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## **Dialogic Memory-Work as a Method to Explore the “Afterlife” of our Self-Study Doctoral Research**

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### **Abstract**

We are teacher educators and researchers in South Africa. In our doctoral studies we used self-study methodologies to improve our professional practice in relation to the challenges of teaching and learning in the South African HIV and AIDS context. This article demonstrates how we, as teacher educator-researchers, explored the “afterlife” of our doctoral research. We used self-selected exemplars from our own doctoral theses as research artefacts to investigate the relationship between our doctoral research and our professional development and practice. We combined memory-work and reflexive dialogue, using questions posed by a fictitious critical friend to examine our exemplars that consisted of short pieces of writing from our doctoral theses. We concluded that our dialogic memory-work method allowed for collaborative exploration of the afterlife of our doctoral research and this, in turn, facilitated our professional practice growth as teacher educator-researchers in the South African context of HIV and AIDS.

**Keywords:** artefacts, dialogue, emotions, HIV and AIDS, memory-work, reflexivity, self-study

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## Locating Ourselves as Teacher Educator-Researchers in the Context of HIV and AIDS in South Africa

We are teacher educators and educational researchers (teacher educator-researchers) at a university in the province of KwaZulu-Natal, South Africa. Linda teaches in the discipline of mathematics education and works mainly with full-time undergraduate student teachers, while Kathleen is located in teacher development studies and works mostly with part-time graduate students who are practising teachers. Although working in separate disciplines and with different groups of students, we share an interest in self-study of teacher education practices as a research genre (both of us completed PhDs using self-study methodologies: Pithouse, 2007; Van Laren, 2008a), and we share a commitment to addressing HIV- and AIDS-related issues in our teaching and research.

According to Statistics South Africa (2013), an estimated 10% of the total population of South Africa is HIV positive. That means that, on average, one in every 10 people that we interact with is HIV positive and, of course, even those of us who are not ourselves HIV positive have family members, friends, colleagues, and students who are infected. Thus, each of us is affected.

In our work, we see how South African teachers are exposed to the reality of HIV and AIDS on a daily basis, in their personal lives, and also through their interaction with learners. Teachers are expected to respond to the special needs of learners who are AIDS orphans, learners who are HIV positive, as well as learners whose families are struggling with AIDS-related illness or socioeconomic circumstances (Holderness, 2012). As teacher educator-researchers working in the province of South Africa reported to have the highest national HIV incidence (AVERT, 2013), we realize that we cannot turn a blind eye to HIV and AIDS.

Research indicates that the physical and socioeconomic hardships experienced by HIV- and AIDS-affected learners are accompanied by equally stressful psychosocial challenges related to feelings of anxiety, hopelessness and grief, as well as experiences of discrimination and stigmatization (Foster & Williamson, 2000; Media in Education Trust Africa, 2009). Regrettably, as Foster and Williamson point out, “In developing countries, the social and economic impact of HIV/AIDS on children has overshadowed concern about the psychological impact of HIV/AIDS on children.” Certainly, in the South African context, as Jairam (2009, p. 125) highlights, “Few schools in South Africa currently have access to the services of a trained counsellor, and the majority of teachers lament that fact that although there are many critical issues in their classrooms, particularly in relation to HIV and AIDS, they often feel helpless as to what to do.”

The emotional impact of learners’ HIV- and AIDS-related hardships on teachers in the KwaZulu-Natal region is powerfully illustrated in the following personal reflection from Lungile Masinga’s (2013) doctoral thesis:

Not so long ago, I never would have imagined that at Grade 6 level I would have not less than two learners that are HIV positive. Nor that I would be teaching learners that do not know what it means to have a mother or father or both. These learners have little idea of what adult intervention and care means, as they do not receive it at home. ... Never during my teacher training had I envisaged that I would fear to give a task as simple as: “*Write a short autobiography passage where you highlight your experiences, be they are positive or negative in your life.*” Now I fear what I will receive from learners in the form of their writing. How do you not feel despair and read with a straight face and not break down and cry when a child writes a message such as the following?

*I do not know what a mother or a father is. My life has always been in a home for children. I believe in GOD, so I know that one day I will have a mother. Every day I pray that GOD keeps me alive so that I will see that day. That is all I pray for every morning,*

*as I thank GOD for each day, I pray that my sickness does not take me while I still have so much to know. I do not feel sorry for myself, I am happy all the time because I know that there is that day and that GOD loves me. I do not have many experiences but what I dream I will experience one day. (A Grade 6 learner's class work, 2010)*

The harsh reality that I have to face every day is that I have no words to 'make things better' for the learners. (p. 5)

As teacher educator-researchers in the context of HIV and AIDS in South Africa, we are also engaged in a struggle to find ways to "make things better." We started with ourselves as we worked toward extending teacher educator knowledge and learning around HIV and AIDS by conducting doctoral research that was self-initiated, self-focused, improvement oriented, employed multiple methods, and involved interaction with others (LaBoskey, 2004, 2006). In other words, our individual doctoral studies made use of self-study methodologies where each of us, working independently, sought ways to improve the manner in which we were preparing and supporting teachers in the context of HIV and AIDS.

One of the established quality standards for self-study of teacher education practices is for the researcher to offer evidence of the significance of the ways in which she has developed as a teacher educator as a result of the research (Feldman, 2003). While we both addressed this ontological aspect of self-study research in writing our doctoral theses, we have recently become interested in exploring how our doctoral research might have affected our continuing growth as teacher educator-researchers. In other words, we are curious about the "afterlife" of our doctoral research projects.

In the following sections of this article we explore the afterlife of our doctoral studies. We first provide a brief account of our completed self-study doctoral research. Next, we describe how our dialogic memory-work method evolved. We then present our written dialogue, using questions posed by a fictitious "critical friend" to discuss self-selected exemplars from our own doctoral theses. To follow, we explore implications for our professional practice growth as teacher educator-researchers in the South African context of HIV and AIDS. We conclude by indicating how collaboratively re-examining our doctoral studies through dialogic memory-work contributed to our professional development and practice as teacher educator-researchers.

### **Our Self-Study Doctoral Research**

Kathleen's doctoral self-study research was a study of her own learning through teaching three postgraduate teacher education courses at a South African university (Pithouse, 2007). Kathleen took a narrative self-study stance toward research and pedagogy to explore her lived experience as a novice teacher educator. As part of her research, she designed and taught a graduate course for practising teachers called, "Studying ourselves as scholar-teachers in the age of HIV and AIDS in southern Africa." Kathleen was interested in exploring how critical and creative self-awareness, as well as exposure to stories of others' lived experience, might play a role in the teachers' engagement with HIV- and AIDS-related issues in education.

Linda researched HIV and AIDS integration in the academic discipline of mathematics education in a South African university (Van Laren, 2008a). The purpose of her doctoral study was to initiate integration of HIV and AIDS curriculum into mathematics education, and to explore the possibilities of this innovation in preservice teacher education. She focused on how she, a mathematics teacher educator, responded to the HIV and AIDS pandemic by implementing curriculum changes in the primary mathematics education module. The aim of her study was to provide pedagogic knowledge for the integration of HIV and AIDS in mathematics education, because it is impossible to ignore the influences that HIV and AIDS have on the teaching and learning in South African classrooms.

Before we could commence our doctoral studies we were required to meet all the necessary requirements specified by our university's ethics committee. Informed consent was obtained from our institution and our participants. In other words, as detailed in our doctoral theses, we followed the ethical principles of autonomy, nonmaleficence and beneficence (Durrheim & Wassenaar, 2002) whilst conducting our self-study research.

The information presented in our doctoral theses has now been in the public domain for a number of years via our university's online thesis repository and via publications based on our doctoral research (e.g., Khau & Pithouse, 2008, Pithouse, Mitchell, & Weber, 2009; Van Laren, 2007, 2008b). In this article, our intention is not to give detailed methodological explanations of our self-study doctoral research or to offer new findings from our doctoral research. Instead, we aim to show how, through developing a method of dialogic memory-work, we have been able to work together to understand and communicate the afterlife of the self-study research that we each conducted individually more than five years ago.

### **Our Dialogic Memory-Work Method**

This article demonstrates how we have combined the methods of memory-work (Mitchell & Pithouse-Morgan, 2014; Mitchell & Weber, 1998, 1999) and reflexive dialogue (Pithouse-Morgan & Van Laren, 2012) to construct a dialogic memory-work method. Our intention is to seek a dialogic understanding where new "meaning ... arises when different perspectives are brought together" (Wegerif, 2006, p. 146), as well as a reflexive understanding where we pay careful, self-critical attention to our development as researchers and teacher educators (Kirk, 2005).

Memory-work can be traced back to a step-by-step research method developed by Frigga Haug working with a group of feminist women in Germany in the 1980s (Haug, 1987). Other researchers (e.g., Crawford, Kippax, Onyx, Gault, & Benton, 1992; Mitchell & Weber, 1998, 1999) have since built on Haug's method to use memory-work in diverse ways to explore the social meanings of personal and collective memories in relation to a variety of research topics. We adapted a memory-work self-study method originally developed by Mitchell and Weber (1998, 1999) and later extended by Samaras (2011) to revisit our doctoral research experiences through a memory-work lens, which as Haug (2008) explains, pushes us to confront challenging, reflexive questions about our past with the aim of making future change possible.

Our dialogic memory-work process began when Kathleen emailed Linda with this suggestion:

*I was wondering about us writing about our self-study work in teacher education/teacher development in the context of HIV and AIDS. We could possibly ... draw from our PhDs to explore our own learning and development as teacher educators in the context of HIV and AIDS? We could think about what difference it makes to us and our development as teacher educators living and working in a context of HIV and AIDS. (Email correspondence, 19 September 2013)*

We met to discuss possibilities for this shared exploration and decided to begin by returning to our doctoral theses to select short extracts that we felt illustrated experiences that had contributed to our growth as teacher educator-researchers in the context of HIV and AIDS.

Linda was the first to identify and share a section of her thesis:

*Dear Kathleen*

*Please see my attached piece for my learning and development as a teacher educator living and working in a context of HIV and AIDS. Please let me know if this is what you had in mind for our paper. (Email correspondence, 23 September 2013)*

Kathleen responded:

*Thanks Linda—this is lovely and it will give me something to respond to in my piece of writing.* (Email correspondence, 23 September, 2013)

Kathleen went on to choose a particular extract from her thesis because she was reminded of experiences and memories described in her own thesis while reading Linda's extract.

Samaras (2011) illustrates how artefacts (objects) can serve as stimuli for memory-work. Similarly, to re-examine our doctoral research experiences we decided to work with our short, self-selected exemplars from our own doctoral theses as research artefacts. When one considers the Latin derivation of the word "artefact," *arte factum* may be interpreted as relating to "something" made with skill (Artefact, n.d.). This implies that our exemplars can be understood as artefacts because our "writings" are skilled products that each of us created whilst completing our doctoral studies. Although our artefacts portray our research experiences in the form of written symbols of language (rather than of physical objects), we anticipated that our exemplars would provide a useful starting place and point of connection for our dialogic memory-work.

Having chosen our exemplars, we discussed them through a process of reflexive dialogue (Anderson-Patton & Bass, 2002; Pithouse-Morgan & Van Laren, 2012) that we conducted via regular face-to-face and email conversations over a three-month period. These conversations served as the data sources for this article. To guide our dialogue, we adapted artefact discussion prompts developed by Samaras (2011, pp. 105–106) and combined these with the following memory-work questions posed by Haug (2008): "What contradictions were taken along, what was ignored in silence, and what kind of ability to act was achieved? Which paths were not taken, and which ones would the author try out today?" (p. 540).

In re-presenting our dialogue for the purposes of this article, we included a third voice, a fictional "critical friend" to pose "challenging questions" (Schuck & Russell, 2005, p. 107) and elicit "divergent views to obtain alternative perspectives" (Samaras & Roberts, 2011, p. 43) related to our exemplars, with the aim helping us to work with the past to see possibilities for future change in our development as teacher educator-researchers (Haug, n.d.). Critical friends "or trusted colleagues who [can] provide thoughtful and insightful feedback on the actions and engagement of practice" (Samaras, 2013, p. 522) are acknowledged as playing a vital role in self-study research and numerous self-study researchers have highlighted how they have learned from and with critical friends through face-to-face and/or online communication (e.g., Lunenberg & Samaras, 2011; Schuck & Russell, 2005).

Hamilton (2005) extended the concept of the critical friend by taking an "inventive" approach to "invite Winslow Homer [a nineteenth century artist], or ... his spirit, to engage with [her] in the analytic consideration of [her] teaching" (p. 61). We have similarly taken an inventive approach by constructing a fictional critical friend to serve as facilitator or narrator of our written dialogue. Using the literary element or device of a narrator (Coulter & Smith, 2009) allowed us to bring our individual voices into dialogue with each other and with the voices of other researchers. We drew on memory-work questions posed by Samaras (2011) and Haug (2008) to develop dialogue prompts offered by our fictional critical friend. We also used the fictional critical friend device to weave our analysis into the dialogue, rather than offering a separate analysis section. Thus our fictional critical friend assisted us in making our written dialogue polyvocal and reflexive.

### **Our Written Dialogue**

*Critical friend:*

Looking back at your doctoral thesis, choose, as an exemplar, a piece of writing that illustrates how your self-study doctoral research experience continues to make a

difference to your development as a teacher educator-researcher in the context of HIV and AIDS in South Africa.

*Linda's exemplar:*

*... I am able to understand some of the emotional harshness experienced by children who are labelled as "orphans and other vulnerable children" as a result of HIV and AIDS ... I recall many family conversations being centred on my parents' first-hand experiences of being "orphans" ... [B]ecause of extreme poverty caused by the 1930s depression, my mother along with three of her six siblings went to an orphanage in the Western Cape province ... Her first three years at the orphanage were devoid of family life and my mother only visited her parents twice a year from the age of 13. ... Many of her stories about orphanage life are, however, clear indications that growing up away from parents is emotionally stressful and an unenviable, unhappy experience.*

*... [M]y late father also experienced life as an orphan because both of his parents passed away due to illness in 1928 when he was five years old. He was not sent to an orphanage but he and his four siblings were taken in by "willing" family members. The five orphaned children were each selected by different relatives.*

*... As an only child I often was reminded by my parents of what it is to be an orphan. These stories have been with me throughout my life. The experiences I gained through listening to my parents' accounts may have made me more aware of the plight of the thousands of orphans and vulnerable children just in our province alone ... These children may experience far more unhappiness and stress than my parents ever suffered—I don't know ... but nevertheless I do have an inkling of what it means to grow up without a special bond between parents and their children.*

*... I respect the principles of Christianity that include respecting the lives of others, empathising with others who are less fortunate, and the long tradition of Christian "care and compassion" (De Gruchy, 2006, p. 2). However, the ethical issues related to abstinence, being faithful and using condoms (ABC) that are suggested as "cure all" remedies by some Christians cause tension in what I believe and see as the "solution" to the problems surrounding HIV and AIDS.*

*Kathleen's exemplar:*

*[This extract from my thesis is written in the form of a dramatic presentation, which I used as an evocative mode of data re-presentation. This dramatic presentation, which I called "Learning to Cry," was developed from an audio-recording of a class discussion that I facilitated while teaching a master's course on Health, Sexuality, and HIV & AIDS in Education. The class discussion began with students reading stories that they had written about their own HIV- and AIDS-related experiences.]*

**Ms R:** *My self-story is about my friend, Beatrice. Beatrice and I grew up together.*

*[Ms R. continues reading her story.]*

**Ms R:** *[Reading, in a tearful voice] ... After one day, she died.*

*[Silence.]*

**Kathleen:** *I think I have to get out the tissues now.*

*[Subdued laughter from the group.]*

**Kathleen:** *Okay, one for me, one for you, one for Ms R. Anybody else?*

**Ms N:** *There should be some in the middle of the table here.*

*[Silence.]*

**Kathleen:** *Okay. Do we have another volunteer to read a story?*

*Ms P: [Reading] My colleague, Miss X, was very close to me. We shared everything. But I was not yet familiar in sharing and understanding problems caused by HIV infection ...*

*[Ms P continues reading the story.]*

*Ms P: [Reading] ... She could not recover and she died. Due to the fact that I was blank about HIV/AIDS, I could not advise her to go for counselling and to join support groups to build her spiritually.*

*[Silence.]*

*Ms N: Now I'm going to read my story.*

*Ms P: [In a joking tone] Don't start crying.*

*Ms N: No.*

*Ms N: [Reading] I could see, by the shocked expression on my husband's face, that something was not right ...*

*[Ms N continues reading her story.]*

*Ms N: [Reading] ... All these questions were running through my mind as I left that house for good, with uncontrollable tears streaming down my face. I will never forget that day.*

*[Silence.]*

*Critical friend:*

Can you each explain why you chose your particular exemplar?

*Linda:*

My parents played an important role in my life. Both of my parents supported me by caring for me to the best of their ability. This care was not only in terms of basic material needs but also by encouraging me in my learning as a school and university student. Both my parents did not have opportunities to further their own academic studies beyond their Standard 10 certificates. However, they fully supported all my scholastic endeavours. This is the support that will not be possible for the more than 2 million children who are South African AIDS orphans (Statistics South Africa, 2010). Many of these children probably suffer from lack of the most basic of needs, such as food and accommodation. Who do these children rely on for support, love, and protection?

*Kathleen:*

For me, the dramatic presentation I selected from my thesis highlights the emotional weight of bringing awareness of self to an area such as HIV and AIDS, which is permeated with experiences of suffering and loss. Through my doctoral research I gained confidence in the educative value of giving students opportunities and encouragement to undertake scholarly inquiry into their own educational experiences and practices. However, as this dramatic presentation illustrates, I also became more conscious of the emotional complexities of this pedagogic approach, and of the commitment and care it requires from me as a teacher educator. This particular session with my students is one that stayed with me long after my PhD was complete. Soon after the session I wrote in my research journal about how listening to the students' stories and facilitating their discussion had left me feeling drained, exhausted, and with a headache that lasted for a week. Some years after I had finished my PhD I returned to my memories of this session in a collaborative inquiry into the emotionality of researching social aspects of HIV and AIDS (Pithouse-Morgan, Khau, Masinga, & Van de Ruit, 2012). In looking back at the session I realized that the tension and physical pain I experienced afterward were probably connected to my belief that I, as the teacher educator, was the only one who was not allowed to cry, despite feeling overwhelmed by the students' stories. I felt that it was my role and responsibility to take care of the students and to keep myself under tight control.

*Critical friend:*

Does culture play a role in your exemplar?

*Linda:*

I consider that my particular “way of life” has been influenced by my upbringing in my particular family. As a child I relied on resources provided by my parents and they encouraged me to “take charge” of my life and actively try to “make a difference” by taking action. As a teacher educator I see the need to take action and integrate HIV and AIDS in a “high status” discipline when teaching, because the life experiences of learners and students cannot be ignored. My teaching takes place in a context that is deeply influenced by HIV and AIDS, so my particular “way of life” constantly intersects with the “way of life” of others who are faced with medical and social issues related to HIV and AIDS. It may not be possible for me to make any material difference to any learners, but I am in a position to make a difference by ensuring that in my teacher preparation I attend to the development of HIV awareness, HIV competence, and HIV safety through integrating social issues related to HIV and AIDS in mathematics education.

*Kathleen:*

If culture can be understood as shared habits, then I think my chosen extract emphasizes social and emotional aspects that are habitually overlooked and even denied in accounts of teaching, learning, and researching. On a personal level, what I realized after reading Linda’s exemplar from her doctoral thesis was that my feeling that I needed to control or even deny my emotional response to the students’ stories might be connected to my own childhood experience of losing a father to cancer in the early 1980s when I was 11 years old. Reading Linda’s exemplar reminded me of how after my father died I went back to school and everything carried on as if nothing had happened. In what I now see as an indication of my sociocultural context at the time, I cannot recall anyone at my school ever speaking to me about my father’s death or asking me how I felt about it.

*Critical friend:*

Are there others involved in your exemplar? What roles do they play? What is their influence on your roles and practices?

*Linda:*

In my exemplar my parents, particularly my mother, and I play major roles. My mother, who passed away in 2010 at the age of 84, frequently retold her vivid memories of having to fend for herself. My mother always spoke about her childhood birthdays and how these were never celebrated or even remembered. Even when my mother became frail she constantly mentioned how her birthdays were just “forgotten.” I interpret such stories as illustrations of deprivation and neglect, where she had to rely on her own inexperienced devices to survive emotional and physical onslaughts. Although my mother was not an “orphan” in the true sense of the word, she experienced limited support from her parents as a child as she was separated from them at the age of 10. I almost “experienced” being an orphan through the life stories my mother told. These stories certainly influence my “way of life,” and I am able to empathize with the emotional challenges experienced by HIV and AIDS orphans.

*Kathleen:*

My students are, of course, directly involved in my exemplar. At the time, while I saw the need to create a safe and supportive space for them to tell their stories and express their emotional responses, I think that I felt that I had to be the strong one, the one in control. I

gave out the tissues and even took one myself, but I would not allow myself to dissolve into tears. I always tell my students that if we understand culture in the sense of shared habits, then we can see that although some habits are useful, others can become obsolete or even destructive. I now understand that part of my sociocultural legacy has been a habit of not talking about my own experience of parental illness and loss. As I tell my students, some habits need to be let go of in order for us to grow as human beings and as teachers.

*Critical friend:*

Can you express an emotion that revisiting this exemplar brings forth for you?

*Linda:*

As child who had loving, caring parents the exemplar that I chose evokes deep emotions. First, I cannot imagine how anyone could cope without parents. It makes me sad to think about children who are required to fend for themselves without the support and protection of parents. However, fending for themselves is a reality for many South African AIDS orphans. Second, it makes me angry to think that some Christians believe that it is through choice that many South African girls and women actively choose multiple sex partners that often lead to them becoming HIV positive. I believe that many girls and women use sex as a means of supporting themselves. Sometimes these women are not even entitled to decide whether or not a condom can be used. Furthermore, being faithful relies on both partners in a relationship. There is no guarantee that if one partner in a relationship is faithful then the same applies to the other partner. The fact that men are entitled to have multiple sexual partners as an acceptable “way of life” in many South African communities cannot be disregarded. The gender inequalities in sexual relationships make the good intentions of the ABC [Abstain, Be faithful, Condomise] approach almost an impossible strategy to implement to halt the HIV and AIDS pandemic in South Africa.

*Kathleen:*

In recalling my memories of this particular session with my students, I feel sad about the grief, pain, anger, and confusion that seems to characterize so much of our HIV- and AIDS-related experience in South Africa. Furthermore, reading Linda’s exemplar has prompted me to recall my own childhood experience of losing a parent in a sociocultural context that offered me little psychosocial support. Revisiting this experience makes me feel determined that this should not happen to other children. In the absence of trained counselors in many schools in South Africa, I believe that teachers must at least feel prepared to be able to speak with children about their emotional experiences of illness and death in their families and communities. And so part of my role and responsibility as a teacher educator must be to offer my students space, time, and support to engage with the emotional aspects of teaching in the age of HIV and AIDS and, significantly, also to engage with my own emotional responses to this work.

*Critical friend:*

What contradictions were taken along, what was ignored in silence during your doctoral research?

*Linda:*

As a teacher educator I started to make a difference by integrating HIV- and AIDS-related issues in the teaching and learning of mathematics topics. For this integration I chose to use mathematics topics in which I am confident, such as statistics and geometry. I thus selected a rather “neutral” space to start taking action by working in my mathematics education comfort zone that is almost devoid of emotion—mainly using numbers and

shapes. Although these topics can be linked to real-world situations, the emotional issues of HIV and AIDS are not foregrounded in my integration endeavours. In other words, using mathematics I probably evoked or even exposed deep emotions, but I did not engage deeply in my particular concerns that originally served as catalysts for my integration initiatives. A contradiction thus arose in that I chose to foreground mathematics and what I neglected to confront were the real issues related to feelings and “internal” suffering as a consequence of HIV and AIDS.

*Kathleen:*

Although I did engage with the social and emotional aspects of teaching, learning, and researching in my doctoral thesis—and in particular, I highlighted the importance of not shying away from the emotionally loaded issues of sickness, death, and sexuality that accompany HIV- and AIDS-related experiences—I now realize that I was silent about my own, most personal experience of sickness and death. Perhaps it felt too personal and maybe even inappropriate, or perhaps I did not yet have a language or conceptual understanding through which I could make sense of this experience. So a contradiction was that while I was trying to create a safe and supportive space for my students to engage with emotionally challenging experiences, I was not really entering that space myself.

*Critical friend:*

What kind of ability to act was achieved through your doctoral research?

*Linda:*

The particular preservice teacher mathematics education module I chose to introduce integration of HIV and AIDS was appropriate because this initiative could be accommodated within the specified module outcomes listed in the School of Education’s handbook. These outcomes included development of pedagogical knowledge for the teaching and learning of the topics “data handling” and “space and shape.” However, because of the underachievement of mathematics learners in South Africa, some colleagues are opposed to spending time on HIV and AIDS integration instead of getting on with “real” mathematics. Conventional understandings of real mathematics do not usually include issues related to everyday living, but rather stress the importance of algorithmic thinking. An example of algorithmic thinking in mathematics is being able to solve context free algebraic equations. Sometimes colleagues openly question my research interest in integration of HIV and AIDS in mathematics. In discussing my research interest at my school of education I am confronted with questions such as “What kind of discipline is integration of HIV and AIDS anyway?” Although these opinions have not deterred me from extending my research in integration of HIV and AIDS, there are other obstacles that sometimes inhibit my ability to take action. In many mathematics education modules it is impossible or inappropriate to integrate HIV and AIDS. This means that the ability to act in my teacher education discipline is not always achievable because of the particular topics listed as module outcomes. In addition to the unsuitability of some mathematics topics, my ability to act and provide psychosocial support is also hampered by my own personal inability to control my emotions when I attempt to console people who are sad or distressed.

*Kathleen:*

My doctoral research certainly pushed me to act on my enhanced awareness of the emotional complexities that teachers in South Africa are dealing with. One small example of this is that I make it a habit in my classes that we begin by “taking the emotional

temperature” of the group. Each of us, including me, gives a number between 1 and 10 to communicate how we are feeling, a strategy I read about years ago in Goleman (1996). Nothing more has to be said, but often, particularly when the students in a group have come to know and trust each other, they will choose to elaborate on their emotional status by discussing personal, professional, or academic experiences that have contributed to how they are feeling. Sometimes this initial activity is very quick, but sometimes it might take an hour or more of class time. When I find myself becoming anxious about the need to move on and do some “real work” in my discipline of teacher development studies, I remember my doctoral research as well as subsequent feedback from students, and I remind myself that this emotional work is crucial to teacher development.

*Critical friend:*

Which paths were not taken during your doctoral research, and which ones would you try out today?

*Linda:*

In 2012 I was invited to speak to a masters’ student cohort on my use of self-study methodology. I successfully explained my doctoral research approach, but toward the end of the presentation one of the students asked “Why did you decide to integrate HIV and AIDS education in mathematics?” I thought about this question for a few seconds and then burst into tears—some students giggled and others just stared at me in disbelief. Obviously, five years after completing my PhD studies I still had deep emotional links to my research. However, I acknowledge that my research should not merely be about my feelings. I understand that listening and empathizing with students is important, even in mathematics education. Hence, I must learn techniques and strategies to assist students who have a need to and/or want to tell me their distressing HIV- and AIDS-related stories. I need to seek strategies for conveying empathy, ensuring that I provide appropriate advice and guidance to students and, if necessary, refer them to appropriate therapists, authorities, or services for further assistance.

*Kathleen:*

This dialogic memory-work activity has started me on a new path of exploring research literature on the psychosocial effects of parental death or loss on children, and on supportive measures that can enhance children’s resilience in the face of such loss (e.g., Howarth, 2011; Luecken & Roubinov, 2012; Novakovich, 2010). I have also begun to talk to colleagues in the discipline of psychology about these issues. I hope that, in time, I will be able to integrate what I am learning into my work as teacher educator-researcher. I can see that this will not be an easy journey for me. I find myself crying as I read the abstracts of articles about the childhood effects of parental death and, while one of the things that I have learned so far from this re-searching is that dealing with the childhood loss of a parent is a lifelong, evolving process, I realize that I have a lot of my own emotional work to do in this area. However, I have also found this journey so far to be comforting as well as discomfoting. It is comforting in the sense that as I have read about common psychosocial effects of parental death or loss on children, such as anxiety, depression, and eating disorders, I have begun to realize that emotionally distressing experiences in my life that followed the death of my father were not necessarily due to my own personality flaws, as I had often felt, but were quite predictable reactions to a traumatic childhood experience.

*Critical friend:*

What have you gained by rereading your own exemplars in the light of one another's exemplars?

*Kathleen:*

I think that we were able to recognize significant emotional resonance between our individual research experiences (Conle, 1996). As Conle explains, "We found that it was the emotional interaction that helped us connect with one another's experiences" (p. 305). Through our dialogic memory-work we created a way of bringing our individual past life experiences into "play" with each other's experiences. As critical friends who teach in separate academic disciplines, but who have worked together on collaborative research projects for a number of years, we felt comfortable enough with each other to expose painful experiences and emotions through our dialogue.

*Linda:*

Through comparing our exemplars, we noted clear similarities in our personal life experiences that we identified as significant in pursuing our interest in making a difference in the area of HIV and AIDS. Through our memory-work dialogue we noted that each of us had had life experiences that were associated with children who had lost parents. We came to see how each of us had experienced emotional connections that led us to develop ways of addressing HIV and AIDS in the teacher education modules we taught. These connections were as a result of having lived with the sadness associated with losing parents.

*Critical friend:*

How has this dialogic memory-work process contributed to your growth as teacher educator-researchers?

*Linda:*

Although we have valued each other's views and work since we first met in 2006, we had never before discussed how our individual life experiences could be related to our research and teaching. Our dialogic memory-work has allowed us to gain deeper, emotional understandings of each other's reasons for extending our research interests in HIV and AIDS far beyond our doctoral studies. We have been able to move further away from being self-centered, unproductive, and inert through the frank sharing and revisiting of our doctoral research artefacts. Our dialogue has revealed that each of us has longstanding, deeply felt emotional connections to children who have suffered the loss of a parent.

*Kathleen:*

After revealing our own emotions and empathizing with each other's emotions through dialogic memory-work we realize that we ourselves need to be part of the changes we seek, and not merely recommend action for others to take up.

### **Implications for our Growth as Teacher Educator-Researchers in the Context of HIV and AIDS in South Africa**

Our dialogic memory-work process has allowed us to revisit our constructions of our selves in our doctoral writing for further reflection, introspection, and critique (Ball, 2009). This revisiting took place more than five years after we completed our self-study doctoral theses and thus afforded us the opportunity to relook and further interrogate our commitment to addressing issues of HIV and AIDS in our practice as teacher educators.

In situating our selves in our dialogic memory-work, we each exposed aspects of our personal histories that relate directly to our identities as teacher educators in a region that is strongly affected by the HIV and AIDS pandemic. Our email interactions show how the personal experiences that we exposed related to notions of “orphanhood” stand out as significant catalysts that linked our emotions to the need to make changes to our practices as teacher educator-researchers in the context of HIV and AIDS. For example, between 4 October 2013 and 7 October 2013 we communicated the following via email:

Kathleen wrote to Linda:

*I found your pieces very moving—and some interesting synergies between our stories.*

Linda replied:

*I have now read our pieces carefully and I can appreciate that losing your Dad at 11 must have been far, far worse for you than me just “living” the experiences of loss through my mother's experiences.*

Kathleen responded:

*I think that self-study can help us to learn valuable something from these painful experiences—whether our own experiences or the experiences of those we love.*

Through our dialogic memory-work, we have realized that our shared passion for addressing HIV- and AIDS-related issues in teacher education arises from wanting to do more than just empathize (Newton, 2013; Reio, 2005; Zorn & Boler, 2007) with others about the social injustices and emotional suffering caused by the HIV and AIDS pandemic. According to sociocultural theorists Zorn and Boler (2007), feelings about other people originate from personal experiences and become internalized through our “way of life” in a particular social context. Furthermore, these authors note that it is not possible to separate feelings and emotional experience into private and public entities, because emotions arise through interactions between these two entities. In addition, if emotional experiences related to other people merely result in empathy without action, then the empathizer fails to recognize that she or he is “implicated in the social forces that create the climate of obstacle the other must confront” (p. 141). This means that empathizing with people who suffer as a result of traumatic life experiences such as illness, loss, and death is insufficient. The definition of emotion adopted by Newton (2013) also emphasizes the importance of action, because he defines emotions as “mental states arising from personal evaluations of the world which prompt a readiness to act” (p. 35). As self-reflexive researchers, we thus first need to actively confront and challenge our own assumptions in relation to our values and views of humanity.

After conducting a review of educational research related to emotions, Zorn and Boler (2007) conclude that “emotions are a basis of collective and individual social resistances to injustices” (p. 148) and that it is vital that “analyses of emotion begin with their socio-cultural contexts.” Furthermore, Reio (2005) reiterates the need to consider context in understanding relationships between identity, emotion, and change. Only after our engagement in reflexive dialogue, using our selected artefacts to revisit our personal and research experiences through a memory-work lens, did we fully understand our emotional connections to our doctoral studies. Furthermore, we were challenged to discuss, through answering questions posed by a fictional critical friend, contradictions in our past actions that shape what we consider necessary for our future action. We found some of these questions challenging to answer, and yet this facilitated pinpointing of contradictions exposed in our educational responses to the HIV and AIDS pandemic. These contradictions begged interrogation so that we could seek appropriate reflexive reactions.

Through these conversations, based on our doctoral writing, we were able to see how our emotional involvement led to seeking ways of knowing about our own educational research in the context of HIV and AIDS. Furthermore, we realized that our emotional experiences, related to the childhood loss of parents, resulted in empathizing with teachers and learners suffering because of HIV and AIDS. However, empathizing is insufficient. We now recognize that we need to move beyond feeling, empathizing, knowing, and advocating change, to consider how we ourselves can make changes—changes in what we do to address HIV- and AIDS-related issues in teacher education (Ball, 2012). We have identified psychosocial support for teachers and learners as an area where there is a need for us to take action.

By working together as critical self-study researcher friends, we were afforded opportunities to make informed choices for reflexivity. By analyzing our combined dialogue responses we noticed that the separate conversation components were complementary, so that we could reflect on the complete picture that emerged. The sensitive, emotional issues each of us exposed separately were thus combined for deeper exploration. Though working collaboratively, our question responses could extend further to explore the broader picture. The respectful, open, conversational dialogue interactions, in conjunction with the questions posed by a fictional critical friend, allowed us to consider actions that may require taking risks. As self-study researchers, we have been challenged to seek additional, alternative actions necessary for each of us to improve our practices as teacher educators who prepare teachers for teaching in the context of HIV and AIDS.

### **Conclusion**

Our collaborative process of exploring the afterlife of our self-study doctoral research contributes to the evolving body of work on memory-work as a research method and as a method for professional development (e.g., Mitchell & Pithouse-Morgan, 2014; Mitchell & Weber, 1998, 1999; Samaras, 2011). Through our dialogic memory-work, we came to realize that our “remembering has less to do with the past itself than with the needs and situations that confront human beings in the present” (Mattson, 2013, p. 198). Although the exemplars from our doctoral theses relate to our past experiences, they are also significant for our current and future support and preparation of teachers in the South African HIV and AIDS context. Our dialogic exploration confirmed our resolve to continue improving the manner in which we as teacher educators prepare teachers to address issues of HIV and AIDS. We have highlighted the potential for dialogic memory-work as a means for researchers to move beyond making recommendations for change to seeing possibilities for strengthening the relationship between their research and their professional development and practice.

Our dialogic memory-work contributes further insight and impetus to the growing body of work that seeks to explore and value the teacher educator self and teacher educators’ self-study in the context of lived, relational educational experience. This article highlights complex emotional and social influences on teacher educators’ pedagogic decision-making and responses. It also reveals the extent to which teacher educators’ individual, everyday practice is continually informed and re-formed by lived experience and human relationships, as well as broader social contexts. Furthermore, it demonstrates how collaborative and critical inquiry into the teacher educator self can enhance pedagogic understanding and draw attention to important educational issues that have significance beyond the self.

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