; Chiu et al., 1989; Driver & Beltran, 1998; Son, 1995)
- Integration of child refugees, culture into new life (Birman & Trans, 2017; O'Shea et al., 2000)
- A culturally homogenous learning environment (Nykief, Herbert, 2010) and
- Working collaboratively with teachers (O'Shea et al., 2000)

These factors have all been shown to have a protective effect on the well-being of child refugees.

In Session 3, where parents were invited to reflect on their childhood story, evidence of the benefits of witnessing and listening came to the fore. For example:

PC: (Laughing) From my own story, what I saw is the way I was loved. When I was telling my story last week. I saw that when I came back to the city from the rurals, the love I received from my aunt was too much above. And I did not see it at the time. I did not appreciate it at the time because I was saying “you must give me.” I expect it at the time. But last week I saw the way I was loved very deep. Then when I look at my kids., I see I am giving the same love. And my mom was very strict, I could do anything but the time she picked up that stick and say I am beating you now (nervous laughter). She will beat you blue, black and red and I see it's what I am doing with my kids...I am like *ngizoku shaya* 1, 2 3 ha 4 (gestures beating them) I beat, and I beat like my mom anything I pick up I beat, just like that. It's how now I am caring for my kids I am doing exactly what my mom did, like you must not be too strict, or kids fear you...of which when they have problems, they will be scared to come to you. You have to be free talk nicely, let them know they can come to you if they have problems.

PF eloquently remarked:

Affirming love and pointing out that love does not equal money. “Thank you for sharing I felt the love of your aunt when you were sharing. The fact that she had many kids that were not her own and she treated them equally and loved all of them is beautiful.”

Positive reminiscence, extracting the good from the child is building on their strengths of the past. Once again this points to the strength-based approach of the pilot study.

PD remarked:

Although I did not share my story I reflect too. What I was thinking about my story is that I was not held as a child. My mom had 7, there were 13 of us and cousins. So, 22 of us. So, I was not seen. and I did not have a position. I was never the special person. What I would like to change, with my first child I went out of my way I was there, poetry night to the point of saying lines. But with my little one I am not being as much, and she has complained. It was the time I was studying my masters. What I will change is making more time for her. With her sixteenth birthday I went all out. Her hair, her nails. And you know she is trying at school. The other two their brilliance was known. This one she picked up slowly, but now we can see she is good. She is an all-rounder.

PC's response to a parent who shared her story:

The way you are saying it I have seen my own mistakes (nervous laughter) Like my first son, I have a son. I did not raise him. He was raised by my aunt. I left him when he was six months. I went to Botswana. Then took him to stay with me when he was six or seven years. But I was already having my two girls when he came. So, I was close to these two and not him. Even him he was scared of me because he was used to his grandmother. So now he is grown up. He is 17 big boy. So, growing up he is seeing the way we are living, struggling. He ended up taking that adult role like father figure in the house. Of which when I go out there is no food in the house, he will try something. When I come back, I will find he has washed 2 or 3 cars and bought food. I will just brush it and say don't do it next time. Tomorrow again he will do it. Now that we are talking, I see this is what my son is doing at the age he is not supposed to be doing. So now I am saying my mistake to correct is that he is still a child. I am learning (she now sells handmade bags for income).

The reflection and role reversal allowed this parent to consider her son's current challenging circumstances and to have empathy towards him, to reauthor their current parent-child relationship.

Parker (2019) further added that while witnessing is largely similar across many modalities, there are unique approaches to utilising these functions in drama therapy, including integration with other core drama therapy processes such as embodiment and dramatic projection as well as focus on mutual transformation (2019, p. iii). All these unique qualities were applied in the intervention process and yielded the benefits of the parents encouraging each other in a communal way as well as experiencing empathy for each other and their children, whom they struggled to witness in themselves.

This was more evident in Session 2 and 3 in his research, stated the following about witnessing in psychodrama. According to Kedem-Tahar and Peter Felix Kellermann (1996), psychodrama and drama therapy share core philosophies and approaches, centered in a belief in the efficacy of drama for therapeutic means.

According to Haworth (1998), as a group, psychodrama also addresses group dynamics and the ability of each member to contribute to another individual's and the entire group's transformation. While the term witness is not used explicitly, the technique of role-reversal is cited as a core technique of psychodrama and the engine which drives psychodrama and sociodrama (Banister, 1998, p. 119), because it is a way of having a member be able to view themselves through how others see them (Banister, 1998). Tauvon (1998) tells us that the concept of encounter is central to psychodrama, and predicated on the belief that each individual has the ability to see through the eyes of the other, or being present and aware as is possible and each being capable of mentally reversing roles with the other (1998, p. 32).

Encounter puts dyadic relationships at a forefront in terms of shaping psychodrama around interpersonal relationship (Tavon, 1998). When the parents played out their stories, using the African storytelling oral tradition frame, some chose to play themselves as the main character and others chose to place themselves in reversal roles in relation to their family members. After the sessions, the parents shared that they had never told their stories in that way, and they had never understood themselves in the way that the other group members played them. According to Tavon (1998), through the use of auxiliaries, who are informed and manifested by the protagonist to be encountered in the scene, the protagonist is in fact encountering themselves. It is because the auxiliaries' playing of aspects of the protagonist's self, which they are doing even when playing another person in the protagonist's life because the character still is dictated and informed by the protagonist, encounters and experiences themselves externalised through other participants (clients). The primary element of transformation for the parents in the intervention process is to have the parents witness themselves.

Theme 5: Raising children in the 21st century is challenging

Buchana and Glatz (2022, p. 10) focused on 21st-century parenting and pointed out that the major common themes of parenting that are found in the research articles are as follows: managing stress, support for effective parenting, and emphasis on supporting children's independence and competence for uncertain future.

In the encounter dialogue during the different sessions, it became evident that the parents are concerned about their children's use of technology and this idea of autonomy.

The Three2Six parents recognised the importance of being aware of social media to connect to your child. They then shared videos with each other while in the session.

PA indicated that her son was trying to teach her about discipline by showing her a video:

“Look my son show me this video of this parent beating the child non-stop...Ah I think he was teaching me.”

Buchana and Galtz (2022, p. 11) stated that we cannot claim that parenting is stressful during one historical period versus another for many reasons, including that we very seldom have direct historical comparisons of parental stress using comparable measures.

Certainly, there have been different stresses for parents in different historical periods. Twenty-first century parents feel stressed and that this stress emanates from current realities that reflect both ongoing and new issues for parents’ issues, which practitioners and researchers should attend to.

Another important point raised by the parent participants is that single parenthood exacerbates the challenge of raising children in the 21st century. Parents expressed that many fathers are absent in this century. Most of the participants engaging in this research were single women and could thus identify with the challenges highlighted in this regard. The common statement that came from the women was that they were single parent and they have been left by their partner. For example: “I am a single parent with four children, my husband left me for another woman.”

The extreme levels of poverty and the strain that is on the parents to provide for their families in a foreign country often results in the other partner fleeing the family to find less burdensome circumstances. In this group of Three2Six parents, most of the mothers shared that their partner left to be with other women because that woman was living in less trying circumstances—she worked and earned better.

Parenting in the 21st century as refugee and asylum-seeking parent leads to breaking down of families resulting in parenting a child that is biologically not yours, is what most parents said.

They also added that it means leaving their children with someone else so they can provide for food and shelter. For example, this is what PE in Session 3 shared:

My son was the first of three. Three girls and one boy. Two of my oldest son's stay with their Gogo in Zimbabwe. Mina, I sell clothes here in South Africa. There is no business it's tough. I am even thinking of going back to Zimbabwe. I want to go to Zimbabwe to build. My little boy you see for therapy asked me why we can't stay with the other children in Zimbabwe. There is no love in the big house. There is jealousy. My husband's mother is not good. I am always praying; we live with prayer in the apostolic church. My little boy said he wants to be a pilot and he will take care of the family. I wish I live with my other two kids (the voice changes there are tears in her eyes). I want to live with all four of my kids but eish money.

The negative effects of father absence on both mother and child have been well-researched. Not having a father present when being raised leads to unhealthy growth of children in many ways. (Magqamfana & Bazana; Xie, 2022). Research findings indicate that father absence affects the child's social and psychological development. These include misbehaviour, child neglect and abuse, poor academic achievement, drug abuse, sexual activity and teen pregnancy to name a few (Freeks, et al., 2023)

Theme 6: Reconnection between parent and child improves well-being because understanding and love become the foundation

In Session 5 the activities focused on reconnecting parent and child and building love and understanding. At the end of the session, both parents and children were asked to reflect on their experiences of the session. Positive feedback was received from both parent and child.

Some of the comments from children in this regard includes:

PA's daughter:

The experience of this session was good because it taught us families should stick together no matter what to always have trust. Even if parents are older and are the ones who are wiser than we are we must work together and build the family as one.

PD's son:

The experience of today was amazing because we learnt about being together with our families and no matter our parents are older than us but sometimes, they need to listen to us because they don't know other things and they know other things. Also, we must listen to them. (the voice went softly as he said what he said looking if the mother is hearing).

PA's son:

I learnt is when we were doing things, I learnt we must stick together and we need to listen to our parents and take care of the eggs. It was nice playing with the whole family.

PC's younger daughter:

It was nice playing with family. What I learnt is how bonding with family caring and loving is important. And being around family is the most important thing. Yes, I would love to do this again.

PC's older daughter:

Og today was so fantastic from the experience I learnt to be kind, to trust to be cooperative, trust one another to be unity as family need to be. Yes, I would like to do it again.

These reflections of the children show the importance of parenting with love. This points to Patricia Holland's quote; that parenting has nothing to do with training but love (Holland, 1987, p. 1).

It is evident in this encounter of the last session that the children desire for their parents to be aware that they have knowledge of certain things, because of being exposed to social media, which invites globalisation. The African refugee and asylum-seeking parents need to know that

their children are exposed to other cultures, where gender roles no longer hold specific responsibility but that there is fluidity.

One of the young boys expressed that parents must know that "...we also we know things, it's not just them." As he made this comment he looked to see if the mother could hear, because of fear of being reprimanded for knowing too much.

It is important for parents to know that these children are not seeking to take authority from the parent but rather desire to share their insight and to negotiate where needed. The children desire to be engaged in dialogue which invites parents and children to listen to each other. It is evident in the above encounter that children are aware of and are resilient about their circumstances; parents can do well by appropriately counselling them in the family. This could bring strength in the family between the parent and the child and harmony in the home, even though the circumstances of living are challenging.

Reflections of parents at the end of Session 5 and the programme as whole were also positive. For example:

PC:

I liked all the sessions, they were helpful. I learnt how to take care of my kids and how to listen and understand them especially. How this experience helped me in terms of myself. It did help me a lot. Yes, I had to have a healing vomit about talking about my past and talking of my present. It helped me a lot. I would recommend it to other people I really agree on that one.

PD:

I am fine playing around the kids was very exciting and I have learnt a lot. The last week session it helped me a lot because I was having a load and could not carry. But the moment

I came to the wilds. It was like faith was sent to me by God to take off the burden that was on my shoulder. It was fantastic. In all sessions day 1, was learning new things yes. I would recommend it yes. I do. Yes, please this programme must continue and to be honest I am truly hurt because truly speaking I am learning.

Summary

This chapter focused on the implementation of the API-5 programme as a pilot study. I discussed the main aim of each session the process followed to achieve this aim using a variety of techniques, such as oral storytelling, song and dance, and role-play.

I then presented and critically discussed the main themes emerging when thematically analysing data gathered during the five sessions.

Six inter-related themes were identified namely:

Theme 1: Ubuntu and African spirituality are essential elements of parents' well-being.

Theme 2: Retelling of childhood narratives helps identify helpers in life, and that God is the ultimate helper.

Theme 3: Catharsis of suppressed emotions from childhood can be a step into the healing process.

Theme 4: Recognising that childhood experiences are both similar and dissimilar in different generations builds parent-child relationships and thereby enhances well-being.

Theme 5: Raising children in the 21st century is challenging.

Theme 6: Reconnection between parent and child improves well-being because understanding and love become the foundation.

These themes were discussed against the backdrop of the theoretical framework underpinning my research: Moreno's role theory, African Spirituality, and Ubuntu

In the following chapter, the final one, I briefly summarise my research, present my conclusions and make recommendations related to my research findings.

Chapter 8

Summary, Conclusions and Recommendations

Introduction

This chapter will conclude the study by summarising the key research findings in relation to the research aims and the research question, as well as the value and contribution thereof. It will also review the limitations of the study and propose opportunities for future research.

Summary

This study aimed to design and implement an African dramatherapy programme for refugee and asylum-seeker parents in South Africa who are parenting vulnerable children who are engaged in the Three2Six project, to promote effective parenting practices.

The achievement of this research aim was done through primarily intervention research. However, all drama therapeutic techniques relevant to the African culture, such as storytelling, role reversal, songs and play were used throughout the three phases to gather data and enhance the well-being of the parents.

The investigation included three phases; Investigatory, which was focused on finding out the psychosocial stressors of the Three2Six parents and their needs for effective parenting. Phase 2, which was focused on designing the African intervention programme for the online platform to teach the skills for effective parenting. The final phase focused on the embodied experience of the intervention programme called African parent intervention programme restore, retell, replenish, reauthor and reconnect (API-R5). This intervention programme was designed because it became apparent to me that unless refugee and asylum-seeker parents prioritise on their personal need for well-being they will not be able to manage their anger, which is projected

onto the child. This mainly because of the stress they face when trying to meet the basic needs of the family.

Conclusion

What was achieved in this study was the understanding of complex psychosocial stressors present among the Three2Six refugee and asylum-seeking parents and how these stressors have a negative influence on the parents' ability to implement effective parenting abilities.

It also became apparent that the Three2Six parents suffered trauma during their childhood. All six of the parents that participated in the embodied pilot study phase shared the common story of not being raised by their parents. These Three2Six parents pointed out that they parent according to how they were parented, and this involved beating the child.

Although some of the Three2Six parents felt that their primary caregiver had raised them with caring and love, most shared how their primary parents shunned and rejected them, and they did not develop loving relationship with their primary caregivers.

The results also indicate that the Three2Six parents don't know how to parent effectively; their children are living in the 21st century in a foreign country that is governed by rules that protect children from physical punishment. Rather disciplinary techniques are encouraged when the child is misbehaving. In terms of Section 28 of the South Africa Constitution and Bill of Rights, children have the right to be protected from being mistreated, abuse, and neglect. Further, in terms of Article 12 of the United Nations of Convention of the Rights of the Child, children have the right to voice their opinions, can form his / her own views and expressing those views in any matter affecting him or her. It was apparent during Phase 2 that parents realised that their current parenting skills are not proving effective because they lack knowledge regarding best

disciplinary practices. It was during this phase that the parents shared that they want to learn skills of parenting effectively in the 21st century.

The central components that make up an African parent intervention programme are Ubuntu, African spirituality (including the religion of Christianity), and the Moreno role theory. This African spirituality, faith and connectedness to a God is what epitomises the Three2Six African asylum-seeking and refugee parents' main source of support and well-being.

Findings indicate that their personal well-being can be improved by using meaningful arts-based (including drama therapy) techniques such as storytelling, dramaturgy, song, and role-modelling and reversal, video recording, and play. Also, through the WhatsApp online experience of Mama Sophie, a fictional character, the parents were introduced to possible ways of effectively parenting in the 21st century.

The practical processes of combining African spirituality +play +dramaturgy +facilitator in role and role-modelling to revitalise the parents and alleviate stress is also new piece of knowledge the study contributes to the field of Drama therapy. The study attempted to meet the gap of knowledge that Kim Berman, an art therapist (2017) points to in her doctoral study, that there are many art-based intervention programmes that focus on children, but no art-based intervention programmes for the caregiver. The combination of African spirituality and Drama therapy approaches such as Encounter invite a possible African parent intervention programme, that meets some of the needs of the African parents.

The study achieved finding out collectively from the African parents what they value and need in an African parent intervention programme. Both non-verbal and verbal communication indicated that the invention programme eased the stress the parents were experiencing and revitalised them.

Basically, if parents are unable to enjoy a sense of well-being, they cannot implement Ubuntu parenting. As described in my discussion about theoretical frameworks underpinning my research, I emphasised that the principle of Ubuntu can be applied in the parenting dynamics of the 21st century. As already explained, rather than just practising Ubuntu in respect of community needs, the Ubuntu parenting style addresses the needs of the child and parent in the family system with interconnected institutions that are essential for child development.

It is essential that the API-5 intervention programme must first be implemented before moving on to focusing on helping parents improve their parenting skills for raising children the 21st century.

From the perspective of the Three2Six parents, the embodied pilot study of the API-R5 definitely helped to improve their emotional well-being. In turn, their interaction with their children improved. The children's voices in the final phase of the intervention programme also indicated that they enjoyed 'connecting' with their parents through play. A subsequent drama therapy session with the children whose mothers had engaged in the intervention programme indicated that their mothers' parenting had improved, and this brought them positive feelings which were indicated when they drew pictures (See Appendix D).

Recommendations

- African spirituality and Christianity, specifically faith in God should be a part of the African art therapies, to cater for the African healing needs. In other words, it can form part of the goal of Africanising the curriculum for drama therapy. The study begins to raise questions of decoloniality on the training of black African drama therapists in South Africa.

Masoga (2005), in their research studies in various parts of the world, including Africa, showed that there is growing recognition of the value of indigenous knowledge for sustainable development. It is therefore culturally and emotionally appropriate to sustain and promote African indigenous knowledge in local communities through integrating it with therapy forms as drama therapy.

- The findings of this study contributed to the Three2Six narrative booklet, which captured the stories of the Three2Six refugee and asylum-seeking community. The booklet was published and shared in August of 2022. The body of new knowledge that the study contributes to the field of drama therapy is the kind of African intervention programme needed, to support refugee and asylum-seeking adults in effective parenting of their vulnerable children.
- Drama therapists and other professional therapists who choose to use the API-5 intervention programme should use flexibility and creativity in the group setting to meet the needs of their clients, especially those who have been exposed to trauma such as refugee and asylum-seeker parents. Therapists should thus be familiar with the trauma debriefing process.
- The structured session plans, the AIP-R5, contributes to the praxis of Drama therapy in the African context. Drama therapists working with similar communities such as the Three2Six programme can use and adapt the session plans to suit their context or the actual parent support intervention programme. The detailed video shared on YouTube (<https://youtu.be/b1UskQpAnvg>) link at the beginning of Phase 2 and 3, can also support the drama therapist in practically understanding how to implement the AIP-R5

intervention programme. The study cast light on the possibility of needing to define stress according to the African way of understanding.

- The API-5 programme should be expanded to 10 sessions so that there is enough time to embody, process and reflect. Therapists should also revisit the psychosocial parenting skills taught in Phase 2.
- To allow for effective processing and reflection for the parents engaged in this intervention programme, therapists should be willing to repeat the steps in the intervention, to accommodate those parents who miss a session.
- The programme should have a 3-cycle repetition through the year for its effectiveness, particularly in the school environment and for follow-up purposes.
- Having children connect with their parents towards the end of the intervention programme will enhance the parent-child relationship.
- Because Christianity plays an essential role as far as support systems are concerned, the church institution should play an active role in the AIP-5 programme. In his book, *Introduction to Pastoral Care* (Motsi, 2012, citing Gerkin, 1997) he mentioned that the role of pastor in a psychiatric intervention programme only came into the picture later in their process. Because the church is involved in pastoral care to trauma victims due to the reasons mentioned, it should therefore understand what trauma is and how to comprehensively deal with it (Motsi, 2012, p. 3). In line with this argument from Motsi (2012), art therapists working in South Africa should see a possible collective healing model, when connecting with the church environment. The art therapists and church pastoral care, bishops and priests can collectively work together to address the concern of trauma among Africans. Common trauma symptoms include the persistent re-

experiencing of traumatic events, persistent avoidance of stimuli associated with the event, numbing of general responsiveness and signs of increased arousal. The trauma of war from their home countries is present in their childhood stories. The sharing of the war stories resulted in parents literally freezing in their bodies physically. When asked to share about the one thing they value from their country, parents first shared about the challenge before sharing the valuable thing. Although all these symptoms may be observed in all traumatised people, including Africans, relying on symptoms alone should not be the only way to assess or diagnose trauma (2012, p. 4).

- Practitioners working with communities such as Three2Six refugee and asylum-seeking parents need to delve deep into understanding the contextual background of these communities, before drawing shallow conclusions that parents are negligent and abusive.
- Although COVID had its negative impact on the study, it also created online engagement opportunities. The blended learning approach with the parent support intervention process is recommended. The practitioner will be able to enter the intimate spaces of the home, via WhatsApp.
- The sample of parent participant should be increased to 15 parents, inclusive of males, for a more diversified engagement.
- As with most post-graduate research, further research can improve the effectiveness of the AIP-5 programme and then implement it on a broader scale.

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Appendix A

Semi-structured interview guides for the different categories of school staff

1. Semi-structured interview questions for transport drivers:

- 1) What locations in Johannesburg do you pick and drop the children off?
- 2) Are the parents / primary caregivers always waiting with / for the child when you pick and drop them off at their home location? If not, what do you understand to be the reason for the parent not being there?
- 3) What is your interaction with the parents / primary caregivers like when you fetch and drop children off children?
- 4) What in your understanding do you think parents / primary caregivers need support with?
- 5) How do the children behave and feel when travelling with you on the school bus? (For example, are they full of energy / rather withdrawn; happy / sad; friendly with one another; look forward to coming to school, etc.?)

2. Semi-structured interview questions for teachers:

- 1) What grade do you teach?
- 2) How long have you been teaching children who participate in the Three2Six project?
- 3) What have you come to understand is the need of these children in relation to their well-being?
- 4) What do you think parents need to know and understand about their children in the programme to be designed?
- 5) How often do you interact with the parents / primary caregivers of the children?
- 6) Please describe the nature and quality of the interaction.

7) What would you wish for it to be like?

8) What support do you think the parents need to care better for their child's well-being?

3. Semi-structured interview questions for project co-ordinators:

1) What is your role in the project and how long have you been involved in the programme?

2) What is the parent-child relationship like in the Three2Six community?

3) How do you get the primary caregivers to be involved and participate in the child's school life?

4) What beliefs do primary caregivers hold in relation to the upbringing of their children?

5) What do you understand the primary caregivers to be needing to care better for their children's well-being?

4. Semi-structured interview questions for school principals:

1) What role and purpose do you fulfil in relation to the Three2Six community?

2) What spiritual beliefs are grounding the community engagement of the school including Three2Six community?

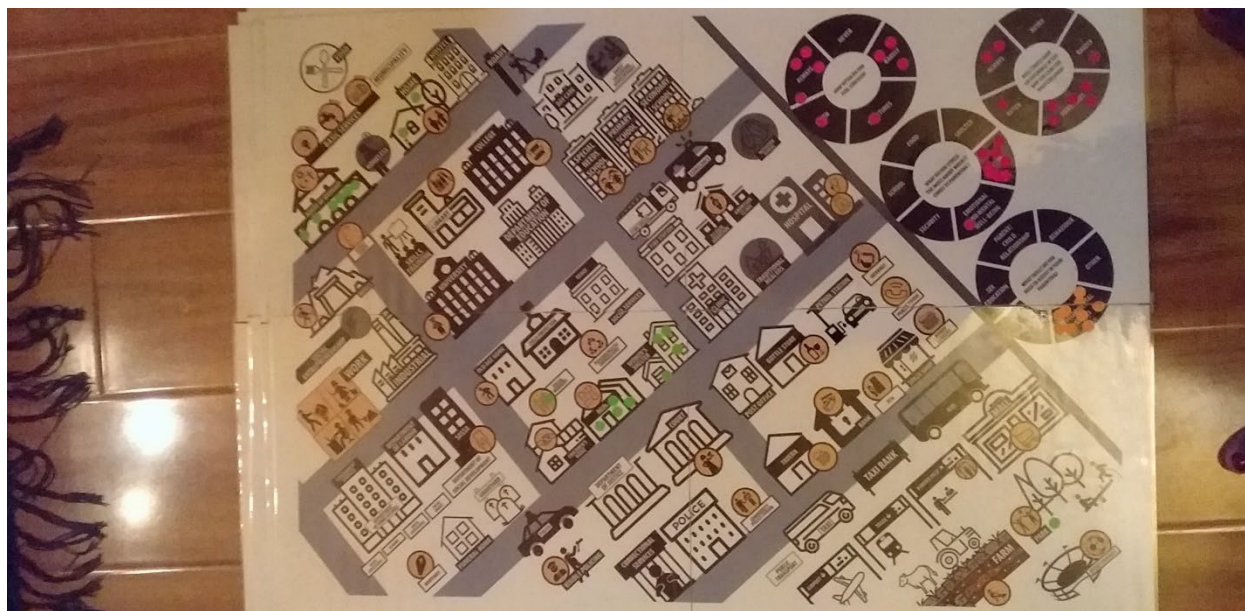
3) What do you think could improve the parent-child relationship among the Three2Six community?

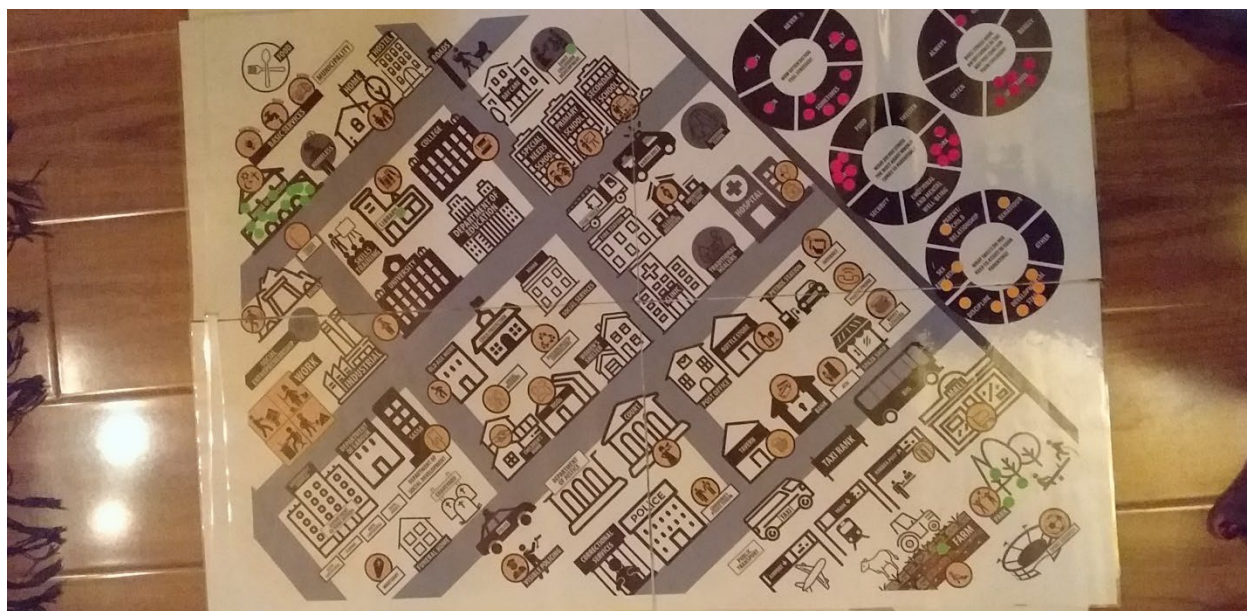
4) What have you come to understand these parents' / primary caregivers' needs are to care better for their children's well-being?

5) What support is needed for the parents' / primary caregivers' well-being and how do you think this could be achieved with this community?

Appendix B

Visual mapping focus groups





Appendix C

Effective African Parenting online WhatsApp group encounter

Structure:

The parents were from part of the Three2Six parent group, Mama Sophie's five-episode story where she is practising the parenting skills which was shared on the WhatsApp platform. Facilitation dialogue with specific questions around the given topic were asked in the group after every episode. Parents shared their responses to the questions that were asked based on the clip they have viewed. The episodes were shared over four days at eight p.m..

Fictional character of Mama Sophie:

The fictional character of Mama Sophie was designed by the researcher to invite the parents to participate in the parent learning encounter without feelings of judgement for their parenting skills, and to open up the space of dialogue where they can safely distance their sharing while projecting onto Mama Sophie's story. Mama Sophie is also designed for identification purposes, for the parents to identify with and feel empathy for Mama Sophie, and through this identification, begin making similar choices of learning as Mama Sophie does in the clips.

Cast:

Mama Sophie (Lead: she is 43 years)

Abu (Eldest child. He is 16 years old, very talented and wise for his age. He has seen some of his mom's struggles, like domestic violence)

Afalake (She just turned 13 years old, and she is very explorative. She desires to try things outside of the consecutive environment her mother has created)

Sobie (She is eight and she wants to try everything that her elder siblings do)

Chichie (Only four years old)

Trusted villagers (Mama Ngum, Mama Anowa and Papa Eddie)

“Family council”

Synopsis:

Mama Sophie is an ordinary African parent like you and me. She moved from her home country Nigeria to South Africa because of the love of her husband and the search for a better life. She was married to her first husband Damilola, who gave her 4 beautiful children. When they arrived in South Africa her husband found love in Durban and left her for the other woman. Unfortunately, Abu, the elder son, used to witness the father beating the mother whenever she asked about the messages from the other women. Mama Sophie was left all alone to raise her three children. Her faith in God and the church is what helped her to raise her children appropriately. Mama Sophie has tried out so many businesses, selling veggies, hot meals, and the hair business as a way of raising her children. Life proved to be very challenging for Mama Sophie and the children. She continued in prayer, but it was incredibly challenging for her to raise her children properly. She was often worried about rent and food for her children. There was a lot of emotional and behavioural struggles with the children so Mama Sophie sought help from the school therapist and in the following scenes we see Mama Sophie practising what she has learnt.

Scene 1:

We see Mama Sophie sitting in the room talking to herself about trying out this “family council”. She is desperate and worried because the schoolteachers have been complaining about her children’s behaviour. Mama Sophie calls her children into the room and begins to tell them about the family council that they are going to try out tonight. All the children pull their faces and look at each other. Afalake asks what that is. Mama Sophie explains. Afalake starts laughing and says, “So you mean we are going to talk about our family and the things we don’t like as well as find solutions as a family?” Mama Sophie continues to explain how it will work. She emphasises that they will start off by prayer

and scripture study first and then each one will be given an opportunity to speak. Mama Sophie explains further that everyone must listen and try to understand what the other person is saying. Throughout the family council we see Mama Sophie affirming each child as she also mentions her own concerns. In the scene we witness the children warming up to the idea of family council. The scene ends off by Sovie stating, “So Mama, we can have family council every time.” The children choose a day when they can have family council.

Scene 2:

We see Mama Sophie entering Afalak’s room, Afalake puts down her book quickly (she knows that she has not washed the dishes; she looks scared and immediately asks her mother not to beat her). Mama Sophie smiles and says “Today I won’t beat you because South Africa says so! But I want you to listen to me carefully.”

Afalake still looks scared until her mother says, “We are going to role-play.” Mama Sophie tells her to relax she won’t beat her. Mama Sophie has Afalake’s attention. She invites her to tell her (Mama Sophie) to do something. Afalake begins to tell her mother to pick up the jersey on the floor and to put the books nicely on the shelf. Mama Sophie listens carefully and does exactly what Afalake asked her to do. Mama Sophie then asks her how it felt when she did what she had asked her to do. Afalake smiled and says it felt good. Mama Sophie then asks her to give another instruction. Afalake tells her to wash her school shirt and socks. Mama Sophie starts complaining and refusing and throwing tantrums. Mama Sophie then asks her daughter how she felt. Afalake immediately said she felt bad and could not believe that Mama Sophie had behaved the way she did. Mama Sophie then explained that she feels the same way when she does not wash the dishes when she has asked her to do so. Afalake then nods and says, “I understand.” Mama Sophie then asks her to go wash the dishes. She agrees and washes the dishes.

We also see Mama Sophie sitting with all the children telling them the story of the hen who refused to help bake the bread for supper. In this section we see Mama Sophie teaching them the principle of working hard. She explains that she will be closely

observing them throughout the month to see if they are doing what they are supposed to be doing. If they do, she will reward them with something nice.

Scene 3:

We see Abu crying and sharing his deepest feelings of how he felt when he first saw his mom being beaten by his father. We see Abu explaining to his mother why he is so scared about his mother finding another husband. Abu also shares that he is tired of feeling scared. He has to always stay with his siblings at home while mom works late. He explained that he was very frightened when a group of people tried hurting them in their house. Abue says he is tired and that's why nothing makes him happy (Abue, in his monologue, must talk about the safety of the house, when the group of people wanted to hurt his sister and Papa Eddie scared them off, the older boys that bully them at the bus stop, and how he only feels safe and happy at church). We see Mama Sophie hugging and allowing Abue to cry. Mama Sophie explains that she has three trusted villages now she will ask them to help, and he need not be scared. We see Mama Sophie speaking to Mama Ngum and Anowa. The trusted villages agree but also ask favours of her. She agrees. The scene ends off with Mama Sophie saying, "Indeed it takes a village to raise a child."

Scene 4:

We see Mama Sophie role-playing with the two teenagers about how they should prepare for a risky environment. Mama Sophie role-plays with them how they will say no to drugs, alcohol and also sex. Mama Sophie talks about the value of their choices and the values of being honest with self and God. She explains that she is not always there, and they must learn how to take care of themselves. They ask a lot of uncomfortable questions about why they can't participate in smoking and sex. Mama Sophie does her best to answer them. It's a rehearsal for life.

Appendix D

Figures drawn by the children of the parents who attended the pilot study and those who did not attend.

Left: Parents attended

Right: Parents did not attend



Figure 1 shows these contrasts in a strong way. The drawings on the left look happy, healthy and there are hearts to show these feeling. However, the figures on the right show anger, frustration and being overwhelmed. This is clear evidence that the intervention did work in supporting the Three2Six parents in their parenting skills for their children in therapy. I think this evidence

indicates the need for a consistent engagement with the parents of those children who are in therapy.

Appendix E

Details regarding Session 3: The Wilds, spiritual focus as source of well-being:

Participant C always came with one of her children to the sessions. As the researcher who has been holding all three of the other sessions, I felt less pressure to hold this session because of the strong spiritual focus this session held. It was about the primary caregiver taking time to connect with their God in nature. The nature of the session being out at The Wilds. This created an atmosphere of excitement for the caregivers. Two arrived with their children, because they said it felt like a family outing. All the participants took on the responsibility of getting themselves to The Wilds. However participant E still needed support.

My comment: In our earlier sessions I asked what do you like to do to relax? Many of you mentioned nature so here we are in nature. Today is about you, nature and God. We will start walking, but as you are walking you are praying; what are the things you would like to release to God that you have no control over? But mostly take this opportunity to connect with your Heavenly Father. It's not an easy hill we are climbing but we are not climbing alone we have a loving Heavenly Father who recognises our needs.

Exodus 4:14: Fear not and stand still to see the salvation of God. Stand still and see the salvation of God as we take our prayer walk.

Check-in question: What is in your heart and what does it mean for you to have the presence of God?

PC: (laughs as tennis ball is passed to her) Eh good morning, everyone! Eh today I feel great! I am good! (she had lipstick on)

PF: (who is from the main school parents, she received the message of the meeting by miscommunication of names of children between participant E and herself) "Okay good morning

Sanibonani igama ngu F I am happy to be here today. Okay I will say I am a bit scared. Because I am not sure whats happening. But I will flow with the flow.

PE: Nijani my name is E today *ngizizwa ngright kodwa kuyagodola* because I have an operation (pointing to stomach area)

PA: Hello everyone (with a smile and laughter) my name is A from Congo, not South Africa, Congo, Not Nigerian, Congo... (laughs and everyone joins in) Today I am happy to be here today. You see it is cold today, but I am happy, and I love it!

PD: Today I am feeling best best!

CR: I am feeling extremely cold, I don't understand how you guys I am feeling very cold. But I am feeling anticipation like something good is about to happen.

R: I am feeling excited I am glad you offered this idea. I am recognizing again the being in charge over our lives is God not us.

Prayer walk observation:

The two drama therapists created a container by placing themselves at the back and front of the line. When the walk started there was small chattering among the women. However as the walk continued for about 5 minutes there was silence and evidence of internal prayer and reflection from the parents. The other therapist who was still from the start of the walk, modelled what prayer walking looked like. Participant A and D entered also a meditative prayer walk this became more apparent as the walk progressed. When we moved through the narrow pathway, where there was a stream of water and many green trees. All the parents had entered a meditative prayer state. Everyone was still. As we came around the corner from the narrow path onto an uphill, most of the parents started talking about the challenge of moving up the mountain.

Participant A kept her meditative prayer state and started walking fast up the hill. Participant, C, D and E and F started walking closely together as a group.

Testimonial site top of mountain:

Observation: As the participants arrive at the top of the mountain and sit on the rocks facing outward to the green trees and the skyline, the women take in deep breaths and are still in the meditative prayer state.

R: Well done everyone for making it to the top. We are now going to work with the balloons (handing balloons to each of the parents; white and black) The black balloon represents the challenges that you can't control and desire to release to God. The white balloon represents the peace and presence of God you would like to keep. You have had a moment to pray about these challenges while walking, now I will give some time for us to do the serenity prayer and then to release the black balloons. First will listen to the song then pray then release.

Observation:

During the song "I surrender all to Jesus now", Participant F started to cry, and the other parents showed meditative prayer in their faces and bodies. Participant E still looked unsettled.

Participant D's black balloon flew off with the wind while we were still getting ready to pray. Everyone laughs and their focus is fixed on the black balloon disappearing into the cloudy sky. The balloon flying away before time created an impression of spiritual presence.

PD: (together with the other parents) starts to encourage Participant F, while she is crying.

"God knew why she had to come today. All these three weeks she has not been coming. Today God said it's your day and you must be here and you must be here to receive your

blessings today. But you need to forgive yourself first. (Participant F starts to cry more as she hears what Participant D is saying.)

-The women sit in silence with her for about 2 minutes while Participant F is crying. Once she comes to a stop and starts to breathe, the women point to me to continue using their eyes.

R: Remember when Mama Sophie started online (the parents laugh because they know that I as researcher played Mama Sophie) she emphasised first take care of yourself before you can be at a place of taking care of others.

Gift giving: Researcher hands over the gift packets to all the women and asks them to wait before looking.

R: Number 1, those things inside your gift bag are just symbolic for taking care for yourself. Bath soap: find time to relax; the problems of the world are not going anywhere so take time to relax. Hand cream: to remind you to be gentle with yourself. There will be times when you will make mistakes but be gentle. Then tissue: it's okay to cry, it's okay not to be strong, so it's okay to cry; allow yourself to release the tears.

PD: Tears are also prayers.

PC: The way you are saying it I have seen my own mistakes (nervous laughter) Like my first son, I have a son. I did not raise him. He was raised by my aunt. I left him when he was six months. I went to Botswana. Then took him to stay with me when he was six or seven years. But I was already having my two girls when he came. So I was close to these two and not him. Even him he was scared of me because he was use to his grandmother. So now he is grown up, he is 17 big boy. So growing up he is seeing the way we are living, struggling he ended up taking that adult role like father figure in the house. Of which when I go out there is no food in the house he will try something. When I come back I will find he has washed 2 or 3 cars and bought food. I will just brush it and say don't do it next time. Tomorrow again he will do it.

R: Male children are very protective. What you can do is to acknowledge and say to him he does not have to do it. So that when he is trying and does not succeed he does not feel like a failure.

In working with the Three2Six parents, I borrowed from Thera play principles of parent being co-therapist. This was in line with the collaborative communal aspect of African parenting. How I engaged the parents in the four sessions was through role-modeling how they as parents can engage with their children in a holistic healthy way using play. Theraplay therapists use directive methods to duplicate the interactions typically present in parent-infant interactions to improve impaired parent-child relationships (Bundy-Myrow & Booth 2009, Jernberg, 1979, Jernberg & Booth, 1999, Munns, 2000). They design each of the limited number of sessions to include the following dimensions: Structure, challenge, intrusion and nurturing. In Thera play, children have one or two therapists focusing on them, while another part of the treatment room, the parents have a therapist who works with them—first explaining what is happening with children and then helping them integrate themselves into the session as co-therapist. In this

intervention process, I worked with another black African drama therapist to hold and role-model for the parents in our facilitation of play, story sharing and reflecting on how one is feeling. This took place over four sessions. In the fifth session, we both handed over the responsibility to the parent, where they reconnected with the child and applied the things they learnt from the intervention.

Appendix F

Drama therapists post reflection of the whole intervention experience:

After the five sessions of the intervention programme had been completed, we reflected on our experiences of implementing the embodied pilot study.

Q: Please share with me, as a black African therapist how was the process like?

D1: The experience for me was kind of different. I felt that it was the first time that I felt like I was using all that I am, that is **spiritual** and **body**. Most of the time I had to use my **mental** and **body**. But for the first time it invited me to use my spiritual being. So, it was for the first time I used all of me. And I have done many processes. Without feeling guilty, am I doing this right should I be bringing my spirituality to the space. I was free to bring all of me. There was no woo what is this person going to say because it also felt like I was in the midst of people that understood, they were in spiritual space with me. I would even share with my husband and my sister that I could share my spiritual side in the sessions. Imagine starting with prayer. That has never been allowed. And that is who the people are, that is what they wanted. I was permitted, it was allowed since I was in this therapy space. This is the first time I could bring all of me.

D2: For me I felt like authenticity was present. I did not feel like I must take charge. I felt all parts of me as a therapist, they were operating, so Faith the spiritual being, the psychological, emotional, Faith the black drama therapist and Faith the black woman.

I feel Session 2 is core of this intervention. When we started talking about our childhood, suddenly I as researcher could not exclude myself from research. The collective narratives that emerged. African women usually sit and chat and share their life experiences; no one is more ideal than other. What you say I identify. When I came out of it, I feel, I mean I walk away going yoo did you forget you were doing research. I felt I benefited. I also wondered why it ended so soon.

Q: What was your experience of the whole process?

D1: *Throughout the process I felt the process was for me. I was one of the people, I was not just a researcher-therapist. I keyed into being one of the participants. Any one of them could be me, us as well. So, of things with their children, that is me. You know (emotional in voice) so as much as I was therapist holding space I felt held by the women. Because the women listened, and they could identify with me as well. And I told you that was the thing that was missing in our space of training. I never felt like I was held. In this place I felt I was held because they too are foreigners, and I am a foreigner as well. So that also locked it for me. The women held me as I held them. I felt like a support system in them. There was a lot of identification, I could relate very much. Because I remember as I came to the space South Africa, because I am black, people would start speaking in Zulu with me. Yes assumptions. Like Participant A could not tell her story because of language barrier, I could identify with those women. Perhaps that's why it touched me more because these are my stories. These are stories I hear and live too.*

D2: *For me in their sharing's there was nothing that was not familiar. It was all familiar. I mean when they shared about the lack of resources I identified perhaps over identified. For example, when participant A shared her story. All the other stories of the parents, we tried to end them on a lift. However, parent A's story could not be lifted emotionally, it was too heavy. I am*

actually glad that she chose you to hold her story for distance from her lived experience because it was too heavy. Through her movements in the story, she was given mobility through the trauma of her story. I could identify with Participant A, single mom story to try and have something for us. Participant A's story reminded me of my mom's story of when she had my older sister. She moved from one home to the next before building her own home. She would move between houses. Also, Participant C's story on the mountain when she shared that her son received a scholarship. Yes, some of us went to school because of scholarships. So, I kept travelling back to my own story. If we are working the African Ubuntu way. I noticed that the women wanted to reciprocate listening to us as well. Kept asking, "How are you? You have been listening to us". Age for me came into play a lot. I did not think it's a bad thing, it was associated with wisdom. There was deep identification, when I had to consciously know what is their story and what is my story.

D1: *But I think it was the identification that helped us understand better. Because when you identify with something you in a better space to lead. Because we could identify that this is something that has happened to me as well. You have been trained so you will know how to be with them. It was a good thing.*

D2: *Narrative enquiry says we cannot leave ourselves out of the questions we had asked the parents.*

Q: *What stood out for you when we are talking process and drama therapy methodology?*

D1: *What stood out for me was the processes which you led. The processes we used. It was the first time a therapy space was so eye opening. These processes could work with me as client. Seeing it in action. We know when it comes to Africans story is our area. So I am seeing a process that works with me and the people I am working with. So it was the*

process that works from this to this and getting to this point. It was using the narratives, the stories, I mean that is African for me and seeing it work with other people. Funny enough remember my research, was about African storytelling. It was like seeing Gunz, J. (2006). Jacob L. Moreno and the origins of Action.

Seeing how an African understands, which maybe slightly different from how a European understands or how a white woman may understand. These are things I know, the thing our grandparents used subconsciously with us. Those things in the therapy space was phenomenal for me. So, the process and stories stood out for me.

D2: *I have not analysed it but I have understood that the process was inclusive of Dramaturgy, play, spirituality and facilitation. Which is a different saying. Usually, we have Dramaturgy and play. Jungian calls the meeting place (Terminus) our meeting play was spiritual space. In how we began and ended, we almost gave back to the spiritual frame as container. It's what I picked up. I use that quote to unpack a lot of things (Ben Okeri's quote). I felt that Participant E who arrived late in the process became a measuring stick for us. Because the other parents had sufficient time. The one who were able to think who is the hero, guide, etc., had time to consider, "who is influencing my story". It's interesting that none of the parents were raised by their primary caregivers. Participant C when I listened to her story, there were moments of awakening that "Wow this aunt of mine loved me, like my own mom" as she realised this, I as therapist noticed the internal shift in her. Her thinking around her story. "All the stuff I had been crying about wondering if I was loved this shows that my aunt loved me" So Session 2, where we invited the parents to map out how they grew up stood out for me significantly.*

D1: *Participant D; the one who had the calling. Came back to spirituality, remember she had said that she was called by ancestors. But she streamlined her calling to Christianity. That was a*

big realisation for me. I did not even know that it's possible. I have always toyed with the idea if you are called spiritually, it does not matter it is God that has called you. So if you don't know God you will attribute it to other area and you will start worshipping those small letter g gods, ancestors and other funny things. Whereas you can channel it to God. I never had seen it that way. So, with that spiritual calling you can channel it in different ways. That for me stood out. Listen to Chimamanda "the danger of a single story."

That's why I say from the African part of therapy, you cannot take the spiritual aspect out. I remember in class during my training, I had an episode in class. I remember my white teacher saying to me, "That kind of trance is not allowed in class" and I am wondering what kind of trans is allowed in therapy space and who determines what is allowed. For the African person there is no "kind" of trans or maybe they are not use to that kind? The one person who responded was white Christian, she came to help me and started praying with me. I remember I had told my teacher that I am very sensitive to atmosphere, from the get-go. Like the music. If it turns to spiritual, I tend to react. It was not physically it was spiritual. When I pray I rock back and forth. What if the two white teachers that spoke to me that day, had a black lady in therapy and that happened? Would they say, "Oh sorry love we don't do that in therapy"??? Is there a right way to be in therapy? You don't allow me to be me. Participant D was able to share in the sessions without being condemned or judged. And seem like an outsider. That's how I constantly felt in my training, like an outsider. It was profound that in the therapy space I was able to be all of me. For me these are the people I will be working with, remember I work with church people. I have to hold that space. Even if you say your sangoma I have to understand that as an African woman and not say no. Because that's who you are. I have to acknowledge that part of you. Not deny it. That is what my training space did to me. I was never myself. I am going to work now

with a European drama therapist, and I told him I like the intersection between spirituality and therapy. I told him. Those are the areas I am interested in.

***D2:** There was a moment in my training that the therapist said we must light a candle without framing and place it at a shrine (altar) she had made. I responded to her that when I light a candle its prayer. For me it's not the literal it taps into the spiritual. I am igniting a literal light in me. So, when I light a candle, I am usually acknowledging my Saviour Jesus Christ who is my light. What is this altar for? In these sessions I wanted the women to exercise their agency of participating or not. If we are to assist people in this context of Africa, we need to frame more clearly as arts therapists, give more power to the client to know how to negotiate and navigate therapy space.*

***D1:** We should also remember that these women are working with their agencies being taken over and over again. So this is one place you should give them back their agency in the therapy space. They have been dictated to most of their lifetime. Either their country. For the first time our storytelling should be given. And as women our power has been taken. So they must choose what to share and not be dictated to.*

Appendix G

Consent Form

Title of project: The search for ‘Ichambawilo’ (an encounter) with Refugees and Asylum-seekers who are primary caregivers of vulnerable children: an African Drama Therapy intervention programme.

Name of researcher: Ms Nonkululeko Busika

I, ... agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain anonymous.	YES	NO
--	-----	----

I agree that the researcher may use anonymous quotes in his / her research report.	YES	NO
--	-----	----

I agree that the interview may be audio-recorded.	YES	NO
---	-----	----

I agree that the information I provide may be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES	NO
--	-----	----

..... (Signature)

..... (Name of participant)

..... (Date)

..... (Signature)

..... (Name of researcher)

..... (Date)

Appendix H Letter of Permission from Sacred Heart College



SACRED HEART COLLEGE

EDUCATION WITH HEART THAT KNOWS NO BOUNDS

15 Eckstein Street, Observatory, Johannesburg

P O Box 87257 Houghton 2041

e-mail: shc@sacredheart.co.za

www.sacredheart.co.za

MARIST
SCHOOL



Contact Numbers – HIGH SCHOOL

College: 011 081 2200

High: 011 081 2219

Fax: 011 648 1047

Contact Numbers – PRIMARY SCHOOL

Primary: 011 081 2203

011 648 5203

Pre Primary: 011 081 2232

Fax: 011 648 5204

2 December 2020

To whom it may concern

RESEARCH IN THE THREE2SIX PROJECT

Ms Faith Busika has been part of the Three2Six Refugee Children's project at Holy Family College almost since the inception of the project. She understands the community well and has effectively worked with the children in the project.

I have no hesitation in allowing faith to conduct her research in the project and I look forward to seeing more detail and all the research protocols.

I confirm that faith has the go-ahead.

Best wishes

Dr Mark Potterton

Project Director

Appendix I



Holy Family College
PARKTOWN 1905

40 Oxford Road Parktown 2193
PO Box 87159 Houghton 2041
Telephone 011 486 1104/5
Fax 011 486 1017

30 November 2020

To whom it may concern,

This letter serves to confirm that permission has been granted to Ms. Nonkululeko Faith Busika, to do her PHD Research at Holy Family College, subject to this being approved by the Wits Ethics Committee and the Head of the 3-2-6 project, Dr. Mark Potterton.

Should you require any further information please do not hesitate to contact me.

Yours faithfully,

Mr F Sobreira
Head of College

GDE Registration No: 700130203 Non Profit Organisation No: 052-110-NPO
Public Benefit Organisation: Ref 930008511
Member School: Catholic Schools' Office Gauteng
Email: info@hfc.org.za

Appendix J

Participants' information Sheet for the Primary Caregivers: Pilot Study

PARTICIPANTS' INFORMATION SHEET FOR THE PRIMARY CAREGIVERS: PILOT STUDY

Title of project: The search for 'Ichambawilo' (an encounter) with Refugees and Asylum-seekers who are primary caregivers of vulnerable children: an African Drama therapy intervention programme,

Good day,

My name is Nonkululeko Faith Busika, I am a practising Drama Therapist, who is registered with the Health Professions Council of South Africa (AT0001163). I am currently enrolled as a PhD student at the University of the Witwatersrand in Braamfontein, Johannesburg. The purpose of my research is to develop an African intervention programme for adults parenting children attending the Three2Six project and who have participated in drama therapy. The intervention programme intends helping adults parenting these children to develop skills to improve their own well-being as well as develop parenting skills that will enable them to support the children who are vulnerable to various risks.

I am now in the final stage of my research study. We have designed and developed the African drama therapy intervention programme, but we now need to see how much it helps adults caring for children involved in the Three2Six project and receiving drama therapy.

I'd like to invite you to participate in this pilot study. If you agree to do so, you will need to attend the programme on Saturdays, for about 3 hours (ten a.m. to one p.m.) at Holy Family College. The programme will be completed over a period of three-six months. Free transportation and breakfast/lunch will be provided.

Participation is voluntary and consequently you can withdraw from the programme at any point and there will be no penalty for doing so.

In order to ensure confidentiality of participants during the programme, all members will have to commit to not share any personal information disclosed during the programme with other people not participating in the programme. What you share when participating in the pilot study will remain anonymous when I write up my research report. I will ensure this

by using pseudonyms (false names). The recordings made during the programme will keep confidential by storing them in a password-protected computer. Signed consent forms will be kept in a locked cupboard.

A summary of findings will be made available to you on request. Please contact me on 0764014784 or Nonkululekobusika@gmail.com, or my supervisor, Dr Priscilla Gerrand on 011 717-4475 or Priscilla.Gerrand@wits.ac.za. If you have any questions regarding my study, we shall answer them to the best of our ability.

If you have any concerns and complaints about the study, please contact Human Research Ethics Committee (Non-Medical). Contact details: Chairperson: Jasper.Knight@wits.ac.za or the administrator: Ms Shaun Schoeman Tel 011 717 1408.

Regards

Nonkululeko Busika



Appendix K

Participants' Information Sheet for the Primary Caregivers (Phase 1)

PARTICIPANTS' INFORMATION SHEET FOR THE PRIMARY CAREGIVERS

Title of project: The search for 'Ichambawilo' (an encounter) with Refugees and Asylum-seekers who are primary caregivers of vulnerable children: an African Drama therapy intervention programme.

Good day,

My name is Nonkululeko Faith Busika, I am a practising Drama Therapist, who is registered with the Health Professions council of South Africa (AT0001163). I am currently enrolled as a PhD student at the University of the Witwatersrand in Braamfontein, Johannesburg. The purpose of my research is to develop an African intervention programme for adults parenting children attending the Three2Six project and who have participated in drama therapy. The intervention programme intends helping adults parenting these children to develop skills to improve their own well-being as well as develop parenting skills that will enable them to support the children who they care for and who are vulnerable to various risks.

However, it is essential that I develop the intervention programme together with these primary caregivers, such as you. You know best what challenges you are experiencing when caring for children participating in drama therapy, and what support you and other 'parents' living in similar circumstances, need. I therefore wish to invite you to participate in my study.

If you agree to participate, I will form a group consisting of about 10-15 adults caring for children involved in the Three2Six project and participating in drama therapy. During the group session I will invite you, and other group members, to share stories about your parenting experiences. I would also like to audio-record the group session if receiving permission to do so from