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## TRANSFORMATIVE LEARNING THROUGH ORAL NARRATIVE IN A PARTICIPATORY COMMUNICATION CONTEXT: AN INQUIRY INTO RADIO DRAMA-BASED TRAINING AMONG ZAMBIAN CAREGIVERS OF ABUSED AND EXPLOITED CHILDREN

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DRAMA-BASED TRAINING AMONG ZAMBIAN CAREGIVERS OF ABUSED  
AND EXPLOITED CHILDREN

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DISSERTATION

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A dissertation submitted in partial fulfillment of the  
Requirements for the degree of Doctor of Philosophy in the  
College of Communication and Information  
at the University of Kentucky

By  
Charles Brent Madinger  
Manila, Philippines  
Director: Dr. Chike Anyaegbunam  
Lexington, Kentucky  
2022

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## ABSTRACT OF DISSERTATION

### TRANSFORMATIVE LEARNING THROUGH ORAL NARRATIVE IN A PARTICIPATORY COMMUNICATION CONTEXT: AN INQUIRY INTO RADIO DRAMA-BASED TRAINING AMONG ZAMBIAN CAREGIVERS OF ABUSED AND EXPLOITED CHILDREN

This research investigates instructional narrative interventions for transformative learning among high orality reliant peoples. Two research questions asked: “Does an oral strategy of radio drama in a participatory environment lead to significant changes in knowledge and beliefs,” with a hypothesis stating there would be significant positive changes; and “When listeners experience narrative transport can it affect receptivity leading to knowledge and belief change,” and the hypothesis stated that narrative transport would correlate to higher positive responses. The mixed methods design analyzed personal experiences and survey responses of treatment group and control groups. Quantitatively I assessed a treatment group using a matched pre/posttest survey related to learning goals and the Transportation Imagery Survey. The qualitative data was gathered in focus groups and personal interviews. The findings showed a significant change in treatment group in knowledge and beliefs (40%). The treatment group also scored 74% correct answers in contrast to the posttest only survey control group of 56%. The additional modified Transportation Imagery Survey (TMS) assessed the treatment group’s level of transport into the narrative (6.1/7) and a positive correlation (.65) to the change in answers for the posttest. The study presents relevant considerations for instructional communication designers and professionals serving higher orality reliant audiences and the power of participatory narrative instruction constructing healthier knowledge and beliefs.

**KEYWORDS:** Orality, Narrative, Transformative Learning, Transportation Imagery Model, Participatory Communication, Orphan Caregiver Training

Charles Brent Madinger

April 19, 2022

TRANSFORMATIVE LEARNING THROUGH ORAL NARRATIVE IN A  
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DRAMA-BASED TRAINING AMONG ZAMBIAN CAREGIVERS OF ABUSED  
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## Definition of Terms

**Abuse and exploitation.** Abuse is the mistreatment of a child (in this study) for one's personal gratification. Exploitation is mistreatment of a child for personal gain or gratification by others from whom the provider is remunerated in some way.

**Caregivers.** Adults providing direct services to orphans who have the capacity to bring physical, emotional, psychological, and spiritual healing.

**High and Low Orality Reliance.**

**HOR.** High Orality Reliance refers to expressing of inner speech in learned patterns that depend heavily on all 5 senses to communicate with little need for literacies related to a print-text development.

**LOR.** Low Orality Reliance refers to expressing of inner speech in learned patterns that depend more heavily on the thought processes acquired through formal literacies.

**Knowledge and Beliefs.** Knowledge here is that which one subjectively holds to be true. Beliefs may be defined as an acceptance that something like a statement, concept, or value is true. In this paper the terms are often interchangeable.

**Liminal Space.** A threshold from which a person can move from something old and familiar to something novel and yet to be held or experienced.

**Literacies.** Being knowledgeable, familiar, comfortable, or competent in a subject, skill, or field.

**Orality.** A preference for or reliance on oral communication. A learned expressing of inner speech.

**Orality Gap.** The distance between very high orality reliant peoples and others educated into lower orality reliance. It is seen when LOR people attempt to communicate with HOR peoples, but no longer can do so with high impact. They tend to train and teach in the same LOR ways and means in which they were taught

**Peoples.** Ethno-linguistic groups that share some type of affinity even beyond language.

**Meso-Media.** The channel of mediating messages that fall between mass mediation (large numbers of people through a variety multiple modes) and micro-media or micro-casting that gathers smaller numbers of people usually among those with higher affinity.

**Micro-casting.** The use of small media (MP3 Players or cell phone digital downloads) for group listening at a local level with family and peers or other high affinities.



Missiology. A branch of theology studying the principles and dynamics of communicating a message and establishing a cohesive group of new adherents.

Para-social Relationships. The connection made when a media consumer relates to a character or situation portrayed in a story, and the consumer develops psychological, social, or even emotional ties to this alternate universe.

TMI. Transportation Imagery Model was designed by Melanie Green and Timothy Brock and examined how narratives affected listeners propensity to change when immersed in a story.

TMS. A survey designed to quantify the degree to which a listener is transported into the story.

Textuality. The use and reliance on the processes of using orthographies, reading and writing skills

Translatability. The radio drama in its participatory workshop environment in this study can be replicated in other contexts with the same effects.

## Chapter One: Introduction and Research Focus

### Prologue: A Story of 3 children

Adamu rose one morning to fetch water from the Congolese Luapula River as he normally did for his mother to cook the breakfast *ugali* (maize porridge). Moments later gunfire erupted, and he ran back to find his entire family slaughtered by a raiding party of anti-government rebels. Worse still, for the next three years the guerillas forced Adamu to join the band of terrorists and beat him into carrying their munitions. He learned the “trade” of genocide.

Miriam’s father grew sicker by the day. She and her mother struggled to maintain the small South African farm he once cultivated, then tragically he died from his bout with HIV/AIDS. The response of those who were once their friends turned grief to despair as neighbors burned their house and drove them away from extended family and village. With no means of supporting her daughter, the mother left Miriam with her sister’s family a few kilometers away and was never seen again. Miriam now lived a life of servanthood performing all the menial tasks of her new home by collecting wood, water and whatever “services” her uncle demanded while her cousins in the house went off daily to school.

Amukusama lived in the Kumanga neighborhood of Lusaka (capital of Zambia) where she and her early teenage girlfriends walked daily to their school a few kilometers from home. One fateful afternoon a Toyota Hiace van pulled off the road, two men jumped out, threw the four girls into the back, and sped off. Days later she and her friends were in a holding Nairobi room/brothel. Somehow, she managed to escape through a small window only to find herself alone on the streets learning to survive in the

Kibera slum. Abuse and violence toward young women took its toll on Amukasama, but eventually she found refuge by a compassionate Christian orphanage worker who noticed her foraging in the garbage for food.

These are real children. Their emotional, psychological, and spiritual development were severely damaged beyond anything I can imagine, but not wounded beyond recovery. They all escaped their traumatic captivity and were placed in orphan care centers where compassionate adults tended their needs. They day-dreamed of returning to a life where their parents cared for them, but the nightmares of exploitation and abuse gripped them whenever they relived a harsh word, pungent smell, or physical touch. Only gentleness and a loving caregiving could ever set them free to any degree from their past bondage. For Adamu, Miriam and Amukusama the horrors of abuse and exploitation gave way to healing and new hope. They found restoration through gentle loving people dedicated to rescuing children like these and caring for them in group homes and small orphanages.

### **Overview of the Situation**

A publicly suppressed African epidemic of child abuse and exploitation touches nearly every household on the continent but the true scope of the issues is global.

Consider the following numbers as real children we just cannot see, hear, or hold:

- 153 million of them worldwide are orphans (larger than the entire population of Russia) – that represents three times the number of *people* living in the Roman Empire during the time of Jesus, and over half the people in the entire world during that same time (Stark, 1996).

- The number of child soldiers doubled from 2018-2019, and the number of girls like those in Figure 1.1 who are being held or recruited (Riumbi, 2017) for use by militant forces increased four-fold (Wulfhorst, 2019).

**Figure 1.1**

*Escaping Poverty: Child Soldiers of Southern Africa*



*Note.* [https://www.huffpost.com/entry/drc-child-soldiers\\_n\\_587000cee4b099cdb0fd2de0](https://www.huffpost.com/entry/drc-child-soldiers_n_587000cee4b099cdb0fd2de0).

- 1 million children work in the gold mines of Africa (Rolfes, 2013).
- Worldwide there are 168 million child laborers, accounting for almost 11% of all children, and in poor countries, around 25% are engaged in child “labor” (Villages, 2020).
- 40,000 children work in the cobalt mines of the DRC (see Figure 1.2 and Figure 1.3) that power your cell phone lithium battery (Boko, 2021). Many of these children are given for the work from parents in Zambia.

**Figure 1.2**

***Children Mining Cobalt in DRC***



*Note.* <https://www.change.org/p/d-r-congo-government-tell-the-congo-to-stop-using-child-labor-in-the-gold-mining-industry>.

**Figure 1.3**

***DRC Cobalt Mining and Camp***



*Note.* (Lawson, 2021).

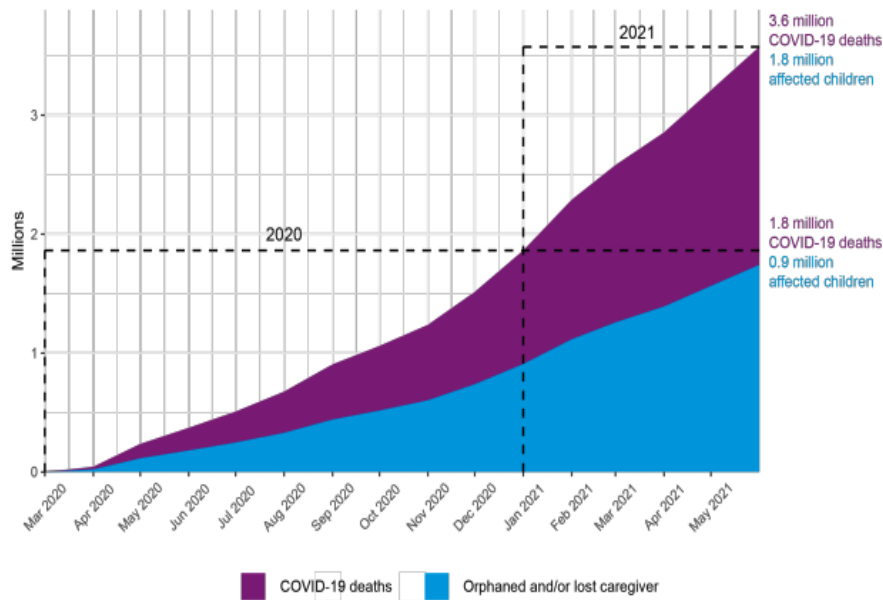
The bottom of the iceberg includes a range of enslaved children orphaned through the death of parents or parents abdicating responsibility creating an ocean of child soldiers, drug-mules, expendable laborers and sex-trafficked girls and boys.

When these victims escape the grip of oppressors, they have a short window of opportunity for mental, emotional, and spiritual redemption that could restore them to some semblance of normalcy. If they do not find a source of gentle love and care within

three years of their release, the long-term damage increases proportionately (Kilbourn, 2014). Child exploitation remains one of the largest and yet generally overlooked public health and social crises in Africa. And if all this did not portray an overwhelming picture, consider the children of Africa who lost parents, grandparents and other significant caregivers to HIV/AIDS, Ebola and now COVID-19 (Hillis et al., 2021). This latest plague orphaned 1.5 million children by April 2021 (see Figure 1.4).

**Figure 1.4**

***COVID-19 Orphans***



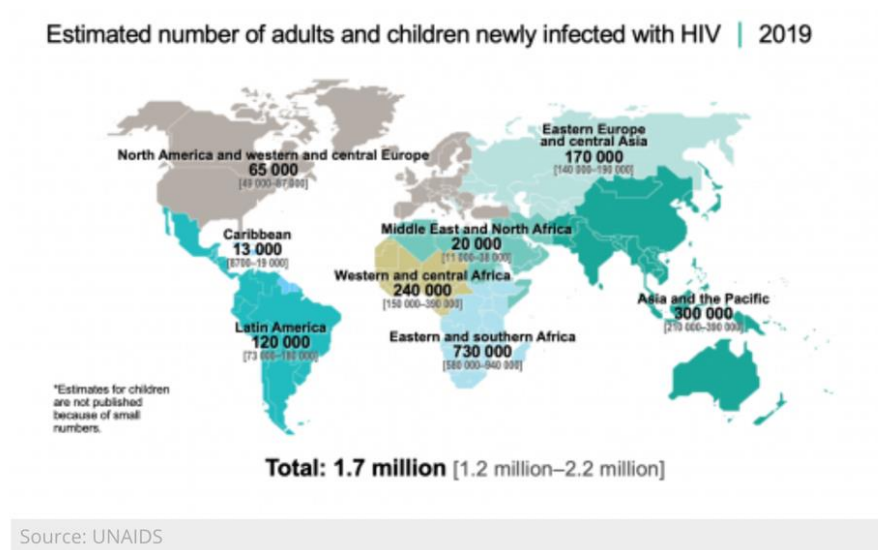
Source: (Hillis et al., 2021, p. 21)

More than 11 million children under the age of 15 in sub-Saharan Africa have lost at least one parent to HIV/AIDS; 34 million children have been orphaned overall (that is more than the population of Greater LA, Chicago and Atlanta combined); more than half of those orphaned by HIV/AIDS in sub-Saharan Africa are between the ages of 10 and 15; and eighty percent of all the world’s children orphaned by HIV/AIDS reside in sub-Saharan Africa (Village, 2021; Villages, 2020) (see Figure 1.4 and Figure 1.5). In

Zambia (a country of 11 million people) there are 1.4 million orphans or children living with non-parental caregivers. The overwhelming majority of these children are living in non-institutional environments with extended family members that struggle economically and educationally (Miller et al., 2006).

**Figure 1.5**

***HIV/AIDS and Orphans***



Against these odds, resident caregivers are the front-line for restoration. They personally interact daily with these children, yet the overwhelming majority of caregivers live in male dominant, oral-tradition cultures and function with a high orality reliance for training described in chapter two. In-service training uses a textuality approach to orient staff and volunteers in workshops, seminars, and even video presentations using a pedagogical, constructionist, outlined approach to learning, rather than the andragogical, constructivist narrative-based approaches most appropriate in an adult African context.

In most learning contexts, and especially among oral cultures, people normally receive information and create knowledge relationally through narrative (Bruner, 1986, 1987) as well as in collective learning environments (Hofstede, 1980; McSweeney,

2002). Moving beyond the information tends to be more narrative and experiential in nature (Brown, 1995; Bruner, 1987; Ong, 1982), which implies that learning strategies must adapt to that mode.

### **Background for the Study**

The principal purpose of the study is to further investigate the impact of orality-framed communication strategies. The researcher spent 20 years implementing these types of interventions and has drawn conclusions about orality and its uses in instructional design and communication. Like previous projects addressing civic education, HIV/AIDS prevention and stigma reduction, and leadership training discussed later in further detail, this study investigates the efficacy of a specific oral strategy: radio drama in a participatory learning environment that might be applied to almost any project among high orality reliant subjects.

### ***A Novel Approach for Caregiver Training***

Training principles and methods for orphan caregivers in Zambia ranges from on-the-job experience with little supervision to seminars, workshops and in-service training for more developed organizations and mission works (Banda, 2006; A. Banda, 2015). Yet as stated earlier, most orphans do live in any kind of professional or organizational care program but with others who have taken custody of them. There are currently 14 nationally recognized care centers (Baer, 2021). Orphans tend to live with extended family members who struggle to provide for themselves let alone the additional burden of more children (Miller et al., 2006). The situations of children might differ in the regions and ethnic/tribal contexts that range from urban middleclass to remote rural villages around the country, so no single description is adequate for all. The type of care and



training of workers and volunteers varies greatly and there are no common standards of practice, modules for training, or communities of practice.

Those directly involved with primary care of orphans tell us that children related accounts of their treatment from adult caregivers (or caretakers) that range from good memories to extremely traumatizing experiences. Some went to be with siblings of deceased parents where they were loved but living in such deprived conditions these siblings placed them with NGOs and orphanages simply because they could not provide adequate resources. They knew that others with outside funding could send them to school and that they would have food and clothing. Others experienced insensitivity, abuse, and exploitation. Their caretakers spoke harshly to them using defamatory language, beat them physically for failing to meet expectations or when the make of the house returned drunk with a local brew. Natural children of the caretakers would be given the food first, and the orphans might come to eat when everyone else left “the table” and they had finished cleaning up. Sleeping conditions were also often unhealthy and uncomfortable as they were relegated to spaces in storage shelters or unprotected corners of the house (Krista Crawford, personal interview, March 16, 2014).

Every Orphans Hope (EOH) is one of those more developed ministries that highly values training for staff and house-mamas. Their “mamas” (caregivers) tend to be widows who previously cared for their own families and children but found themselves alone and often without gainful employment. The children and women both needed families. EOH brings them together for just that reason yet sees the need for training these women to attend to the special needs of exploited and abused children.

EOH training prior to the  *Holding Esther*  (HE) workshop was thorough yet very much designed for those who succeed in formal literate-based education – outlines, principles, and concepts, with group discussions and examples/illustrations of the principles. Training also tends to be from outsiders who demonstrate previous positive results in a Western-literate context, but rarely translated them into an African context that fits a local worldview and experience. The Christian Alliance for Orphans (<https://cafo.org/aging-out/life-skills-training/>), All In Orphan Care, and the Healing Life’s Traumas (Hill et al., 2020) programs all address the needed topics, but either use limited orality principles and methods or are offered generally for the victims of trauma rather than caregivers.

Dr. Phyllis Kilbourne and her Crisis Care Training International (Kilbourn, 2017) address the needs for organizational leaders and program directors, and they have developed extensive training that cover the essentials of care for the traumatized. The American Bible Society continue developing more materials and learning experiences for those who may not prefer to read to learn (McCombs & Hill, 2020) and report that even in an oral culture, learners need both high orality reliant type principles and methods, and at the same time need some lower orality reliant methods like simple booklets with appropriate animations.

The best training and learning experiences and intervention are directed towards the children themselves. Yet as discussed previously, abused, and exploited children need a consistent long-term relationship with an adult that demonstrates gentle loving care to find more complete healing and restoration. The context of child exploitation is extremely complicated and convoluted, and the process of rescue and redemption require

collaboration from statutes and law enforcement to the reorientation of a rescued child (Crawford, 2012; Crawford & Miles, 2017; Mullinar, 2019).

The study examines an ongoing project initiated by Susan VonOlszewski<sup>1</sup>, in search for high impact interventions for orphaned/exploited children. She attended the 2008 International Orality Network Conference (ION) session on Orality-framed communication strategies – “Why Orality Works: Insights from field Experiences” (Madinger et al., 2007). Her original intent was to develop a program for orphaned children themselves by recording Bible-based stories played from a stuffed animal.<sup>2</sup> The messages would give comfort, reinforce healthy self-image, and replace destructive thoughts with constructive ones.

Following the ION workshop, VonOlszewski redirected her efforts to donate the touch activated stuffed animals<sup>3</sup> to the orality strategy developed by Voice for Humanity and T4Global (T4G) for civic education in Afghanistan (Shefner-Rogers & Singhal, 2005), Iraq and Sudan, as well HIV/AIDS programs in East Africa; and Nigeria (Ofotokun et al., 2006). Her vocational background as a public-school teacher led her to outsource the details of the project while managing and overseeing each step from script, production, intervention, and evaluation.

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<sup>1</sup> Susan worked as a public school educator and eventually founded the RiverCross non-profit organization to serve the needs of orphans caught in the wake of sex-trafficking and other abusive and exploitive practices.

<sup>2</sup> Similar to those available through Amazon: <https://www.amazon.com/Little-Cuddly-Stuffed-Comfort-Children/dp/B07YLD94F6>.

<sup>3</sup> [https://www.amazon.com/Little-Cuddly-Stuffed-Comfort-Children/dp/B07YLD94F6/ref=sr\\_1\\_3?dchild=1&keywords=plush+bible&qid=1632953816&sr=8-3](https://www.amazon.com/Little-Cuddly-Stuffed-Comfort-Children/dp/B07YLD94F6/ref=sr_1_3?dchild=1&keywords=plush+bible&qid=1632953816&sr=8-3)

### ***Orality-Framed Strategies***

The T4G strategies embodied the approach needed to address the systemic issues related to treating at-risk populations including women and children in Africa. The time limitations of the  *Holding Esther*  (HE) study only allowed for laying a program foundation that might lead to longer term solutions. But a longer-term plan predicted scalability using micro-casting with small media as was used in the VFH/T4G programs briefly described below.

**Ofotokun: Nigeria HIV/AIDS.** Small media and orality-based interventions brought high impact in Africa and Central Asia using small media players like cassette tapes, and crank radios, and compact disks (Ami et al., 2007; Hadland & Thorne, 2004; Hydén et al., 2002; Sreberny & Mohannadi, 1994). In an evaluation of an intervention prior to this study in Nigeria, Emory University researchers reported a net communal knowledge gain (literacy) in HIV awareness of 26.4% (Ofotokun et al., 2006). Several program evaluations of T4 Global and related projects outside of Nigeria reported similar highly successful results. The Nigerian *Show Love & Care* outreach distributed nearly 10,000 small media devices in the Nigerian Middle and Northern Belts and gained national recognition from a televised program hosted by the Emir of Kano.

**Singhal and Shefner-Rogers: Afghanistan.** A small media civic education project designed to prepare Afghans for the 2005 constitutional, parliamentary and presidential elections contained 16 hours of audio content delivered on 41,000 digital audio devices to twenty-three provinces reaching an estimated 2.4 million Afghans in six weeks. A comprehensive quantitative and qualitative analysis by Arvind Singhal and Corrine Shefner-Rogers (Shefner-Rogers & Singhal, 2005) reported the project as

“highly relevant and highly effective” in reaching out to mostly rural and semi-literate Afghans. The program demonstrated a 93% increase in knowledge about the proposed parliament during the time of the project compared to only 45% of those who did not listen to the content; 67% increased their knowledge of Afghan democracy compared to only 22% of those who did not listen; and 99.2% of the listeners voted in the elections.

**T4Global: Samburu of Northern Kenya.** Another narrative-based project addressed the issues of HIV/AIDS, sanitation, and animal care among the Samburu people of northern Kenya. This similar micro-casting project reported successes including changes in knowledge, attitudes and behaviors: “Families are now boiling water; previously only eating meat but now eat vegetables to balance their diet; renounce prostitution; reduce chewing narcotic plants; and reduce sexual partners after listening to HIV messages” (McLain, 2008, p. 3).

**Nepal.** A pilot project in Nepal with 500 MT4 kits (Digital Mobile Schools) reaching more than 5,000 people was developed in collaboration with local community leaders to teach basic health and were distributed among the eastern hill districts in Nepal. The pilot project evaluation reported significant gains in knowledge and behavior through a comparison of baseline and post intervention field surveys in two program districts (Acharya, 2007).

**Use of Radio Drama for Education.** In the Rockefeller Foundation’s seminal work *Making Waves: Stories of Participatory Communication for Social Change*, Alfonso Gumucio Dagron and contributors documented over 50 case studies in more than 30 countries demonstrating the social behavioral impact of regional or national broadcasts of compelling stories (Dagron, 2001, 2007). Farmers planned their work so

that they could stop, rest, and listen to the programs. Travelers pulled off to the side of roads to enjoy their next compelling episode. Women reported better treatment from previously abusive husbands or fathers. Health clinics documented more patients seeking help on the issues addressed in the programs targeting HIV/AIDS, diabetes, and high blood pressure. These all achieved what  *Holding Esther*  hoped to accomplish in the change in caregiver beliefs, attitudes, and behaviors.

## **Description of the Environment and Zambian Partners**

### ***State of child exploitation in Zambia***

The government enacted mixed anti-trafficking legislation and law enforcement efforts. The Anti Trafficking Act of 2008 criminalized sex trafficking and some forms of labor trafficking. Inconsistent with the definition of trafficking under international law, the law only defined an offense as trafficking if it involved transnationality. Additionally, the law required a demonstration of threats, force, intimidation, or other forms of coercion to constitute a child sex trafficking offense, and therefore did not criminalize all forms of child sex trafficking (Zambia, 2019).

According to the Zambian National HIV/AIDS/ STI/TB Council, up to 10 percent of Zambia’s population, and that includes over 1,300,000 children under age 18 years are orphaned or became vulnerable children because of HIV/AIDS (Zambia Statistics Agency, 2019), and that does not include the number orphaned or abandoned through other causes.

Zambia’s high level of poverty creates a dangerous environment for children and puts their safety and development at great risk. Children make up almost half of the Zambian population living in extreme poverty and almost 20% of all children in Zambia

are either orphans or have lost one parent. The high rate of orphanhood and single parent households and families is primarily due to the HIV/AIDS epidemic (Zambia Statistics Agency, 2019).

According to United Nations Children's Fund (UNICEF), child abuse and exploitation is a continual problem in Zambia (Kasper, 2008; Kasper & Parker, 2017). In 2012, reported rates of "defilement" of children below the age of 16 years increased, as did the number of girls who dropped out of school because of pregnancy. According to a 2007 International Labour Organization (Plant, 2008) study on child trafficking in Zambia, the Commercial Sexual Exploitation of Children (CSEC) appeared to be widespread but was more prominent in areas such as Kapiri Mposhi, Chirundu and Nakonde. This was attributed, in part, to the presence of truck drivers and businessmen in these areas. Commercial sexual exploitation is cited as the most common reason for the internal trafficking of female children and a reason for cross border trafficking as well (C. C. Banda, 2015; ECPAT, 2007; Sylwander, 2008).

***Living conditions for orphans in rural Zambia.***

The most common scenario for a child losing one or more parents or caregivers is for the child and their siblings to be sent to an aunt/uncle or further removed relative. Here the children serve normally as household slaves. If there are natural-birth children living in the home, these additional burdens for the family rarely get the opportunity to attend school. They carry out the work needs of the farm or household, rarely receive decent clothing, are the last to eat a meal when food is left from the rest of the household, and sleep where they are able. Worse, the relatives often "rent out" the children to neighbors to work on other farms or to "service" the men of the village.

Others find themselves in orphanages. Often these institutions are non-profit organizations or Christian missionary efforts with very good intentions and offer food, clothing, education, and other basic needs. Care is given, but the caregivers may not share the same values and compassion privately with the children as their organization may hold to and prescribe.

Still others end up in community orphanages operated as underground businesses. Children receive food and clothing as well as education (though normally substandard even for the area). It is common for these children to work as daytime slave labor for the entrepreneur and then be rented out in the evening for the personal gratification of local men. Local authorities do not crack down on the practice since they receive graft for turning their heads. Regional authorities also turn a blind eye since the local authorities protect and put them into office. Everyone knows, but all are held hostage by the wealth and power of the abusers (C. C. Banda, 2015).

### ***Rescue and Redemption Strategies***

Every Orphan's Hope:<sup>4</sup> EOH builds healthy family units of orphans linked to widows. The "mamas" and orphans are given a mutually shared hope in a community where they are also known, respected, and surrounded by peers and supportive volunteers.

EOH boasts a good track record for the services provided by their caregivers. EOH also recognizes the cultural factors in a male-dominant society and one where children live with higher vulnerability and a lower esteem. Their supervisory staff documented the interaction between caregivers (often volunteers or support staff) when a

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<sup>4</sup> <https://everyorphan.org/>



child was behaving in ways the adult deemed inappropriate. Often the adults talked with raised voices, used terms that could demean, or even used physical coercion. While one may question these attitudes and responses, the EOH staff reflects the social context, and these assessments also note that they are not as pronounced or severe as in the general population. It also reflects the generational issues handed down from one to the next.

Zambia Institute of Mass Communication (ZAMCOM) for more than thirty years has trained journalists and public relations specialists throughout Zambia. Two of their employees took part in the training and research with EOH. Their primary interest was to explore the principles and practices of orality to better serve their own students and citizens of Zambia who live with a very high orality reliance. They also hoped to find how this might play out in their mass-mediated programming.

VonOlszewski travelled to Zambia to assess and learn the context firsthand and determine the level of need for a program to develop a gentler care approach to working with orphans and vulnerable children. The administrators and direct care personnel candidly shared their perceptions about how adults interacted with children and concluded that even for their own workers this was an ongoing crisis. Men showed less sensitivity than women but many of the women treated children as they themselves were harshly treated by adults earlier in life.

### **The Zambian Study<sup>5</sup>**

The initiative, in the spirit of The Republic of Zambia's overall national goals, attempted to transform adult individual attitudes, beliefs, and behavioral choices related

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<sup>5</sup> The previous testing of the RiverCross training was done in Kenya. The Zambia iteration of the work is what my research addresses.

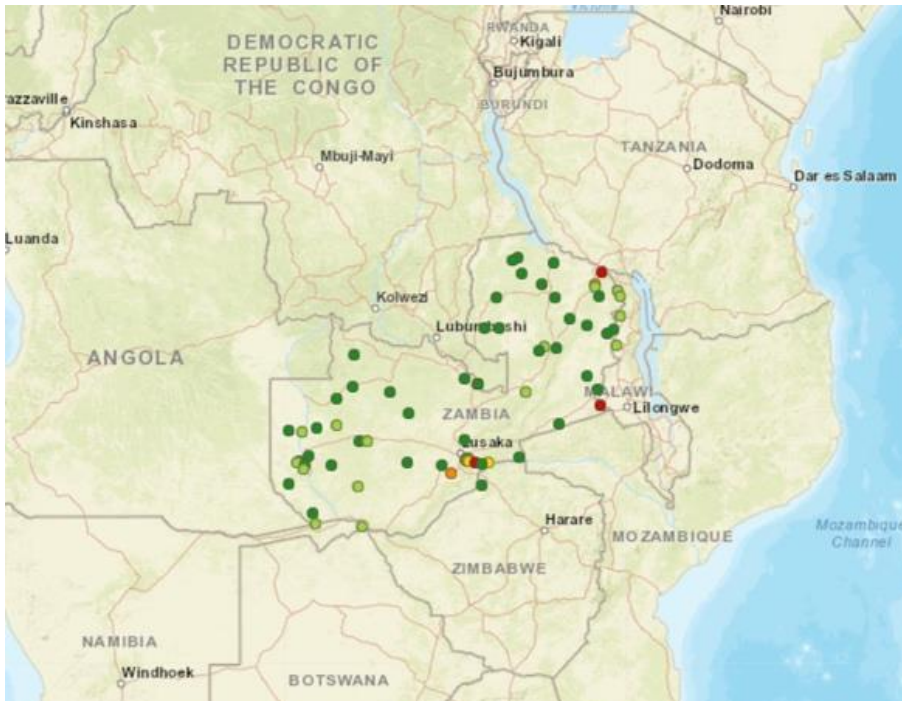
to the care of exploited, abused, and orphaned children. The long-term hope is to transform community norms that underlie the pandemic of dysfunctional beliefs, attitudes, and behaviors toward vulnerable children. This study examined the potential transformative power of instructional oral narratives grounded in a constructivist epistemology, affecting collectivistic and high orality reliant subjects. A mixed method embedded design was used to quantify the effects of the treatment and then sought to compare the effects with findings from qualitative analysis of recorded participant/peer open-ended discussion groups. A control group (post-test only) compared the treated population with a similar non-treated audience.

In this research I examined transformative learning as a participatory communication strategy. The strategy used an orality framework of a focused radio-drama in collective engagement prompting subjects to develop new schemas for relating to orphans with attitudes and behaviors of gentleness. This approach proved successful among other high orality-reliant cultures to deliver civic education, HIV/AIDS awareness, pastor training, and other health communications and is now being used in groups where ingrained cultural values and new technologies intersect (Madinger et al., 2007; Madinger & Ofotokun, 2004; McLain, 2008; Ofotokun et al., 2006; Shefner-Rogers & Singhal, 2005).

Zambia's seventy-five distinct people (see Figure 1.6) groups live in cultures with deep oral traditions, and while introduced to textual literacy in school they retain a high preference and reliance on oral communication (Foundation, 2020; Mthembu, 1996a).

**Figure 1.6**

*Peoples of Zambia*



*Note.* Joshua Project: <https://joshuaproject.net/countries/ZA>.

Episodic audio recordings were produced for large group listening/discussion and simple audio technology provided for additional listening/discussion times. This process combines a relatively low-cost large group listening that could be replicated as a public radio program as well as small groups with portable devices and digital downloads to promote oral learning strategies with a micro-media channel, or small media (Ami et al., 2007; Hadland & Thorne, 2004; Hydén et al., 2002; Sreberny & Mohannadi, 1994) in a peer-to-peer participatory learning approach.

The training was created using a participatory communications strategy (Anyaeibunam et al., 1999) to be experienced in a three-day workshop including small listening groups designed to stimulate group discussion, self-reflection, and the creation

of new shared narratives. The group of 109 participants collectively listened to audio recordings in three iterations of the seven-episode dramatized story  *Holding Esther*  (VonOzewski & Finley, 2015). Each episode was played for the large group two times’, once with the whole group followed by additional time in small groups with listening activities/assignments, and finally listened to within a small group on a small digital player. After each iteration subjects talked about the story in small groups, with learning partners, and with personal/individual reflection time.

The radio -drama series (HE) was designed with the input of numerous practitioners and based on actual life stories from Southern and Eastern Africa. The audio narratives were also loaded on to small audio players for the final group iteration and for individual review. The process created a significant difference from mass-media approaches since all listeners collectively participated and with collective meaning-making conclusions.

### **Significance of the Research to Oral Instructional Communication**

Instructional design models both past and present cater almost exclusively to those who either read to learn or are in the process of acquiring the skills needed for reading to learn (Anglin, 2010; Dousay, 2018) (G. Anglin, personal communication, October 26, 2012). National conferences, peer reviewed journals, and academic curricula seem to have voices addressing the needs of the “Oral Majority” – the 80% of the world that does not, cannot or will not read to learn or rely heavily on print-text for what they learn (Lovejoy, 2012; Moon, 2011). If the hypotheses of this research prove correct, instructional designers and behavior change communication program and project

designers could experiment further in strategies that rely less on print-text (textuality) frameworks to more orality frameworks.

### ***Oral Instructional Communication***

Instructional communication is a discipline that centers on the role that communication plays in the teaching-learning process regardless of the type of student learner, the subject matter, or the instructional setting (Myers et al., 2016). How this happens with high orality reliant learners normally escapes the design of Western instruction since we gear almost all our efforts to those with a high degree of reading literacies (L. Thigpen, 2020). And for the context of this research, it is not just about changing the personal narrative of the participants, but about how we can change the narrative for any adult primary or secondary caregivers of traumatized children. How do we promote learning that stimulates new knowledge among spheres of influence that shape a people or region in crisis (Seeger & Sellnow, 2016) The HE research investigating radio-drama in a participatory strategy may offer breakthroughs for transforming other harmful narratives among any high orality reliant contexts.

This study is also significant in that it addresses transforming attitudes that affect behavior and community norms when knowledge acquisition and reasons alone are not enough (Murphy, 2000). Rather, often change in high orality reliant subjects often come by appealing to story-based logic. Many health communication strategies also give hope that narrative may be effective in changing attitude, and behavior where other strategies fall short (Cole, 1997; M. Green & T. Brock, 2002; Hinyard & Kreutner, 2006). This study attempts to add to the understanding of how instructional narratives can help shape

attitude, and behavior when delivered in a participatory and multi-modal learning environment.

### ***Instructional systems design models***

Instructional systems design models involve a variety of approaches to the learning process. Each of these variables can benefit from the approach of this research: 1) assessing the context including learner needs and current understanding as measured by their orality reliance, 2) designing an instructional intervention targeting those needs through measurable learning goals (appropriate for oral cultures), as well as the objectives and proposed outcomes, 3) creating and developing the contextually relevant materials, (4) implementing the instruction (in a participatory manner), and finally, 5) evaluating the outcomes through formative and summative observations and reporting jointly with implementing partners (Dick & Carey, 1990; Heinich et al., 1982; Morrison et al., 2004).

The use of instructional narrative gains traction in a post-modern era linking constructing knowledge with narrative (Bruner, 1987, 1991a; Fiore et al., 2007; Singhal & Roger, 1999). This study was designed to further understand the strategic use of oral narratives in an oral culture and study features of narratives and learner characteristics that that aid transformational learning.

### ***Orphan Care and Restoration.***

Further implications of this research may help contextualize training modules for service NGOs (<https://childtraumaconf.org/conference-2021/>). As stated earlier, emerging training and education among those working with trauma victims use excellent approaches that incorporate visual arts, performing arts, and other active learning

methods. This research can further validate those works and be used for scaling up successful programs by communicating and educating donor partners. Beyond that, some might further consider the translatability of their programs in multiple cultures. The types of visual arts, mnemonics, and even the way stories “should” be communicated can make a difference.

### **Research Questions**

The principal purpose of this research approach looks to discover how instructional narrative interventions can lead to transformative learning. Two primary questions answer: 1. Does an oral strategy of radio drama experienced in a participatory environment lead to significant changes in caregiver beliefs and attitudes toward vulnerable children? 2. Does the narrative transport of listeners make a difference in participant receptivity and correlate to changed beliefs and attitudes? The later aims to help understand *how* change was affected. A partially mixed methods concurrent dominant status design was used to address these questions. Yet qualitative methodology in an oral tradition culture bears much more weight than the quantitative approach where terms and measurements have less meaning (Schrauf, 2016).

The questions addressed by quantitative methods in the design are: 1) Does the intervention appear to affect change in knowledge related to each of the learning goals and objectives of the HE content; and 2) does the intervention produce a specific behavior/skill (intervention technique of “Breathe Deep and Count Backwards”). Participants responded to a composite survey including demographic information, pre-post items based on the HE learning goals and objectives, and post intervention items based on The Narrative Transportation Model (M. C. Green & T. C. Brock, 2000).

Qualitative methods (dominant status) were used to address the issues of understanding real life impact of the intervention. In a high power-distance culture, we needed to hear if the answers to probing questions were simply offered as the perceived “correct answers” or were they truly the opinions and perspectives of the participants themselves.

The qualitative components of the mixed method design were used to explore the same questions in the quantitative surveys pertaining to participant beliefs, attitudes and behaviors as well as the transportational effects of the narrative. These methods were to include document analysis of recorded pre-workshop interviews, in-workshop and post-workshop small group discussions including peer-facilitators and participants. Comparison and contrast of quantitative and qualitative results were analyzed to produce a composite summary. The research questions were formalized as questions addressed by the mixed quantitative (QUAN) and qualitative (QUAL) methods.

### ***RQ1 (QUAN)***

Does the evidence suggest that there has been a change in knowledge/beliefs<sup>6</sup> as measured by the pre/post survey instrument?

*Hypothesis 1 – Q1H1:* There will be a change in knowledge/belief as measured by the pre/post survey instrument indicating that participants demonstrating increased knowledge of providing gentle care for exploited and/or sexually abused orphans.

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<sup>6</sup> Knowledge and belief are frequently used here interchangeably in light of the context of a high orality reliant audience (Kelly, 2015; Slater & Rounder, 1996).



**RQ2 (QUAN)**

What is the relationship of “transportation” into the narrative as measured by the TMS instrument for individuals who display changes in beliefs and attitudes?

*Hypothesis 2 – Q2H1:* There will be a positive change in participants who display change in knowledge/beliefs and score high on the transportation imagery model (TMI) survey measuring engagement with the 7 episodes of  *Holding Esther*.

**RQ3 (QUAL/QUAN)**

Does thematic analysis of responses to open ended questions (QUAL) in the post survey focus group and personal interviews corroborate, illuminate, or dispute the evidence from Questions 1, was there a change? and 2, was there a relationship with change and transportation?

Hypothesis 3: The qualitative interventions will corroborate and illuminate that there was a change in knowledge/beliefs

Hypothesis 4: Participants will demonstrate evidence of engagement (Transportation) with the instructional narratives and narrative processing of attitudes that changed from the Pretest to the Posttest. This was measured by comparing answers questions related to HE learning goals, objectives, and outcomes.

**RQ4 (QUAL/QUAN)**

Does text analysis of data from the open responses and recorded discussions that follow the narrative intervention show evidence of transformative learning?

Hypothesis 5: The text analysis will show positive evidence of transformative learning.

## **Proposal Outline**

In chapter two I discuss Transformative Learning and a cluster of related theories as helpful elements for training high orality reliant peoples. This review of pertinent literature links transformative learning theory as a conceptual framework to meaning making, through means of orality, with principles and methods of participatory communication, and the role and impact of narrative. Each contributing theory builds the eventual foundation for eventual behavior change in high orality reliant contexts.

The methodology section in Chapter Three describes the partially mixed methods concurrent dominant status design using paired t-test surveys as a diagnostic instrument (QUAN) combined with interview analyses (QUAL) to support a compare-contrast analysis of narrative artifacts with the quantitative findings from the pre and posttest surveys. I present a research design illustration and timeline that situates this study within the participatory communications leading to transformation.

In Chapter Four we examine the quantitative and qualitative data seeking evidence of changes in knowledge, attitudes, and practices (practices or behaviors since the program teaches an observable skill). The analysis measured the statistical change from the pre-intervention survey and the post intervention survey among the test group as well as how that compares to the post-intervention only survey among the control group. The other measurement is about the research questions and hypotheses as well as the role narrative may or may not play in any change in knowledge, attitudes, and behaviors of the subjects in the test group. Finally, we look at the qualitative research questions and answers, interviews, and discussions to further illuminate any changes or not in KAP.

In Chapter Five I discuss the findings and relate them to transformative learning as enhanced through orality, participatory communication, and the impact of narrative. The conclusions and implications of the study call for further research in the characteristics of orality as well as the translatability of radio drama used in participatory environments.

## Chapter Two: Review of Relevant Literature

### A Cluster of Theories

The conceptual framework of this study begins with the Transformative Learning Theory (TLT, also termed Transformational Learning Theory) as its central theory that ultimately draws on four other supporting conceptual frameworks (see Figure 2.1).

Those include a constructivist epistemology for transcending current knowledge, orality theory for working among oral tradition cultures or people with a high orality reliance, participatory communication concepts needed to guide the collective engagement of oral culture peoples, and narrative theory – especially related to the Transportation Imagery Model that explains the use of narrative as a catalyst for change of knowledge and attitudes.

**Figure 2.1**

*Theory Cluster*



Informational learning can bring change to “what we know.” Transformative learning can bring changes in “how we know what we know” and how deeply we own that knowledge. The research undertaken here explores the transformative power of collectively discovering new truths arrived at by challenging present and past knowledge and travelling an intentional guided path using the vehicle of narrative to embrace new knowledge, beliefs, and behaviors. Informational learning, for this study, is the acquisition and infusion of new information by addition or correction of the old. Informational learning hardly answers learning challenge for overcoming deeply embedded beliefs and values that influence one’s schema of children. In this case, learners need to not only acquire new knowledge, but they also need to assess and change their assumptions regarding our issue at hand, and it is exactly at this deeper level that transformative learning occurs (Kokkos, 2014).

### **Transformative Learning Theory as a Theoretical Framework**

Now we begin to build on Jack Mesrirow’s Transformative Learning Theory (TLT) but in this case in oral cultural contexts. Mesrirow sees transformative learning (TL) as comprehensive and complex description of how adult learners construct, confirm, and adjust the meaning of their experiences. Applied to adult learners in an oral tradition culture, the TLT best represents the process of changing knowledge, attitudes and practices that challenge a regional and cultural status quo. TLT also finds validation in a rural African context (Marmon, 2007, 2013) in a Kenyan training environment and also studies from Botswanan (Merriam & Ntseane, 2007).

### *Mezirow Conception of TLT*

Mezirow claimed that with adult learning (andragogy), we learn to become critically aware of the cultural and psychological assumptions that have influenced the way we see ourselves and our relationships and the way we pattern our lives (Mezirow, 1995). Those types of patterns lie at the center of the target audience of Zambian adult learners with embedded beliefs and attitudes manifested in “harsh” behaviors toward children, and especially the marginalized children seen as “damaged” and holding lower status among their peers.

Mezirow describes TL as “learning that transforms problematic frames of reference to make them more inclusive, discriminating, reflective, open, and emotionally able to change (Mezirow, 2009, p. 22).” So, what must happen for a person to change their view of the world is that people face a personally “disorienting dilemma.” Disorienting dilemmas are experiences that don’t fit into a person’s current beliefs about the world as they and their culture make sense of it. Disorienting dilemmas force us to confront beliefs and then reconsider those beliefs in a way that alters existing worldviews. This often happens when it leads us to a “critical reflection” as we dialogue with others wrestling with the same issue (Mezirow, 1991, pp. 145-150).

TL utilizes disorienting dilemmas to challenge adult status quo perspectives. Learners can then be stimulated to critically think about and question current beliefs, attitudes and behaviors as they together reconsider underlying assumptions and beliefs about their world and knowledge. In other words, TL requires critical reflection in order to emerge with new self-generated insights: “reflection involves a critique of assumptions

to determine whether the belief, often acquired through cultural assimilation in childhood, remains functional for us as adults”(Mezirow, 1991, p. 110).

The evolution of Mezirow’s theory builds strongly upon Robert Boyd’s concept of individuation where the starting point of learning is within the individual and how they came to hold any given belief, value or behavior (Boyd & Richerson, 1996). Paulo Freire likewise helped shape TLT with a learning approach needed for the social transformation of those who always lived under the oppression of their unquestioned social power-holders (Freire & Macedo, 2000). This principle holds true even when people may or may not publicly express their new-held convictions after collective reflection.

#### ***Four Means of learning***

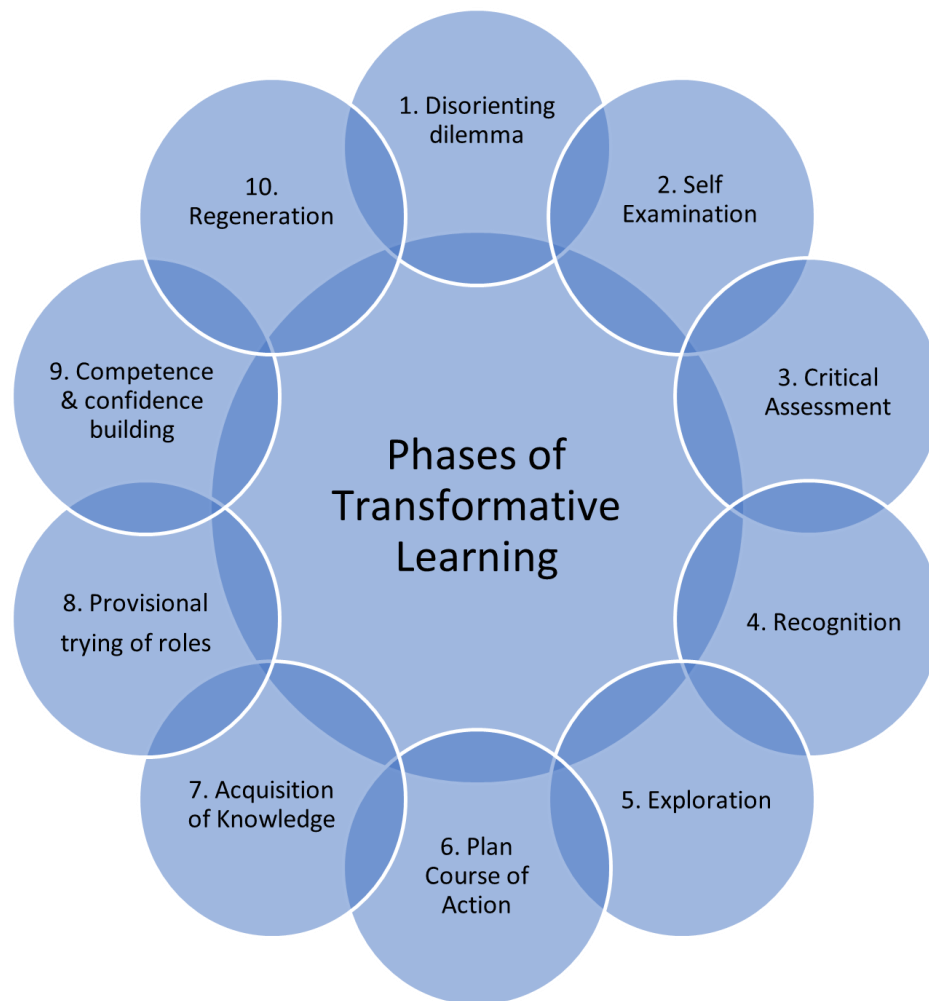
Mezirow also proposed four means of learning: a) refining or elaborating our meaning schemes, b) learning new meaning schemes, c) transforming meaning schemes, and d) transforming meaning perspectives (Mezirow, 1991, p. 93). Learning new schemes and transforming meaning schemes is essential for changing the story of caregivers and the children whom they serve. As Cronje sees it, in a collectivist culture the needs of the group outweigh the needs of an individual (Cronjé, 2011). When conforming to the needs or perspective of the whole group is a given, a collective process may be the only thing that allows individuals to break from past into new knowledge. They refine or elaborate meaning schemes concerning adult-child relations together sometimes just by verbally articulating what previously was unsaid, and unquestioned.

## *Ten Phases of Learning*

Mezirow proposed a relatedness, and somewhat sequential (not necessarily linear) dimensions adults move through during the process of transformation. The 10 phases or dimensions (see Figure 2.2) of the transformational process according to Mezirow:

**Figure 2.2**

### *Phases of T.L.*



- Disorienting dilemma that engages the individual to begin the processes
- Self-examination with feelings of personal doubt, fear, anger, guilt, shame
- A critical assessment of personal and cultural assumptions



- Recognition that this discontent and the process of transformation are shared
- Exploration of options for new knowledge, roles, relationships, and actions
- Planning a course of action for moving from status quo to
- Acquiring knowledge and skills for implementing one's plans
- Provisional trying of new roles that challenge previous ones
- Building competence and self-confidence in new roles and relationships
- A reintegration into one's life on the basis of conditions dictated by one's new perspective (Mezirow, 1978, 2000).

### *Other andragogical models*

The TLT overlaps with other earlier adult learning first by the andragogy models elaborated by Malcolm Knowles (Knowles et al., 2015, p. 6). He reported six principles unique to adult learners (in contrast to pedagogy): (1) Adults need to know why they need to learn something before learning it. (2) The self-concept of adults is heavily dependent upon a move toward self-direction. (3) Prior experiences of the learning provide a rich resource for learning. (4) Adults typically become ready to learn when they experience a need to cope with a life situation or perform a task. (5) Adult education is a process of developing increased competency levels to achieve their full potential. (6) The motivation for adult learners is internal rather than external.

TLT also converges with Rogerian experiential learning equivalent to personal change and growth. Rogers contributed to the discussion by asserting that all human beings possess a natural propensity to learn making the role of the teacher a learning facilitator. As facilitator, one sets a positive climate for learning, clarifies the purposes of the learner(s), organizes and furnishes learning resources, balances intellectual and

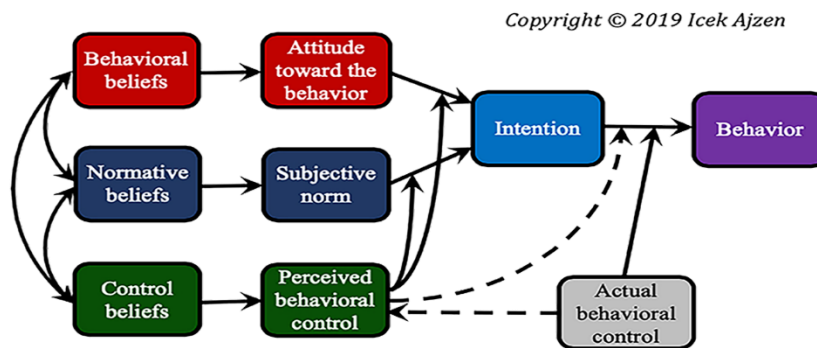
emotional components of learning, and subtly shares feelings and thoughts with learners (Knowles et al., 2015).

***TLT Minor Criticisms***

Some criticize Mesirow’s theory because it seems to be limited by Western constructs and logic produced by a conscious rational process (Taylor, 1998). Taylor and Cranston (Taylor & Cranston, 2013) also suggest that the theory lacks sufficient and critical approaches as well as the need to include the role of experience and the desire for change. We might also add that the desire for change in an oral culture must certainly include what the Theory of Planned Behavior (Ajzen, 1991; Ajzen, 2011) calls normative beliefs as well as perceived control, or efficacy to be able to change. What others think about the beliefs, values, and behaviors (the collective mind) have a strong influence on what a member of an oral society is willing to do if it is perceived to be going against the grain of tradition and/or authority (see Figure 2.3).

**Figure 2.3**

***Theory of Planned Behavior***



*Note.* Source: <https://people.umass.edu/ajzen/tpb.diag.html>.

Collard and Law also insist that Mezirow’s transformative learning theory did not emphasize sufficiently that there is a collective sense of addressing these beliefs, values

and behaviors, to which Mezirow later acknowledges and responds (Collard & Law, 1989). In this case, creating a disorienting dilemma would require the group itself to experience disorientation together as their differences emerge in the process.

Malcomb Knowles' theory of andragogy (Knowles, 1975, 1984a) influenced Patricia Cranton as well as Robert Boyd who further developed Mezirow's work by calling attention to the need for a psycho-social framework (Boyd, 1989; Boyd, 1991; Cranton, 1994, 1997). The psychosocial framework is built upon the supposition that the environment (not simply the *ego* or individual) plays a fundamental role in self-awareness, adjustment, human development, and identity (Erikson, 1950; Marcia, 2002).

Boyd and Gordon Myers as well as Kathleen King (Boyd & Myers, 1988; King, 2005) went further and suggested that the individualistic role of *ego*, reason and logic seemed insufficient by themselves to bring about a fully transformative learning process. They understood that no one develops on their own. They would affirm "it takes a village to raise a child." This is especially relevant in collectivistic and oral cultures that rely on a pool of folktales, proverbs, poems, and songs where people depend on shared symbols and images, and rituals for meaning making and fostering convictions on cultural and social issues. This will be discussed further in the sections on orality and narrative since in a collectivistic culture the role of group over single individuals serves as a primary filter.

Some insist that Mezirow's theory leans heavily on "rationality" (Imel, 1999), while others perceive the TLT solicits imagination for successful transformative learning and its processes. Both find validity in their assessment since transformative learning requires

any number of learning modes. Marmon (Marmon, 2007, 2013) highlights Imel's considerations that might lead to a higher probability of transformational learning:

- The role of the teacher. The teacher must facilitate learning and it is their responsibility to create a "community of knowers" (Loughlin, 1993). The teacher also needs to serve as a role model.
- The role of the learner. Learners also have a responsibility to help create the desired environment.
- The role of the rational and affective. Transformative learning requires connecting the rational with the emotional and imaginative through critical reflection.

### *Support from an African context*

Marmon's work (Marmon, 2007) in the United States, Kenya, as well as the work of others in Botswana (Merriam & Ntseane, 2007) all examined transformative learning in cross-cultural oral traditional peoples. They reported evidence that the act of "telling about [personal cross-cultural] experiences assisted the students in making sense of cross-cultural issues (Marmon, 2007, p. 131)." The role of constructing and expressing personal narratives is therefore significant when placed alongside critical reflection (Merriam & Ntseane, 2007). This same approach was used in the workshop setting of the  *Holding Esther*  series. Additionally, Nelson (Nelson, 2009) argues that narrative in the form of storytelling is indispensable in the process of transformative learning when it comes to the unconscious mind. In a complementary way conscious rational processing that Mezirow initially proposed also makes sense for adult learners in a high orality framework as discussed later in the research. So, when using the power of unconscious

processes with the intentionality of conscious processes it would seem more likely that knowledge and attitudes might change.

The challenge then is changing the cognitive and value-laden perspective of orphan caregivers in oral tradition culture like Zambia. It requires an expanded explanation of the TLT that considers the collective mind. How do adults in oral cultures like those in Southern Africa best move from past schemas to new? What is the role of orality, participatory communication, and narrative approaches to interacting with content that leads to meaning making?

### **Constructivist Epistemology**

Understanding transformative adult learning in oral cultures adds a new dimension to Mezirow's TLT. His overarching process moves from past knowledge to newly discovered and integrated knowledge. That seems straight forward in cultures with Western defined critical thinking skills and who place high priority on new knowledge as superior to embracing tradition. How then do we prompt adults to construct new knowledge and embrace modified values and attitudes in oral cultures who in many cases might resist novelty that might supplant tradition?

### ***Meaning Making***

Constructivism relates to meaning making and creating of meaning grounded in a its philosophical school of learning theories (Howard et al., 2000; Murphy, 1997; Rockmore, 2005; Steffe & Gale, 1995). While meaning-making may have been underemphasized in Mezirow's early writings, he and his contemporaries promoted the theory as a means of facilitating and encouraging learners to revise their meaning perspectives (Gambrell, 2016; Taylor, 1998). Constructivism can also find expression in

a narrative approach to communication and learning (Bruner, 2003; Knowlton, 2002).

The constructivist epistemology assumes that we construct our own knowledge internally based on our mental representations of external realities. We individually form our knowledge by externally assisted convention, human perception, and social experience (J Bruner, 1996; Dewey, 1998; Piaget et al., 1995; Vygotsky & Cole, 1978).

Jerome Bruner (Bruner, 2014, p. 41 sec) summarized the “the main objective of teaching and educating is (to) get them to think and share their notions about where this leads; to go beyond the information given and help them into the domain of knowing and knowledge.” As Bruner elaborated, two fundamentally different ways of meaning-making, or knowing: paradigmatic and narrative (Bruner, 1986). Western psychology focused on the paradigmatic ways as exemplified in cognitive learning theory. He states that paradigmatic thought employs inductive reasoning as practiced in scientific experimentation and explanations. In our present study, lettered cultures rather than oral cultures find paradigmatic thinking more natural than in oral cultures (high orality reliant) (Parker, 1975) who gravitate to Bruner’s narrative way of thinking and knowing. Additionally, inductive reasoning (found in high orality reliant peoples) takes objects interacting in patterns and induces judgments or conclusions from real world observation and interaction (Bruner, 1986; Parker, 1988).

### ***Role of Narrative in Constructivism***

Narrative processing represents the world in a subjective perspective and has the power to organize thoughts as goals, fears, and emotions (Bruner, 1986). Narrative thought considers both knowledge of the world and the perspective that the observers and actors hold. Narrative thought processes also evolve overtime as they move through

conflict and resolution. Paradigmatic processes tend to build the elements of one's world into a synchronic picture (Bruner, 1986). Narrative incorporates unspoken knowledge, which is implicit to a story, while paradigmatic thought requires explicit forms of reasoning to make sense. Paradigmatic thought uses the language of prediction describing the world by if-then statements.

Narrative thought and culture inextricably intertwine. As Bruner describes it, narrative is simultaneously a “mode of thought and an expression of a culture's world view. It is through our own narratives that we principally construct a version of ourselves in the world, and it is through its narrative that a culture provides models of identity and agency to its members (J Bruner, 1996, p. xiv).”

### ***A Sociocultural Foundation of Constructivism***

Piaget's individualistic approach to developmental psychology influenced Bruner yet drove him beyond individual development to see learning built as a biological process in a social context. Piaget “had very little room for the enabling role of culture in mental development (p. xiii).” Bruner gravitated to the cultural-historical theories Lev Vygotsky (Vygotsky & Cole, 1978) promoted in human development that described language and culture simultaneously developing as a function of the mind (Bruner, 1990).

Constructing new knowledge then necessarily leans upon social connections and their shared narratives.

Transformative learning when seen as a socio-cultural constructive process takes a person or group from their status quo and prompts them to make their own shared new meaning – knowledge, attitudes, and practices. And as stated above, narrative aids the construction of new knowledge. An old narrative must be modified or replaced by

embracing a new narrative. In this study with oral culture caregivers to orphans this is what this research hopes to affirm: “Does the use of narrative in a collective learning environment prompt participants to move from a status quo narrative to a new one?”

### **Orality Theory**

Orality theory strengthens the conceptual framework of the TLT when used in an oral culture. Orality explains the “why and how” of a successful transformative learning process in oral cultural environments. It also helps contextualize each phase of Mezirow’s transformative learning. Further, since orality research historically has not been emphasized in the literature of transformative learning or instructional communication, I found it essential to explain and apply it to this study.

The work of Walter Ong (Ong, 1982) examined the phenomenon of literature and literacy moving from primary orality to secondary orality and retaining some oral forms in residual orality. Primary orality he asserted had no writing, orthography, or print/text communication. In primary orality the spoken word is everything. Secondary orality he believed develops as written communication is introduced and thereby leading people to a use of electronically mediated communication. In secondary orality print/text is the technologizing of the thing itself. While you understand that “birds” are animals that tend to have wings and fly, “b-i-r-d-s” is simply a textual representation – a technology of birds themselves. Residual orality are residue, remnants or influences of earlier oral forms and expressions that have not “interiorized” (McLuhan, 1962, p. 21). They have not completely moved into an evolution toward textuality (McDowell, 2012). Each of the characteristics of orality discussed later begin with a primary orality (or in this study, High Orality Reliance), yet they move into secondary orality (Low Orality Reliance)



expressions. Things like dialogue, oral histories, and the sense of time as an era or season all spring up in most secondary oral cultures.

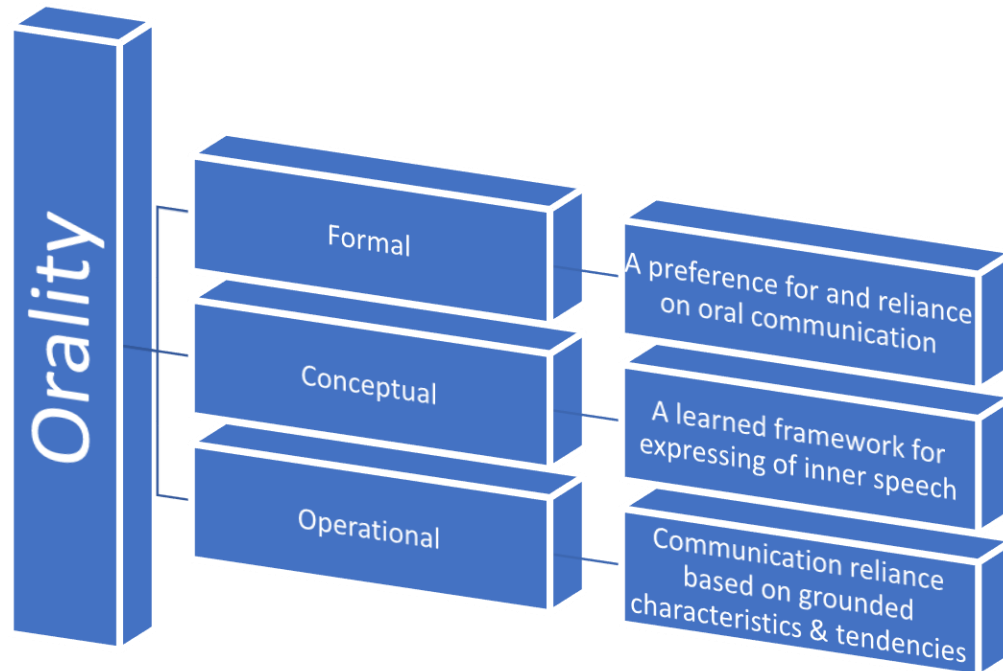
### ***Other Definitions and Descriptions of Orality***

Orality shares a dilemma related to its mother field of study: communication. From Berlo's Source, Message, Channel and Receiver Model to the more complex Barnlund transactional model definitions are generally talking about the same thing: human interaction to arrive at a shared understanding through any or all the 5 senses (Sellnow & Sellnow, 2001; Verderber et al., 2013). Nearly every communication scholar refines their definition of communication through their own lens or perspective and the nuance they want to prove. Orality is part of that same somewhat dysfunctional family of scholars. "Coming to terms with 'orality'" (Madinger, 2010) remains a barrier to fully describe the wrestling match of theoretical and applied researchers.

Now we turn to orality in a more holistic sense (see Figure 2.4). The formal, constructive or theoretical, and the operational definitions can explain most of the variant definition from a broad spectrum of scholarly applications.

**Figure 2.4**

*Holistic Definitions of Orality*



**Formal Definition.** The Oxford English Dictionary defines "orality" as "the quality of being oral or orally communicated" or as a "preference for or tendency to use spoken forms of language." More directly, orality is about human communication and a culturally learned complex of how one best receives, processes, and passes on information (Lovejoy, 2008, 2012; Madinger, 2013, 2016). As communicators, our understanding and expressions are learned and passed on through normal social, cultural, and cognitive development. It relates to transformative learning because adults have learned instructional communication preferences. Likewise, orality is the most critical theory to ensure learning for transformation in oral tradition cultures, yet orality is probably the least understood theory when it comes to transformational learning. Using the metaphor of the body, the transformative learning theory is the brain, constructivist

epistemology is the hands, narrative is the heart and lungs, participatory communication is the legs and feet, but orality is the skeleton or framework on which everything rests and moves.

Walter Ong was a Roman Catholic priest, a Harvard educated scholar in French literature, and heavily influenced by Erik Havelock and others studying and working at the “Toronto School,” most notably Marshall McLuhan who supervised his master’s thesis and Ong’s inspiration for his future publications on orality. Havelock had earlier pushed classicists to rethink the nature of Greek philosophy, philology, and the early need for a printed discourse that would not be affected by the changing nature of the spoken word. From Socrates to Aristotle, mythologies and philosophical debate took place in an oral interactive process. Havelock suggested this “debate” Plato constructed represented the shift from orality of 5<sup>th</sup> century BCE Greece to the literacy of the 4<sup>th</sup> century. His later book, *The Muse Learns to Write* (Havelock, 1986), also sparked a discussion about orality and literacy in which the less civilized or “savage world” retained orality as the civilized world evolved with literacies.

Ong then took the term “orality” to describe the phenomenon of cultures that had no experience of written language and no knowledge of its existence as Parry and Havelock introduced. Ong would go on to promote the concept that in an oral culture (or in primary orality), knowledge, once acquired, had to be constantly repeated or it would be lost: fixed, formulaic thought patterns were essential for wisdom and effective administration” (Ong, 1982, 2000). He categorized these as primary oral cultures and sometimes referred to them as pre-literate. These oral tradition cultures place a high value on the spoken word and store important lessons in songs, stories, proverbs, and folktales.

In contrast, Ong described a secondary orality where people move from the experience of oral communication to writing and then reproduce messages through electronic mediation; while it is oral in transmission, this language use is nonetheless shaped by written texts. In essence, Ong with the prompting of his mentor Marshal McLuhan (McLuhan, 1962), postulated that orality is the graduated reliance from the spoken word to written language and mediated for communication. It is graduated in the sense that language is eventually reduced to written symbols (technologies) and ultimately regenerated through electronic media. Radio, theater, motion pictures, and similar media, all rely on written scripts to produce a message delivered through audio and visual forms. (Ong, 1982, pp. 135-138)

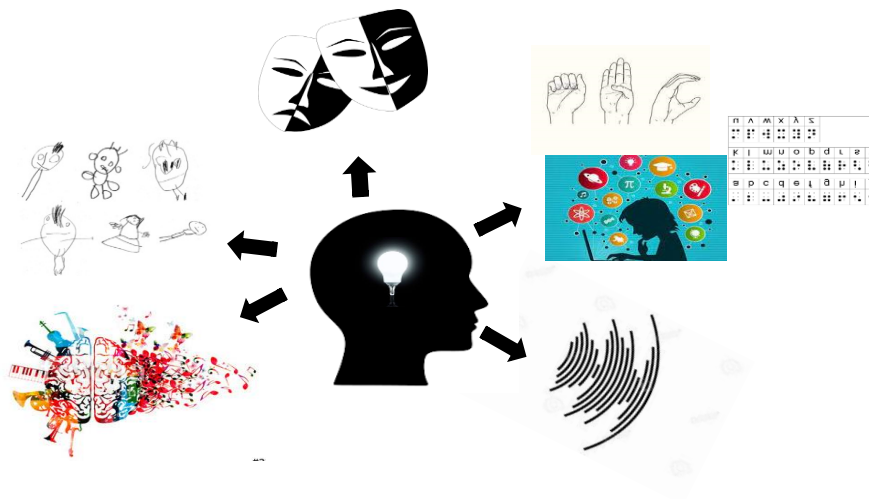
Ong helped clarify and popularize the technology transformations from oral to printed expression showing that print/text is simply a technologizing of the thing itself. An apple is the thing itself. “A-p-p-l-e” is the technologizing, and their impact through cultural conditioning on human consciousness. Ong’s psychodynamics of orality (Ong, 1982) came out of his structuralism of anthropology, as well as interests in sociology of religion, and psychology. Admittedly he was not an anthropologist or psychologist, nor did he employ these fields of study for exploring the complex interrelationships between the spectrum of oral-to-written communication and the totality of human existence (Ong, 1982, p. 5).

**Conceptual Definition: Orality – Learned Expressing of Inner Speech.** As a phenomenon of human communication, orality first begins with our human characteristic

of what Lev Vygotsky (Veer, 2014; Vygotsky & Cole, 1978) termed “inner speech.”<sup>7</sup> A developing child receives impressions in the brain that need expression – even naming through gestures or sounds in communicating those impressions to others. The extensions and expressions of that inner speech is what we call orality (Madinger & Madinger, In Publication). So, orality can be defined as “learned expressing of inner speech.” That happens in multiple oralities and literacies. Audibly spoken words or sounds, pictorially, music – vocally or instrumentally, digitally, haptically, through body language, sign language and braille. Inner speech was expressed on the walls of prehistoric caves, in the songs of Homer, and literature of all ages (see Figure 2.5).

**Figure 2.5**

***Orality as Learned Expressing of Inner Speech***



From our earliest stage of development we receive an impression (message) in our mind through one or more of the five senses, and it cries out for a response, expression,

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<sup>7</sup> While Vygotsky used the term inner speech in the sense of learning and training in the Zone of Proximal Development (Vygotsky, 1978, the same principle applies when used with the impressions in the brain that must find expression.

or name. A baby might point at an object. We finally express that “inner-speech” (Vygotsky & Cole, 1978) by audibly verbalizing that image. This is related to Ong’s technologizing of a thing itself (bird and b-i-r-d), but it begins with inner speech. When a child sees their mother, they might have been prompted by someone else to said: “*Ma, Momma, Nanay, Maji, Mor*” – or whatever language or sound they are learning to develop and express themselves when infants or toddlers. Eventually some learned to express that image through pictures or drawings, a song or telling a story about her, creating a poem, instrumental music, sign language . . . and the progressive list grows on.

Orality for this study is now clarified as “the learned expressing of inner speech.” That could also use an alternative new noun (“expressings”) rather than a verb “expressing.” In the end it simply tries to imply the ways we get from our own inner speech constructs to share them consciously or subconsciously with others. An expressing could be verbal or non-verbal (body language), with a paint brush and canvas, photography, mathematical, use of other symbols (musical scores, binary codes, etc.).

Everyone functions out of their orality, even if that person cannot hear, audibly speak, or visually see. Their inner speech must find expression, culturally learned extensions of which written text is only one of many. In fact, then, literacies are an expression of orality not something utterly different. Every act of literacy begins with inner speech, and eventually finds its expression through writing or typing some print/text. It might also be expressed through graphic arts, sign language, braille, and even mathematics. All literacies begin with orality. Reading and writing are just one expression of orality – an antithesis or polarity. So, we all come into this world 100

percent reliant on orality and the issue then becomes how we developmentally learn to express our inner speech to form a framework (below).

**An Operational Definition of Orality.** Our operational definition of orality states that we prefer communication in a graded reliance weighted on least 14 characteristics or tendencies. These characteristics or tendencies rely on at least 8 research disciplines as Ong alluded to in the opening section of his work (Ong, 1982, p. 6). Each of the disciplines adds grounding for operationalizing orality.

Martin Luther King, Jr, Gandhi, Jesus, and the Ayatollah Khomeini all took advantage of the power of orality by giving attention to these characteristics (Madinger & Madinger, In Publication; Sreberny & Mohammadi, 1994). As a communication strategy understands and builds on those tendencies some research shows an increase of 30-300 percent more impact with an audience (Ami et al., 2007; Madinger & Ofotokun, 2004; Ofotokun et al., 2006). These characteristics and tendencies will be presented later in the chapter (Characteristics and Tendencies of Orality, p. 53).

### ***Orality Framework***

Orality as a framework is a way of viewing, interpreting, and giving expression to the world context in which we live. In cultural jargon we speak of worldviews. Educators refer to them as schemas, or in leadership terminology – paradigms. It is part of what helps us gain knowledge and differentiate our beliefs from other opinions (an epistemology), aids us in making sense out of our environment and the movements of our lives. Frames are both windows on the world and lenses that bring the world into focus. At the same time, they filter out the things that are either not needed or desired (Johnson, 1997).

A framework can be learned and adapted, but one's initial framework sets in place our grounding point. The Innsbruck Goggle Experiments (Sachse et al., 2017) conducted by Theodor Erismann (1883-1961) and Ivo Kohler (1915-1985) developed a set of goggles that inverted the field of human vision (see Figure 2.6).

**Figure 2.6**

***Innsbruck Experiment: Developing Perception***



(Sachse et al., 2017).

The goal was to determine how a person might function when everything was “upside down.” After about a day fitted with the goggles Kohler could begin pouring water, determine right from left and even ride a bicycle. The key was to continuously wear the goggles to re-orient the brain for seeing the world in a new way. Taking them off after adjusting to this inverted world also produced a temporary re-disorientation of what the rest of the world sees as normal.

**High Orality Reliance Framework.** Over the first few years of life many children learn and develop a framework of High Orality Reliance (HOR), or reliance on



more oral/visual characteristics of orality from their expressing inner speech.<sup>8</sup> They learn to play together with games that physically manipulate objects (rolling a bicycle tire by pushing it with a stick). Learn about life through songs they repeat as their mothers cook, model their fathers by telling stories of real life, and remembering important things in life through folktales, proverbs and eventually laments. They learn to prefer or value processing things together, their *Kairos*<sup>9</sup> perspective of time see the moment rather than measuring it, they archive important things in proverbs, stories, songs and other local arts, using a line of reasoning that might be considered random and repeating a type of cognitive processing, they tend to follow a narrative or story most easily, have deeply respecting elders, value past and traditions, listen for the familiar word as they hear, “become the music” in spontaneous song and dance, and organize their world in concrete tangible ways. They seem to acquire heightened brain functions and excel in remembering an oral message or learning how to do something they watch in person.

**Low Orality Reliance Framework.** Other children learn and develop a framework of Low Orality Reliance (LOR), or reliance on non-oral/visual expressions common to what happens when we learn to read and write. They learn to play by themselves with building blocks, learning their alphabet in song then reading then writing, classify things by shape, size, and color. The brain gets hard-wired differently than do those with HOR. They tend to prefer or value processing of things individually, their *chronos*<sup>10</sup> perspective of time is measured, and their music metered, they archive important things in documents,

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<sup>8</sup> “Early expressings” are not just age-time related. An early expression of a poem begins with the inner speech, “voiced” in some way, and then recorded – sign language, print, oral recitation, etc.

<sup>9</sup> Kairos being the word that sees time in the moment – what is happening in that “time” and place.

<sup>10</sup> Chronos being the perspective of “chronological progression” of time that is measured in minutes, hours, days, etc. We meet at a certain hour and minute of the day.

files or albums, they organize thought in outline form rather than narrative, follow a line of reasoning as a linear progression of processing, reward innovation and youth, they precisely define words and phrases, and prescribe their world in principles and abstractions.

Those who succeed in formal education no longer depend only on an early high orality reliance, but over time heighten some brain functions and structure through acquired reading skills and other literacies (Dehaence et al., 2010). We began moving away from a high dependence on oral communication and progressed naturally toward low orality reliance. We learned more and more means of expressing our inner speech through multiple oralities and literacies. Some learned the literacies of sign language, braille, while others mastered the literacies of math, accounting, binary numeric languages, musical notation, etc. People with LOR function well and learn by reading and studying individually, deciphering complex words and abstract puzzles. They sit in lectures with limited interaction with others and withdraw into their own world listening to music. They teach, orate, and archive almost everything for print-text accessibility.

### ***Development of High and Low Orality Reliance***

As we begin life 100% reliant on patterns of inner speech version of our orality, our culture and social context build a framework of communication based partly on how our group made sense of that world. Some cultures produce a framework of high reliance on oral communication with oral histories and oral literature, and others have a lower reliance with books of historical references and printed literature with text analysis. These frameworks of high and low orality reliance solidify at a very early age and remain with us throughout life like everything else culture related. They are our default

communication systems. Yet, these are not without flexibility nor are they simply polarities.

Both frameworks remain with us for lifetime as do other culturally acquired parts of life – the food we eat and drink, the clothes we wear, the first language we speak, the music that touches our deepest feelings, and even how we interact with others. A person may adapt to any series of orality frameworks, but the one acquired in the first stages of child development seem to remain a default framework and one a person is the most “at home” with as a communicator (see Figure 2.7).

**Figure 2.7**

***Orality Framework Development***

## Orality Framework of Communication



A learned process for receiving, processing, remembering and passing on information

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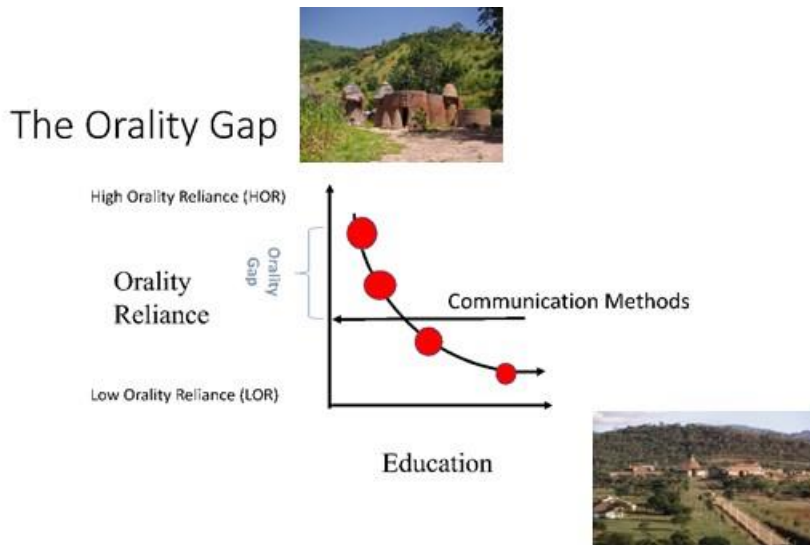
Even though we develop an orality framework bias at an early age, we can learn to function with relative ease in cultures and environments leaning toward the other end of the spectrum. As an example, students from high orality reliant frameworks pursuing graduate studies at Asbury Theological Seminary demonstrate English and theological literacies with the ability to do so textually. Their generally higher orality reliance framework allows for new learned patterns of communication and learning, but they

always prefer to receive, process, and pass on information orally or other non-textual expressions of their inner speech. Often these PhD students plead for oral examinations rather than print-text formats (D. Whiteman, personal communication, April 5, 2003).

Orality frameworks, however, do not exist as an either/or, oral/literate, or any other dichotomy. Nor do they remain static throughout life – always a very high orality reliant people or very low. We can expand them in either direction. LOR preference can begin including more HOR, and the same at the other end of the spectrum. These characteristics and preferences exist on a fluid continuum from HOR to LOR and change over time along that continuum (see Figure 2.8).

**Figure 2.8**

*The Orality Gap*



The frameworks of orality are much the same as the perspective of the Innsbruck goggles. Over a period of years and educational experiences we earned admission to a university or seminary. We learned to see the world and communication strategies with greater focus, with new lenses most of our audiences will never wear because they never

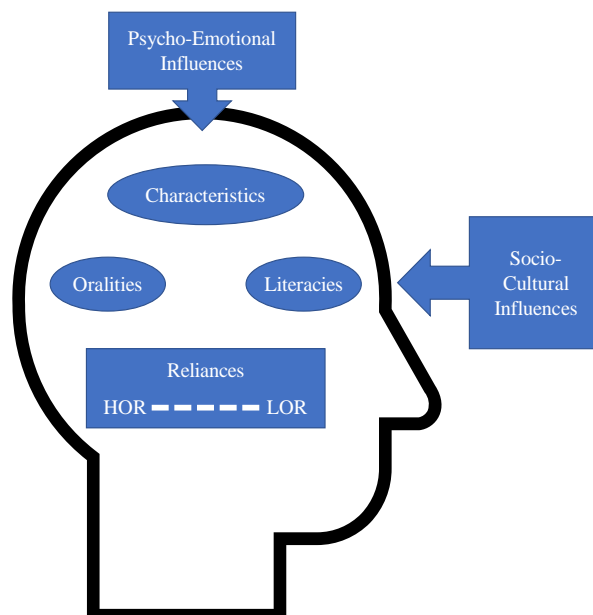
traveled down our path to LOR. We dug deeper, mined amazing gems that could not be seen with the “naked eye.” The goggles are good – especially when seeing things that go unnoticed without them, and when we take what we see and help those who do not share the advanced equipment, orientation, and skills.

### *Dimensions of Orality*

Orality as a framework for communication involves the whole person, not just the outward manifestations of communicated thoughts and feelings (see Figure 2.9). Psycho-Emotional or Inward Influence shape how we express our inner speech by our emotional development. From infancy sometimes it may relate to a highly nurturing mother or father and others emotionally affected by an overly harsh mother or father. “Cognitive, emotional, and social capacities are inextricably intertwined throughout the life course” (Child, 2007). These unseen inward responses to people and circumstances directly affect the way we express our inner speech.

**Figure 2.9**

### *Dimensions of Orality*



Socio-Cultural influences also affect the expressions of inner speech. Vygotsky noticed how from our childhood onward adults and peers influence our learning, and how cultural beliefs and attitudes guide how we communicate in a unique social environment. They also influence how learning takes place (Vygotsky & Cole, 1978). We observe others as we interact with and imitating them. Parents and significant others inherently direct children to multiple expressions of inner speech by prompting a child to draw a picture, recite a string of words, repeat simple proverbs or sayings. We learn the “right way or wrong ways” to communicate our inner speech from siblings, neighbor children, or classmates.

Our inner speech takes on the flavor of all those influences – internal and external. Each characteristic that follows below is flavored by those internal and external influences. We engage by means of those characteristics with shared oralities and literacies, and finally express them tuned by our social and cultural shared preferences. We communicate with each characteristic employed with a reliance that can be described through a high to low orality reliance continuum.

### ***Characteristics and Tendencies of Orality***

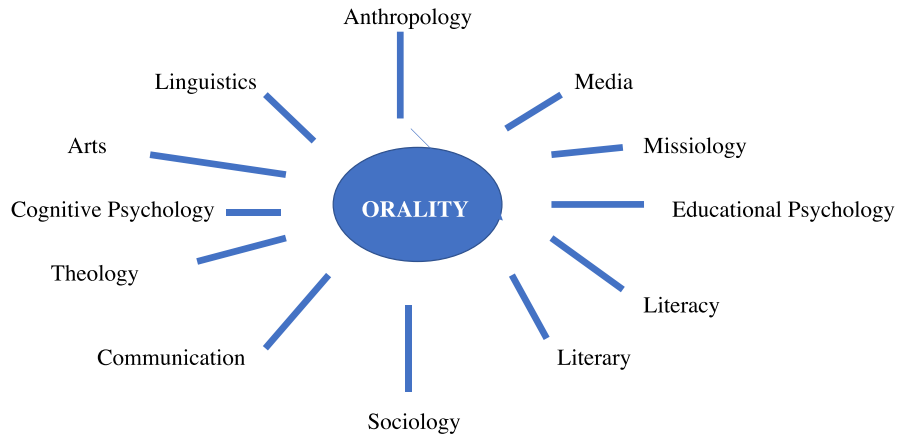
Ong as a literary expert was also highly influenced by his love of psychology, anthropology, and sociology. He predictably came to the conclusion that orality is a synthesis of the principles of these and other fields of study or disciplines (Ong, 1982, 2000; Wilivere, 2014). From anthropology he drew upon the structuralists like Saussure and others who based their theories on Gestalt approach to cognition and a deeper structure within culture and language that enables mutual understanding. Claude Lévi-Strauss gave a dynamic of “binary contrasts” (hence orality-literacy), and also the factor

of “psychodynamics” that define cultural intra-action and interaction like collectivism and individualism. From psychology (cognitive and educational) Ong found the driving cognitive-cultural-social forces through which we move from primary to secondary orality. The widespread use of the term even affected the students of Freud using the term “orality” as the second stage of human development seemed to give weight to the principle at work (Wilivere, 2014).

Ong’s assumptions about orality stimulated the modern conversation. As a discussion within the field of communication, orality spans multiple disciplines (see Figure 2.10) that speak into how we might better understand it. Anthropologists contribute by investigating oral cultures and oral tradition; literary studies give insights through oral literature and performance literature; cognitive psychology, educational psychology, and neuropsychology take us into the functions of the brain and processing stimuli and learning/memory; theology and philosophy attempt to answer the “why” of orality; and missiology as a branch of theology asks how we communicate a transforming message to all ethnolinguistic peoples (Steffen, 2010; Steffen, 2000).

**Figure 2.10**

***Contributing Research Disciplines of Orality***



As Ong formulated his psychodynamics of orality (see Appendix 1) or characteristics, he described them in dichotomous terms. The descriptions were either in primary orality or secondary orality which also contained residual remnants of primary orality. Those were initially helpful for understanding distinctions of his day, but drew considerable weight critique and objections (MacNeil, 2007; Rosenberg, 1986).

On the other hand, Ong’s pioneering work helped us think about communication in new ways. Just by describing primary orality as a preferred means of communication, we began to wrestle with our Western dominant, neo-colonialist, literacy-centric biases (Rahaman et al., 2017; Rieger, 2004). He begged us to ask more questions on how different categories of people communicated relying on their own preferences, and why we failed to connect with them.

**How Information and Knowledge is Organized.** Knowledge created and stored in an oral culture—its history, its identity, its culture, and its whole way of life—is represented and remembered mainly through its folklore, stories, myths, proverbs,



riddles, poems, symbols, and songs (Costandius, 2007; Cruywagen & Potgieter, 2020; Grant & Asimeng-Boahene, 2006; Mayombe, 2020; Webster, 2012). These expressions provide a world of wisdom that a community can draw upon for daily survival, to build new knowledge. As discussed earlier (constructivist epistemology) rationality and imagination factor into how we process and organize thought. The characteristics of orality suggest that even the forms of logic and reasoning (random and progressive and multi-level, as contrasted with linear and bi-level) differ from High to Low orality reliance (Dixit, 2018; Madinger & Madinger, In Publication; Ong, 2000).

This knowledge is not in static archives. It lives generationally through continual performance in the local arts (Fischer, 1986; Quayle et al., 2016). It is the people who are the origination of their knowledge in oral cultures. It is not about them. It is them. Storytellers, local “historians,” musicians, and dancers reenact this knowledge at communal or familial gatherings, relating it to current contextual needs of the hour.

**How Information and Knowledge is Learned.** In a high orality reliant community learning comes through modeling by discipleship, by listening, by repeating what they hear, by mastering proverbs and ways of combining and recombining them, by assimilating other formulary materials, by participation in a kind of corporate introspection with physical gestures—not by study in the strict sense” (Conyne, 2009; Madan & Singhal, 2012; Morsella & Krauss, 2004). Conyen goes on to say that it is especially relevant to instructional communication that oral peoples do not learn from a neutral, stand-alone object, such as a book, or automated system, which contains a set of abstract instructions to be applied across situations; rather, they learn in situ, embedded in concrete situations and practical experience.

**How Information and Knowledge is Remembered.** Oral cultures deliver important truths and information in oral ways and means and can be recited and heard as presented in aural-oral reception and retention forms. In other words

In a primarily oral culture, to effectively solve the problem of retaining and retrieving carefully articulated thought, you have to do your thinking in mnemonic patterns, shaped for ready oral recurrence. Your thought must come into being in heavily rhythmic, balanced patterns, in repetitions or antitheses, in alliterations or assonances, in epithetic and other formulaic expressions, in standard thematic settings in proverbs which are constantly heard by everyone so that they come to mind readily and which themselves are patterned for retention and ready recall, or in other mnemonic form. Serious thought is intertwined with memory systems. Mnemonic needs determine even syntax (*Ong, 1982, p. 34*).

Rhythm, repetition, locally known symbols, idioms, dance, and dramatizations construct an organic and memory-stimulated “knowledge.” These forms can also aid memory in literate contexts with the ability to store information externally through the technology of writing, but it means that such mechanisms are not as crucial in literate contexts as they are in oral contexts (Lummis et al., 2017; Ong, 1982; Shehan, 1987).

***Ong and Beyond: Psychodynamics, characteristics, and tendencies.***

Ong helped shape the evolving discussion about orality, oral cultures, and even oral literature first with his contrast of orality vs. literacy. Yet, within that discussion he clarified what a sense of “primary orality” looked like with its inherent behaviors and its implications for congruent communication. Appendix 1 shows each of Ong’s psychodynamics, how it manifests in primary orality, and gives further explanation and application. These serve as the baseline descriptive of what ultimately leads to how we approached the  *Holding Esther*  content and processes.

Ong and those who shared his novel approach to understanding culture looked at the communication/learning factors these two types of cultures (lettered and oral)

produced Several scholars look at the migration of Afro-cultures to the Americas and found numerous significant comparisons to Euro-cultures during the same period (Butchart, 1988). Of the many suggested, there are a few appropriate observations about oral cultures for our purposes in this study include:

- Oral cultures use rhythm that can resolve a tension in the message. Rhythm is seen as part of African ontology. It defines who people are as they interact together especially in ritualistic songs and dances.
- No distortion between the artist and the audience (antiphony in preaching)
- Little sense or need for “measured” time. Western cultures discovered that it was possible to fix time as something that happens between two fixed points – a mathematical division of moments.
- Music is not metered and measured for the purpose of listening. It is an experience of movement as people join to become the music/art.
- “Communal Existentialism” says that a person shares themselves with others throughout the extended family.

Others working in the grassroots of oral cultures (Abney, 2001; Madinger, 2014; Madinger et al., 2007; Madinger & Madinger, In Publication; Moon, 2011; Slack, 2001) further codified the characteristics of orality based on direct and comparative observation (see Appendix 1C & D). Instead of describing these tendencies in dichotomies or polarities, the next generation of thought about the tendencies viewed them as points of reference on a **continuum from high orality reliance to low orality reliance**. Orality in this sense can be seen in every culture regardless of reading literacies and print-text orientation, and functions on this same type of continuum. Again, Appendix 1 gives

further explanation to the characteristics, tendencies and/or psychodynamics as well as loading demographic factors that would tend to reveal more about one's orality framework or degree of orality reliance.

Transformational learning depends heavily on how people interact with information to create knowledge (Marmon, 2013). The characteristics and tendencies of orality (HOR to LOR) demonstratively affect the engagement of learners not only in the radio drama narrative, but also in the collective learning environment of a workshop. These are a few of the orality prompted questions that orality asks of designers and facilitators of collective transformative learning experiences when they incorporate drama and the arts:

- How is time set in the drama? How is the experience of listening/discussion in the workshop chronologically bounded for ensuring the possibility of immersion?
- What kind of respect is granted in the drama or put in stark contrast for effect? How do the discussion groups function when older respected members influence the interactions?
- What kind of questions might stimulate deeper more intimate discussion?
- How are the arts employed with the embedded information, values, or possible behavioral implications?
- How is content organized? Outline? Storyline?
- What kind of struggle? Outward or inward?

Finally, we know that in oral tradition cultures and high orality contexts that the person bringing the message is more important than the message itself. Yet the same might be said for Western literate cultures when it comes to trusting the message (Seeger & Sellnow, 2016; Sellnow et al., 2017; Sellnow & Sellnow, 2010). It may even be an

impression of who the message is coming from. Who is the character bringing this message? Does that person hold a position of honor among the people? In the case of the drama at hand (HE), do the listeners perceive this to be coming from people like them, or outsiders?

### *Oralities and Literacies*

The McLuhan-Ong dialogue came as the world began shrinking and leveling out as flat. There were obvious and stark differences between developed lettered-cultures and underdeveloped oral cultures of the world. The glaring challenge for helping nations live as equals in a new world came at the point of reading-writing literacy. Those who had low literacy levels could not compete and would remain subservient to dominant powers. In the world of Christian mission cross-cultural workers realized that non-literate and lower-literate peoples needed alternative teaching methods to match the oral preferences of the masses. The Lausanne Committee on World Evangelization (LCWE)<sup>11</sup> recognized the growing need and began producing resources (Willis & Snowden, 2010) that addressed the needs of those they termed “Oral Learners.”

Pioneers in this space like Tom Steffen and James Slack developed oral communication strategies in the Philippines in the 1970s that created a new movement to bring transformation through storytelling, and specifically worldview-based storying (Slack, 2001; Steffen & Bjoraker, 2020; Steffen, 2018). Lannette Thompson’s work in West Africa (Thompson, 2015) and Lynn Thigpen in Cambodia (L. L. Thigpen, 2020)

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<sup>11</sup> LCWE is represented by every nation of the world collaborating to bring transformation at all levels. <https://lausanne.org/about-the-movement>

made breakthroughs on how to help those without formal education receive, understand and pass on life-saving life-changing truths and information.

Yet there is much more to the concept of literacy than simply the learned skills for of an orthography on which to grow writing and reading. Out of our inner speech comes multiple oralities and literacies. Brian Street (King's College London) widened the door to a further discussion on "New Literacy Studies" (NLS) (Lea & Street, 2006). He moved the orality discussion to show that focus should be

*not so much on literacy as a 'technology of the mind' (cf Goody, 1968, 1977) or as a set of skills, but rather on what it means to think of literacy as a social practice (Street, 1984)." The two distinct issues about literacies in this part of the discussion have to do with 'autonomous' and 'ideological' models of literacy (Street, 1984) and develop(ing) a distinction between literacy events and literacy practices (Street, 1988)." The autonomous model says that literacy itself (autonomously) affects social practices and values. Introducing non-literate people to reading and writing sometimes is claimed to improve cognitive skills, economic capacity and thus social interaction and standing in the community.*

Street's ideological model (in contrast to the autonomous model) in his New Literacy Studies (NLS) goes on to advocate for literacy as a social practice and not simply a technical and neutral skill. It is always embedded in socially constructed epistemological principles, the way we acquire knowledge. The ideological model looks at ways in which people address reading and writing that are themselves rooted in conceptions of knowledge, identity, being. They are always rooted in a particular worldview and a desire for that view of literacy to dominate and to marginalize [sic] others (Besnier, 1993; Gee, 1990; Lea & Street, 2006; Street, 1995; Street & Besnier, 1994).

Language development and the expressions are learned from multiple oralities in the sense that Street uses the term. Every context of culture from the primary family unit

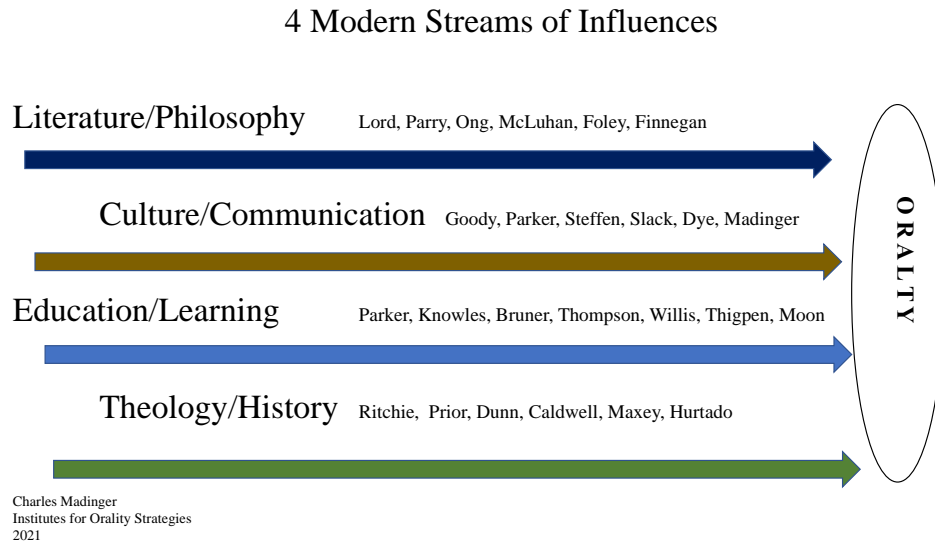
to societal levels develop common inner speech. Their expression of inner speech can be both the autonomous and ideological to describe the dimensions in which we must communicate – especially cross-culturally. One dimension is in the characteristics of orality at work in a socio-cognitive sense. Another dimension is the reliance on those characteristics described on a continuum from high orality reliance (HOR) to a low orality reliance (LOR). Finally, both oralities and literacies can be understood on that same type of continuum.

### ***Streams of Influence***

As practitioners, researchers and scholars have drawn on the concepts of orality they often come with more focused interests and applications. People see orality through the lens(es) that best serve their needs, interests, and applications. These lenses fuel the modern discussion of orality bringing numerous perspectives to the ongoing exploration of what orality is and does for us when we take advantage of its power for communication. The major streams of thought related to orality have brought us to our current understanding and praxis. (see Figure 2.11)

**Figure 2.11**

***Orality Modern Streams of Influence***



The streams of thought and practice that influenced the orality discussion have no single source, those with interest in orality draw from many of the streams all related to the contributing research disciplines of Figure 16. Their place in the research for the use of a radio drama in a participatory setting is that each stream directly supports African oral strategies with those who do not prefer to read to learn or who cannot read with understanding to learn lifesaving, life-changing discoveries.

The Literature/Philosophy stream is most credited to Milman Parry, an American Harvard classicist who examined oral culture from a classicist perspective with Homer as the focus (Parry, 1971). Parry and his protégé, Albert Lord examined the development of Ong’s concept of “primary and secondary orality” by revisiting the Plato-Socrates “debate” about written text and oral performance (Ong, 1982). Ong studied at the



University of Toronto under Marshall McLuhan where they developed a life-time friendship and fostered many of their future publications (McLuhan, 1962).

An equally prolific John Miles Foley (Foley, 1977, 2002) brought further light to oral performance of literature among almost every culture on the planet (Nagy, 2020). Every performance of literature clothes and expresses its message with culture to bring shared meaning. The essence of orality theory and practice does just that: takes a message for a specific people in their unique culture and communicating it in ways they can easily receive, process, remember and understand. Literature itself was first oral (Crowley & Finnegan, 1970) then performed even if the performance was in the mind of a single person.

The cultural and communication flow may well be the center of the river that keeps all streams moving forward. As Jack Goody (Goody, 1977), Marshall McLuhan (McLuhan, 1964; McLuhan & Fiore, 1967), and Walter Ong (Ong, 1982) referred respectively to the “savage mind” and primary orality, they identified much more than levels of literacy and textualities. They saw the disparities and developmental gaps that some societies and cultures perpetuated and a major factor that kept them lagging after the Enlightenment was the skills and mental processes of reading and writing. William Parker (Parker, 1975) defended the need to more appropriately look at the “Afro-American” culture and the need of dominant cultures to interact with mutual respect and communication skills. Tom Steffen (Steffen, 2010; Steffen, 2000), Wayne Dye (Dye, 1985, 1987a, 1987b) recognized some of the cultural barriers in communicating a message and the need to use appropriate stories and storytelling methods among the peoples of the Philippines.

From an educational stream of thought with missiological perspectives is where Lynn Thigpen worked among those with little or no formal education and conceived of “connected learning (L. Thigpen, 2020). Avery Willis and Mark Snowden began talking about “oral learners” and how to make disciples among them using oral strategies (Willis & Snowden, 2010). Jay Moon saw the challenges of education among international students attending US seminaries (Moon, 2011) as he adapted and implemented a learning survey (Abney, 2001) that helped students and instructors better understand oral learning preferences. And of course, much of this was promoted by Malcomb Knowles andragogy built on the principles of knowing and learning for adults (Knowles, 1975, 1984b), Bruner’s constructivist epistemology (Bruner, 1986)

The theology and history stream gained momentum recognizing the global spread of Christianity in a mostly non-literate world came through verbal and artistic expression of the message. Christian, Muslim, Hindu, Buddhist, and animists all share one thing in common. Their religions were passed down by word of mouth and eventually recorded for posterity with forms of print/text to be read aloud. Other scholars drew out the oral nature of Biblical texts and recognize their performance in antiquity as a predominant feature (Evans, 2010; Hearon, 2004; Hurtado, 2014). Alex Haley (Haley, 2016) lit a fire for discovering the oral traditions of our family “roots.” Western theologians finally realized the richness of narrative theology (Healey, 1996) and narrative preaching as contrasted with propositional preaching (Ganzevoort, 2012; Miller, 2010).

This research of an oral strategy needed: an appropriate genre of literature (oral), thoroughly immersed in the cultures of the region with communication methodologies, that allow for the construction of new knowledge, and all set within the regional religious

context. The 12 research disciplines give the breadth of study, and the streams of influence take the project to where and how it can be best applied.

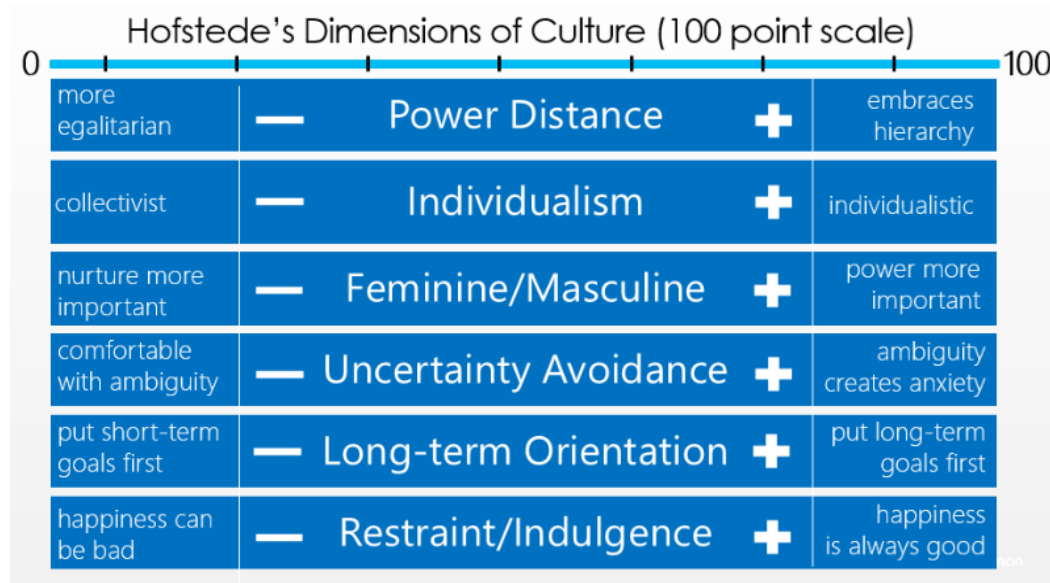
### ***Geert Hofstede's Dimensions of Culture***

Hofstede conceived of his dimensions of culture when he worked as an IBM trainer and identified common issues (dimensions) of culture that required cross-cultural sensitivity to understand colleagues and clients (Hofstede & Hofstede, 2005; Sent & Kroese, 2020). He explained how cultures contain the same issues, but each dimension was expressed on a continuum from high to low, and then he developed a tool for personal and interpersonal dimensions. Finally, he classified mapped countries and their cultures in terms of the dimensions scores and how to successfully relate to them.

As orality is a culturally learned phenomenon related to how we communicate, Hofstede's dimensions of culture help us define and better understand the process of communication. In other words, Hofstede's dimensions help further elaborate the characteristics of orality. Cronjé (Cronjé, 2011) promotes using Hofstede's cultural dimensions (see Figure 2.12) in a high orality reliant setting (South Africa) to best interpret cross-cultural blended teaching and learning as would be needed in projects like  *Holding Esther*.

**Figure 2.12**

*Hofstede's Dimensions of Culture*



*Note.* <https://exploringleadershipinpublicadmin.blogspot.com/2017/07/hofstedes-dimensions-of-culture.html>.

The cultures of Zambia fit Hofstede's dimensions of culture weighted toward the oral tradition cultures of Africa are, at the surface, easy to identify even by outsiders. It could be said that instruction in this context tracks along each of the current 6 dimensions of culture and plays out universally:

1. **Power Distance** clearly lines up with highly defined hierarchical relationships (versus egalitarian) that must be observed to show respect to superiors and avoid personal shame or projecting shame on the superior.
2. **Individualism** relates only to how one supports their community. "We are, therefore, I am."
3. **Feminine/Masculine** promotes power at all levels over nurturing characteristics.
4. **Uncertainty avoidance** in a HOR context expects ambiguity since we share a common understanding. In HIV/AIDS programs the prevention message would

use “abstain, be faithful and see your doctor” (do not use the term condom – we know what you mean.)

5. **Long-term orientation** values only making enough for this day, week, or month. Saving for the future, planning for crop development seem irrelevant since we don't know the future.
6. **Restraint/Indulgence** reflects a fatalism that there is a limited amount of wealth and happiness in the world. If I have it others cannot. Therefore, do not express indulge or even “hoard knowledge” or someone will do bad things to you.

Opong (Opong, 2006; Opong, 2013) applied Hofstede's dimensions but with further clarity for South African employees and their orientations toward their workplace beliefs, attitudes, and behaviors. He speaks of African workers practices and social values described in terms of:

1. **Group Identity:** a person derives his/her identity from being a member of a family, a clan, a community or ethnic group, whose norms and values take precedence over those of an individual (Nyambegera, 2002). As simply but strongly put, the African is co-operative, not individualistic as, we, and not I, is the law of African life (Ahiauzu, 1986).
2. **Attitude towards authority:** attitude could be described as almost subservience – certainly a little more than just respect. This tendency is not to question those in authority (at home, at social gathering, etc.). Traditionally, age can be the basis for authority (Gardiner, 1998).
3. **Communal relationships, responsibilities, and education:** In traditional Africa, children belong not only to their biological parents but are under authority control

of any adult in the community. This communal network becomes a system regulating the behavior of both children and adults (Mthembu, 1996b).

4. **Attitudes toward females and the disabled:** Hofstede does not intend to talk directly about sex (male/female) but rather exerting power over others or a more passive nurturing projected persona. Yet in African societies the relationships are clearly defined by sex. At the same time among the female sex in Sub-Saharan Africa, Hofstede's dimension here still plays out with women exerting power within their own sex and social interactions. Africa the tendencies of devaluing female and disabled: Females are regarded inferior (both in strength and in reasoning) and are therefore side-lined when it comes to decision-making (such as settling disputes and planning an event) and formal activities including mining, hunting, going to war. This also applies to children deemed less valuable like orphans who create hardship on their extended family members – requiring food, school fees, and clothing.

### ***Challenges to Orality Theory***

Orality as a theory faces numerous questions and fundamental challenges. Ruth Finnegan (Crowley & Finnegan, 1970; Finnegan, 2014) insists that there are no distinguishable differences between cultures with no practice of print-text expressions (primary orality) and those without it. At the same time, scholars like William Parker who lived in an oral culture insist otherwise. Finnegan's comments serve the discussion well especially when examining Ong's primary and secondary orality as related to literacy (reading and the use of print/text).

MacNeil (MacNeil, 2007) see a problem in the secondary definition of orality: a “preference for or tendency to use spoken forms of language.” It adds an avoidable conflict . . .

both in media studies and in the everyday world: as existing in competition with other media forms. The framing of orality as a “preference” or “tendency” encourages its place within the paragone of the printed and spoken word and suggests a single-sensory conception of media – that orality exists in a dialectical relationship with literacy, and that communication is a competition between eye and ear.

Foley suggests this creates and promotes “The Great Divide” (Foley, 2002) of the orality-literacy dichotomy without understanding the oral nature of writing and reading.

Others note that Lévi-Strauss, McLuhan, and Ong did not go back far enough in the history of writing and expression to be able to draw their conclusions about “primitive man.” From prehistoric cave drawings to hieroglyphics humans expressed inner speech in a multitude of modes and literacies. Chinese characters (symbols), deaf languages (highly special/visual), musical and rhythmical instruments, and oral histories may all use similar principles and methods of communication.

Others object on the grounds of the psychodynamics themselves lead to undocumented conclusions (Bush, 2014; Chandler, 2020; MacNeil, 2007). The literature does not reflect any studies that clearly give an operational definition of the characteristics based on valid research. On the other hand, the objections stated are made from past publications that tended to state the characteristics not as tendencies, but as an either/or polarity. And while that remains a challenge to promoting orality in some circles, getting beyond that typology is relatively simple.

In addition to that most scholars would limit the discussion of orality to simply “the preference for oral communication.” Yet the word communication itself implies that

there is more than an audio or aural dimension. I agree that more research in this area is needed just as in the phenomenon of the domains of learning – modes of learning: visual, oral and kinesthetic (Flemming, 1995), multiple intelligences, and right-brain left-brain theory (Corballis, 2014; Kosslyn & Miller, 2013) that have all for years gained acceptance based solely on the observations and perceptions of individual preferences rather than empirical research. Orality then here serves as an augmenting theory for transformative learning from a constructivist epistemology. Orality guides instructional communication in oral tradition cultures especially considering Hofstede's collectivistic cultural dimension and the Ong-Parker inspired characteristic related to the values of group, collective processing, respect for elders & tradition, and the role of music and the arts. In an African context orality is critical since knowledge evolves through collectively receiving and processing new information that could challenge the worldview status quo. Orality strengthens that capacity by interactions that culturally fit the target population.

***Orality and its Added Value to Constructivist Transformative Learning.***

Orality then here serves as an augmenting theory for transformative learning from a constructivist epistemology. Orality adds to the constructivist epistemology since individual inner speech leads to internal to external articulation of personal worldview and beliefs. To change our core belief and attitude constructs, inner speech must then engage us in the process to create new personal inner dialogue recreating a newer personal narrative. New constructs must first be spoken internally. It would also seem that to the degree one is able and willing to give up their existing knowledge and embrace a newly discovered addition to or replacement of the former change would be possible.



### ***A Final Operationalized Use of Orality***

Voice for Humanity VFH), T4Global (T4G) and the Institutes for Orality Strategies (IOS) have cumulatively implemented more than 20 projects over a 7-year period with more than 65 teaming partners. At the conclusion of each project the partners debriefed their observations and learnings from the work and what contributed to their success or limited the work. In every context seven things we did always came out.

1. Cultural Sensitivity: the project contextualized the message and strategy to the specific people with whom we were working. In Nigeria it was not just the Hausa tribe – it was the Northern Hausa of Kano State.
2. Language: while language is a part of culture it was seen as a unique contributor to the success or a limiting factor. The rate of Hausa speech, accent, and regional idioms helped the target audiences to own the message since it sounded like them, felt like them, and spread virally through them.
3. Literacies: we used terms the people understood and used in daily life. Islamic social norms considered talking openly about sex a taboo. So, using the Ugandan ABC approach to HIV awareness was inappropriate – abstinence, be faithful, or use a condom. That had to be abstinence, be faithful, or “see your doctor.” It was a term/expression everyone immediately associated with condom usage. The Nigerian program Show Love and Care (cited above) demonstrated a 27% communal increase in HIV/AIDS literacy (knowing and understanding the terms used with HIV/AIDS prevention and care as well as how to respond to the normally ostracized people living with HIV). It was the most effective of any national program to that point partly

due to using terms (literacies) the people knew, understood, and used in their daily lives.

4. Networks: Every program began with approval and partnership with the highest ranking governmental and non-governmental personalities. They in turn brought in every gatekeeper to participate and ensure others did as well. All the programs gathered friendship or kinship groups to receive and process together all the instructional entertainment educational programs. Every audio program contained group discussion questions queued at the appropriate times to foster group reflection, processing, and action.
5. Mnemonics: each program drew upon the kinds of memory tools local cultures loved. In Afghanistan some messages came through a national comedian, and through humor he communicated the fundamental issues. In Kenya our partners used real-life correlations with cattle herdsmanhip of the Samburu – how to safely herd the cows from one grazing location to another.
6. The Arts: every program put the basic content into song, sometimes poetry, sometimes dance, and sometimes drama and storytelling. All partners agreed that the arts were the power and heart of their program. Listeners might forget the spoken word in messages, but they would sing the songs and reenact the drama for years to come.
7. Mediation: Every program made use of three channels of media: broadcasting on regional and local radio (mass media), collective gatherings of 50-100 people (meso-media), and face-to-face, high affinity gatherings of 5-20 people. The message remained consistent without “message atrophy” from

group to group. They all heard the same message and nullified the “telephone game.” They all used small media technologies that were shared with neighboring communities as distant as 50 km.

The greatest communicators of all times used these same seven “descriptive” disciplines isolated by our teaming partners. It’s also why they form what is termed a “Holistic Model of Orality” (Madinger, 2010, 2013; Madinger & Madinger, In Publication). This was not just an outsider’s meta-analysis. Insiders observed them in practice, in real life. Jesus, Gandhi, Churchill & Roosevelt, King, and Kennedy used them all with perfection. They all changed minds, hearts, and behaviors.

Orality can guide instructional communication particularly in High Orality Reliant contexts as Hofstede’s collectivistic cultural dimension and the Ong-Parker inspired characteristic seem to show. Communication in these contexts relate to the values of group, collective processing, respect for elders and tradition, and the role of music and the arts. In African HOR knowledge evolves through collectively receiving and processing new information that could challenge the status quo. Orality strengthens that capacity by interactions that culturally fit the target population.

***In Summary***, orality is part of who we are as holistically as human communicators and is a learned framework of how we express inner speech. It is informed by numerous characteristics at work in every culture and context on a fluid continuum from high to low reliance. Those living in High Orality Reliant cultures and contexts must receive, process, remember and pass on knowledge by their own preferred ways and means that tend to greatly differ from Low Orality Reliant instructional designers and behavior change communication specialists and researchers. Only by more completely utilizing

the principles and methods of orality can we more fully realize transformative learning dealing with important issue for local peoples.

### **Participatory Communication**

Participatory communication (PC) as a term and process began with the field of development communication (DC) to address significant hindrances to international issues like poverty reduction, disease, and other social challenges to progress. An integrated definition might state, “DC/PC is a process of human communication that collectively engages local peoples and outside partners to elicit changes in knowledge, attitudes and practices for positive social change (Agunga & Anyaegbunam, 2006; Ali, 2021; Imoh, 2013; Sinha, 1976; Tufte & Mefalopulos, 2009). PC is rooted in the earlier assumptions of the industrialized world’s push for modernization, economic, political neo-imperialistic motives. Some opened the door for PC from a passion to change dominant paradigms (Friere, 1970, 1983, 1994; Huesca, 2009; James, 1975). This led to a more dialogical praxis in complex issues and shifted the locus of social problems to those most directly affected – local cultures (Beltran, 1975, 1980; Escobar, 1995).

It should also be noted that participator communication is not the same as Participatory Action Research or Participatory Reach that are most concerned with research methodologies that begin and end with people in the grassroots. They define the issues and problems and aggregate their local wisdom and knowledge to work on local solutions to local problems. While PC shares similarities, it is here used in the sense of participation as partners, and equally important that they create their own definitions and solutions to a learning question. For example, when introduced to new information the workshop participants would interact with it and then express their new knowledge in

their own terms and is based on **dialoged** versus lectures, principles and outside resources (Musakophas & Polnigongit, 2017).

***Characteristics and Tendencies of PC***

PC changed the status quo of social behavior change communication by inverting the typical approach from top down to bottom up. The top represented researchers or outsider program design organizations, and the bottom represented the host cultures and their communities.

While there is no agreed universal definition of PC, there are certain defining characteristics that differentiate PC from historic communication strategies for social change as Dagon (Dagon, 2007) synthesizes in Table 2.1:

**Table 2.1**

***Participatory vs Non-Participatory Communication Strategies***

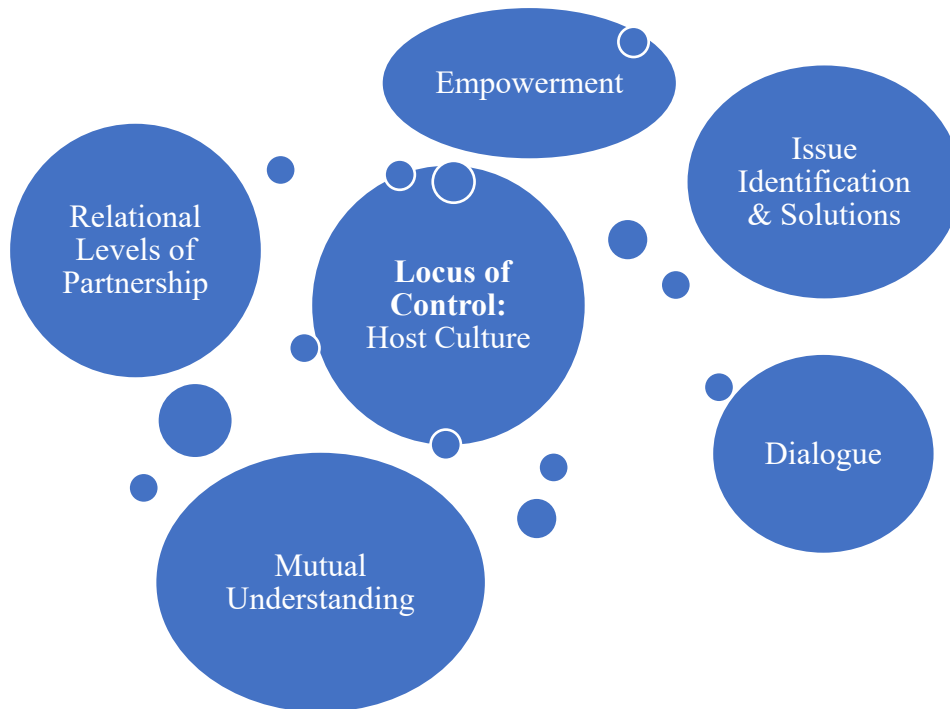
<b>Participatory Strategies</b>	Versus	<b>Non-Participatory Strategies</b>
Horizontal lateral communication between participants	Versus	Vertical top-down communication from senders to receivers
Process of dialogue and democratic participation	Versus	Campaign to mobilize in a short-term without building capacity
Long-term process of sustainable change	Versus	Short-term planning and quick fix solutions
Collective empowerment and decision-making	Versus	Individual behavior change
With community's involvement	Versus	For the community
Specific in content, language, and culture	Versus	Massive and broad-based
People's needs are the focus	Versus	Donors' musts are the focus
Owned by the community	Versus	Access determined by social political and economic factors
Consciousness raising	Versus	Owned by the community

Pioneering authoritative practitioners (Tufté & Mefalopulos, 2009) prescribe PC with guiding principles and components (see Figure 2.13). Their work published by the

World Bank came from hundreds of programs and multiple years of observation. It describes the essential features for inclusive programs seeking social behavior change.

**Figure 2.13**

***Components of Participatory Communication***



(Madinger, 2021).

The inverted approach of PC stresses centrality of the local or regional community for any research or a program rather than outside interests hoping to help yet remaining the looming locus of control. A dialogue encounter with the host cultures and communities and their outsider advocates is the most fundamental element of PC. The power of voice (dominant and subjected voices) rests with the host community itself rather than the historic practice of outsiders setting the agenda and framing the message. Host cultures and communities serve as the locus of control and impetus for change.

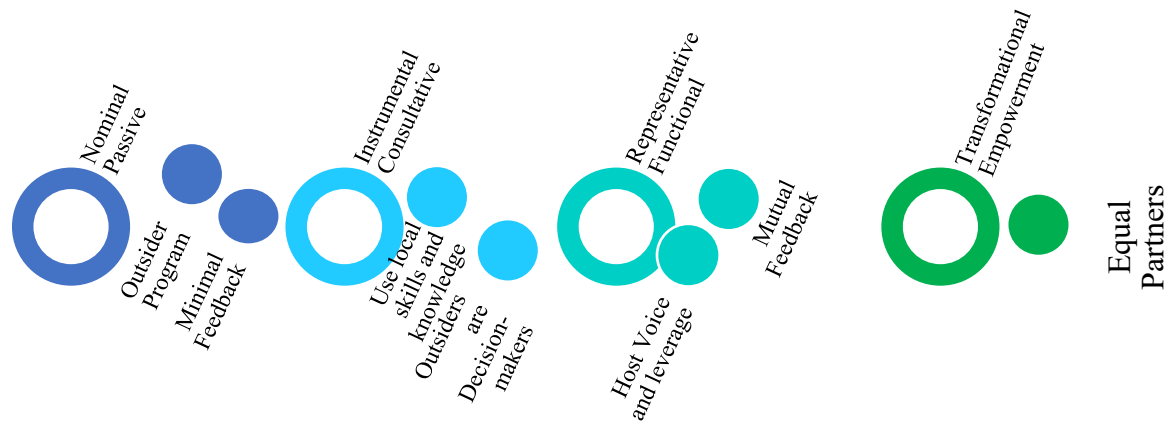
Empowerment by its very nature calls for equal status of partnership interfacing with outsiders (Arnstein, 1969; Burns et al., 2011; Mitchell, 2005; White, 1996).

In the beginning stages of partnership, a community may need direction and support to learn the process of communication for social and behavior change. Yet all too often the host community senses the familiar manipulation and colonial overtones. They agree because of the advertised benefits as well as the status it may bring for community leaders. All of this requires intentional understanding of all parties involved so that there can be a clear path to local ownership and empowerment (Cornwall, 2002; Pretty, 1995; Sam, 2017).

Progressive stages of partnership (see Figure 2.14 and Appendix 6) are not as linear or as segregated as they appear. A relationship might begin at any point on the continuum, but the main emphasis here is that empowerment of local and regional leaders may not happen overnight. The passive stage may see the outside researcher in total control and the local leaders as simply following as requested by the researcher. As a partnership progresses, components of each stage may be present in all those preceding transformational empowerment. Next, local leaders may be instrumental in the programs and give consultation on the research. This may lead to more of local leaders serving their communities as a representative influence on the program ensuring the voice of the people is heard at all levels of activity, and local feedback guides the process from conceptualization to evaluation. All this may lead to the end goal of transformational empowerment that sees the local and regional leaders as not only equal, but able to invite outsiders to join them in self-directed initiatives.

**Figure 2.14**

***PC Stages of Partnership***



***Transformative Value-Add of PC***

PC avails a liberating pedagogy, or in more recent terms, a liberated andragogy (Knowles et al., 2015). PC expects an “action-reflection-reaction” in which the dialogue leads to host reflection that calls for collective reaction. The HE workshop contains reflective dialogue, role-play, and group reflective questions that intend to draw out thoughts and feelings stimulated by listening to the radio drama.

PC approaches foster insider contextualized knowledge. problem solving through grassroots resources, expertise, and networks rather than an outsider approach to communication trying to diffuse information to the people by using the people rather than with the people and from the people. PC seeks to elicit from the people themselves a determination of the problem, solutions through dialogue, and local communities as the dominant voice in discovering their own definitions and solutions (Morris, 2003). As



with diffusion type approaches to communication the solutions tend to be *information-driven* one-way messages. Outsiders to the community prescribe the corrective information that insiders needed to solve the problem – famines, HIV/AIDS, ethnic and civil tensions, or whatever an outside group sought funding to research or address. Problems could be solved with information. PC approaches tend to be transformational with catalyst aided knowledge to be discovered.

PC ensures that the community itself works toward transforming beliefs and attitudes toward orphans and other at-risk children. In the case of the  *Holding Esther*  workshop, it is hoped that the caregivers themselves will identify the challenges and some solutions for gentle care of orphans. PC principles and methods can add the probability of long-term sustainable change in knowledge and attitudes.

PC methodologies utilize the strengths of a collectivistic culture and collective learning as strongly influenced by those around us. Vygotsky (Vygotsky & Cole, 1978) proposed that human development, learning, and skills are deeply influenced by social and cultural influencers. In this study we modify his Zone of Proximal Development (see Figure 2.15) as an explanation for caregivers collectively gaining knowledge as they engage with the radio drama in a peer oriented participatory environment. Vygotsky believed that there are some things we can do with assistance. And there are some things we cannot learn without assistance from others. These things require help from outside influences (parents, sibling, friends, etc.) to move us from current knowledge and understanding of the world to a newly discovered knowledge, understanding or skill.

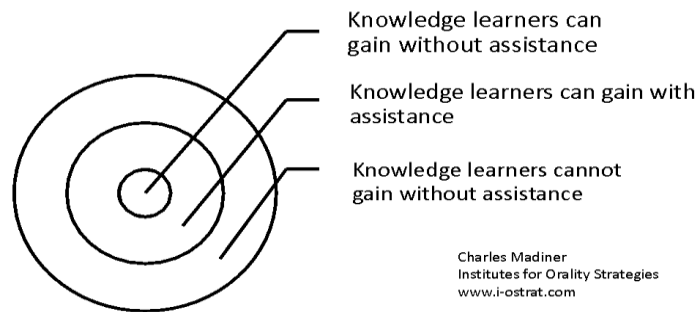
This sociocultural approach to learning and developmental growth implies that a community plays a central role in the process of "making meaning" regardless of

developmental ages or stages. In the case of Zambian caregivers some knowledge can easily be self-created from within, some knowledge and meaning making needs some assistance, and more technical knowledge and attitudes can be gained only with external assistance and prompting.

**Figure 2.15**

***Modified Zone of Proximal Development***

**Modified Zone of Proximal Development**



Finally, PC strategies applied to the issues of poverty reduction and community development create gateways for self-empowered transformation and social change (Agunga & Anyaegbunam, 2006; Anyaegbunam et al., 2009). It takes grassroots construction of those gateways to promote changes in beliefs, attitudes, and behaviors. Without host culture construction whatever “gateway” outsiders think they build may be simply another gate or “bridge to nowhere.” They may say “thank you,” and keep traveling the same tried and true path that they always have known and used. Yet when they participate in the entire process from design to evaluation, the probability of change grows exponentially. Thoughts and expression are empathetic and participatory even more so for collectivistic oral cultures, and people learn more from a collaborative

learning environment than from efforts to learn alone (Clark & Mayer, 2008; Clark & Mayer, 2015)

*In summary*, Preceptory Communication approaches transformative learning to insure that local leaders lead in the process of dialogue when addressing their issues. It also means that we engage learners through active learning skills that utilize the collective knowledge, wisdom and genius of those most affected by the learning task at hand. Outsiders do not have the solutions for insiders but can lead the process whereby insiders discover new knowledge and understanding that leads to new healthy schemas and practices.

### **Narrative Theory**

Narrative, especially when used among oral cultures, brings a certain potency to instructional communication among African oral cultures. While narrative may be more expected in HOR it is not isolated to oral cultures according to Walter Fisher (Fisher, 1985; Fisher, 1987) who changed the communication landscape with his earlier proposition on narrative theory. He saw narrative as a force of the human experience when we participate together as storytellers and observers of narrative. Storytelling is part of what makes us uniquely human. We all want to tell our story, hear others' stories, and produce new stories. It's how we connect, how we touch one another at deeper levels, and how our posterity remembers us. It is a far more persuasive form than argument. We are first and foremost storytellers and exist needing to tell our stories at our deepest levels. Fisher contrasted the narrative paradigm with the prevailing rational paradigm that insists that we are first rational, making decisions based on arguments build on sound logic, and that the world can be understood through reasoning. Yet, even

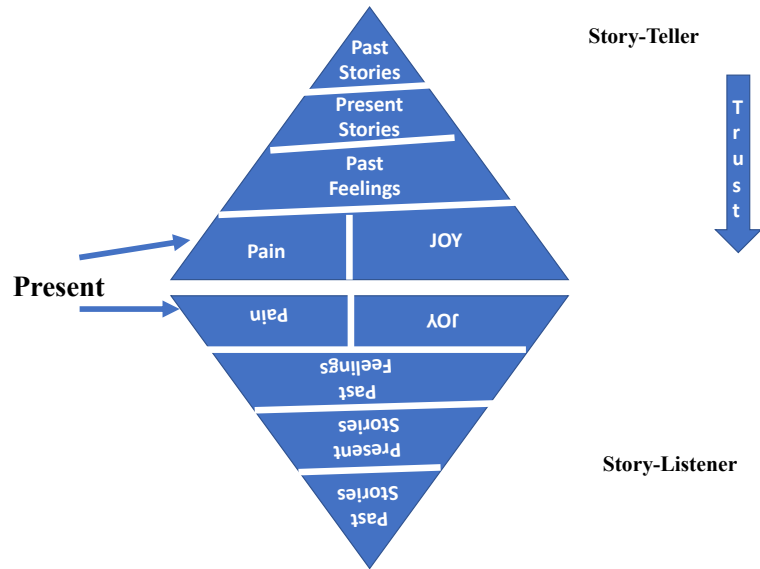
in this rational paradigm our reason is driven by our own story and desire to affirm it and validate it through the stories of others. In short, Fisher believed that we are persuaded more by a good story than a solid argument, and that a persuasive story possesses real life fidelity by staying true to our shared experiences.

### ***Narrative in the Human Connection***

People all share the same deep levels of pain and joy. The feelings of personal joy burst out in times of sensing someone loves us, our child is born, we score some great victory at work or the playing fields and courts. On the other hand, we also share the sense of doubt, fear, anger, guilt, and shame. All that comes out as we tell others our stories. And as we tell our stories they call up similar (mirrored) stories in listeners. It's sometimes called "dinner conversation." I tell a story and it reminds you of something similar in your life. At other times it's called "one-upmanship." My story tops that one! And when someone tells the story of their friend or parent dying listeners often are moved to emotion as they consciously or unconsciously recall the same type of trauma in their own lives. John Savage diagramed the process as reflected in the story listening pyramid (see Figure 2.16) when listeners either consciously or unconsciously hear the story-teller's message of joy or pain and then automatically relates it to themselves (Savage, 1996).

**Figure 2.16**

***Story-Listening Pyramid***



John Savage: Listening Skills Workshop (Savage, 1996).

This empathetic and sympathetic response may be what fosters a para-social relationship as well (Singhal & Roger, 1999). Creating a scenario that elicits thoughts and emotions from an audience and tends to turn those fabricated relationships into a pathway to change. The long history of edutainment in India, South America and Africa repeatedly connected with audiences to bring about seismic social change (Poindexter, 2003). Other contributing factors in the power of story may also include the subject matter and a person's attitude towards the issue prior to the narrative (Mazzocco et al., 2010). At the same time, Cin, Zanna and Fong (Dal Cin et al., 2004) argue that narrative persuasion has more ability to overcome resistance than other forms of persuasion. The use of fictional stories may carry stronger persuasion than reality stories (Oatley, 1999).

## *Narrative and Learning*

Bruner (Bruner, 1986, 1987, 1991a; Bruner, 2003) contends that learning in a constructivist epistemology is greatly enhanced using narrative. He maintains that knowledge is created and constructed through the stories we tell about life experiences and the meanings we create from them. In doing so we could benefit from Bruner's description of how narrative helps construct new realities in Figure 2.17 (Jerome Bruner, 1996; Bruner, 2004).

### **Figure 2.17**

#### *Narrative Construction of Reality*

- 1. Narrative Diachronicity** — Narratives creates an illusion that time is passing within a story. Some time may be linear as it unfolds, but with narrative diachronicity time can portal forwards and flashback.
- 2. Particularity** — Stories come in general types that have their own unique embeddedness of elements. The hero eliminates the villain. The heroine captures the heart of another. The murder clues come at the beginning and unfold in final disclosure. In these ways a story is in some sense “generic.”
- 3. Intentional State Entailment** — The internal motivation of characters explain the reasons why a character acts they do.
- 4. Hermeneutic Composability** — There is a texts or script (even figurative) that has a meaning someone is trying to discover. What the hearer believes is meant, it means that there is a different between what was expressed and what the expression might mean. The author's intention is the primary meaning to grasp and the author must make it understandable to the hearers.
- 5. Canonicity and Breach** — This is the breaking point of helping the reader grasp the significance each twist and turn the story takes so that hearers get insight as the narrative moves to its conclusion.
- 6. Referentiality** — Here Bruner looks for the “relation between the things described in fiction and their interaction with our own knowledge of a world external to the narrative.”
- 7. Genericness** — Multiple forms of ‘reality’ in a specific genre, so that the narrative is accepted as real to the hearer.

**8. Normativeness** — A narrative is constructed as a tale that is viewed as culturally normal.

**9. Context Sensitivity and Negotiability** — There is a type of negotiation between some presumptions about what a text might mean and what we think the reader meant it to mean. It is the elements involved in presumptions people might make like time and place.

**10. Narrative Accrual** — The narrative should fit into a wider context of other stories familiar to the hearer. This connection or accrual helps us put the parts together that make sense from other stories and what we perceive should happen next.

We use narrative to help make sense out of ambiguity and the complexity of human lives. Narrative can be instrumental in the scaffolding of learning through the imagining of what the next level personal knowledge might look like and stimulate the learner to form their own new reality.

Hinyard and Kreutner likewise argue for using narrative as a communication tool leading to behavioral change. They point out that “a narrative is any cohesive and coherent story with an identifiable beginning, middle, and end that provides information about scene, characters, and conflict; raises unanswered questions or unresolved conflict; and provides a resolution (Hinyard & Kreutner, 2006, p. 2).” We might add also that the beginning, middle and end points may not always come in that kind of linear order. Such narratives could include parables, fiction, future stories, and historical accounts that could be told in the first person, third person and possibly even embedded in a song or ballad.

They continue to take the same tack with Fisher that narrative is the basic model of human interaction and a fundamental way of acquiring knowledge (Coste, 1989; Hinyard & Kreutner, 2006). In behavior change communication strategies related to development communication the power of narrative comes in four types: intellectual history, characters, historic events, and chronological history (Petronio, 2004).

Narrative communicates from alternative vantage points distinguishable from bullet-pointed presentations, factual statistical data, precision worded poems, linear arguments, lists, purely objective descriptions, statistical analyses, or rhetorical tools. Narrative, on the other hand, unfolds what happened or will happen to a particular people in particular circumstances with particular consequences that can be at once so common to all and so powerful in transmitting a message whether obvious or implied. In this sense narrative can do things other modes of communication cannot (Appel & Richter, 2007; Betsch et al., 2011). Hidden, implied or emerging meaning from the arts of story make the brain trigger self-discovered learnings in ways limited in other modes (Armstrong, 2020; Ferretti & Adornetti, 2020; Hutto & Kirchoff, 2015).

### *Narrative and “At-Risk” Populations*

The collective narrative also shapes a community that faces risk and crisis. Seeger and Sellnow address very public crises and disasters that create widespread anxiety and take on a story of their own shared by whole communities and even countries (Seeger & Sellnow, 2016). HIV/AIDS wiped out entire villages in Malawi. Genocide and kidnapping of children in the DRC and Sudan became a global story that redefined whole regions (Bixler, 2005; Diamond, 1998), the 1980 famines of East Africa were brought into every home with a television (Vaughn, 2007; Vision, 2012). The continued scandal of sex trafficking created a new corps of NGOs to raise awareness and attempt to change laws and law enforcement around the world (Hepburn & Simon, 2013; Kara, 2016; Lee, 2018). In all these crises the people shared and refined compelling stories giving voice to traumatized people so that the country, their regions and the world might hear and respond.



### *Transportation Imagery Model*

The power of story, whether textual, audio, or visual, seems to enhance learning and behavior change (Papa et al., 2000; Singhal et al., 2006; Wang & Singhal, 2018). As people find themselves captivated by a narrative and feel drawn into it they form connections not just to the people or situations, but also to the embedded underlying messages. The Transportation Imagery Model (TIM) as conceived by Green and her colleagues (Frank et al., 2015; M. Green & T. Brock, 2002; Green & Brock, 2013; Murphy, 2000; Murphy et al., 2013; Valente et al., 2015) finds that as a narrative connects with an audience (originally in novels and later in television drama) they begin imagining themselves as part of the narrative. When they enter the narrative world, they stop analyzing and critiquing a production but go on to establish an emotional bond with the story, characters, and programmed persuasive message. Narrative helps people break down the normal barriers toward an argument or a volatile issue that might insulate or blind them from new information that stands in contrast to their existing community norms.

Related to TMI is the theory of liminal space that describes the phenomenon of when an audience leaves their current reality and enters the story's realities. You leave your space and enter a "sanctuary" leaving behind who you were and exiting as someone new (Irving et al., 2019; Szakoveczai, 2009). Liminal space is the interval between the "what was" and the "what is next." Liminal space is where all transformation takes place "if we can learn to wait and let it form us." It is what artists attempt to do through their creative expressions (Herman, 2005). Anthropologists describe it as the quality of ambiguity or disorientation that occurs in the middle stage when a person or group goes

through a rite of passage. The focal person(s) enters the rite with one status and at the conclusion comes out another (boy to man, girl to woman, single to married, etc.).

As related to transformative learning this is the space where the disorienting dilemma necessitates a choice – hold on to the familiar or move into something new. Threshold learning (Land et al., 2005; Land et al., 2010) characterizes liminal learning in terms of conceptual gateways as transformative (occasioning a significant shift in the perception of a subject), integrative (requiring the integration of a new understanding or way of thinking and practicing) and usually irreversible (unlikely to be forgotten or unlearned only through considerable effort).

These conceptual gateways are often the points at which students experience difficulty and are often troublesome as they require a letting go of customary ways of seeing things, or prior familiar views (Land et al., 2005; Land et al., 2010). This transformation state entails a reformulation of the learner's meaning frame and an accompanying shift in the learner's ontology or subjectivity. The latter tends to be uncomfortable or troublesome for we are what we know. As Dewey observed eighty years ago, the path of least resistance and least trouble is a mental rut already made. It requires troublesome work to undertake the alteration of old beliefs (Boydston, 1986).

A further explanation of liminal space brought about by narrative transportation is grounded in the work of Singhal and Rogers who previously recognized the role of parasocial relationships (PSR) enumerated in Entertainment-Education (Singhal & Roger, 1999). They documented that through well-crafted storylines, characters, events, or settings a listener tends to strongly identify (developed a reality connection/relationship) with story elements that reflect their own realities. Romance novels, tabloid magazines

and television programs, adventure and drama movies capture the heart and mind taking the audience into another world, a parallel reality (Murphy et al., 2013). The  *Holding Esther*  radio drama relied on the power of narrative created by seasoned professionals with an understanding of the African context of orphan and child exploitation.

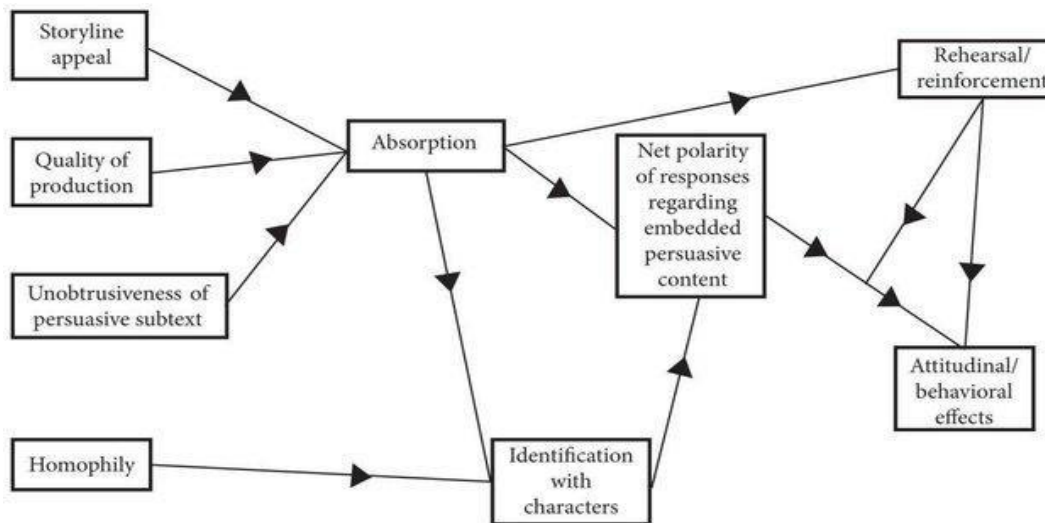
In the African context it has long been established that social change must use the power of story via broadcast media preferred and used by the people of the land (Ugboajah, 2017; Ugboajah, 1979). Community radio may also be one of the most underutilized platforms accessible and useable among the technologically impoverished (Maye et al., 2020; Olorunnisola, 2002). The love of social media by the technologically rich of the world may be another “neo-colonialist” force that marginalizes those without sufficient access or resources to connect with lifesaving life changing information and truth.

Some refer to the “storytelling brain cocktail” that serves as a catalyst for behavior change. Paul Zak (Zak, 2015) relates this power of story to the reptilian brain. It’s here where instinctive responses get stimulated producing cortisol and propel us to action for pleasure or against threats. The limbic brain, where we move on emotional impulses and where dopamine kicks in, helps with arousal (pleasure) and aids our learning systems that reward us when we follow the emotionally charged events in a story. Then the neocortex that prompts us to action with an infusion of oxytocin that stimulates *action* based on reason and logic. Story seems to trigger all these brain regions to at times override the neocortex that moves us to action based on reason. As Zak concludes, one can change behavior by changing our brain chemistry through the power of a story.

The TIM follows the pattern of both the Elaboration Likelihood Model (Petty & Cacioppo, 1986) in the use of cognitive motivation and the subsequent and orality related Extended Elaboration Likelihood Model of Slater & Rouner (Slater & Rouner, 2002, p. 178) (see Figure 2.18). High quality narrative and other emotive arts (instrumental and vocal music supporting a compelling dialogue) strike a chord through story appeal (relevance). Their embedded message may be indirect or implied (unobtrusive) and make a positive connection, then the story gains power to draw the listener into the message that is now strongly identifying with a character(s) or situation. When the listener fully engages the probability increases for attitude and behavior change.

**Figure 2.18**

*Extended Elaboration Likelihood Model*



(Slater & Rouner, 2002, p. 178).

Transportation from past to future schemas is what the TIM is all about. Green and Brock also created an assessment tool to determine the extent to which a listener is transported into a narrative. The Transportation Imagery Model Instrument or

questionnaire (TMI) (Green & Brock, 2013) provided an additional confirmation of how and to what degree participants constructed their own realities based on the story.

*In Summary*, Narrative Theory helps us grasp “that to be human is to tell and receive stories (Fisher, 1985; Fisher, 1987).” Very few living in HOR contexts remember naked principles and concepts, except maybe when they come in the form of proverbs, riddles and folktales. But then again, these are also forms of storytelling. To the degree that we can transport others into our narrative relating it to their current narrative brings about the probability of their changing their old story for a new one when it comes to what they believe, value and practice. When we take people into a liminal space by giving them relatable characters and scenarios, they most often come out the other side of the event in a different state. It changes them. That is transformative learning at its best. It drives transformative learning processes that Mezirow observed and prescribed.

*In review, chapter two* presented a review of literature relevant to the theoretical framework and methodological implementation of grassroots training through the guidance of the TIM. According to these theories it is highly likely that we can promote new beliefs and attitudes among orphan caregivers using a constructivist epistemology, drawing on the orality framework for HOR subjects, using participatory methods, while harnessing the engaging power of narrative. In the next chapter I describe the mixed methods research design with specific details as to the selection and validation of the instrumentation.

### **Chapter Three: Methodology**

Orality theory argues that textuality so fundamentally transformed consciousness in literate cultures that we—literate researchers—are unable to adequately grasp and relate to how oral cultures and people operate (Sherwani et al., 2009). The implications for research methods seem obvious: 1) surveys constructed by literate thinkers may not have translational capacity for meaning and understanding of the questions, 2) the precision of printed text needed for quantitative, and a lot of qualitative inquiry lacks the fluidity of conversational dialogical communication needed for HOR subjects.

In addition to design, methodologies for conducting user research must also be adapted for application within oral cultures. We can learn from the significant number of successful evaluations of designed artifacts in the context of oral cultures, projects such as Digital Green (Gandhi et al., 2007; Veeraraghavan et al., 2007). Here the common experience has been that standard user studies have various layers of problems. Ultimately, it may be the case that a fundamentally different method of evaluation needs to be explored and how the methodologies can be adapted in light of the differences between oral and literate cultures (Sherwani et al., 2007; Sherwani et al., 2009).

#### **Mixed Method Study design**

This chapter describes the partially mixed methods sequential dominant status design (Leech & Onwuegbuzie, 2007; Onwuegbuzie et al., 2009), including the research questions, setting, data collection procedures, data analysis including quantitative, qualitative, and mixing procedures. The procedures to protect our research subjects was submitted to and reviewed by the University of Kentucky Institutional Review Board (IRB) in an expedited review on December 9, 2015. The IRB requested minor revisions

to the protocol that were submitted as requested and approved on December 14, 2015. An implementation timeline is presented that chronicles major events of the study.

Mixed methods research provides an especially sensitive and powerful way to make systematic cross-cultural comparisons, in which qualitative approaches give a window onto cultural meaning and the phenomenological ‘feel’ of social life, and quantitative methods facilitate hypothesis testing and sophisticated modelling of social and behavioral phenomena (Schrauf, 2016). While Creswell and Clark approach mixed method research designs from a low orality reliant framework, their recommendation for mixed method brings further support to understanding the data. Mixed methods, they say, are built on philosophical assumptions as well as methods of inquiry. “As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative approaches in many phases in the research process. As a method, it focuses on collecting, analyzing, and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone Clark (Creswell & Plano-Clark, 2011, p. 5).

Qualitative and quantitative research can inform one another giving a more complete assessment of an intervention like the  *Holding Esther*  project. This study chose a mixed methods approach to address the questions in an oral cultural context to ensure “different but complimentary data on the same topic” (Morse, 1991, p. 122). Several variants suggested by Creswell and Clark of mixed methods embedded designs, including the “embedded design: embedded experimental model (2007, p. 68) most appropriately

fit the context and the questions of this study. We needed a “qualitative data embedded within an experimental design (such as a true experiment or a quasi-experiment)”

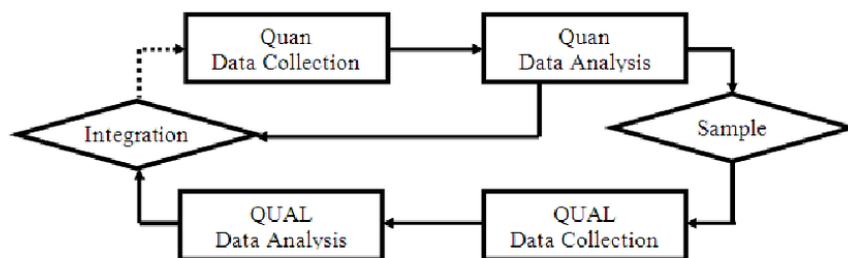
(Creswell & Plano Clark, 2007, p. 69).

### **A Partially Mixed Methods Sequential Dominant Status Design**

The partially mixed methods sequential dominant status design (Onwuegbuzie & Leech, 2009; Onwuegbuzie et al., 2009) best fits this study because of its search for the impact of narrative instruction during the sequence of the workshop and the progression of data collection. The quantitative phase preceded the qualitative phase as described in Figure 3.1. The quantitative statistical data of the first phase (**QUAN**) provided an empirical baseline for selecting a sample of participants for the qualitative phase. The qualitative phase (**QUAL**) indicates that it strongly informs and helps interpret the quantitative data with respect to addressing the research question. The high oral reliance of the study population could much more accurately articulate their thoughts in conversation in community discussion or personal interview rather than print-text or numeric formats.

**Figure 3.1**

#### *Partially Mixed Sequential Dominant Status Design*



(Wao & Onwuegbuzie, 2011, p. 118).



The research questions, setting, data collection procedures, data analysis including quantitative, qualitative, and mixing procedures follow below. I looked to discover any change in knowledge and/or attitudes of the subjects toward orphans and orphan care. I also examined how the participants experienced narrative-based content in a collective environment: first using the TMI survey, a second in focus group interviews, and third in personal interviews and conversations with participants.

Integration of findings from both phases occurred after completing the data analyses, making it partially mixed. The quantitative phase produced data related to the HE narrative learning goals on researcher-based direct questions and statements. While the qualitative phase allowed for self-articulation regarding those same learning goals. Triangulation of secondary data on participants, participant interviews, and focus groups was expected to enhance credibility of the findings (Creswell & Plano-Clark, 2011).

This mixed methods approach uses a quasi-experiment (Cook, 2015; Dawson, 1997) to determine the cognitive and affective learning impacts of the workshop on participants (treatment group) using a matched pre and post-test quantitative survey (Appendix 2), and a post-test only for a control group geographically distant, but culturally, demographically, and vocationally similar. Next, we tailored TMI Survey (Appendix 3) and used it with participants randomly selected from the treatment group at the conclusion of the workshop sessions.

Matched surveys were recorded into an Excel spreadsheet from the treatment group with the use of number identification (rather than the subject's name on the survey), and the control group used numbers alone – no names at all. The researcher was the only person with access to the number and name identifiers, and that record was destroyed

after cross-checking the data entry. Once the data was initially recorded it was transferred into an SPSS file for analysis.

The qualitative data came from pre-workshop interviews, in-workshop interviews, and three audio-recorded focus group interviews of 6-10 participants using the questions in Appendix 4. The recordings were transcribed by an EOH staff member with a grasp of each of the languages spoken. For those with which he was not familiar he consulted with others who were fluent in them. The questions attempted to determine the participant's opinions, beliefs and attitudes toward orphans and the  *Holding Esther*  radio drama, and orality-based training. Respondents used their mother-tongue to respond for ease of articulating their thoughts as recommended by the host organizations.

### **Description of the Intervention**

This study evaluated the transformative learning of an orality-based training method for oral tradition cultures to develop a model for multi-regional transformative learning:

- Caregivers and volunteers in Zambia were trained through a workshop format focused on essential learning goals, objectives, and outcomes
- Core content of the workshop centered around a professionally scripted and produced radio drama; discussions in small groups, homework applications from the previous sessions (creating songs, dance, poetry, visual arts, etc.)
- Qualitatively and quantitatively assessed and evaluated the transformative impact of  *Holding Esther*  for caregivers.

### ***Transformative Learning Theory as related to the research***

The leadership team of RiverCross designed and developed the instructional narrative with assistance from professional Western scriptwriters, and I encouraged them to follow Mezirow's ten phases of transformative learning. The experience was specifically designed for the intervention to show possible evidence of the first four movements in Mezirow's phases. VonOlszewski traveled from North Carolina to Lexington, KY to meet with me to go over the script and draw out the learning goals from what had already been embedded through the counsel of orphan care experts for the first 3 episodes (of 7). Those same learning goals would reinforce and speak into the creation of the next 4 episodes.

The storyline aimed to evoke memories or even emotions about adult interaction with children under their authority and begin to process a critical assessment of cultural and personal assumptions. The qualitative instruments attempted to address these aspects in concurrent analysis. The mixed method embedded design aimed to compare quantitative data from the corresponding quantitative survey data gathered through document analysis of transcribed discussion groups.

The unfolding story of two young, orphaned girls and chaos of their experiences provided the ***disorienting dilemma***. The listening/discussion groups interacting after each episode provided opportunities for ***dialogue and critical thinking*** among culturally similar participants as well as an opportunity ***to relate to others*** going through the same transformative process. The nightly homework assignments of poetry, drama, song composition then gave them ***a voice to articulate and begin acting on new perspectives***.

The concluding workshop activity *challenged the learners to do something to assure accountability* for any changes in beliefs, attitudes, or behaviors.

### ***Radio Drama***

Susan VonOlszewski, in search for high impact interventions for orphaned/exploited children, attended the International Orality Network 2008 which included a conference session on Orality-framed communication strategies – *Why Orality Works: Insights from field experiences* (Madinger et al., 2007). From this interactive workshop VonOlszewski later said that people needed more than essential truths from Bible narratives and stories. Orality suggested that a message must come from people one knows and respects. The pre-recorded audio verses played with the medium of a stuffed animal would not be the same. She would need to find the most reliable and trusted source orphans might look to for love and assurance. She also wanted to pursue the suggested arts of music and drama with memory tools that would help others remember and apply those truths. She learned later that orphan's greatest trust and hope lay in the person(s) of their caregivers and that the best medium in Africa free radio programs accessible to all who could find a signal. For those who could not, she learned about the simple digital technologies that could go the final mile with T4Global and others.

From this point Ms. VonOlszewski used her own personal funds to research the scope of the problem of global exploitation and abuse of vulnerable children, as well as funding the entire production phase. She connected with two experts in the field. Dr. Phyllis Kilbourn, Founder and President, Crisis Care Training International and Christa Foster Crawford, The Institute for Anti-Trafficking Innovation.

Susan then took the core content to the Colorado-based media corporation – Focus on the Family Ministries. One of their script writers, Kathy Buchanan<sup>12</sup> volunteered her services because of the poignant topic and global problem. Kathy attempted to make them as contextually African as possible and using English as the language since it is the trade language of Zambia.

The initial three episodes were scripted, and recorded in the London, England studios of Focus on the Family who produced the work specifically for this HE program. Dave Arnold<sup>13</sup> and Todd Busted,<sup>14</sup> Cathy Sara,<sup>15</sup> and John Campbell<sup>16</sup> all collaborated to produce the audio recordings.

An initial pilot of the three episodes were used in a workshop in 2013 among Kenyan and Ugandan ministry workers in the field of orphan care. The effort to train workers proved meaningful, but findings were inconclusive due to some of the survey tools that lacked validity and reliability. There was no baseline (pre-survey), each survey question had multiple parts, and many of the questions related to the subjects' feelings about the workshop environment (housing, meals, etc.).

Ms. VonOlszewski asked that I evaluate the learning impact of the program with higher validity and reliability, and then we met for 2-days working through the existing

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<sup>12</sup> MA, Counseling, Senior writer for over 10 years for Focus on the Family Radio Theater and for Lamplighter Theater

<sup>13</sup> Audio Production Consultant & Budget Advisor, Executive Producer of Focus On the Family Radio Theater

<sup>14</sup> Producer, Radio Theater producer for Focus on the Family, Lamplighter Theater, including “Amazing Grace” series, “Narnia” series and “Left Behind” Series

<sup>15</sup> Lead Voice Actor. Experience includes BBC’s *Downton Abbey* and BBC Radio Drama

<sup>16</sup> Original Musical Score Composer, over 20 years of experience composing for Walt Disney/Buena Vista, Focus on the Family, and Lamplighter Theater

scripts and recordings to extract the embedded learning goals and outcomes to measure. Revisions were produced for the first 3 episodes and an additional 4 episodes were added for a total of 7 28-minute programs that might serve in mass-media markets.

- Sisters orphaned and exploited
- Escape to a new city
- Abused and Rescued
- Life in a Safe House
- The Lure of an Abuser
- The Runaway and her Plight
- Healing and Loss

***Three-Day Workshop sponsored by Every Orphan's Hope Lusaka, Zambia***

*Pre-Workshop Orientation of Facilitators/Data Collectors.* 18 facilitators served as data collectors in focus groups and individual interviews. They completed the CITI training through the University of Kentucky prior to my arrival in Lusaka, Zambia, and the day prior to the workshop they participated in an orientation to all the HE episodes and the principles and methods of good research.

*Day One.* The intervention group arrived and registered followed by lunch. We conducted random pre-workshop interviews with unscripted questions to capture attendees' beliefs, attitudes and behaviors toward orphans and care for them. Session one began with the pre-intervention survey. Afternoon session:  *Holding Esther* audio recordings – episodes one and two were played as groups sat in their own discussion circles. Each episode was played in three iterations: one simply listening to the drama over the facility's audio system while sitting in their listening groups. Discussion

questions followed the time of listening; the second iteration was preceded by assigning specific questions about the events in the drama and followed by giving answers to those questions (see Figure 3.2) the third iteration came with assignments to listen to determine the personal impact of the drama events or the characters. The day concluded with an assignment: compose and perform a poem, song, lament, perform a dance of one of the episodes, or form a drama troupe to perform one of the episodes.

**Figure 3.2**

*Listening/Discussion Group*



*Note.* By permission: RiverCross, International.

*Day Two:* Performance of the assignments from the previous day. We repeat the process of day one by listening to episodes three, four and five. Dougherty, Madinger and Finley recorded (audio and video) random personal interviews. We attempted to get feedback on the workshop and content. Homework was described and assigned included the same things, but the required a different choice than taken on day one.

*Day Three:* Performance of assignments included a drama troupe that reenacted a contextualized version of a episode. We then listened to the final episodes six and seven administered the post-intervention survey, and after lunch administered the

Transportation Imagery Model survey. Three focus group interviews guided by CITI trained facilitators. After the focus groups all gathered for the afternoon snack and distribution of certificates of participation. More time allowed for informal interaction and action planning.

### ***Control Group Post-Intervention Survey***

Two sites were selected by the HE hosts where the post-tests were administered in a collective environment (n=100). The subjects were members of metro-Lusaka churches who also brought non-church members along for the program. The HE survey was administered to the control group just prior to another outside program that followed immediately. None of the subjects had previously participated in the HE programs or the open lectures, sermons, or presentations with regard to the content subject matter of orphan abuse and exploitation. Surveys were distributed individually at the outset of the gathering; respondents recorded their answers as a facilitator audibly read the questions in English, Bemba, Nanja, and Tonga to insure the best understanding of the questions.

### ***Post-Workshop Experience***

Following the workshop experience the project leaders and I traveled 45 kilometers to the town of Chongwe<sup>17</sup> to visit a cluster of EOH group homes to ensure we understood the context of orphan care and community values. During that visit we confidentially interviewed five caregivers, and the district chief (traditional leader/chief) of the region. Without any preliminary explanations about the HE contents or learning goals, some of our indigenous team asked caregivers and staff in Chongwe to provide descriptions of the living and relational environment. They shared the challenges of

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<sup>17</sup> <https://goo.gl/maps/k2HhmtoMbwVc17NM8>.



getting the children to “obey authority figures” (highly valued in the culture) as they encountered “rebellious” attitudes and behaviors. All previously witness themselves and other workers use harsh words by their own standards, somewhat demeaning names, or frequent corporeal measures of correction, and noticed a distinct difference in interaction since the workshop experience.

- Have you noticed any changes in the way caregivers and staff attending the HE workshop interacting with the children?
- How would you describe the caregiver/staff relationship with the children? Give examples of what you mean.
- Have you noticed the children “not respecting” the mammas or staff? What were the children doing? How did the adult respond? Give a specific example of one of those interactions?

When the district chief heard of our presence that had his previous permission/blessing, he and his wife requested our presence at their house. He further asked about the radio drama recordings of HE and requested to hear some of the episodes. After listening to two episodes, he spent time informing us of the situation in this his own town and local regions. As he described the abuse and exploitation of children that paralleled the storyline of HE, the chief rose from his chair and pointed in the direction of a building near his house that the owner called an orphanage. Children would be rented out to local farmers or businesses during the day without any compensation to the child. The owner was paid. At night the children were often “rented” to local men, and all this with police complicity. The owner paid them “bonuses,” so that the local government would not intervene because the man bought

votes for upcoming or even previous elections.

His final request was that the HE recordings be broadcast through local community radio stations. He counseled that nothing would change until the matter was openly talked about by the people, and the people began acting to correct the systemic abuse and exploitation. Communications specialists said they would do their best to fulfill this request.

**Description of the Participants.** The treatment group of n74 and the control group of n49 were demographically similar although the control group was slightly younger age group (Table 3.1), equally represented by sex (Table 3.2) and education (Table 3.4) all likewise similar. Among the treatment group subjects were predominantly urban (Table 3.3) (82%), with some formal education (Table 3.5), roles were strongly represented direct care giving (Table 3.6) (51%) and from 38 organizations throughout Zambia.

**Table 3.1*****Subjects by age in Control and Treatment Groups***

Age	Control	Treatment	Total
18-25	3 6.12%	5 6.76%	8 6.50%
26-30	17 34.69%	4 5.41%	21 17.07%
31-40	17 34.69%	23 31.08%	40 32.52%
41-50	9 18.37%	23 31.08%	32 26.02%
51-60	3 6.12%	15 20.27%	18 14.63%
61-70	0 0.00%	3 4.05%	3 2.44%
71+	0 0.00%	1 1.35%	1 0.81%
Total	49 100.00%	74 100.00%	123 100.00%

**Table 3.2*****Subjects by Sex in Control and Treatment Groups***

Sex	Control	Treatment	Total
Female	26 53.06%	40 54.05%	66 53.66%
Male	23 46.94%	34 45.95%	57 46.34%
Total	49 100.00%	74 100.00%	123 100.00%

**Table 3.3*****Subjects by Location Control and Treatment Groups***

Location	Control	Treatment	Total
Urban	39 79.59%	61 82.43%	100 81.30%
Rural	9 18.37%	12 16.22%	21 17.07%
3	1 2.04%	1 1.35%	2 1.63%
Total	49 100.00%	74 100.00%	123 100.00%

**Table 3.4*****Subjects by Education<sup>18</sup> in Control and Treatment Groups***

Education	Control	Treatment	Total
1	6 12.24%	7 9.46%	13 10.57%
2	18 36.73%	29 39.19%	47 38.21%
3	20 40.82%	30 40.54%	50 40.65%
4	5 10.20%	8 10.81%	13 10.57%
Total	49 100.00%	74 100.00%	123 100.00%

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<sup>18</sup> Levels of education: 1= Primary School, 2 = Secondary School, 3 = College, 4 = University

**Table 3.5*****Subjects by Role in Control and Treatment Groups***

Responsibility	Treatment	Total
Administrator	5 6.76%	5 6.76%
Caregiver	23 31.08%	23 31.08%
Volunteer	23 31.08%	23 31.08%
Pastor	10 13.51%	10 13.51%
Educator	9 12.16%	9 12.16%
NGO/Non-Profit	4 5.41%	4 5.41%
Total	74 100.00%	74 100.00%

**Table 3.6*****Subjects by Care Giving Experience in Control and Treatment Groups***

Experience	Treatment	Total
None	24 32.43%	24 32.43%
1-2 years	6 8.11%	6 8.11%
3-5 years	13 17.57%	13 17.57%
6-10 years	14 18.92%	14 18.92%
11+ years	17 22.97%	17 22.97%
Total	74 100.00%	74 100.00%

### *Study Population*

The total population sample includes Zambian individuals (n=123) ranging in age of 20-73. They were either current caregivers or candidates, staff, volunteers, or area religious leaders. The dates of recruitment/enrollment were open January 1, 2016 and closed on January 27, 2016. Employed caregivers have some social status since they hold rare and regularly salaried positions in a struggling developing-world economy. Some equate it with the status of a schoolteacher, though clearly without the same level of formal education. Some are very low in reading literacy skills but high in either family-related identity (widows) or men with some level of formal education.

Culturally all participants were Zambian nationals although the organizations and churches they represented worked in other countries (Malawi, Zimbabwe, Democratic Republic of the Congo, South Africa, and Botswana). They came from across the country, but were dominantly urban (82%). The records of exact location were not collected, but at least 10 of the 61 were from towns or cities outside the capital of Lusaka. We also did not ask for heart languages spoken, but at least 5 were spoken by those attending (Bemba, Nyanja, Tonga, Lozi, Lunda and Kaojde). While English is the national trade language, many of those attending do not speak it fluently. Throughout the sessions participants most frequently used English but communicated with those in their listening/discussion groups in other languages and dialects. All these regional and cultural variables were included at some level in the analysis of the data, but not to the degree that might shed even more light.

One group that was of special concern for professionals in orphan care is the men. They are said to need more prompting toward a more gentle care paradigm than the

women, so that was also a measured variable in the study. Men in African cultures tend to demonstrate a more volatile and aggressive response to children than do women, as well as practices of exploitation and sexual abuse (Kenny & McEachern, 2000). This audience is of special interest to the creators of HE hoping that men might be affected toward more gentle care.

**The representativeness from 38 organizations.** RiverCross opened registration to more than 100 churches, schools, NGOs, and mission organizations. 38 organizations sent representatives to complete the training.

***Every Orphan's Hope.*** Mamas from the Copperbelt are the backbone of Every Orphan's Hope (EOH) who specializes in using widows (whom they call *mamas*) to form a type of nuclear family for children while giving widows a significant purpose in life and renewed status in the community.

What children need most is a safe and loving family to belong to. It is from that place of security that their other needs are provided for. We create widow-headed family homes in Zambia, because a child's past should not dictate his or her future (<https://www.everyorphan.org/>).

EOH sent 18 of these women and 6 men for further training at the HE workshop. Prior to this the women received standard low-orality reliant modules of training that proved helpful, though not as fruitful as higher orality-reliant principles and methods might demonstrate. In addition to the field workers (*mamas*), EOH also sent five administrative staff for training as well, although at least three of these were not able to sit in on all the sessions because of their support role in the logistics of the event.

***Lusaka churches and orphan-care ministries.*** Local organizations and religious institutions in Lusaka, Zambia who work with orphaned children, volunteers and caretakers identified and recruited the participants for this workshop. These groups range

from Roman Catholic to Evangelical charismatic churches; Orphan care missions to general youth-related ministries; and finally, participants working in communications.

EOH contacted potential subjects through organizations. These groups had legitimate access to the subjects' identity and the subjects' personal information through employment or membership. Recruitment to participate in the research and attending the workshop was not tied to any form of financial gain or benefits beyond the skills and knowledge gained. Those attending the workshop agreed to attend so that the training materials could be tested for learning impact. There was no script for recruitment of participants, but the talking points that follow guided the recruitment process:

- EOH is hosting a workshop for caregivers of orphans that uses a radio drama format.
- You are invited to attend this three-day event.
- By attending you will be participating in a research project to evaluate the learning impact of orality-based training.
- Dr. Charles Madinger, a researcher from the University of Kentucky (USA), will try to determine if this drama is effective for training caregivers, and how it may or may not help others provide better orphan care.

### **Learning Goals and Objectives**

The study hopes to measure as much of the ABC's<sup>19</sup> (Panksepp, 2003; Rienties & Jindal-Snape, 2016) of learning gains as possible in this short amount of time. The

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<sup>19</sup> Common learning goals and learning gains generally include Affective gains related to the state of attitudes and values. Behavioral goals and gains look for implementation and specific behaviors that can objectively be measured. Cognitive goals and gains hope learners find new knowledge and schemas as a direct result of the instruction



learning goals and objectives were based on 32 points of critical information and skills that anyone working with vulnerable children should possess. The objectives originate from the original three episodes and carried over to the remaining four to produce a total of seven episodes for the full production.

Each learning goal and objective was originally scored on a 4-point Likert Scale to give no variance for middle ground answers. But, after field testing in Africa the previous summer we changed to a “yes/no” answer. The Likert Scale proved too challenging for consistent answers and is rarely used in grassroots surveys in the regions of Zambia among high orality reliant subjects. The exception to this limitation came in the transportation scale as we administered the test collectively and used signs and body movement to select personal answers to each question.

### **Instrumentation**

Three instruments were used in this study: 1) A pre/post quantitative survey measuring the knowledge, attitudes, and behaviors of participants (see Appendix 2), 2) the transportation imagery model survey (TMS) (see Appendix 3), and 3) a set of guiding questions for the focus group and individual interviews (see Appendix 4).

#### ***Pre/Post Quantitative Survey***

The pre-intervention and post-intervention surveys were built on the learning goals and objectives established by RiverCross after their initial pilot study in 2014. They held workshop at a Kenyan retreat center with n25 East African subjects. There was no pre-intervention survey, and the post intervention survey lacked both reliability and validity. I was then contacted to retest the program and immediately assisted the producers in finding 13 embedded learning goals, objectives and outcomes based on the

counsel of Dr. Kilbourn before any further episodes were written or produced. The second pilot study was done in Zambia testing the drama, the surveys and impact on participants. In that iteration survey forms were to be printed with pre-test on white paper and post-test on blue, but some post-test documents were printed on the same white paper as the post. The data from this iteration was corrupted by intermingling pre and posttest surveys due to a printing company delivering some in the same color of paper. The third iteration of the workshop (this study) then modified the previous surveys to reflect translation issues and phrasing for better comprehension.

**Transportation scale.** The Transportation Imagery Model (TMI) scale was used to assess the participant experiences with the HE oral drama/narrative intervention. Analysis of the TMI scale served to detect possible mediating effects of the narrative as measured by the TMI scale. Green and Brock (M. Green & T. Brock, 2002, p. 22) developed the Transportation Imagery Model scale to measure the extent of an engagement experienced by readers, and conducted studies demonstrating that “highly transported individuals showed more story-consistent beliefs on both story-specific and general dependent measures.” It has also been used for television drama and health communication in the U.S. (Murphy, 2000; Murphy et al., 2015) validating its use in non-print/text applications. “Transportation is associated with increased positivity toward sympathetic characters and a reduction in negative cognitive responding (Green, 2008, p. 1) and reinforces the para-social relationships

The modified Transportation Imagery Model scale contained 15 items based on Green and Brock’s (M. C. Green & T. C. Brock, 2000) original scale with 12 items. The three additional items are a repeat of the 12<sup>th</sup> item, used to measure identification with

story characters and are added in accordance with the instructions on the original scale. The 12 items were re-worded to indicate “listening to a story” instead of “reading a narrative”, as is more appropriate in an HOR context.

The Transportation Imagery Model and accompanying survey reveals the degree to which participants sensed personal engrossment in the drama. We administered the test in a large group setting following lunch after the final workshop session. Because the Likert Scale format of the test, we used a three-step process to administer the survey. First, we rated the food we just ate during the lunch provided on the same kind of seven choices as the TMI. An artist drew pictures of faces from sad to very happy and included a number underneath.

Second, we attempted to make the selection of how each individual related to the and answered the transportation questions in an HOR framework. We started as concretely as possible by holding up pictures of how one might feel about a certain food beginning with “Very Bad! I would never eat it again!” to “I LOVE this food very much.” Next, we asked questions about their travel to be on site for the workshop and how the degree to which it was not enjoyable at all to enjoying every minute of the ride. In asking these questions I physically stood a position announced from 1 to 6 then took a step with each progress Likert type response. With each step we described the corresponding thought or feeling as represented by pictures of facial expressions used in previous interventions (Madinger & Ofotokun, 2004; Ofotokun et al., 2006). Third, we used both explanations for the TMI Survey sample questions.

The TMI questions were translated from English into each mother tongue language as prescribed by the Summer Institute of Linguistics (SIL) in their work on

Mother Tongue-based Multilingual Education (Alidou et al., 2006; Baker, 2006; Pfepfen et al., 2015; van Ginkel, 2014). English is the official language of Zambia for education, commerce, and law, but not all Zambians are fluent English speakers.

**Guiding Questions for Qualitative Analysis.** Great effort was given to prepare the facilitators/data collectors through training, attending the pre-workshop orientation, and coaching prior to each qualitative procedure. The researcher prepared for the challenges of enlisting and preparing these volunteers in a cross-cultural HOR context in all the procedures through the counsel of former colleagues at Emory University, University of Texas, El Paso, and USAID.

### ***Data Collection***

EOH convened a meeting of staff, trainers and 2 volunteers that had previous interaction with the HE early recordings. All the documents (consent forms, pre/post-surveys, TMI, and focus group interview questions) were reviewed by a group of 11 Zambian leaders in a full-day session. Their task was to ensure the understandability of the wording (English). They also made translations for the other language-speakers anticipated at the workshop. The surveys were printed locally for distribution during the conference: pre-survey printed on white paper, post-survey printed on blue paper, and post-test only survey printed on yellow paper to easily distinguish them and prevent the wrong survey from being distributed to each group and/or session. Unlike the workshop the year before, this time the survey batches were properly distributed and collected. Yet an eventual issue arose in accurately transcribing the survey answers into the spreadsheet.

The data collectors all completed the CITI training course, and they also attended the two-day orientation for the workshop (see Figure 3.3) During the orientation, they

listened to the recordings and reviewed principles and methods of leading group discussions. Finally, the data collectors practiced using the surveys with one another, before administering them in small groups during the actual HE Workshop.

### **Figure 3.3**

#### ***Data Collector Orientation***



*Note.* By permission: RiverCross, International.

All participants attending the workshop participated in the assessment surveys. During the workshop registration process each participant completed the basic personal information, received a number on their name tag that correlated to their registration number, and was assigned to a group in which some speaks their local language (or as close as possible).

Once the workshop officially started, the first activity was completing the pre-intervention survey that includes their personal registration number. This process was done collectively with a Zambian national reading the questions out loud and while others worked with group facilitators to translate the questions in local languages. This

process was discussed during the pre-workshop orientation and rehearsed before administering the survey. Notations were marked on the surveys by group facilitators noticing those group members that might not understand the questions or may not read as observed as the workshop sessions unfold, and these surveys were removed when entering the data. The post-intervention survey was distributed at the conclusion of the final workshop session and completed with the same procedures as the pre-intervention survey.

After each survey was completed a team of data entry staff entered the data in an Excel spreadsheet. The entries were checked two times by separate people and later checked to ensure the accuracy and the integrity of the data. All participants completed matched surveys. Any incomplete survey was removed from the final analysis of the data which took the qualitative data responses from n=103 to n=74.

### ***Focus Group recordings***

Five groups of 6-12 participants from the workshop gathered around the compound following the final workshop session. Groups gathered according to peers as much as possible to allow for all voices to be heard. This was especially important in a culture with high power distance (Hofstede, 1980; Hofstede & Hofstede, 2005) since those of lower position, status or authority would simply defer to those higher for any comments. The questions (Appendix 4) were asked in English or in one of the languages into which they had been translated prior to the workshop. Question responses came in a person's mother tongue and was translated and transcribed for analysis.

A trained facilitator led each group and audio recorded the group discussion with a small digital recorder. In advance, focus group members read, listened to, and signed

the informed consent in acknowledgement of their participation. When the recordings were transcribed, participants were identified by generic identifiers (Male#1, Female #1, or sometimes just as Participant). Transcriptions were identified by Discussion Group ID, and participant ID, this information was linked to the pair pre-posttests, but not linked to consent forms.

The group interviews were translated and then transcribed by only one person, and they had no back-translation to ensure their accuracy as had been originally planned. Later, many of the recordings could not be clearly heard since the recordings were not placed in the prescribed position or volume control adjusted to the right setting. Of the original five recordings, only three were usable. Of the three that survived, the translators did not agree on the wording and translation of those words from the mother tongues to English. In one of the three remaining recordings it became clear to the facilitator that some respondents were giving “correct answers” because two dominant leaders were also present in the group. Answers were given to honor superiors. Some of the questions that were translated into mother tongues were so divergent that answers could not even be compared. I therefore did not create a code book to quantify the qualitative responses and compare them with the quantitative survey answers. The qualitative questions and responses were not altered, but eventually the recordings were lost and could not be translated at all.<sup>20</sup>

What we did walk away with was a tranche of data revealing what seemed to be the real thoughts and feelings that emerged in the focus groups. The answers may not

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<sup>20</sup> The recordings were stored in my house in a locked cabinet after returning from Zambia. A fire destroyed the house and all its contents including the hard copies of the quantitative surveys and the digital recordings of the focus groups. The USB drive that contained the back-up copy was also lost in Zambia.

have been ripe for qualitative coding to turn them into data, but they gave more qualitative insight than many harvest from NVivo. The analysis in Chapter Five speaks more to that.

### ***Personal interviews***

Cindy Finley (RiverCross project manager) along with me worked with an acclaimed British documentary producer and director, Pete Dougherty to interview workshop participants after several sessions and at the conclusion of the event. Both Pete and Cindy were CITI trained and based their questions on the focus group interview. Participants were randomly sampled based on availability and willingness to be on camera with Pete and Cindy. They also asked several open ended and follow-up questions to elicit more free information and see if the narrative and interactions really helped them make connections with the learning goals.

I also randomly sampled those available for simple audio recordings. My preference in the end was using the audio recordings since they created less sense of performing with the possibility of giving the interviewers what they were looking to capture. Some of the video would eventually be used as a RiverCross documentary, but the questions were not leading or to promote the RiverCross work.

### ***Procedures***

Paired T-Tests were used as pre & posttests in the treatment group to determine any changes in KAP. The questions were vetted by Zambian partners to determine if the English was understandable by the average attendee. They tested for:

- Overall change in Knowledge and Beliefs. The quantitative survey questions
- Changes in knowledge and beliefs for each learning goal



- Experience, Role, Gender was simply computed for the correlation between the TMS score and the difference in the post and pre-intervention scores. If the correlation is positive, this would imply that high TMS scores are associated with high increase in the post-intervention scores. I used a 10% level of significance.

We hoped to determine if the narrative transportation (IV) causes a change in knowledge and beliefs (DV), and that it was not possible that knowledge and beliefs could cause a change in narrative transportation.

**Other independent variables** were also examined with a Chi Square analysis to determine any relationship with change in knowledge and beliefs and narrative transportation: Age, Experience, Type of organization, Role, Sex/Gender.

**Table 3.7*****Learning Goals by Survey Question Numbers***

Goal	Sub Goals	Questions
1. Good Care		
	Gentle Care	1,2,3
2. Safe Environment		4,5,6
	2.1 Teach Scriptures	7,8,9
	2.2 Expresses Thanks to God	10,11
3. Characteristics of Bad Care	Stages of Abuse	13,14
4. Abuse Characteristics		15, 16
5. Identify what was lost		17, 18
6. Identify Behavior Patterns		19, 20, 21
7. Abuse and Exploitation		(22-23)
	Abuse	22
	Exploitation	23
8. Intentions to refute the lies		26, 27
9. Reasons children do not disclose		28, 29
10. Identifying those who may be perpetrators		30, 31
11. Identify Grooming Process		32, 33
12. Steps to stop abuse		34, 35, 36, 37
13. Use of intervention technique		38

**Timeline**

The timeline reflects the entire project including the data collection schedule implemented for this study (see Appendix 5). The Zambian partners made all this research possible, and through their guidance, counsel, and assistance the results may impact children throughout their country and the world.

## Chapter Four: Results

This chapter presents a mixed methods finding from the workshop intervention (see Figure 4.1). Section One briefly reiterates the general data entry procedures and statistical analysis of the pre and post-test groups to validate the equivalence of the treatment and control groups. The treatment group represents those who interact with the training content for transformative learning purposes. The control group represents the general population of Zambia and their knowledge of gentle caregiving. Section Two examines the statistical analysis of the quantitative data addressing Research Question 1: Does an oral strategy of radio drama experienced in a participatory environment lead to significant changes in caregiver knowledge/beliefs<sup>21</sup> (Kelly, 2015) and attitudes toward vulnerable children? Where there was a change, statistically significant relationships are examined regarding each of the learning goals and outcomes as well as by age and experience in the field of orphan care.

Section Three looks at the findings from quantitative analysis addressing Research Question 2: Does the narrative transport of listeners make a possible difference in participant receptivity and ability to change beliefs and attitudes? Did those indicating a high level of transport into the narrative also show a higher level of change in knowledge and attitudes based on the learning goals and outcomes?

Following these quantitative analysis Section Four presents the findings from the focus group discussions and personal interviews. Participants' responses to questions that were related to the quantitative survey as is consistent with a mixed method

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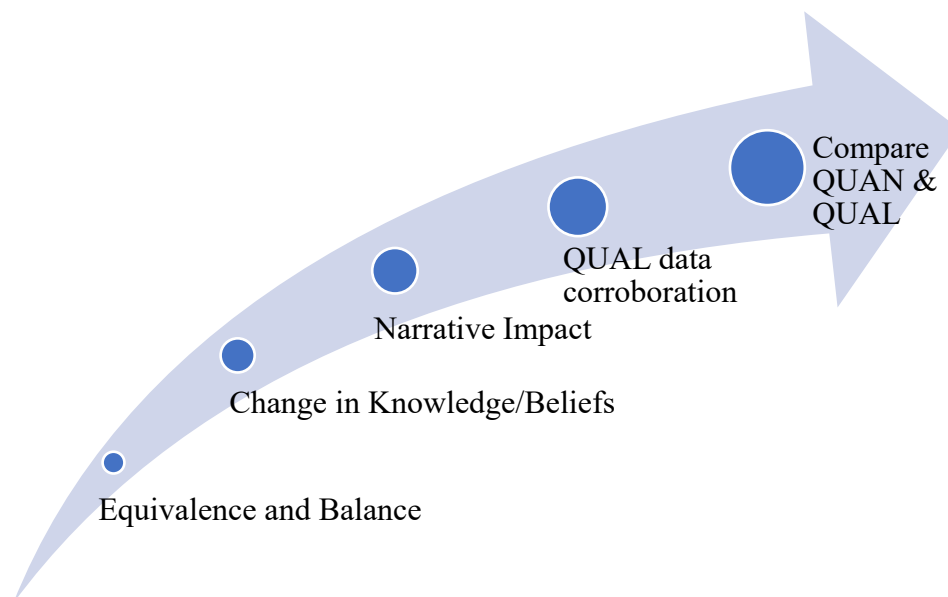
<sup>21</sup> Knowledge and beliefs in this paper are often used interchangeably. In the context of oral cultures, it is difficult to separate the two. The acquisition of knowledge immediately changes things. It gives power. It changes the way a person sees the world.

embedded experimental model (Creswell & Plano-Clark, 2007). In a high orality reliant context/environment where expert outsiders served as primary resources, the qualitative reiteration of the essence of the quantitative questions was essential for participant clarity and understanding.

Lastly in Section Five, I compare qualitative data gathered during the intervention and immediately following the workshop event. This was in following with the mixed methods embedded design: embedded experimental model (Creswell & Plano-Clark, 2007, p. 68). The mixed-data analysis for this section comes from peer practitioner focus groups with questions asked at the concluding session workshop. But prior to the focus group discussions, some of the qualitative responses were gathered from statements recorded while subjects talked in their listening-discussion groups during the intervention.

#### **Figure 4.1**

##### ***Pathway to Results***



## **Section One: Validation of the equivalence and balance of the treatment group**

The quasi-experimental design used a pre and post-test approach to the intervention or test group, and a post-test only control or comparison group. Both groups are judgement/purposive samples selected with nonprobability sampling methods. In other words, the groups are “convenience” samples selected from a predetermined “special” population. The treatment group was gathered by the host organizations as a “by invitation only” opportunity that somewhat assured the participants had a real interest in the issues of orphan care to ensure that the research examined those who might really interact with orphans. While there are several exemplary international non-government organizations at work to assist children in poverty alleviation, few focus on the care of exploited or abused children. According to Dr. Victor Madziakapita<sup>22</sup> the work among orphans is overwhelmingly church-centered and by the groups represented at the HE event.

The control group consisted of individuals involved in some form of youth work through local churches. This also makes sense in a country that constitutionally declares itself a Christian nation and a democracy (Phiri, 2003). Their median age was lower than the intervention group, but later data analysis showed that age and gender had no real significance on the answering of questions, so this difference in intervention and control groups was virtually not important.

It must be acknowledged that neither random selection nor random assignment of participants was used with this group. The decision to not randomize participants was made partly due to the need for assistance with translation and understanding discussion

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<sup>22</sup> Living Water International African Director, and Orphan Care Malawi, also former World Vision V.P.

questions. We tried to form groups that consisted of a wide variety of member demographics and literacies and at the same time to allow all to speak freely without regard for rank or position.

The control group was equivalent to the target population. There was no randomized sampling possible in this small size audience. The control group was not given the opportunity to listen to the drama. However, as the group prepared to answer the survey questions the facilitator did explain the HE program and that it was related to give “good care” to orphans and exploited or abused children.

To validate the equivalence and balance of the treatment group I compared the mean values from the treatment group pre-test and the control group including the demographic variables of gender and age. The means of survey responses were compared using Compare Means / Independent Samples T-Tests. Significant differences were found using the paired T-Tests among the intervention group, and between the intervention group and the control group.

In this section I have briefly presented general data entry procedures and statistical analysis especially of the treatment group. The differences between treatment and control groups also validate the equivalence and balance representations of the treatment group.

## **Section Two: Change in Knowledge/Beliefs and Attitudes**

Next, I discuss the quantitative analysis addressing Research Question 1. Does the evidence suggest that there has been a change in knowledge and beliefs as measured by the pre/post survey instrument?

*Hypothesis 1 – Q1H1:* There will be a change in belief constructs as measured by the pre/post survey instrument indicating that participants demonstrating increased knowledge of providing gentle care for exploited and/or sexually abused orphans.

The research demonstrated clear evidence that there was a change in knowledge and beliefs (40%) as measured by the pre/post survey instrument. The posttest showed Therefore, Hypothesis 1 holds true.

***Differences between Pre and Posttest Answers for Learning Goals.***

Overall, the results of the treatment group tests show that there is a significant increase (improvement from wrong to desired answers) in the scores on the 13 goals and skills (Table 4.1) as prescribed by the RiverCross panel of experts as essential knowledge for caregivers. The learning goals and behavioral (skill) outcomes seek a change in cognitive understanding of “good care.” The qualitative strategies of the research draw out more of the attitude and value shifts behind the quantitative questions. It is also hoped that if a caregiver experiences a change in answers to these questions from “wrong” to “preferred answer” that the person is moving from previous knowledge to discovering or forming their own. Good care in this study is equated with gentle and child-centered values that international experts in orphan care say are absent from many cultures.

The treatment group demonstrated a significant difference from the control group following the treatment group training. This suggests that the intervention successfully helped achieve transformative learning as predicted by the Transformative Learning Theory and its supporting constructs. The scores among the intervention group in the post-intervention significantly increased from the pre-intervention survey. Respondents answered an average of 50% of the questions correctly on the pretest and 83% of the

questions correctly on the posttest, an average increase of 33 points. This could randomly happen less than 1 time out of 1,000 times using a Pairs T-Test ( $t=27.86$ ,  $df=73$ ,  $p=.000$ ).

Second, the least gain was 11% more correct on the posttest than on the pretest, and the most gain was 59% more correct on the posttest than the pretest. And third, the gain was statistically significant for 35 of the 37 questions. There was no statistically significant gain on questions Q3 (97% answered corrected on both the pretest and posttest) and Q8 (94% answered correctly on the pretest and 97% [1 person increased] on the posttest).

**Table 4.1**

*Percent of Preferred Answers on Pretest and Posttest*

Learning Goal	Question#	Control	Treatment		+/-
		Posttest Only	Pre-test	Post-test	
Number of respondents		49	74	74	
1 Good Care	1 thru 3	48%	50%	83%	33
2 Safe Environment	4 thru 11	68%	63%	87%	24
3 Characteristics of Bad Care	13 and 14	50%	43%	82%	39
4 Abuse Characteristics	15 and 16	49%	35%	79%	44
5 Identify what was lost	17 and 18	67%	51%	85%	34
6 Identify Behavior Patterns	19 thru 21	59%	53%	63%	10
7 Abuse and Exploitation	22 and 23	80%	29%	71%	42
8 Intensions to refute the lies	24 thru 27	50%	37%	78%	41
9 Reasons children do not disclose	28 and 29	41%	23%	43%	20
10 Identifying possible perpetrators	30 and 31	82%	77%	95%	18
11 Identify Grooming Process	32 and 33	74%	6%	91%	85
12 Steps to stop abuse	34 thru 37	60%	49%	88%	39
13 Use of intervention technique	38	0%	15%	100%	85
		56%	45%	81%	40%

*Note.* All other increases in treatment group between pre-test and post-test are statistically significant at the  $p=0.001$  level 1 (pairwise T-test).



The treatment group change in knowledge was quantitatively measured through the matched pre and posttest surveys. We normally asked 2 questions for each learning goal to see if they gave consistent answers. The results show:

1. The subjects identify the characteristics of good care including gentle correction (Q 1-3). It is held by RiverCross that these two observable characteristics would influence children to more positive self-concept and hope for a change in their situation.

Analysis: The 74 people in the treatment group significantly increased the number of correct answers as a total group for the three questions measuring this goal for 50% on the pre-test to 83% on the post-test. The probability that this 33% increase could be due to chance is less than 0.001 (paired sample t-test=10.61) for any given individual.

The increase might be even greater for the control group which answered 48% of the questions correctly without any training. One question (#2) within this group did not show a significant increase as 96% of the treatment group answered it correctly on the pre-test and showed only a 3% increase to 99% on the post-test. The increase on question 2 would probably be statistically significant considering the control group where only 51% of them answered it correctly.

2. Characteristics of bad care (Q. 4-11): Bad care of children often is reflected in the tone and words all too commonly spoken to children in addition to physical forcefulness. The goal of learning to identifying the characteristics of bad care hoped to create a caregiver disorienting dilemma and help them process new models.

Analysis: The treatment group increased 24 percentage points on correctly answering the eight questions on this learning goal from 63% to 87%. Again, the probability of

error is less than 0.001 (paired sample t-test=14.14). The increase could be almost as great for the control group which answered 68% of the questions correctly on the pre-test. Again, one question (#7) in this group did not show a significant increase since 95% of the treatment group and 98% of the control group answered it correctly on the pre-test, so that there was little room for improvement.

3. Characteristics of bad care (Q.13-14). Gentle care seeks to address issues with abused children in non-confrontative and in a somewhat private environment. This involves the stages of abuse a caregiver may suspect that a child might be in danger of experiencing.

Analysis: The treatment group increased from 43 to 82% correct answers following the intervention. The probability of error is less than 0.001 (paired sample t-test=8.62).

4. Characteristics of sexual abuse (Q.15-16). The tactics of abusers are often subtle yet observable to the trained eye. This learning goal addresses that specific need and the sensitivity to pick up on these predictable signs of abuse and exploitation.

Analysis: The treatment group increased 44 percentage points on correctly answering two questions on this learning goal from 35% to 79%. Again, the probability of error is less than 0.001 (paired sample t-test=9.74).

5. Subjects can identify what abused and/or exploited children have lost (Q. 17-18). For real healing to take place a caregiver must know specifically what each child lost and fill that need with something closely related.

Analysis: The treatment group increased 34 percentage points on correctly answering

the two questions on this learning goal from 51% to 85%. Again, the probability of error is less than 0.001 (paired sample t-test=8.46).

6. Identify behavioral patterns (Q. 19-21). Orphaned, abused, and exploited children need assistance in drawing out the experiences of the past and the feelings of the present. Good caregiving identifies those patterns, elicits those thoughts and feelings, and affirms a child in positive ways.

Analysis: The treatment group increased 10 percentage points on correctly answering the three questions on this learning goal from 53% to 63%. Again, the probability of error is less than 0.001 (paired sample t-test=9.97).

7. Sexual Abuse and Exploitation differences (Q. 22-23). Exploitation finds abusers farming out children for personal gain, not just personal gratification. Not all abuse is exploitation, but all exploitation is abuse. The learning goal hopes for caregivers to know the difference between abuse and exploitation so that they can recognize the signs before it becomes a reality.

Analysis: The treatment group increased 42 percentage points on correctly answering the two questions on this learning goal from 29% to 71%. Again, the probability of error is less than 0.001 (paired sample t-test=10.94).

8. Self-lies of abused children (Q. 24-27). The caregiver displays interventions to refute the lies children may believe about themselves. Two specific lies orphans often hold on to are that they are ruined for life and that they can trust no one for help and healing.

Analysis: The treatment group increased 41 percentage points on correctly answering four questions on this learning goal from 37% to 78%. Again, the probability of error is less than 0.001 (paired sample t-test=13.45).

9. The participant can identify those who may be perpetrators of abuse and exploitation (Q. 28-29). Good caregivers assure children of their security in the new environment and alert children to be aware that some would still take advantage of them by first showing outward affection and then move to inappropriate requests and behaviors.  
Analysis: The treatment group increased 20 percentage points on correctly answering the two questions on this learning goal from 23% to 43%. Again, the probability of error is less than 0.001 (paired sample t-test=5.92).
10. Identifying possible perpetrators (Q. 30-31). Caregivers must always be on the lookout for those who do not follow the established rules and protocols. This is especially significant for those in regular contact.  
Analysis: The treatment group increased 18 percentage points on correctly answering the two questions on this learning goal from 77% to 95%. Again, the probability of error is less than 0.001 (paired sample t-test=5.65).
11. The subjects know the grooming process (Q.32-33). Grooming a child to be lured into an inappropriate relationship or situation can be identified with several observable behaviors that good caregivers need to know.  
Analysis: The treatment group increased 15 percentage points on correctly answering the two questions on this learning goal from 76% to 91%. Again, the probability of error is less than 0.001 (paired sample t-test=4.17).
12. The caregiver knows the prescribed steps to stop abuse (Q. 34-37). Once a caregiver suspects potential abuse, they must immediately move into intervention protocols. These five steps in this process were demonstrated and practiced in the workshop.  
Analysis: The treatment group increased 39 percentage points on correctly answering

the four questions on this learning goal from 49% to 88%. Again, the probability of error is less than 0.001 (paired sample t-test=14.25).

13. The subject self-report that they have used an intervention technique (Q. 38). When traumatized children experience a “trigger” bringing up feelings or memories of abuse caregivers need intervention techniques to help the child calm down. The “breathe deep and count backwards” was demonstrated and practiced in the workshop.

Analysis: The treatment group increased 85 percentage points on correctly answering two questions on this learning goal from 15% to 100%. Again, the probability of error is less than 0.001 (paired sample t-test=20.45).

### **Section Three: Transportation to New Knowledge**

Here the findings from quantitative analysis addressing Research Question 2 (RQ2) is presented: What is the relationship of “transportation” into the narrative as measured by the TMI instrument for individuals who display changes in beliefs and attitudes? Again, the research demonstrated a strong correlation between answering the survey questions correctly among those who also scored high on the TMI. Transportation into the narrative seems to have a great impact on change in knowledge and beliefs.

*Hypothesis 2 – Q2H1:* There will be a positive change in participants who display change in belief construct and score high on the transportation imagery model (TMI) survey measuring engagement with the 7 episodes of  *Holding Esther*.

The correlation between the TMI score and the difference in the post and pre-intervention scores is 0.53 (p=.000). This statistically significant positive correlation that high transportation scores are associated with high increase in the post-intervention

scores. Further, there is a significant and positive correlation between TMI and the increase in the post-intervention scores for the component learning goals: Good Care, Characteristics of Bad Care, Safe Environment, and Characteristics of Abuse. I used 10% level of significance.

This is seen as I simply computed for the correlation between the TMI score and the difference in the post and pre-intervention scores. If the correlation is positive, this would imply that high transportation scores are associated with high increase in the post-intervention scores. The results showed that there is a significant and positive correlation between TMI and the increase in the post-intervention scores for the following learning goals: Good Care, Characteristics of Bad Care, Safe Environment, and Characteristics of Abuse. I used 10% level of significance.

Based upon the significant correlation between the TMI score and the increase in scores between pre-intervention and post-intervention, a causal model using multiple regression was tested to determine what predicted the proportion of post-intervention items answered correctly. Only two variables had or approached statistical significance with the post-intervention score: the TMI ( $p=.000$ ) and the number of questions they answered correctly on the pretest ( $p=.06$ ). Together, they explain half ( $R^2 = 0.49$ ) of the variation among the treatment group in the proportion of posttest questions answered correctly.

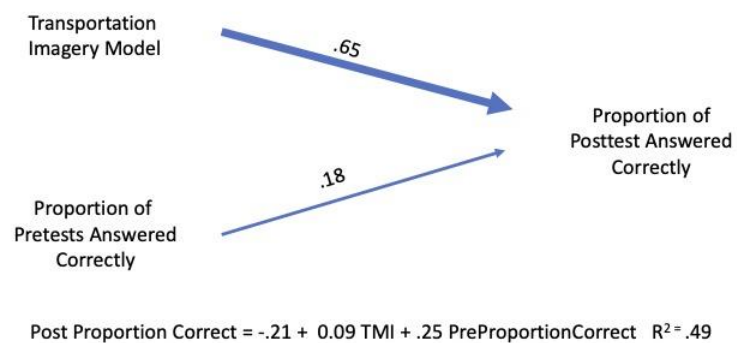
The TMI showed a significant impact on the proportion of posttest questions participants answered correctly ( $p=.000$ ). The number of questions they answered correctly on the pretest was on the border of significance ( $p=.06$ ) and may also have influenced the number that they answered correctly on the posttest. Together, they

explain half ( $R^2 = 0.49$ ) of the variation among the treatment group in the proportion of posttest questions answered correctly.

The positive causal relationship represented in Figure 4.2 is based on the multiple regression equation shown. The equation shows the treatment group proportion of the posttest answered correctly would be 0.21 (21%) if the TMI score was 0 and they answered no pretest question correctly. Every 1-point increase in the TMI score (from 1-7) increases the posttest proportion correct by 0.09 so that a person with a TMI of 5.0 will answer about 0.66 (66%) of the questions on the posttest correctly. Then if they answered 0.25 of the pretest questions correctly, they would be expected to answer .72 (72%) of the posttest questions correctly.

**Figure 4.2**

***Relationship of Narrative Transportation to Knowledge Change***



#### **Section Four: Qualitative Analysis from Focus Group Discussions and Interviews**

Participants' responses to questions related to the quantitative survey were consistent with a mixed method embedded experimental model (Creswell & Plano-Clark, 2007, p. 69). In an HOR culture and a context/environment where expert outsiders served as primary resources for the study, the qualitative reiteration of the essence of the quantitative questions was essential. Likewise, no outsiders were even within visual proximity of the focus groups in process so that participants would not try to impress them by giving expected answers.

Research Question 3 (**RQ3**) asked, "Does thematic analysis of responses to open ended questions (**QUAL**) in the post survey focus group and personal interviews corroborate, illuminate, or dispute the evidence from Questions 1 (was there a change?) and 2 (was there a relationship with change and transportation? In chapter 3 it was pointed out that the qualitative analysis had to rely on general findings from interview questions and non-codable focus group responses. Initial questions were asked with different wording and follow-up questions followed the path of the interviewee's train of thought. Nonetheless, it was clear that participants self-articulated a change in knowledge and beliefs as clarified below.

Hypothesis 3 (RQ3H1): The qualitative interventions will corroborate and illuminate that there was a change in knowledge/beliefs. This was also evident from all the qualitative procedures as outlined in the discussion that follows below.

Hypothesis 4: Participants will demonstrate evidence of engagement (Transportation) with the instructional narratives and narrative processing of attitudes that changed from the the Pretest to the Posttest. Again, respondents made it clear that they



felt like they at many points were immersed in the narrative and that it had a profound impact on their beliefs and attitudes toward exploited and abused orphans.

***RQ4 (QUAL/QUAN)***

Does text analysis of data from the open responses and recorded discussions that follow the narrative intervention show evidence of transformative learning?

Hypothesis 5: The text analysis will show positive evidence of transformative learning.

Both the research question and hypothesis ceased to be relevant due to the lack of recordings, transcriptions, and software analysis.

Results from the quantitative analysis were used to create questions for group interactions and for comparing results with qualitative responses. The mixing of data in the analysis phase is not without its controversies, but clearly articulates how the quantification of qualitative data is obtained even though in this case we could not represent qualitative coded answers (Creswell & Plano-Clark, 2011).

In the context of this study, quantitative responses rely on a very LOR process of precisely worded questions. This also implies that the precisely worded questions are understood by the subjects and that any technical terminologies are translatable. Often these types of terms end up communicated in Pidgin English. Respondents also may attempt to give the anticipated correct answer more than normally expected for scoring well. In this case the added need for honor, saying only what the respected leaders want to hear may outweigh the response a person might truly give if there was no risk of offense or shame. Qualitative data may then more accurately convey the actual thoughts, values and intentions to act, but in the least inform the quantitative research.

### *General Findings from Focus Group Discussions*

These observations come from the recordings and the facilitator debriefing meeting following the workshop and focus group discussions.

1. All groups reported that they witnessed caregivers or that they themselves frequently demonstrated “bad-care” attitudes and behaviors. These included raising the volume of their voices, derogatory name-calling, and physically striking a child.
2. Each group reported some responses indicating specific intentions to change attitudes and behaviors. Those included:
  - a. Using gentle words and a gentle tone of voice. They also noted that this is not easily done and may take some time.
  - b. That they would now look and listen for “triggers” that set off a child’s behavioral outbursts or withdrawal.
  - c. They identified specific lies children might believe, like “the abusing was all my fault.”
  - d. Each group made some reference to their new sensitivity toward what an abused and/or exploited child lost – most commonly, “their family,” and their hope.
  - e. While the groups referred to the grooming process, the order in which they verbalized those steps were sometimes different from what was presented in the drama and discussions.
  - f. At least one person from each group could name the steps in dealing with a suspected abuser.

- g. All groups noted successful learning of the intervention technique,  
“Breathe deep and count backwards from ten to one.”
- 3. At least two of the groups took definitive steps to continue their learning and sharing about good care by forming social media platforms in Facebook and WhatsApp.

### *Qualitative Analysis from Personal Interviews*

Pete Dougherty directed and recorded the personal interviews as well as using my and Cindy Finley’s assistance as interviewers. I also conducted personal interviews with open-ended questions like, “What are some of the things that were new to you from this workshop and radio drama? What challenged you? Describe some specific situations where you witnessed things you might now call good care and the same for bad care.” The questions were not asked using the exact phrasing each time, in part because others may have witnessed previous interviews and simply echoed the same answers. Not all subjects were asked the same questions or all the questions. Questions and responses include:

- 1. What are you learning about gentle care of orphans that challenges what you see in real life?
  - a. I never realized how easily a child can be used by other bad people.
  - b. If we are not treating a child with gentleness, it might bring back some of their nightmares.
  - c. We had no plan for what to do about outside men taking advantage of our kids.

- d. Sometimes our children misbehave, and we do what my parents did to me.  
I don't want to shout at the child but speak softly. This is not so easy.
- 2. During the program while listening to the story of Esther did you ever feel like you left this world and were living in hers? When? What was that like?
  - a. From the very start when Esther was with her Auntie, I felt like I was right there in the room.
  - b. When that man came back in the truck and hurt the little girl I cannot get it out of my head. How can people do that? Will she ever get better?
  - c. When she was so upset about Mungo, I would not know how to do what Maria did to calm her.
  - d. I felt like I was out in the bush with the girls as they escaped the uncle and wanted to tell them to be quiet.
- 3. What impact did the story of Esther have on you personally?
  - a. When the doctor told about how badly the little girl was treated it made me cry. No little girl should have those kinds of things happen. It happened to me too, but I never speak of it. Esther and I share bad things, but good people make us feel better.
  - b. I think of the boys and girls living with me and now wonder what really happened to them. Did they have such bad things too?
  - c. Seeing how a child can be affected by our words and choices worries me some now. What if one of my children would run away like that little girl and something bad would happen to them. I would never forgive myself!
- 4. How is this workshop the same or different than others you have attended?

- a. I have never listened to a program like this before in a training. I only listen to Sewelo [a popular Zambian radio program] with my family on the radio. Now I can see how the same thing can be used to do our trainings.
  - b. I have never used our dance to show what we are learning. I love our dance.
  - c. I made a poem about what the children may fear. I never have done that before. Thank you.
  - d. We got to perform the drama in our own way. It makes more sense when we do it ourselves.
  - e. After we listened to the episode, we talked together about what it might mean. Everyone took part and encouraged one another. We had many good ideas come out when we do this together. We even talked about it more when we had our mineral breaks.
  - f. I like not having to look at the PowerPoint and remember what it says. I will never forget Esther. She will remain in my heart forever.
  - g. When other workshops finish, I never look at the workbook again. Esther is different.
  - h. I liked being with other workers and not having to worry about what my director is hearing us say.
5. Have you witnessed a caregiver (or yourself) unintentionally exhibiting characteristics of “questionable care” (bad care) with a child? Describe the situation. How might you help improve that kind of care now?

- a. I see another mamma hit a child who refused to do what she said. She did not hurt the boy. I don't think it was good to do.
  - b. A child wet the bed at night and tried to hide the sheet. When that mamma found the sheet and who did it, she punished the girl in front of the others.
  - c. Sometimes I get angry when a child does not come to eat when we are all there and ready. I did not speak kindly to him.
6. When listening to the drama, describe if, when or how you felt as if you were "living in the story."
- a. When Mungo was trying to charm the girl, I wanted to tell her "No! Don't listen to that man."
  - b. When the girls were on the street together and was hit by the car. Then Maria helped them. I wonder what I should do now when I see children in trouble on the streets.
  - c. When the uncle took the little girl out to the shack, I felt scared all over again. I also was abused by my teacher who made me stay after the others left. (This was related to me by a discussion group facilitator about one of the women in her group)
  - d. When the song played it gave me a sense of peace. A sense of hope in what we do – just like the butterfly.
7. What would you add or take away to make this drama even more realistic?
- a. Nothing. It was a wonderful experience.

- b. I really liked working together with our group. We helped one another see more things. I would like to do that more in other trainings.
- c. I wish we could have our own Zambians as the caregivers and not just the white missionaries. We also know how to give good care to children.
- d. I could hear going up and down steps in the house. We don't have those in our houses except if you have a lot of money.

## **Summary**

The partially mixed methods sequential dominant status design (Leech & Onwuegbuzie, 2007), Figure 3.1 gives insight into transformative learning among orphan caregivers during the workshop. The study design involved two phases that occur sequentially, the quantitative followed by the qualitative phase with the later holding noteworthy weight in a high orality reliance context. The quantitative data from the pre and post-test surveys and the transportation imagery survey clearly demonstrated a significant increase in caregiver knowledge and beliefs and is corroborated in the qualitative data gathered from focus group discussions and personal interviews.

### ***Summary of Quantitative Data***

***Pre-Intervention Survey*** was administered prior to any of the training sessions. The data was gathered and stored in the on-site locked resident room of the researcher and entered in an Excel worksheet by two Every Orphan's Hope (EOH) staff members, then checked two times for accuracy in transposing numbers from the survey forms to the spreadsheet.

***Post-Intervention Survey*** was conducted during the final session of the workshop. The data was immediately entered into the excel worksheet by the same staff

members who entered the pre-intervention survey and checked again for accuracy. It must also be noted that the entries needed that kind of attention due to discrepancies. The quantitative data showed an overall gain in knowledge or new beliefs of 33% with individual learning goals increasing in a range from 10% to 85%.

*Transportation Imagery Survey* was administered at the close of the final program in a separate room. The survey revealed 60 participants averaging 5.9 out of 7 on the transportation scale. Additionally, of the 60 participants taking the TMI survey 25 (42%) scored an average of 6.5 out of 7 on the scale and moving from incorrect to correct responses on the pre-posttest surveys. The conclusiveness of this test alone shows the power of audio narrative in a participatory communication context. The methodology draws listeners into the entertainment education presentation and leads to an increase in preferred answers related to the learning goals.

#### *Summary of Qualitative Data Collection*

**Participant Interviews.** Interviewing participants likewise gave evidence of transformative learning that took place throughout the workshop. The Dougherty-Finley (see Figure 4.3) Dougherty-Madinger and Madinger interviews testified to the power of narrative to draw participants into the “knowledge/schema” embedded through the drama and its learning goals. It was immediately clear that the HE narrative captured the complete attention of listeners.



**Figure 4.3**

*Dougherty and Finley Interviews*



*Note.* By permission: RiverCross, International.

The Dougherty recordings captured group interaction promoted an expansion of individual awareness and knowledge through peer dialogue. Interviews also revealed that participants remembered the hand motions, gestures and verbal repetition that drove home the messages for them. They also affirmed the personal value of artistic assignments that ranged from composing songs, poetry, visual artwork, dramatic reenactment and contextualized interpretation of an episode, and dancing the message of an episode.

**Focus Group Interviews/Discussions.** The focus group interviews/discussions were led by staff members of some of the participating program sponsors as well as volunteers they recruited. All had received the CITI training and participated in the 1-day orientation. The only requirements for being a facilitator were that they be endorsed by a facilitating prater of the program, successfully complete the CITI training, complete the orientation, and remain after the groups for a time of debriefing.

The responses from focus groups clearly demonstrated the efficacy of using radio drama in a participatory environment for transformative learning. On the one hand, the recordings of the conversations proved disappointing due to the unfortunate miscues given to the facilitators regarding languages to be spoken and immediately translated. On a more positive note, the data from those discussions was relayed through the facilitators in the debriefing session as recorded in their hand-written notes, though not quantifiably trustworthy.

All facilitators reported emphatic responses that corroborated the quantitative data movement to positive change in answers in the pre-posttest surveys. They noted comments heard from the groups that reflected the learning goal and gave specific examples of participants verbalizing their change in beliefs and knowledge about good orphan care.

Responses in the focus groups not only verified the hypotheses regarding changes in knowledge and beliefs, but also validated the added dimensions of the constructivist epistemology, orality, participatory communication, and narrative transportation. From the analysis of all the data, transformative learning through an orality framework in radio drama experienced in a participatory environment brought about changes in previous knowledge into newly constructed schemas for caregivers of orphaned children in the Republic of Zambia.

## **Chapter Five: Conclusions, Interpretations and Recommendations**

### **Summary of the Findings**

This partially mixed-methods research examined professionally and locally informed narratives in a participatory health communications approach designed to bring about transformative learning among Zambian caregivers of exploited and/or abused orphans. The study included a total 123 subjects of which 74 participants were included in the final clean data set from a 50-kilometer radius of Lusaka, Zambia ranging in age from 18 to 71 years.

The narrative intervention tool, an audio drama, was researched and designed by a team of child trauma-healing experts, written in cooperation with a Zambian NGO leader, and produced and recorded by entertainment industry professionals, actors and musicians, then facilitated in a workshop setting with discussion and learning activities to solicit change in knowledge/beliefs, attitudes and behavioral intentions related to caregiver interactions with children. The mixed methods study analyzed 74 surveys based on the learning goals and outcomes; combined with the TMI scale to measure participant's level of engagement, or "transportation with persuasive narratives (M. Green & T. Brock, 2002). Qualitative results were integrated with quantitative analysis to further explore possible changes in belief constructs reflected in the narrative intervention.

The learning goals survey instrument proved to be a useful tool for measuring belief constructs to determine if there was a shift in caregiver knowledge and beliefs about children. It also shed light on how a new schema of abused and exploited children directly affects caregiver sensitivities toward them. The survey also quantified the attitudes/values toward these children. Furthermore, the quantitative instrument proved

useful in measuring change in behavioral response or skill to use as an intervention when children acted out their trauma in socially inappropriate ways. Analysis of the transportation imagery model (TMI) survey (M. C. Green & T. C. Brock, 2002) instrument revealed a high average level of engagement with the narrative and correlated with subjects association with a need to change understanding (knowledge) and behaviors.

The limited analysis of the qualitative data confirms the quantitative findings that show there was a high level of engagement with the narrative across the spectrum of participants. This analysis also shows a deeper engagement with the narrative reflecting a change in knowledge and beliefs. Higher rates of character identification with main characters were associated with these same shifts in knowledge and attitudes.

### **Outline for the Interpretation of the Results**

In the remainder of chapter five I present an interpretation of the results as related to the cluster of theories set forth in the literature reviewed in chapter two. I discuss the relevance of the findings within transformational learning that served as a conceptual framework for the study along with its relevance to constructivist epistemology, orality, participatory engagement, and narrative impact on influencing knowledge and beliefs about good care of orphans. In the final two sections I address the limitations of the study and some recommendations for future research and implications designing instructional communication among high orality reliant peoples.

### **Interpretation of the full set of results with respect to applicable literature**

The Transformative Learning Theory of Jack Mezirow served as an overarching framework for this study. As noted in chapters two and three, scholars recognize

transformative learning happens when people “learn to become critically aware of the cultural and psychological assumptions that have influenced the way we see ourselves and our relationships and the way we pattern our lives” (Mezirow, 1991, p. 101). In this study the TLT framework was the starting point to document the movement from harmful to helpful constructs and principles. It demonstrated how narrative mediates former knowledge, creates a disorienting dilemma, and moves HOR listeners to construct new schemas. In an HOR context, narrative must collectively mediate to maximize transformation of culturally embedded and shared beliefs, values, and practices.

### ***Research Question One***

Regarding the first research question as to a change in knowledge, the full evidence of the study is a definitive “yes.” There was a statistically significant change (34%) in caregiver knowledge from the pretest to posttests among the treatment group about the good and gentle care of orphans. The paired t-tests among the treatment group showed marked improvement in knowledge on each learning goal about good and bad care.

That was also indicated by comparing the difference between the control group (posttest only) and the intervention group with the intervention group scoring much higher (33%) in preferred answers in the post-intervention survey. Each of the theoretical foundations of this study contributed to that change as discussed below.

One enigmatic point was in the quantitative data learning goal number 7 on abuse and exploitation. Here the control group scored higher than the treatment group’s pretest (80% to 25%) with the treatment group only reaching 71% in the posttest. It is significant that the treatment group increase by 42%, yet why was the control group even

higher without participating in the workshop or hearing the radio drama? The unknown factors might include the wording, language or inflection of the person reading the questions aloud to the control group. It may have been the 50% chance of giving a correct answer without even hearing the question. None of this changes the result that the treatment group had significantly higher scores than the control group.

### ***Research Question Two***

The transport of listeners into the narrative played a significant role in the movement from previous knowledge and beliefs into new constructs. Using transportation into the narrative as a dependent variable showed a clear correlation of transportation (.49) to improvement of answers in the posttest among the intervention group. The use of oral narrative among HOR peoples seems to help listeners to empathize with situations and characters allowing them to move into new knowledge and beliefs more easily.

### ***Research Question Three***

The qualitative research illuminates the quantitative data and corroborates the first two hypotheses. While this element of the study was unable to statistically compare responses through codified methods, the anecdotal findings in an oral culture give sufficient insight to establish a compelling narrative of change. Participants personally articulated the same or more emphatic positive change in orphan care beliefs indicated by the survey questions. The importance of this evidence in an HOR context cannot be overemphasized in a strongly collectivistic and hierarchical culture. The theoretical underpinnings of orality emphasize that the spoken word carries more community weight than textual, that precision of words (exactly the right answers to survey questions) bow

to the assumed meanings of words, and the role of the arts cannot be ignored in content design.

#### ***Research Question Four***

The analysis of the personal interviews and group discussions show evidence of transformative learning. Nearly all those interviewed could give unsolicited specific examples of witnessing or demonstrating “bad care” and their hopes to live out “good and gentle care” in the future. They could also describe what good or bad caregiving looked like in principle.

#### **The Role of Transformative Learning**

Each phase or element of transformative learning became obvious as participants answered the survey questions, discussed the experience in focus groups or responded to open-ended questions in personal interviews. The setting of the workshop experience staged the first step in bringing learners into a disorienting dilemma and for integrating new knowledge moving into action. and gave confidence with role-play and practice for future life integration.

#### ***Disorienting dilemma***

The radio drama in a collective and participatory environment engaged participants to begin the processes of challenging current and former knowledge and beliefs toward orphan care. It set the stage for new belief constructs. The trauma of the girls and their caregivers presented a previously and normally unspoken narrative for participants. As listeners were transported into the story (see Figure 5.1), the problem of bad care was isolated and seemed to bring new awareness of how deep this crisis runs in Zambian cultures: “I never realized how easily a child can be used by other bad people.”

**Figure 5.1**

*Transported into the Story*



*Note.* By permission: RiverCross, International.

Hearing from other caregivers who experienced similar trauma brought immediacy to the problem for some of the discussion groups. Again, “When the doctor said how badly the little girl was treated it made me cry. No little girl should have those kind of things happen. It happened to me too, but I never speak of it. Esther and I share bad things, but good people make us feel better.”

Discussion questions exposed the status quo and its prevalence: “I never realized how easily a child can be used by other bad people.” “We had no plan for what to do about outside men taking advantage of our kids.”

***Self-Examination***

Participants shared feelings of personal doubt, fear, anger, guilt, shame as reflected in the story listening pyramid (Figure 2.16, p. 84), when listeners either consciously or unconsciously connect with underlying stories of joy or pain and then automatically relate it to themselves (Savage, 1996). This empathetic and sympathetic



response may be what fosters a para-social relationship with emotive power. Previously shared negative values regarding children (a form of dehumanization) were discussed with a first-time realization that they (the participants) might be part of the problem and solution to child redemption. Respondents in focus groups testified that they personally witnessed some of the “bad care” practices and began to feel a sense of regret for what others were doing as well as themselves.

### ***Critical assessment***

Personal and cultural assumptions included in the HE storyline took root in the repeated iterations of the drama in listening/discussion groups. Group members were asked to reflect on what they personally believed growing up, and how that shaped their current beliefs and practices of interacting with children in general and orphans in particular. Mezirow considered critical reflection the key to transformative learning (Mezirow, 1990), and the personal and collective exercises corroborated that premise as the study results bear out.

Daily “homework” assignments encouraged each person to make personal reflections and put those in artistic forms of poetry, laments, and songs. Participants often collaborated on these assignments. Learning partners discussed the implications at the conclusion of each audio listening session and frequently during the snack breaks, and during the post-event social media group which promoted additional assessment after caregivers returned to their working environments.

### ***Recognize shared discontent***

As groups critically assessed their work environments, their shared discontent became evident and percolated discussions about the process of how their realities differed from

the recorded drama. “In my group I heard other caregivers say things that made me think more about how those same things were happening in our home.” Participants tended to pay more attention to outsiders that might be taking advantage of the children in their care. In the process of discussing all these issues, the dialogue itself began opening minds to think differently. This element of PC (dialogue) proved essential in creating new knowledge (Vella, 2007, 2016).

### ***Explored options***

Discussion groups and learning partner conversations were designed to prompt new knowledge, roles, relationships, and actions. Some learning activities included exploring alternative storylines: “what might this sound like if Maria raised her voice at the girls? How might that be out of character for a good caregiver?”

### ***Planned a course of action***

The drama and participatory intervention hoped to move participants from status quo to a new normal through personal and group discovery of ways to move forward. They asked for more access to the HE recordings and further workshops to better put the things they learned into practice. They wanted to “see” how to do things. The participant-created social media group likewise anticipated a new platform for safe discussions of what caregivers saw and experienced.

Additional learning exercises led to what one might do if they suspected a potential abusive threat to a child. Role plays with caregivers and suspected abusers gave the opportunity to internalize what it might be like to conduct such an intervention. At least one time in the workshop we did a “stop action role play” as a scene was developing.

It came at a point that we could choose gentle care or bad care, and two people from each group had to play out one or the other choices.

### ***Acquired knowledge and skills***

The acquisition of new knowledge that began during the workshop was stimulated from several sources. First, the drama itself contained statements and scenes that called for group learning and reflection. After groups listened to an episode one or two times, the workshop facilitator asked pointed questions for group discussion about what things they heard led them to believe something different than what they previously believed or understood. The same was done for the overnight homework assignments that required reflection and integration of the lessons learned from the day. Finally, each day ended with the question: “what did you hear or experience that helped you think differently or want to try and do?”

All episodes and learning goals used repetition of something in the audio episodes. We also practiced physical motions or hand movements associated with the learning goals. These reinforced a memorable acquisition of new information and challenges that led to personal learning. One example of that was rehearsing the “breathe deep and count backwards” exercise with learning partners and in their discussion groups. Opening and closing session contained a repetitive exercise of some new learning from the previous content or day.

### ***Provisionally Tried New Roles***

The artificial environment of a workshop gives very little opportunity for real world practice of the 13 learning goals. The “breathe deep and count backwards” activity required one participant to act out a scenario of a verbal-behavioral outburst to which the

acting caregiver would have to intervene while observers had the opportunity to coach when they felt it might be helpful. While all participants successfully moved through the steps it hardly matched the volatility of a real crisis. The post-workshop caregiver groups held more promise for growth since they could coach one another in this participatory activity.

### ***Built Competence and Self-Confidence***

Following the workshop, most participants could articulate the steps to stop abuse using the hand motions to assist in recall. In focus group discussions they could also confidently identify the things that make for good or bad care of children, the difference between abuse and exploitation, lies those children believe about themselves and what they might do to help dispel those lies. Mission staff also made a commitment to a more participatory approach to future in-service training of all workers. Many asked permission to use the HE recordings for other staff, local churches and schools, as well as community radio broadcasts.

### **The Role of Constructivist Epistemology**

#### ***Narrative Thought***

Bruner (Bruner, 1986) proposed that narrative thought stands in contrast to paradigmatic. The latter represents the world in a subjective perspective and incorporates thoughts like goals, fears, and emotions. Narrative thought considers both knowledge of the world and the perspective that the observers and actors hold. The interaction with narrative in a participatory environment seemed to lead to the construction of new knowledge and paradigms regarding the care of children.

### ***Alternative Beliefs***

Group questions both during and after the workshop sessions directed learners to come up with alternative beliefs and values beyond what the HE radio-drama portrayed. During the workshop, questions were posed that helped participants identify possible disturbing unconscious beliefs and treatment of children: “What did you hear in this episode that made you think of things you have seen and done as you interact with children? What happened? How might you expect others to respond if they are sensitive to gentle care practices?”

### ***Knowledge Constructed in a Social Context***

Participants gave statements about the value of going through this type of training to form new opinions together. “After we listened to the episode, we talked together about what it might mean. Everyone took part and encouraged one another. We had many good ideas come out when we do this together.”

### ***A New Narrative***

The story of the girls, the abusers, and caregiving role models provided new narrative for our subjects to consider. According to our ZAMCOM participants, no other radio drama type programs had yet been developed dealing with the issues of caregivers of abused and/or exploited children, or even drama about the children themselves and how they now experience life. A constructivist epistemology in an oral culture demands starting with the concrete (real life type of story) and moving to the abstract (principles of gentle care). Our research confirms that an alternative narrative can stimulate collective thought and move them from the previous position to a new one in an HOR context.

## **The Role of Orality**

Orality as a framework of communication helped the truths of Holding Esther “stick” (Willis & Snowden, 2010). Yet it was not simply packaging these truths for the participants, it was engaging the participants with previously unconsidered thoughts and paradigms and prompting them to collectively consider the implications of the HE goals and outcomes through the drama and workshop process. The drama and workshop interaction considered the ways HOR people best receive, process, and pass on information by observing many of the 14 characteristics of orality (Appendix 1D).

### ***Affirmation of the Need for Multiple Characteristics of high Orality Reliance***

Ong’s psychodynamics, Parker’s descriptives, and the continuum model for understanding human communication (Appendix 1A-D) in an HOR context all contributed to the success of the project. A few of those dramatically stand out as follow.

### ***Chronology***

The drama rarely used chronological references, but movements of the day or seasons. The flow of the workshop gave movements rather than set hours and minutes of an agenda for the daily schedule. The schedule was articulated more as a walk down a path for this day, of where we would start and hopefully end up by the time to dismiss rather than compartments of time that might limit activity. This allowed participants to own a little bit of the workshop movement and activities as they helped define and control the process.

### ***Identity and a Collectivistic Orientation***

The subjects clearly identified with the narrative characters, plot and context having seen or experienced them in real life. Collectively in listening/discussion groups,

they were able to process their disorientation and help one another find new schemas for empathizing with and relating to children at risk. Both identity and collectivism played significant role in both the drama and the workshop interaction and concluding activities. Much of this research is based on the premise that collectivistic cultures and contexts require collective interaction, processing, and decision-making. The qualitative analysis speaks to this factor in unsolicited responses to open-ended questions in both focus groups and individual interviews.

### ***Innovation***

The workshop experience considered and planned for how HOR people view traditional thoughts, values, and practices as well as novel introductions. The storyline of HE began with the high value of a father gently speaking into the lives of his children with humor and obvious compassion. It then morphed into how in extreme circumstances abused children would flee, and what normal responses to street children might sound like. The introduction of hero figures that would go against commonly held knowledge and beliefs led from the traditional to innovative models making a path of lesser resistance to counter-knowledge (counter story) about orphan care.

### ***Music and the Arts***

Participants testified that they “became” part of the message and that was also reflected in the images of people captured on video as they listened to the drama in groups. Participants moved to body language that reflected a quieting withdrawal into the story (putting their hands on their heads, staring into space with furrowed brows, etc.). The use of Southern African strong rhythmic flavor of theme song engaged listeners who moved with the beat of the music. The arts significantly impact the peripheral route

of persuasion (ELM) (Slater & Rouner, 2002). No distortion between the artist and the audience (Parker, 1975, 1988; Slater, 2002; Slater & Rouner, 2002). During and after the workshop participants, technical workers and volunteers would be heard singing or humming the theme song.

### ***Genre and Story***

The very familiar type of story as an audio radio dream conveys principles, points, concepts that influenced KAP (de Groot et al., 2021; Gunner, 2000; Hadland & Thorne, 2004; Zambia Statistics Agency, 2019). The type of story was that of external forces to be overcome – villainous abusers and heroic caregivers – that would typically appeal to higher orality audiences. It allowed for the existential internal struggle of Maria and the girls as would appeal to any listener who might be moving toward a LOR preference.

### ***Mnemonic Tools***

*Holding Esther* and the workshop employed memory anchors that fit HOR preferences. In the drama Esther recounted and repeated to herself and her sister the affirming words and wishes of their mother. Participants recalled specific images embedded in the radio drama and could demonstrate the body movements used to demonstrate the steps one would take to remove a suspected abuser from their group home or working environment with children. In groups, the subjects transposed lessons into song, poetry, and dance. Rather than asking participants to record their thoughts in printed words along, we asked them to “doodle” their thoughts, used the exercise “picture this” by thinking of four lessons learned, reducing each to 1-5 word, divide a paper into four parts, wrote the word in small letters at the top of each box, drew a picture of the



lesson, explain it to a partner, have the partner share the other person's picture and message with the entire group. Even after the conclusion of the workshop participants could recall the lessons they drew and explained to others.

### ***Concrete to the Concept/Principles***

The HE program directors built the drama around the principles of good care. Their script writers, actors and musicians took their "inner speech" that fit the context of Southern Africans and expressed/communicated that for listeners. Each scene brought principles from the learning goals to life through vivid storylines with that led participants to catch the point. One principle of gentle care stated that a caregiver should recognize spontaneous erratic behavior. The scene in HE first led listeners into one of those kinds of outbursts, then the good caregiver explained to her assistant what had just happened and how to address the underlying "triggers." The real-life situations in the audio drama elicited mental images in the listeners (now their inner speech) that led to new understandings or knowledge that were processed and expressed in group discussions bringing about a collective resolve for good care.

### ***Mediation***

All subjects completing the sessions received a digital recording of  *Holding Esther*. CDs were distributed to all participants having access to a player (all did), and MP3 files were accessible to those with access to appropriate devices, and host organizations were given digital players with SD cards. These afforded multiple listening/discussion opportunities that are not always available in normal seminars, conferences, or in-service trainings.

## **The Role of Participatory Communication (PC)**

In the world of Development Communication, participatory communication strategies are a growing norm, but outside researcher and behavior change communication NGOs struggle to overcome past paradigms for program design and development. Top-down, information-infusing and diffusing is sometimes needed in some kinds of interventions: COVID-19, Ebola, and disaster relief. But the passive role of learners in top-down communication strategies is slowly being replaced by bottom-up, transformative, and active learning. It may come in stages and progressive levels of partnership, but there is a concerted effort to move into partnerships with a local locus of power. The research at hand lends further credibility to participatory communication and research.

### ***Level of PC: Level 1***

“Passive participation” (Cornwall, 2002; Pretty, 1995; Sam, 2017) seemed to be the overarching approach with HE where the participants are told about an issue with little regard for their assistance in the design and development of the instructional communication. The program was planned and executed at the direction of outside researchers. These researchers/program leaders formulated and implemented the project with local leaders serving as informed partners. One of the program directors is a Zambian national culturally living in the Washington, D.C. area, the theme song was written and performed by an African vocalist, and most of the actors were from Africa, but residing and working in London, UK. In the pre-workshop facilitator orientation, the volunteers and staff were asked to help shape the content and processes for listening discussion groups, homework assignments and possible post workshop activities or follow on.

### *Homework Assignments and Group Performances*

Some activities and assignments performed outside the workshop sessions promoted transformation at multiple levels: addressing collective beliefs and values; personal reflection articulated in group environment; active listening and learning. The **drama assignment** option gave the opportunity for participants to self-select troupes that would talk through their storyboard, assign roles and the stage and rehearse their drama prior to the next day activities. They not only captured the flow and message of the HE production, but also emphasized its embedded learning goals. The re-enacted dramas were far more detailed and “localized” by those playing HE characters than was the original more generic version of HE.

A second group chose the suggestion of dancing the message of an episode or episodes of the production. After the day of interaction, they quickly procured three dumps each with its own meaning and significance. This groups embodied what participatory communication is at its best. Group or troupe members collectively recalled an HE episode and recreated what that might sound and look like locally. The dance also re-enacted an HE episode. Every movement spoke meaning. Each rhythmic beat communicated some form of mood (fear, excitement, sorrow) and dancers interaction told the rest of the story.

Numerous others chose the options of composing poems about gentle care, singing songs from the perspective of a child or caregiver, or relating tribal proverbs that related to the message of HE and gentle care of orphans.

### ***Locus for Change***

Observable changes seemed to coagulate in the concluding exercises: Where do we go from here? Only the caregivers and other leaders could agree on their adapted or newly formed beliefs and convictions regarding the care of children. They also reflected on the probable minor and major abuses they and their colleagues might have witnessed or might have inflicted on children. Those thoughts prompted them to form social media platforms (Facebook and WhatsApp groups) outside their own organizations where they might share their successes, failures, and resources for more learning.

### ***Self-Articulation of Knowledge***

Post-episode listening discussions engaged participants to define in their own words the problem of child abuse, exploitation, and their need to improve in gentle care. These discussions always exceeded the time allotted by workshop organizers and often spilled over into conversations during the refreshment breaks. Some participants reported having made phone calls to friends and leaders about what HE brought them and to motivate others to sponsor their own HE workshops.

### ***Grassroots Solutions***

The workshop participants continued developing knowledge and skills in collective manner by forming their own network of caregivers and supporters. The processes in the workshop often used stop-action-roleplay and “Picture This” exercises. Here participants had to improvise solutions to what might be happening in the HE drama. They could help one another and come to a consensus.

### *Diffusion of the Message*

Participants shared their learnings with others outside the workshop setting. Even before the announcement was made that all would receive a CD audio copy of the HE drama many asked to have access to use with their church, organization and even with public and private schools. Those who formed drama groups reenacting episodes of HE indicated they would simply perform the entire seven episodes rather than just playing the digital audio version. Others made phone calls to pastors even before returning home. The mamas shared their learnings in Chongwe immediately after returning from the workshop as uncovered in our post-workshop site visit.

### **The Role of Narrative**

Every communication strategy involves some type of narrative. It might be as simple as the telling or selling the principles or concepts designers hope to communicate, or as intricate as building a storyboard that integrates those principles and concepts into real life type stories. The study at hand clearly demonstrated both quantitatively and qualitatively that the power of narrative in a collective environment with HOR subjects helps participants construct new knowledge that leading to behavior and skill development.

### *Story Connection*

The shared story of HE elicited personal stories (story listening pyramid) creating a connection with listener and the truths embedded in the storyline. This seems to align with Bruner's (1996) assumptions about the role of narrative in the learning process. Sequences of stories build (accrue) to make something new (Bruner, 1991b, p. 18) and this building process leads learners to construct their own progressive knowledge as they

are prompted through outside influences like radio drama. When we construct our own narrative based on newly acquired knowledge our schemas change. Our story has changed as has our relationship to the world around us (Jerome Bruner, 1996; Bruner, 2004). Workshop participants verbalized their experience of being transported into the story of Rachel, Esther, and their supporting cast and how they were changed as a result.

### ***Transportation***

The data clearly demonstrated that when listeners were captured by the story, changes in knowledge could be predicted. Being transported into the story directly influenced the construction of knowledge (see Figure 5.2). All art forms have varied ability to draw outsiders into their message (liminal space), but the telling of a story uniquely forces the brain into its internal imaging process. Words as images spoken from an outsider produce images created in the inner speech of the receiver. This also may account for the opinion that cinema rarely meets the expectations of a reader who personalized the story creating their own imaginations.

**Figure 5.2**

***Transported***



*Note.* By permission: RiverCross, International.

***Para-social Relationships***

Identification with the situation and characters visibly affected the listeners as shown in the video recordings from the workshop that caught participant reactions. Statements from personal interviews also reflected deep emotional ties especially for the two orphaned girls and disdain for the antagonists. Based on the personal interviews, focus group discussions, and listening group interactions, the transportive effects of identifying with characters or situations in HE positively influences and connects with the truths embedded in the story based on the prescribed learning goals.

### ***Role of Narrative in Persuasion***

All these factors of narrative ultimately help instructional designers to chart a path for potential transformative learning allowing for a new self and collective narrative that leads to the gentle care of orphans. Using the peripheral route of persuasion made transformation possible through narrative (Slater & Rouner, 2002, p. 117). The discussion groups gave reason (central processing) for the new constructs, but the disorienting dilemma of two lost girls needing love and care ushered participants into new possibilities previously unimagined. “I never realize how. . .” (chapter 4, p. 145) kinds of statements indicate participants were persuaded by the narrative to move from their former understanding to new understandings.

### ***Integrated Art Forms***

The use of multiple art forms enhanced transformative learning: vocal music, instrumental, dance, drawing pictures, and creative arts in assignments. The song composed and performed for HE was repeated at least two times in each episode (prelude and postlude), instrumental music played a role in dramatic enhancement of scenes that drew listeners into the story as well as the vocal and instrumental expressions from the homework assignments. Each reenactment, poem or song took the truths of HE and integrated them as newly formed constructs built from their inner speech. *Picture This* exercises helped individuals tell their own story of what they cognitively constructed and verbally and visually depicted.

In summary, the theoretical constructs of this research help validate the positive effect of radio drama in a collective environment that led to transformative learning. To see transformation, the participants needed to, and in fact did, construct new knowledge and



schemas regarding the gentle care of orphans. The guided use of orality characteristics, principles and methods helped package and deliver the learning goals for HOR subjects. They easily receive and understood the underlying learning goals and objective for life integration. The participatory communication styles and methods promoted ownership of the knowledge construction to the subjects, and narrative delivered the learning goals and objectives in ways that helped subjects internalize, synthesize, and realize new cognitive constructs for relating gentle care to abuses and exploited children.

### **Limitations of the Study**

The number of studies using orality principles and methods for transformative communication and learning are quite limited. This is especially the case when we are attempting to measure the ABCs of learning goals and gains. The immediate cognitive gain is irrefutable but will it last without persistent reinforcement. Will there be relapses into previous schemas and defaulting to the way that feels most comfortable in mental pathways and habitual practices? Orality research tends toward anecdotal examples and case studies with little attention to quantitative research that measure the use of orality characteristics and tendencies. The research is inextricably intertwined with the RiverCross program and the HE recordings, so in describing the limitations of the study I at times describe those limitations simultaneously.

This research likewise is limited by its short-term impact and minimal participation of local leaders.<sup>23</sup> RiverCross could not ensure any further work in the region. The local organizations could not foresee funding to do that either.

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<sup>23</sup> The staff of EOH were instrumental in much of the on the ground experience. The survey questions needed their in-put as well as many of the workshop exercises. Staff and leaders also led portions of the workshop, from the reading of the survey questions to elaborating on some of the instructions needed to

### *Quantitative Data*

This study would greatly benefit from robust qualitative data analysis based on the recordings, transcripts, code book, and subsequent findings. This supportive data was not possible in the perfect storm scenario: lack of audible recordings, saved recordings lost in our house fire, untranslated responses from focus group participants, and the varied questions and answers from the personal interviews that followed the train of thought offered by interviewees. Even taking the existing recordings would fail to show trustworthy and credible results.

At the same time, the anecdotal responses from the discussion group facilitators debriefing sessions, the personal interviews, and the workshop session discussion group do further support the quantitative analysis. Quantitatively we overcame the null hypotheses from each research question. There was significant change in belief, attitude, and behavior among the test group as well as more preferred answers than the control group (posttest only). There was also a significant correlation of transportation into the story affecting change in knowledge, attitudes, and intended behavior.

The kind of qualitative data needed may have been obtainable with fewer and simpler questions for coding. Simply ask two basic questions: “What, if anything, changed in your mind about the care of orphans?” “Can you remember a time listening to the recordings, when you felt like you were right there with the characters?” With answers to those questions, we could find the common themes and how they compare with the analysis of the quantitative questions and learning goals.

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fulfill homework assignments and other activities. Yet, in the future they might now help with actual design and development processes since they have seen and practiced workshop leadership.

The biggest challenge for usable data is to keep the questions concise, clear, and reduce uncertainty by orienting and communicating with facilitators before and during the workshop. Parker attempted to show that a highly literate and “lettered culture” approach to learning put African American children at a distinct disadvantage just because of the wording and language of test questions (Parker, 1975, 1988). In our case, questions may need further clarification. Then when clarifying a question to one person until that person acknowledges adequate understanding it may have to be explained to another person in less or more detail. That produces a similar scenario to our study in that qualitative data-based analysis seems compromised with multiple explanations.

When it came to administering the TMS, we not only read the questions aloud, invited clarifying questions from and for the entire group in the same room, but also assigned simple physical and visual gestures/actions to each question and response as the survey was conducted. All the subjects heard the same questions, expectations, and instructions on how to give their answers. Likert Scales are especially difficult since they categorize and use linear thought processes, and these are most effective for LOR audiences. We integrated a qualitative examination knowing that it would reveal a more accurate picture of what happened in an HOR transformative learning experience.

### ***Control for Focus Group Data***

No single person gave explanations for question clarity among all the participating subjects in the workshop discussion groups, post-workshop focus groups and personal interviews. It may have been more effective for facilitators to take a stronger role in a culture that prefers high Power-Distance. The plenary sessions did assign one person for that role, and it worked well.

Ad lib translation during the focus groups, permission to speak in the respondent's mother tongue, and the resultant lack of codification of those responses detracted from a more robust analysis of the data. We would have preferred qualitative data comparison with the quantitative but had to settle for the answers relayed through the group leaders and interviews containing more open-ended questions. This limiting factor does not give the kind of data results many researchers prefer.

Relatedly, the personal interview questions normally began with the same question from person to person and the interviewer allowed the interviewee to respond to open ended questions. This led to a variety of follow-up questions that not all subjects answered. This process did give more unscripted insights and yielded a clearer picture of respondents' real movement toward transformation. In LOR context, we might simply wordsmith the question for precision. In an HOR context, the sound and general meaning of a message (or questions) are simply clues to where our assessment questions might lead a person. We looked for their responses as they "intelligently guess" at our meaning and genuine inquiry as to what they thought, felt, and did. That process is beyond the capacity of developing a code book.

### ***Capacity to Determine Long-term Effects***

Long term impact on the caregivers' beliefs and values needs multiple interventions over an extended period. These interventions would provide multiple reinforcement of knowledge gained which in an oral culture fit the learning methods and mnemonics the theories of orality and related cognitive processing require. The Theory of Planned Behavior fits the needs of a longer-term study since it considers shared cultural values and the perceived intentions and ability to move to new knowledge and

values in a person's local environment. The Social Ecological Model might also be a helpful framework since views of children in general, and orphans in particular, require changes from the most intimate social relationships to societal and legal transformation that must gradually take place (Iyorza, 2014).

Derek Lane in his C.O.R.E. Message-Centric Learning Model adds that we should not just be looking for cognitive and affective short-term changes, but long-term transformations brought about when attitudes change due to knowledge acquisition and knowledge application (Sellnow et al., 2015). Application takes more than a 1-day reorientation. It takes practice as Mezirow's model also describes in the last 3 phases.

It would therefore be good to have a long-term interaction with the same peers and orphan advocates would have been helpful for understanding potential transformative learning. Yet in this context it was also unrealistic to seek that depth of research and behavior change since the caregivers come from a variety of locations, types of organizations, and relationships to abused or exploited children.

### ***Level of Participatory Research***

The HE study served as a valuable introduction to research processes for local leaders who need to see the process before they do it without outside direction or assistance. Yet more could have been built into empowering local leaders for their own regionally produced programs from what they learned from all aspect of HE. RiverCross did later produce manuals for hosting and using the HE recordings in workshops, seminars, schools, and churches. But local leaders might well move on to their own core content, development of learning goals and objectives, and evaluate it all with their own regional resources.

### ***Translatability***

HE as an intervention tool holds value in oral cultures. For more complete transformative learning, the program needs significant adaptation for national and regional efficacy that will require indigenization of more content addressing the issues. The drama script, dialogue, music, sound effects, and literacies may at least require more contextualization (language, music, sound effects, etc.) and at most require a reboot that uses HE as a template for research methods, new radio-dram recordings, workshop exercises and interactions. The goal for HE was to broadcast the program on national and regional radio stations. During the workshop and at the conclusion participants discovered their collective capacity to produce and distribute HE type programs on regional and community radio stations. They planned to start with the original production and move first to local adaptations (from script to music) and then follow with new stories of abused and exploited children to try to change the hidden beliefs and values of the country.

### **Additional Recommendations for Future Research and Instructional Design Practice**

One limitation was the absence of similar content in a lower orality reliance format among a control group. That would be done with participants receiving a textuality approach of concepts, principles, outlined PowerPoint type presentations with some illustrations and case studies. It would be good to center LOR and HOR training with the same core content but using principles and methods accordingly.

The TIM could be greatly enhanced. First, it could provide the basis for discussion at the conclusion of each episode allowing the subjects to articulate what

captured their attention and sensing that they were transported. Then when the actual TMI is administered, they would more likely remember those things they previously articulated. When administered at the conclusion subjects need to make sure they give their ID number to accurately match them for analysis tied to the quantitative survey.

Then, the research itself imposed limitations. Some were due to the international site and the capacity of the local team. The focus group leaders needed more practice in the process and use of technologies as well as focus group experiences prior to the workshop. They would experience a focus group, lead one, and give feedback to others doing the same. The data recording into an Excel spreadsheet needed dedicated staff skilled at giving more attention to detail. Entry errors had to be corrected three times. Translation and transcription of the focus group questions and answers also needed more concrete rules of engagement, like ensuring immediate back translation into a more common national language or the Zambian trade language of English.

### ***Build a Comparative Research Project***

Further research is needed using an identical core content but experienced in contrasting high orality reliance and low orality reliance. To my knowledge there was no pre-program assessment to determine the previous knowledge and attitudes of our audience. This might also explain why there was a high number of “correctly answered” questions by both the intervention and control groups. Having a control group measuring change in knowledge and beliefs would be enlightening. The intervention group using the HE listening, discussion, interaction, and exercises as contrasted with a webinar/workshop presentation composed purely of the facts and principles of child abuse and exploitation, and caregiving. This group would use no narrative or other art

forms for engaging their group. Administer the same quantitative pre and posttests on the content as well as a further modified TMI survey for both. The intervention group would reflect on the narrative transportation and the control group on the examples cited with little narrative included.

### ***Significant Attention to Local Competencies***

The limitations of the qualitative data might have been overcome with more robust preparation of local volunteers and staff. A four to six month planning timeline might be implemented with exercises to build competencies in the process of focus groups, practice with the recording tools, principles and methods of interactive discussion, data collection and entry with the exact tools planned for the event. Partners from regional NGOs and universities might also assist in all these processes so that all qualitative responses might be successfully coded and analyzed through software applications (e.g. NVivo).

### ***Test Each Characteristic of Orality as Independent Variable***

Further research is needed to determine the impact of all 14 characteristics of orality by looking at a multiple regressive picture of how each might weigh on any given transformative learning experience. Are there some characteristics that weigh more heavily than others? This could be done in multiple regions and contexts around the world as a meta study funded by foundations that have an interest in connecting with high orality reliant peoples (McClellan Foundation, Cornerstone Trust, John Templeton Foundation, etc.).

The audio script might also be evaluated in terms of its principles of orality. Producers might start with the characteristics of orality to guide not only the sound of the



voices, but also the use of proverbs, symbols, rituals, music, drums fitting with HOR preferences.

Compare audio and video presentations of an instructional narratives. The research of Melanie Green (Green, 2004; M. Green & T. Brock, 2002) began with text versions of a narrative, and Murphy migrated toward television and visual mediation (Murphy, 2000; Valente et al., 2015). A significant portion of the global population relies heavily on radio, and while it challenges the Western world, a significant population is even outside the reach of radio broadcasting due to language and lack of community radio programming (D, 2001; de Groot et al., 2021; Hadland & Thorne, 2004).

### ***Multiple Art Forms***

The use of radio drama is an established platform for entertainment that educates (Ami et al., 2007). The use of radio drama is but one art form that transports people into a liminal space that opens the possibilities for changing knowledge and schemas. Looking further at all forms of narrative transportation for instructional communication: all art forms, not simply verbal arts. Those art forms that appeal to a culture or people can be used for significant transformative ends like those used in the fight against HIV/AIDS incorporating fashion/clothing, jewelry, comedy & humor, music, poetry, and graphic designs. When used in a competitive environment, youth from across the country produced art that expressed the truths about HIV/AIDS and how to show love and care to those infected and affected. As people begin expressing newly discovered knowledge it brings more internalization and affects people at the deepest levels (Anog-Madinger, In publication; Noy & Noy-Sharav, 2013).

At the same time, selecting and/or producing culturally appropriate and relevant art forms need counsel from local and regional experts. Those may include outsiders from the fields of anthropology and artistic expressions. Even the use of narrative is not as simple as just telling a story. As discussed earlier about the contribution of orality, the kind of story as well as the elements of the story must come from and speak into the worldview and world experience of local people.

### **What would I have done differently?**

All research is about learning. Much has been learned in this particular project, yet if I had it to do from start to finish there would be several changes.

- Engage local leaders prior to scripting the drama leaning on their local insights from the definition of the issues to solutions that might be included in the narrative and learning exercises.
- Incorporate more of Bruner's observations on "Life as Narrative" (Bruner, 2004) and promoting the end product of the workshop encounter as a viral community narrative where the medium of the message is the graduates of the program. Their development of a new "self-narrative" deepens the impact of their newly constructed knowledge and can potentially transform local and regional cultures.
- Record and publish the homework assignments (songs composed, dance performed, poetry and other art forms).
- Much more extensive facilitator training over a 2-day period of time that would include data collection methodologies, focus group discussion

rehearsals with stop-action role plays, and practice using the recording devices.

## **Conclusion**

Transformative learning using radio drama experienced in a participatory environment brought about a high level of change in knowledge, attitudes, and some initial behaviors. Narrative proved to be a high-powered method that aided in the formation of new schemas. The 10 phases of Mezirow's Transformative Learning Theory can guide the process leading HOR peoples to discover new knowledge as reflected in the test/intervention group of the  *Holding Esther*  project. The principles of orality help shape the content design and delivery, matching the ways and means HOR peoples receive, process, and pass on knowledge to others. A participatory communication process would be served better to engage local leaders beginning with the conceptual and design phases forward. Researchers inclusively value the identity, wisdom, and insights of the local stakeholders. They would also plan for progressively involving those local leaders in developing, implementing, and evaluating research.

The research yielded valuable insights for other efforts dealing with the issues of oral cultures and among high orality reliant populations. Orality in transformative communication and learning is a growing field of study that can expand our capacity to engage learners in ways they prefer to receive, process and remember, and pass on truths and information. The limitations of the study can be overcome with a longer run-up to an intervention that includes a stronger role with local leaders. This may be an obstacle for publishers and broadcasters, but many are breaking out of old paradigms to not just produce products but help local leaders produce their own based on best practices.

## Epilogue

Edith lost her husband to a copper mining accident nearly 15 years ago, and her now grown children have families of their own living far away. A local NGO noticed her exemplary character with a strong but gentle presence. They asked her to join a special outreach to orphans and matched her with 8 orphaned girls that now call her *Mayo* (*my mother* in Bemba) for the past four years. They all need one another. One of her girls, an 8-year-old, Kayokwa<sup>24</sup>, has periodically wet the bed for all those years. Edith did everything she normally would do just as she had learned from her parents and practice with her own children. She scolded, made them wash the bedding, and eventually even spanked them to get them over the problem and save them from more shame. Then Edith heard a new program on the radio –  *Holding Esther*. The weekly broadcast from her community radio station also featured four men and women discussing the drama and its implications after it played. After one of the episodes, the panel talked about outward signs of previous abuse. Bedwetting was all too common. Their counsel on how to help these young victims led Edith to comfort and console Kayokwa, encouraging her to talk about past abuse, assuring her she was not to blame, and assuring her that *no one* would ever do those kinds of things to her again.

We may never hear if and how Kayokwa finally grew out of her involuntary expression of fear and pain. We do know that she has a better chance of a healthy future because of Edith’s newfound understanding and compassion.<sup>25</sup>

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<sup>24</sup> Kayonkw translated to English is “healing tree.”

<sup>25</sup> The characters and story represent a composite of people who share the same narrative, and not real people. During and after the workshop we did hear the stories of many “Ediths” and their responses to “Kayokwas.”

## Appendix 1

### Psychodynamics, Characteristics and Tendencies of Orality

#### Appendix 1 A

#### Walter Ong's Psychodynamics

Psychodynamic	Primary Orality	Comment
<i>Additive</i> rather than subordinative	Oral cultures <b>use less structure than written cultures</b> and are not as concerned with the rules of grammar as much as literate cultures. They express themselves by appending their thoughts together in a pragmatic manner. (Ong, p.37)	PO tends to tie things together with a formula: In the beginning, God created heaven and earth. <b>And</b> the earth was void and empty, <b>and</b> darkness was upon the face of the deep; <b>and</b> the spirit of God moved over the waters. <b>And</b> God said: Be light made. <b>And</b> light was made. <b>And</b> God saw the light that it was good; and . . . (Ong, p. 37)
<b>Aggregative</b> rather than analytic	Oral cultures use <b>formulaic oral expressions</b> to make expressions more meaningful and memorable. (Ong, p.38)	Oral tradition favors the use of reusable formulas. Thus, it is not just “the soldier,” but “the brave soldier”; not just “the princess,” but “the beautiful princess”; and not just “the oak,” but “the sturdy oak.” (p.97)
<b>Redundant</b> or copious	Oral cultures <b>repeat information</b> so that it becomes ingrained in memory. (Ong, p.39)	Redundancy is necessary to ensure that the speaker and listener both remain on track. When reading, however, it is not necessary to repeat information, as the reader can always backtrack to re-read earlier material—to the point where this becomes second nature. “with writing, the mind is forced into a slowed-down pattern that affords it the opportunity to interfere with and reorganize its more normal, redundant processes” (p.40)
Conservative or <b>traditionalist</b>  <i>(a corollary of redundancy)</i>	Oral cultures repeat information over and over again to <b>ingrain the information and avoid adding any extra information as it would be too much of a burden to remember.</b> (Ong, p.41)	Since oral knowledge vanishes unless repeated again and again, oral cultures place a premium on repeating previously held knowledge rather than experimenting and discovering new knowledge. This is not to say that oral cultures never update their knowledge store or that they lack originality: Narrative originality lodges not in making up new stories but in managing a particular interaction with this audience at this TMIe—at every telling the story has to be introduced uniquely into a unique situation, for in oral cultures an audience must be brought to respond, often vigorously. But narrators also introduce new elements into old stories.” (p. 41)
<b>Close to the human lifeworld</b>	Oral cultures remember information that is <b>familiar to their surroundings</b> and their own life <b>experiences.</b> (Ong, p.42)	In the absence of elaborate analytic categories that depend on writing to structure knowledge at a distance from lived experience, oral cultures must conceptualize and verbalize all their knowledge with more or less close reference to the human lifeworld, An oral culture has has nothing corresponding to how-to manuals for their trades.






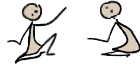




		oral knowledge is that it “knows no lists or charts or figures” (Ong, p. 97). The emphasis is on narrating events in time, with a correspondence between these narratives and human experience.
<b>Agonistically toned</b>	Oral cultures <b>remember dramatic events</b> that have a tone that expresses <b>drama and agony</b> . (Ong, p.43)	This is because stories and proverbs—the basis of oral tradition—are not meant to be just a store of knowledge, but also <b>a means to engage a dialectic dialog</b> . It is this argumentation that Ong considers to be the predecessor of the dialectic method of Socrates and Plato. Thus, oral thought is often instantiated as an interplay of competing ideas.
<b>Empathetic and participatory</b> rather than objectively distanced	Oral cultures prefer being close to their audience where the <b>audience and the speaker each have influence over each other</b> . (Ong, p.45)	With literacy, knowledge is disengaged and is supposedly “objective.” In an oral culture, according to Ong, “learning means achieving close, empathetic, communal deification with the known.” Oral people usually do not memorize, other than for rituals; instead, learning involves an amalgamation of the new with the self. Literates are usually surprised to learn that the bard planning to retell the story he has heard only once wants often to wait a day or so after he has heard the story before he himself repeats it. In memorizing a written text, postponing its recitation generally weakens recall. An oral poet is not working with texts or in a textual framework. He needs time to let the story sink into his own store of themes and formulas, time to ‘get with’ the story. In recalling and retelling the story, he has not in any sense ‘memorized’ its metrical rendition from the version of the other singer. (p. 59)
<b>Homeostatic</b>	Oral cultures retain information that <b>pertains to their current situation</b> , not dwelling on the past. (Ong, p.46)	oral cultures eliminate memories that are obsolete, simply by not repeating that information. As a consequence, oral cultures never need dictionaries, since all words in usage are commonly known and understood by everyone in the culture.
<b>Situational</b> rather than abstract	Oral cultures learn about <b>ideas and concepts that exist</b> . (Ong, p.49)	The most substantial distinction is the reliance on and need for situational thinking. Oral knowledge is rooted in the human lifeworld, oral people are most comfortable in thinking and learning situationally, instead of in the abstract. This does not mean that oral people cannot think categorically; it is just that they make categories differently than literate people. For example, when asked to categorize a set of objects, oral people categorize based on features important to the human lifeworld Any form of thought other than grounded “operational thinking” is likely to be considered “not important, uninteresting, trivializing.” (Ong, 1982) Operational thinking is also the mode in which oral individuals interpret reality. For example, Luria found that oral people interpreted circles as a plate, sieve, bucket, watch, or moon, although school-going children readily identified them as circles (Luria, 1976).

*Note.* Adapted from Ong (Ong, 1982).

# Appendix 1 B

## An Orality Continuum

### Characteristics and Tendencies of Orality Reliance Continuum

	High Orality Reliance		Low Orality Reliance
	Tradition/Past There was a time when	Chronology	Future Once upon a time
	Elderly	Respect	Young
	Replication of tried/true	Innovation	Creation of New/different
	Group	Identity	Individual
	Rhythm Become	Music Arts	Melody Observe
	Spoken by Sound Not withdrawn Authority of Written Information Implied	Words	Relative Precise Meaning Change Just words Information defined
	Verbal Discussion Repetition Helpful	Processing/Memory	"Text" Personal Reflection Repetition Distracting
	Stories Proverbs Folktales Pictures Symbols Metaphors	Genre & Expressions	Multiple Literacies Text Reading Graphs Tables
	Random – repeated	Logic	Progression - Linear
	Real Illustration Practical/Use	Organization	Abstract Concepts
	External Struggles	Storyboard	Internal Struggles

Institutes for Orality Strategies

Some images from an anonymous worker in a restricted access country

## Appendix 1 C

### A Digest of Orality Characteristics and Tendencies

<b>Contributing Factors</b>	<b>HOR</b>	<b>LOR</b>
<i>Orthography and Available Resources</i>	<ul style="list-style-type: none"> <li>• May have Alphabet, but no dictionary</li> <li>• Body of literature: Very little print/text resources available to reading</li> <li>• Mother-tongue spoken by youth</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple orthography/print-text options</li> <li>• Body of literature: Multiple dictionaries, Thesauruses, and libraries</li> <li>• Trade language or dominant languages fluently spoken</li> </ul>
<i>Education</i>	<ul style="list-style-type: none"> <li>• Parents &amp; grandparents have limited formal education</li> <li>• Formal schools with limited teachers, educational tools</li> <li>• Limited access geographically</li> <li>• Low literacy rates</li> <li>• Language used in schools is local</li> </ul>	<ul style="list-style-type: none"> <li>• Parents finished primary and secondary school</li> <li>• Formal schools include multiple public and private options</li> <li>• Relatively convenient location</li> <li>• Moderately high literacy rates</li> <li>• Language used in schools dominant or trade languages</li> </ul>
<i>Social</i>	<ul style="list-style-type: none"> <li>• Multiple generational household close to other relatives</li> <li>• War, Conflict or IDP</li> <li>• If urban, higher crime rate</li> <li>• Use lowest public transport</li> </ul>	<ul style="list-style-type: none"> <li>• Single family dwelling with visits to relatives</li> <li>• Relative regional “peace”</li> <li>• If urban, lower crime rate</li> <li>• Multiple “affordable” transportation options</li> </ul>
<i>Economics</i>	<ul style="list-style-type: none"> <li>• Live below national poverty line</li> <li>• School fees &amp; uniforms prohibitive</li> <li>• “Girl-Education” less important</li> </ul>	<ul style="list-style-type: none"> <li>• Upper ranges up poverty level to affluence</li> <li>• School fees may be a challenge, but manageable</li> <li>• Equal education for sons &amp; daughters</li> </ul>



<b>Orality Characteristics</b>		
<b><i>Chronology</i></b>	<ul style="list-style-type: none"> <li>• Time is what we are doing now is the rhythm</li> <li>• More <i>Kairos</i> oriented</li> <li>• Considered “Late” arriving hours after others</li> <li>• Degrees of lateness qualified</li> </ul>	<ul style="list-style-type: none"> <li>• Time is measured and is the rhythm</li> <li>• More <i>chronos</i> oriented</li> <li>• Considered “Late” after a few minutes</li> <li>• Degrees of lateness quantified</li> </ul>
<b><i>Respect</i></b>	<ul style="list-style-type: none"> <li>• Elders opinions not openly challenged</li> <li>• Who says it is most important</li> <li>• Greater power distance</li> </ul>	<ul style="list-style-type: none"> <li>• Elders opinions open to public scrutiny</li> <li>• Who says it is relative</li> <li>• Closer Power-Distance</li> </ul>
<b><i>Innovation</i></b>	<ul style="list-style-type: none"> <li>• Tradition is high value</li> <li>• Traditional things tend to enhance life</li> <li>• Novel is suspect</li> </ul>	<ul style="list-style-type: none"> <li>• Progress is high value</li> <li>• New things tend to improve life</li> <li>• Traditional is suspect</li> </ul>
<b><i>Identity</i></b>	<ul style="list-style-type: none"> <li>• Collectivist mentality</li> <li>• We are, therefore I am</li> <li>• Concerned with saving face for others</li> </ul>	<ul style="list-style-type: none"> <li>• Individualist mentality</li> <li>• I am, therefore we are</li> <li>• Concerned with saving face for self</li> </ul>
<b><i>Arts</i></b>	<ul style="list-style-type: none"> <li>• Arts serve as primary form of communication</li> <li>• Become the arts (evokes outward expression: song, dance, laments)</li> </ul>	<ul style="list-style-type: none"> <li>• Arts serve as secondary form of communication</li> <li>• Observe or take in the arts (galleries, concerts, recordings)</li> </ul>
<b><i>Words</i></b>	<ul style="list-style-type: none"> <li>• Uncertainty avoidance low</li> <li>• Communication is expected to be implied, indirect and ambiguous</li> <li>• Indirect persuasion</li> </ul>	<ul style="list-style-type: none"> <li>• Uncertainty avoidance high</li> <li>• Communication is expected to be explicit, direct, and unambiguous</li> <li>• Direct persuasion</li> </ul>
<b><i>Processing/Memory</i></b>	<ul style="list-style-type: none"> <li>• Process better in group</li> <li>• Decisions more on feeling</li> <li>• Archive orally</li> <li>• Collective memory access/retrieval</li> </ul>	<ul style="list-style-type: none"> <li>• Process better as individual</li> <li>• Decisions more on reasons</li> <li>• Archive non-orally</li> <li>• Individual memory access/retrieval</li> </ul>
<b><i>Genres</i></b>	<ul style="list-style-type: none"> <li>• Stories state/are the point</li> <li>• Proverbs ground our lives</li> </ul>	<ul style="list-style-type: none"> <li>• Stories illustrate the point</li> </ul>

	<ul style="list-style-type: none"> <li>• Tell folktales for lesson</li> <li>• Pictures</li> <li>• Symbols</li> </ul>	<ul style="list-style-type: none"> <li>• Proverbs round out our lives</li> <li>• Tell folktales to entertainment</li> <li>• Pictures</li> <li>• Symbols</li> </ul>
<b><i>Logic</i></b>	<ul style="list-style-type: none"> <li>• Random progression patters of logic</li> </ul>	<ul style="list-style-type: none"> <li>• Linear progression patterns of logic</li> </ul>
<b><i>. . . &amp; Organization</i></b>	<ul style="list-style-type: none"> <li>• Deductive reasoning first (experience to principle)</li> <li>• Inductive reasoning second (principle to experience)</li> <li>• Viewed by function (unlike this chart)</li> </ul>	<ul style="list-style-type: none"> <li>• Deductive reasoning second (experience to principle)</li> <li>• Inductive reasoning first (principle to experience)</li> <li>• Viewed by categories and types (like this chart)</li> </ul>
<b><i>The Story</i></b>	<ul style="list-style-type: none"> <li>• The agony – always an external problem</li> <li>• A <i>kairos</i> approach to the storyboard (any starting point/progression)</li> </ul>	<ul style="list-style-type: none"> <li>• The ecstasy – tends to be an internal problem</li> <li>• A <i>chronos</i> approach to the storyboard (normally “once upon a time, then. . .)</li> </ul>

(Madinger, 2020).

## Appendix 2

### HE Quantitative Survey: Pre & Post-Intervention

Name: \_\_\_\_\_

(# \_\_\_\_\_)

Age: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Organization: \_\_\_\_\_ Location: \_\_\_ Urban \_\_\_

Rural

Level of Education: (check the furthest you have gone)

1. \_\_\_ Primary School
2. \_\_\_ Secondary School
3. \_\_\_ College
4. \_\_\_ University

à

Responsibility (select only one):

1. \_\_\_ Administration
2. \_\_\_ Caretaker
3. \_\_\_ Volunteer
4. \_\_\_ Pastor

Years of experience working with orphans or exploited children

1. \_\_\_ No previous experience
2. \_\_\_ 1-2 years
3. \_\_\_ 3-5 years
4. \_\_\_ 5-10 years
5. \_\_\_ 10+ years

Answer the following questions with either “Yes” or “No.”

1. Correction of children in our care often requires harshness to make sure they do what is expected.
2. The best way to get our children to change behavior is through gentle correction.
3. Adam refused to do his dishwashing duty. A good caregiver would first make sure he took his responsibility seriously to be fair to the other children.
4. If children that experienced abuse can just get away from those who mistreated them, they will eventually be just fine.

5. Many children throughout the country live without adequate food, and children in our care should expect the same.
6. Providing a safe environment may be the most important thing we do for these children.
7. The children need to see me studying the Bible.
8. As long as I *tell* the children to trust in God, that will give them enough spiritual encouragement.
9. Teaching children Scripture is really just the responsibility of the church or our daily devotional leader (supervisor).
10. Good caretakers must frequently state their personal thanks to God for *everything* – the good things and the hard things.
11. Verbally expressing a caregivers' thanks to God is essential for good care.
- ~~12. I should not talk directly with a child about their abuse in order to protect them from getting emotional.~~
13. Non-staff people giving a gift to one of our children should raise some suspicion about possible abuse.
14. If a child says that their uncle had them go and help a neighbor to go carry water from the river, I would suspect possible exploitation.
15. An uncle taking care of orphans left as his responsibility has the right to hire out those children to others who need them.
16. When an orphaned child moves in with another close relative they are vulnerable for abuse at the hands of close family members.
17. When a child loses a mother, the thoughts of their mother's cooking and meals is overcome by the care and provision of an aunt.
18. Orphaned children should not be expected to talk openly about their losses, but move on to the new environment.
19. Orphans have a healthy belief that they can and should fix the problems that they face, since they really are on their own.
20. Often abused children think others hate them because they are orphans.

21. Sexual abuse of an orphan child begins when someone has sexual relations with them.
22. Exploitation happens when a person takes advantage another for his own *personal* satisfaction.
23. An abused child is spoiled by sexual abuse, and cannot really ever overcome it.
24. These children are correct to believe they can really trust no one.
25. Speaking what is good about the specific child for whom you care will remove the lies that child believes about themselves.
26. The best way to confront the lies abused children believe about themselves is to put it out in the open during an open teaching time. Simply tell them that lie is not true.
27. Once in a safe home, children do not disclose what happened to them or things about the abuser, because they fear someone will send them away.
28. When a child coming from abuse has anyone treating them kindly, they finally know who they can trust.
29. People who do not follow the rules of the house should be seen as potential abusers.
30. Those who come into regular contact with the children could easily be potential abusers.
31. The grooming process builds false trust in a stranger.
32. I should be alarmed when I hear a hired worker regularly giving compliments to a child.
33. The first thing to do in stopping abuse is to remove a suspected abuser from the property.
34. A man should be confronted in the presence of the child when suspected of abuse so that the child will recognize the danger.
35. Policies must be in place that allow for no interaction of outsiders with the children in our care.
36. When you see a worker or a regular visitor breaking the rules, that person should be immediately dismissed from all contact with the home and children.

37. I have used the method of “breathe deep and count backwards” to help with the outbursts of a child who appears out of control.

### Appendix 3

#### Revised Narrative Transportation Survey

Circle the number under each question that best represents your opinion about the story you just read.

1. While I was listening to the narrative, I could easily picture the events in it taking place.

1 2 3 4 5 6 7  
not at all very much

2. While I was listening to the story, activity going on in the room around me was on my mind.

1 2 3 4 5 6 7  
not at all very much

3. I could picture myself in the scene of the events described in the story.

1 2 3 4 5 6 7  
not at all very much

4. I was mentally involved in the story while listening to it.

1 2 3 4 5 6 7  
not at all very much

5. After the narrative ended, I found it easy to put it out of my mind.

1 2 3 4 5 6 7  
not at all very much

6. I wanted to learn how the story ended.

1 2 3 4 5 6 7  
not at all very much

7. The story affected me emotionally.

1 2 3 4 5 6 7  
not at all very much

8. I found myself thinking of ways the story could have turned out differently.

1 2 3 4 5 6 7  
not at all very much

9. I found my mind wandering while listening to the story.

1 2 3 4 5 6 7  
not at all very much

10. The events in the story are relevant to my everyday life.

1 2 3 4 5 6 7  
not at all very much

11. The events in the story have changed my life.  
1 2 3 4 5 6 7  
not at all very much

12. I had a vivid mental image of [character name].  
1 2 3 4 5 6 7  
not at all very much

Notes: Items 2, 5, and 9 are reverse scored.

Item 12 can be repeated for the number of main characters in the story substituting a different character name for each item.

Green, M.C., & Brock, T.C. (M. Green & T. C. Brock, 2000).



## Appendix 4

### Focus Group Questions

#### 1. GENERAL ATTITUDES

- Open-ended questions
- Closed questions
- Follow-up questions
- Probing questions
- Prompted questions

#### From the Simple to the Complex

- Tape recording/observers
- Casual, relaxed, informal
- No right or wrong answers: be honest and open. Tell the truth
- Discussion rules
  - Talk one at a time
  - Don't dominate the discussion
  - Talk in any order: listen to others

#### Thematic Sequencing of FG Questions:

General Attitudes toward children by adult authority figures

Kinds of interaction with children/orphans

Uniqueness of exploited children

Attitudes toward high needs orphans (abused and/or exploited)

The perfect caretaker

Show and discuss caretaking concepts

Reactions to HE and the care of exploited children

2. **In what ways did the Holding Esther audio program change the way you view exploitation of children?**
3. How would you describe “good care” to children from what you learned in the program?
4. **How do you think you might now think differently about the children in your care?**
5. How might you feel differently about a specific child in your care? (be specific)
6. ***When have you seen a caretaker (or yourself) unintentionally exhibiting characteristics of “questionable care” (bad care) with a child? Describe the situation. How might you help improve that kind of care to them now?***
7. What do you think makes for bad care?

8. What are some of the things you would look for if you were suspicious of someone that might be exploiting one of the children in your care? What should you do about it?
9. ***Think of a child that showed signs of abuse that you previously did not recognize before this training. What did you see/experience? How might you react differently now?***
10. Name some of the common lies that abused children believe and an example of one or two of those from your experience in working with specific children.
11. ***When have you witnessed a child that was probably acting out as a result of being triggered? Describe that scene and what you might do differently in the future.***
12. What can you do to model the methods of refuting the lies about abuse and exploitation?
13. Why do you think children do not talk about their abuse? Give some examples of how that might come about.
14. Who would you suspect as a potential abuser of a child?
15. Describe the “grooming process” and how you might intervene.
16. Give the steps for stopping abuse and why each step is important.
17. What is the primary self-control skill essential for children (or adults) who lose touch with reality? When is a time you might have used this in the past with a specific child?
18. **Reflecting on the Holding Esther drama**
  - a. How and why is this type of communication helpful or not?
  - b. How does this compare to reading a book or pamphlet on abuse and exploitation?**
  - c. Would you prefer to encounter the issues of child exploitation with this kind of radio drama or through a presentation of a leader going over the same principles and facts via a seminar/workshop speech and workbook? Why or why not?
  - d. When listening to the drama, describe if, when or how you felt as if you were “living in the story.”**
  - e. Describe your listening to the English used in HE Was the dialogue and accent helpful to you? Does it need to be more “Zambian sounding?” What were some things that you did not clearly understand?
  - f. What would you add or take away to make this drama even more realistic?**
  - g. In future episodes, what issues would you like to deal with that would help other caretakers, staff and volunteers give better care to the children?

## Appendix 5

### Timeline

Task	Description	Date
1	Submit Proposal to Committee	11/21/15
2	CITI training by Zambian and US partners (Form A) 12/1/2015	11/1/2015-
3	Review and finalize Questions with Zambian Translators	11/19/2015
4	Review Protocols with Dr. Harrington	11/25/2015
5	Submit Protocols to IRB	12/1/15
6	Review Protocols with IRB	12/10/09
7	Committee Proposal Meeting	12/15/15
8	Revise Per Committee/IRB 12/19/15	12/15/15-
9	Travel to Lusaka, Zambia	1/25/16-2/7/2016
10	Meetings and orientation with EOH staff and data collectors	1/27-28/2016
11	Recorded focus group questions for players	1/29/2016
12	Orientation of facilitators	2/1-2/2016
13	Holding Esther Workshop	2/3-5/2016
	a. Pre-intervention registration forms	2/3/2016
	b. Pre-intervention qualitative interviews	
	c. Pre-intervention Quantitative Survey	
	d. Workshop sessions	
	e. Intermediate participant qualitative interviews	
14	Data Collector final review	2/4/2016
15	Post-Intervention Quantitative Survey	2/5/2016
16	Post-Intervention Qualitative Focus Group Interviews	2/5/2016
17	Post-Intervention Transportation Survey	2/5/2016
18	Data Collection/Focus Group	2/5/2016
19	Data Entry of Quantitative into Excel spreadsheet	2/5-6/2016
20	Debriefing with EOH Staff	2/6/2016
21	Return to Lexington	2/7/2016
22	All surveys and hard copy information stored in locked file at the home of the researcher	2/8/2016
23	Data examined and cleaned	
24	Log and Enter Data Excel	2/15-18/2016
25	First transcriptions from Zambia	3/7/2016
26	First translations from Zambia	3/21/2016
27	Additional transcriptions and translations from Zambia	9/17/2018
28	Code Transcribed Audio (Qual)	N/A
29	Analyze Survey Data (Quan)	12/9/2019 - 7/23/2020
30	Code Survey Open Response (Qual)	N/A
31	Compare Contrast Findings	
32	Interpret Findings	
33	Review/Revise Findings w/ Stakeholders	
34	Write Chapter 4 and 5	
35	Submit Dissertation to Committee for review	
36	Defense Date	

## **Appendix 6**

### **Seven types of community participation**

1. Manipulative participation (Co-option)
2. Passive participation (Compliance)
3. Participation by consultation
4. Participation for compensation
5. Functional participation (Cooperation)
6. Interactive participation (Co-learning)
7. Self -mobilization (Collective action)

(Cornwall, 2002; Pretty, 1995; Sam, 2017)

## Appendix 7 Holding Esther Drama



Listen and/or Read *Holding Esther*

<https://www.twr360.org/programs/177/holding-esther>

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## Vita

### Charles Brent Madinger

Indianapolis, IN

#### Education

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Doctor of Ministry – Theology & Church Growth Fuller Theological Seminary	May 1989
Master of Divinity – New Testament Studies Cincinnati Christian Seminary	May 1980
Bachelor of Science – English/Theology Cincinnati Christian University	May 1976
Indiana University, attended (Business Administration)	1971-1973
Vincennes University, attended (Sociology)	1970-1971

#### Academic Teaching Experience

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Asia Theological Seminary Adjunct Professor Orality Studies Program	2022 -
Asia Graduate School of Theology Adjunct Professor Department of Intercultural Studies	2021-Present
Graduate Teaching Assistant College of Communication and Information University of Kentucky	2011-2014
Research Assistant College of Communication and Information University of Kentucky	2011
Adjunct Professor College of Communication Eastern Kentucky University	2013-2015
Asbury Theological Seminary E. Stanley Jones School of World Mission Adjunct Professor	1998-present

Trinity International University 2002-2008  
Professor of Record: Perspectives on the World Christian Movement

Jos ECWA Theological Seminary (JETS) 1998-2004  
Visiting Professor  
New Testament Studies; Missions

Cincinnati Christian University 1996-2003  
Adjunct Professor  
Graduate School: Practical Ministries

Atlanta Christian College 1991-1993  
Adjunct Professor  
Evangelism and Church Growth

#### Professional Positions

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Institutes for Orality Strategies 2019-Present  
Manila, Philippines  
Founder/CEO

International Orality Network  
International Director 2021-Present  
Associate Executive Director 2014-2020

Global Impact Missions/IOS International 2018-Present  
Lexington, KY  
CEO/President

4.2.20 Foundation 2015-2018  
Richmond, VA  
Center for Oral Scriptures, Vice President

T4Global 2005-2008  
Lexington, KY  
Co-Founder/Vice President

Voice for Humanity 2003-2005  
Lexington, KY  
Director of International Strategies

Southland Christian Church 1994-2003  
Lexington, KY  
Minister of Global Outreach

## Professional Publications

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- Madinger, C. (2008). More than words can say. *World Pulse*.
- Madinger, C., Eggers, D., & McClellan, K. D. (2007). *Why Orality Works: Insights from field experiences* International Orality Network, Orlando, FL
- Madinger, C. (2010). Coming to terms with orality: A holistic model.” *Journal of Missiology*, 38 (2), 201-213.
- Madinger, C. (2013). A literate’s guide to the oral galaxy. *The Orality Journal*, 2(2), 13-44.
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- Madinger, C. & Rocelyn Anog. (in press). The Power of Orality. L.J. Hoakip and David Smith (Eds.). *Orality, Myth and Folklore*. Carlisle, UK: Langham.

## Papers and Presentations

- Blevins, C., Sellnow, D. & Madinger C. (2014). Social Innovation and Outreach through the University of Kentucky. Yale Global Health Conference. New Haven, CT.
- Cupp, P., Veil, S., Sellnow, T., Anyaegbunam, C., Hoover, A., O’Hair, D., Anthony, K., Gray, C., Madinger, C., Staricek, N., & Young, L. (2013). Community engagement and case analysis: Methods for developing post-incident risk communication guidelines for an intentional water contamination events.
- Madinger, Charles. (March 2020) *Transformational Communication: Orality and its use by the Gurus*. India Orality Network. Bengaluru, India. March 8-12, 2020.

- Madinger, C. (2019). *The way to your heart is not through my stomach*. Orality, Myth & Folklore. Imphal, India.
- Madinger, C. (2018). *Orality in the African context*. Lusaka, Zambia. Living Water International regional youth conference.
- Madinger, C. (2018). *Training widows and marginalized peoples in West Africa*. Gweimen Center, Kwoi, Kaduna State, Nigeria.
- Madinger, C. (2018). *Connecting with those who do not read to learn*. Khovd, Mongolia. Wycliffe Philippines workshop on regional impact.
- Madinger, C. (2018). *Research and innovations for oral strategies*. Orlando. International Orality Network, North American Conference.
- Madinger, C. (2018). Orality: More than audio. Johannesburg, South Africa. International Orality Network: Africa
- Madinger, C. (2017). Orality: What is it and why is it essential? Birmingham, AL. Issachar Conference “TED Talks.”
- Madinger, C. (2016).  *Holding Esther: A radio-drama workshop for caregivers to exploited children*. Zambia, Africa.
- Madinger, C. (2016). Ancient paths among ancient peoples: Orality among the peoples of the Middle East and North Africa. Newport Beach, CA. SRG Conference.
- Madinger, C. (2016). Researching the principles and methods of oral strategies. Houston, TX. International Orality Network North American Conference.
- Madinger, C. (2016) Help them hear you: A guide to designing instruction and communication for high orality reliant peoples. Delhi, India. SIU Leadership Conference.
- Madinger, C. (2016). Reaching the oral majority. Saddleback Community Church. Finishing the Task Conference workshop.
- Madinger, C. (2014). Will our message stick? Assessment for instructional impact among oral learners. Houston Baptist University Orality Forum.
- Madinger, C. (2014). How *Can* They Hear? Evangelical Mission Society Regional Conference. Trinity International University, Deerfield, IL.
- Madinger, C. (2013). A literate’s guide to the oral galaxy. International Orality Network Conference, St. Louis, MO. September 16-19, 2013. Madinger, C. (2013). Networks: the

- social map to transformation. International Orality Network, St. Louis, MO. September 16-19, 2013.
- Madinger, C. (2013). Orality strategies for theological education. Hong Kong Orality Consultation. June, 12-15, 2013.
- Cupp, P., Veil, S., Sellnow, T., Anyaegbunam, C., Hoover, A., O’Hair, D., Anthony, K., Gray, C., Madinger, C., Staricek, N., & Young, L. (2013). Community engagement and case analysis: Methods for developing post-incident risk communication guidelines for an intentional water contamination events.
- Madinger, C. (2012). Going the final mile in health communication: The use of small-media Technologies in the Dissemination of Health Information among Rural Populations. Regional Global Health Conference, University of Kentucky.
- Madinger, C. (2012). Disseminating health information among the oral majority: Experiences from three international programs. Kentucky Conference on Health Communication.
- Madinger, C. (2012). Enhancing literate learning environments through principles and methods of orality. Kentucky Communication Association Conference, September, 2012.
- Madinger, C. (2012). Orality for healthcare. Bingham University Teaching Hospital (Jos, Plateau State, Nigeria).
- Madinger, C. (2012). “The Seven Disciplines of Orality.” West African Orality Network. Abuja, Nigeria, West Africa.
- Madinger, C. Narrative Strategic Planning: a 20-hour workshop integrating the organizational narrative into a shared community perspective and commitment.
- Madinger, C. (2011). Orality and the transformation of the oral majority: Building organizational capacity for understanding oral cultures and the 80% of the world that does not read or use literate processes to receive, remember or pass on important information. Abuja, Nigeria.
- Madinger, C. (2011). Design of strategies and instruction for oral learners: Taking the principles and disciplines of orality and walking through the processes of instructional systems design. Institute for Leadership Development. Jos, Nigeria.
- Madinger, C. (1990-2003) Listening Skills Lab: A 40-hour workshop to learn & develop 11 listening skills.
- Madinger, C. Strategic Communication Skills: A 3-day conference expanding on the Listening Skills lab providing further instruction in conflict management, story listening and neurolinguistics.



Madinger, C. (2008) “Enhancing HIV/AIDS Education through Social Networks, Orality-Based Content, and Technology: Results from Nassarawa State, Nigeria. ICASA (International Conference on AIDS and STI’s in Africa).