REKINDLING HOPE:
DECONSTRUCTING RELIGIOUS POWER DISCOURSES
IN THE LIVES OF AFRIKAANS WOMEN

by

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JUNE 2003
I declare that **REKINDLING HOPE: DECONSTRUCTING RELIGIOUS POWER DISCOURSES IN THE LIVES OF AFRIKAANS WOMEN** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

**Signature**

(Mrs HJ Viljoen)

15/06/2003

/sk
Title of thesis

REKINDLING HOPE: DECONSTRUCTING RELIGIOUS POWER DISCOURSES IN THE LIVES OF AFRIKAANS WOMEN

Summary

This qualitative action research was activated at the junction between three sites of operation of modern power: the site of the woman in the family, religious and cultural power discourses and the professional discourses of therapy. Using an action research design for this study focused the research on reaping benefits in real terms for the research participants. The researcher applied a poststructuralist, feminist and narrative approach to the phenomenon of failed personhood as manifested in the lives of two White Afrikaans women. Narrative therapy methodologies, steeped in a religious studies ethic were valuable guides on the therapy-as-research journeys, ensuring the exposure and deconstruction of dominant cultural and religious power discourses.

In the course of the therapeutic and research journeys, various narrative therapy methodologies were used with positive effect on the life world of the participants. These methodologies included the externalisation of problems and the discovery of unique outcomes that constitute alternative, preferred life stories that contradict problem-saturated life stories of failed personhood. The research participants engaged in individual and communal conversations, re-langauging their self-narratives and religious narratives as part of the co-construction of their preferred identities of moral agency and hope.

Support networks were created for the research participants, Mara and Grace, to strengthen their new self- and religious narratives and to dislodge the power of the normative cultural and religious discourses of rugged individualism. In one instance, the researcher incorporated the healing power of South African bushveld, by inviting a group of women on a series of expeditions into the wilderness as part of Mara’s journey. In Grace’s narrative, we utilised the modern technologies of the internet to connect her with a virtual response team and the Anti-Anorexia/Anti-Bulimia League.

Storytelling and reflecting conversations formed the basis of the therapy-as-research processes. The research participants extended therapy conversations beyond the therapy room, by actively participating in their therapy-as-research journeys. In line with narrative approaches, the researcher encouraged them to honour their skills and knowledges on their journeys: Mara extended her therapy by making resistance quilts while Grace assimilated her art, poetry and resistance writing into her healing process.
Key terms:

Afrikaans, Anorexia, Counselling, Deconstruction, Discourse, Embodiment, Healing, Hope, Identities of failed personhood, Mental illness, Moral agency, Narrative therapy, Power, Preferred identities, Professional disciplines, Religious discourse, Social construction discourse, Spirituality, Women.
Rekindling hope: Deconstructing religious power discourses in the lives of Afrikaans women

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Dedication

This thesis is dedicated to my parents, Koos and Sheila Kemp, who first introduced me to stories.

I want to thank Mara and Grace, who generously made their life experiences and therapeutic journeys available for the purposes of this research. Their cry, "hope springs eternal in the human breast" (Alexander Pope) is the cry at the heart of this research.

Prof. Christina Landman and Prof. Kobus Kruger, both authors and authorities in their respective fields of theology and religious studies, guided and directed the writing of this research. David Epstein from the Family Therapy Centre and Centre of Community studies at UNITEC, Institute of Technology in Auckland, New Zealand and Peggy Sax, from Middlebury University, Vermont, were invaluable co-travellers on this journey. They freely shared their knowledges, experiences and gave so much of their time and knowledge for this project. Thank you both very much.

My life partner, Daan, and my children, Mandy and Mason, Leonie, Danielle, Rene, Michael and Arno re-kindled hope whenever it grew dim with their love and care. I am blessed to have you in my life.

Jo Viljoen
Chapter 1: The ashes of personal failure

1 Problem statement

In therapeutic conversations with predominantly middle class, White Afrikaans\(^1\) speaking women, I became increasingly aware of the spectre and degree of personal failure that they experience. Personal failure manifests in their feelings of inadequacy, and of hopelessness, their sense of incompetence, insufficiency and a conviction that somehow, they have failed at personhood.

Their experiences of personal failure led me to an exploration of the application of a narrative approach to therapy, also referred to as the “archaeology of hope” (Monk, Winslade, Crochet & Epston 1997). I wondered whether a narrative approach to the problem of failed personhood could introduce women to new explorations of their lives, relationships and identities. White (2002:55) maintains that it is in the context of such narrative explorations that the problems people find at the centre of their lives and identities, are dramatically decentered, and significantly attenuated or dissolved.

2 Addressing personal failure

The phenomenon of personal failure has grown exponentially (White 2002:55) in contemporary society. White refers to personal failure refers as those actions that are routinely taken to reflect on people's identity in ways that construct them as failures by definition:

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\(^1\) For the purposes of this thesis only White Afrikaans speaking women living in the South African suburbs of Tshwane participated in this research. Although this research is limited to the experiences of White Afrikaans women, it does not imply that the problem of failed identity does not affect women of colour.
A personal failure in regard to making it in life; in regard to producing a life that is a reflection of the cherished norms for what it means to be a "real" person; in regard to adequately engaging in the favoured identity projects of contemporary culture.

(White 2002:55)

White (2002) draws principally on Michel Foucault's considerations of the differences between traditional and modern power (See Table 1) leading him to believe that the operations of modern power are associated with the dramatic growth of the phenomenon of personal failure.

2.1 Operations of modern power

Over the last three centuries, a distinct mechanism of modern power progressively displaced many of the operations of traditional power in the Western culture (White 2002:56). White (2002:56) cites Foucault on the operations of modern power which are derived through the uptake of self- and relationship forming practices at the local level of culture; for example in monasteries (or religious institutions), clinics, schools, and families. White (2002:56) agrees with Foucault that the history of the professional disciplines, criminology, medicine, psychiatry, psychology and social work, still play a key role in the further development of the technologies of modern power.

2.2 Normalising judgment

A modern version of power establishes an effective system of social control through "normalising judgement" (Foucault 1973, 1979, 1980).
Whereas traditional systems of power operate through moral judgement (as an outcome of which it is determined that people's actions are either right or wrong, good or bad, moral or immoral) and through structures of coercion, modern systems of power encourage people to actively participate in the judgement of their own and each other's lives according to socially constructed norms (as an outcome of which it is determined that people's actions reflect degrees of inadequacy, abnormality, insufficiency, incompetency, hopelessness, ineffectualness, deficit, imperfection and worthlessness). Whereas traditional power acts through institutionalised moral judgement to prohibit, to limit, to restrict, modern power acts through normalising judgement to constitute life — that is to form lives, to fashion lives, to shape lives, or to manufacture lives that reproduce the constructed norms of contemporary culture.

(White 2002:43)

According to Foucault's analysis of modern power, power relations associated with normalising judgment are considered to be disciplinary in two senses. In the first sense, rather than being mechanisms of repression and oppression, these power relations engage people in fashioning their lives and their identities according to the norms constructed through the modern disciplines. In the second sense, rather than being prohibitive and restrictive, modern power relations engage people in fashioning their lives and identities through the "disciplines of self". Due to the constitutive nature of modern power, it is often characterised as being positive\(^2\) or life shaping in its effects, in contrast to traditional power, which acts to negate through prohibition, oppression and coercion (White 2002:74).

2.3 Techniques of power

This research was activated at the junction between the following three sites of operation of modern power: the woman in the family, religious and cultural discourses and the professional discourses of therapy, respectively. Operations

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\(^2\) To say modern power is positive does not imply a value judgement but refers to its constitutive properties or life shaping effects.
of modern power transform people at a local level, in contrast to a descending analysis of power:

These techniques were essentially the techniques of social control, of subjugation, techniques for the "objectification" or "thingification" of persons, and for the objectification of the bodies of persons. They included techniques for the organisation and arrangements of people in space in ways that allowed for the greatest efficiency and economy; those for the registration and classification of persons; those for the exclusion of groups of persons and for the ascription of identity to these groups; techniques for the isolation of personas for the effective means of observation (surveillance) and evaluation.

(White & Epston 1990:24)

This research argues that in contemporary society evaluation and normalising judgment have replaced the judiciary and torture as a primary mechanism of social control, becoming a society of the ever-present "gaze" (White & Epston 1990:24). Contemporary South African society utilises religious discourses and discourses of expert medical knowledges about mental illness as technologies of modern power to engage persons into playing an active role in their own subjugation.

3 Research questions

The following research questions were formulated:

How do the operations of modern power utilise religious discourses to recruit Afrikaans women into accepting that they have failed as persons?

How do the professional disciplines of psychiatry and therapy contribute to the further development of these identities of failure?
How can a poststructuralist, feminist, narrative approach to therapy, set in the context of religious studies, become instrumental in furthering the understanding of the operations of modern power?

Which therapeutic practices can be developed to expand the possibilities of the identification, acknowledgement of and the rich description of self- and relationship-forming activities that are not normative?

This study was developed from a religious studies perspective and utilises a non-prescriptive, religiously non-aligned pluralistic framework of understanding religions in the plural. As a result, this research was approached from a broad, multi-religious, historical, empirical and pragmatic academic framework (see Chapter 2).

Table 1: Distinctions between Traditional and Modern Power

<table>
<thead>
<tr>
<th>Traditional Power</th>
<th>Modern Power</th>
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<tr>
<td>A mechanism of power that:</td>
<td>A mechanism of power that:</td>
</tr>
<tr>
<td>Establishes social control through a system of institutionalised moral judgement that is exercised by appointed representatives of the state and of institutions of the state.</td>
<td>Establishes social control through a system of normalising judgement that is exercised by people in the evaluation of their own and each others' lives.</td>
</tr>
<tr>
<td>Instils in people the aspiration to achieve a grant of moral worth.</td>
<td>Instils in people the aspiration to achieve a grant of normative worth.</td>
</tr>
<tr>
<td>Is located at a defined centre, and is taken up and expressed according to the particular and unitary interests of those who appropriate and monopolise it.</td>
<td>Is located in circuits of shifting coalitions and alliances that have both competing and overlapping interests, featuring relatively arbitrary participation that is forged by specific circumstances that are often</td>
</tr>
</tbody>
</table>

3 This table was first published in the paper 'Responding to personal failure' by Michael White, The International Journal of Narrative Therapy and Community Work, 2002, No.3.
| Is developed and implemented from the top down. | Is developed and refined at the local level of culture. |
| People are mostly on the outside of and find themselves the subjects of. | People actively participate with in the fashioning of their own and each others’ lives according to the constructed norms of contemporary culture. |
| Acts predominantly on a populous and on defined groups of people. | Acts to disperse a populous by allocating each person a specific location in relation to contemporary norms about life and identity, so contributing to the cellularisation / individualisation of life. |
| Acts to oppress, repress, limit, prohibit, impose and to coerce. | Recruits people into the surveillance and the policing of their own and each others’ lives. |
| Places the spotlight on the centre of power, rendering: |
| i) ever visible the excesses of power that are available to those who monopolise it, and that might be called upon to coerce and to punish. |
| ii) invisible, through a range of exclusionary practices, including banishment, exile, expulsion, and execution, those who are most intensely the focus of its operations. |
| Employs a technology of power characterised by symbols of influence - including pomp, ceremony, public punishment, and awe inspiring edifices - and mechanisms of surveillance and structures for the policing of peoples. |
| Employs a technology of power that is characterised by continuums of normality/abnormality, tables of performance, scales for the rating of human expression, formulae for the ranking of persons in relation to each other, and specific procedures of assessment and evaluation that makes possible the insertion of people’s lives into these continuums, tables, scales and ranking systems. |
3.1 Action oriented research design

Action research focuses on practice and effecting social change, where social change is a way of discovery (McTaggart 1996:251). Rather than being a method or a procedure, action research is better described as a series of commitments to observe and problematise principles for practical social enquiry (McTaggart 1996:248). In this study the effects of discourses of power were regarded as social injustices and hence researched as problems.

Sax (1999) combined an action-oriented research with a narrative methodology. She describes this combination as a democratic and humanising approach that seeks to honour the knowledge of all concerned about local culture, beliefs, and practices. An action oriented research approach is directly relevant to the work of practitioners, privileging the research participants' local knowledges over the metanarratives of modernism. This research design requires the researcher to consider meaning in terms of the struggle embodied in everyday practice (Jennings & Graham 1996:171). Furthermore, action-oriented research is relevant to the daily lives of the research participants. This form of inquiry is applicable to small-scale theorising to specific problems in specific situations (Denzin & Lincoln 1994).

Winter (1996:13) advances six principles central to the action research process:

- **reflexive critique**, which is the process of becoming aware of our own perceptual biases,
- **dialectic critique**, which is a way of understanding relationships between the elements that make up various phenomena in our context,
- **collaboration**, which is intended to mean that everyone's view is taken as a contribution to understanding the situation;
- **risking disturbance**, which is an understanding of our own taken-for-granted processes and willingness to submit them to critique
- creating plural structures, which involves developing various accounts and critiques, rather than one authoritative interpretation and
- theory and practice internalised, which is seeing theory and practice as two interdependent yet complementary phases of the change process.

As a practical research paradigm, action oriented research privileges social change and empowerment of the research participants. Researcher and research participants join together in a community of interested colleagues (Winter 1996:14). All persons involved in the research process, researchers and participants, are involved at every stage of the research (Zuber-Skerritt 1996:5). It is characterised by equal and symmetrical communications (Kemmis 1996:87) and collaboration without the hierarchical unevenness of objective modernist research approaches.

The spirit of religious studies and narrative therapy echo the spirit of inquiry fostered by action-oriented research, where problems are deconstructed utilising a reflective, critical analysis of power dynamics (Ristock & Pennell 1996; Zuber Skerritt 1996; Sax 1999). The three fields, religious studies, narrative therapy and action research, all have emancipatory aspirations. Kemmis (1996:212) goes on to say that emancipatory-critical reasoning manifests itself in attitudes which value wise and prudent judgement about what to do in social contexts – focusing on the life-world aspects of particular settings. Kemmis (1996:212) explains it as follows:

...emancipatory critical reasoning manifests itself in attitudes of collaborative reflection, theorising and political action directed towards emancipatory reconstruction of the setting (understood more dialectically as both constituting and constituted by the personal as well as the political, the local as well as the global, and from the interrelated aspects of both system and life-world).

The researcher concurs with Sax (1999) that ethical and moral considerations are fundamental to action research outcomes, as biases are assumed and
intentionally made transparent. An action-oriented research design also makes room for the “moral intertwining” (Stringer 1996) of the participants and the inquirer. Action-oriented research’s cyclic process of investigation, action, and reflection became a constructive way of gaining an understanding of participants’ experiences of the power relations inherent in religious and cultural discourses.

In line with postmodern discourse, social construction discourse and counselling from a position of religion⁴, the research methodology incorporated the participants’ personal reflections as research data. A narrative therapy methodology, situated within an action-oriented research design, provided the participants with a research context where they could discover entry points to the exploration of the real effects of cultural and religious discourses of power on their lived experience.

Conducting this research project in the spirit of participative inquiry (Sax 1999) invited the participants to co-produce knowledges through collaboration and dialogue in a therapeutic setting. The research design combined elements of participatory action research and co-operative inquiry. The intention was to see action in terms of real effects on the lives of the participants. In addition to individual therapeutic conversations, additional alternative research contexts were co-created for consciousness raising activities and reflective conversations. Therefore participants’ reflective and relational knowledges were viewed as action results within this research. This kind of action was frequently more individual and internal rather than social (Sax 1999).

The overall objective of this study was to co-produce knowledges and actions that would be directly useful to the research participants. It was also to introduce people to their own knowledges "so that they learn to ‘see through’

⁴ Counselling from a position of religion as opposed to religious counselling, which is rooted in a specific religious approach
the ways in which the established interests monopolise the production and use
of knowledge for their own benefit" (Reason 1994:48). These objectives are
related to Freire's (1985) thinking on the Pedagogy of the oppressed. Richard
Shaull (1983:13) says although at first sight Freire's method of teaching
illiterates in Latin America seems to belong to a different world to ours; there are
some parallels, which cannot be overlooked:

Our advanced technological society is rapidly making objects of most
of us and subtly programming us into conformity to the logic of its
system. To the degree that this happens, we are also becoming
submerged in a new "culture of silence".

This study had a political objective to encourage Afrikaans women to break the
culture of silence they are submerged in. Although White Afrikaans women are a
privileged minority, Jacobs (2003:1) believes it is possible to be privileged in one
sense and oppressed and sinned against at the same time. She says it is "an
echo of the whole feminist movement where the courtesy and civility shown to
women by sexist and misogynistic men and institutions is not worth the denial of
personhood and reductionist view of women that it embodies". White (2002:37)
believes that the culture of therapy is positioned in the heartland of the
development of the phenomenon of modern power and he emphasises the small
"p" political aspects of therapeutic practice (See Chapter 2 section 2.3.1). He
urges and inspires therapists to work on the development of practices that
"counter" the operations of modern power.

3.2 Narrative analysis of modern power

South Africans are a people in search of hope for individual, private, communal
and socio-political wounds. In their search for hope and healing, people turn to
the very professional disciplines that play a key role in the development and
maintenance of the technologies of modern power, namely medicine, psychiatry,
social services, counsellors, religious institutions, the state and justice
departments. "We live our lives on the inside of the web of power relations of this
system of modern power" (White 2002:36).
This research is rooted in the belief that individual and communal stories of hope need to be generated in this country. It is embedded in the researcher's understanding of therapists' responsibility to unmask social injustices that are entrenched in dominant religious and cultural discourses of power. Furthermore, this research was conducted in the belief that taken-for-granted truths, which maintain and legitimise any form of violence, need to be unsettled; that previously unquestionable truths dare to be questioned to discover new pathways of inquiry that might generate the development of fresh stories of hope.

White (2002:36) contends that whereas traditional power establishes social control through a system of institutionalisation, modern power is constitutive of person's identities, relationships and actions. Modern power establishes social control through a pervasive system of normalising judgement. This means that people evaluate their own and others' lives by becoming the unwitting instruments of modern power. Normalising judgement presses people to construct their lives, thoughts, actions and hopes according to the norms of contemporary culture, and to police and control their lives according to these norms. Foucault considered the power relations associated with normalising judgement to be disciplinary in two senses. Firstly, normalising judgement is not an overt form of oppression or repression. Modern practices of power engage people in shaping their lives according to the historical and social-cultural norms. Secondly, these modern power relations engage people in "disciplines of the self" (White 2002:74). Disciplines of the self result in thoughts and actions by which people "police" their lives.

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5 Disciplines of the self refer to the actions and thoughts people have in policing their own lives and relationships.
3.3 Reflexive interviewing practices

A narrative approach involves the use of reflexive narrative interviewing practices. The research conversations were guided by narrative practices within White and Epston's conceptual framework for therapeutic conversations (Epston 1989; White & Epston 1990; White 1989, 1991, 1995, 1997, Epston & White 1992, White 2000, White 2002). The narrative practices used in this study included narrative interviews, reflecting teamwork, letters and documents to extend the conversations, rituals and rites of passage, as well as the incorporation of therapeutic contexts other than the traditional therapy room (See Chapters 3 and 4).

White and Epston's "re-authoring conversations" guided all interviews between the researcher and the research participants. In re-authoring conversations problems are externalised, dominant problems are deconstructed and unique outcomes or alternatives to the dominant problems are excavated, and explored.

The term narrative implies listening to and telling or retelling stories about people and the problems in their lives. In the face of serious and sometimes potentially deadly problems, the idea of hearing or telling stories may seem a trivial pursuit. It is hard to believe that conversations can shape new realities. But they do. The bridges of meaning we build ... help healing developments flourish instead of wither and be forgotten. Language can shape events into narratives of hope.

(Epston, Freeman & Loboivts 1997: xv)

3.3.1 Failure conversations map

White (2002:58) designed a re-authoring conversation "micro-map" focusing on the co-construction of alternative identity projects. In Chapter 3 of this research
Mara\(^6\) and I focused on the co-creation of alternative, hopeful ways of moral agency to counter her belief that she had failed as a person.

### 3.3.2 Radical externalising conversations

David Epston inspired, guided and powered the radical approach to Anti-anorexia followed in Chapter 4. Epston joined the therapeutic conversations between Grace\(^7\) and me via electronic mail in what he referred to as "probably the final fight for her life" (See Chapter 4 section 6.1.8.1).

### 3.4 Collecting stories

The data were collected from individual, group and reflecting team conversations with the research participants. These conversations entailed honouring insider accounts, multiple reflexive conversations between participants and researcher, outsider witnesses and participants and reflections from the research committee. The researcher made a study of the existing literature and research in this field and used this knowledge as signposts and supports for this research journey.

Data analysis took the form of multiple reflexive conversations between research participants and researcher, outsider witness groups and reflecting teams, research supervisors and researcher, and peer group reflections. In these conversations themes emergent from the conversations were identified and reflected upon. The participants’ narratives always remained central in the analysis. In Haarhoff’s (1998:27) words, “stories have many feet and travel many roads at once. … The story conjures up the invisible. Stories speak to us the deep relationships of our lives. They connect us to our meaning and to our journey”.

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\(^6\) Mara is a pseudonym for the woman whose story is shared in Chapter 3.

\(^7\) Grace is the pseudonym for the woman whose story is shared in Chapter 4.
The narratives shared by the research participants in this study cannot be
generalised to represent the stories of all Afrikaans women, yet, Haarhoff
Living on this sub-continent with its turbulent history, we are all in need of healing
(Haarhoff 1998:5) and stories are powerful medicine. These are narratives that
challenge objectivity and solid truths, opening up myriads of possibilities as viable
ways of understanding (Myburg 2000:86).

4 Ethical considerations

4.1 Co-producing knowledges

In line with a qualitative approach to research, the participants and the
researcher co-produced meaning during therapeutic conversations. This meant
that the researcher was included in, rather than outside of knowledge (McLean
1997:3) and that the production of this inquiry is a product of all our joint efforts.

The participants became “co-authors” of this text. Co-authoring refers to the
egalitarian communications and collaborations that resulted in the final draft of
this thesis. Participant reflections were included in the text to ensure the validity
and trustworthiness of the final product. Co-authorship further refers to a
collaborative exercise, representing multi-vocal conversations of different voices
weaving disparate strands to generate a whole, complex tapestry (Gergen 2000).
It is therefore not a representation of a single knower engaged in a monologue to
a faceless audience, but rather storytelling in dialogue.
4.2 Meeting Mara and Grace

Mara and Grace are pseudonyms chosen by the two primary participants to protect their identities. Each participant entered into a series of individual therapy sessions with the researcher in the position of therapist. The participants gave written, informed consent, permitting the use of their narratives for the purposes of this research. (See Attachments A and B). Additionally, the researcher entered into conversations with nine other Afrikaans women as a part of this study, as collaborative data augmenting the two primary narratives.

4.3 Co-travelers

This study rests on the wisdom and experiences of my various teachers, guides and apprentices. The guidance, reflections and musings of Prof. Christina Landman and Prof. Kobus Krüger introduced me to a world of plurality and open possibilities. Peggy Sax in Vermont, David Epston in New Zealand and the postgraduate UNISA students from various parts of South Africa, became precious co-travelers and informants on this journey. Our conversations with the provided a forum for reflections on the research processes.

4.4 Meandering with literature

Many authors were indirectly part of the research conversations. These authors emerge from diverse professional fields, their knowledges traversing and enriching the body of knowledge supporting the research conversations.

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8 All names referring to these research participants are pseudonyms
4.4.1 Religious studies and counselling

Eugene W. Kelly's (1995) book, *Spirituality and religion in counselling* provide systematic approaches for evaluating the appropriateness of including spiritual and religious discussions in counselling. Kelly gives an overview of the world's major religions, and defines the role and influence of spirituality on human development. He provides the reader with a variety of comprehensive treatment techniques, always respectful of diversity of religious and spiritual traditions. His work also contains information for working ethically with marginalised population groups, for example the elderly, and people with homosexual orientations. This valuable text is written with an openness and respect for the diversity of religious and spiritual traditions and expressions. Although largely written from a Judeo-Christian perspective, Kelly does not advance this position as normative. Kelly succeeds in describing in theory and practice the many ways in which spirituality and religion influence the lives of people. He suggests that counsellors, who regularly work with the spiritual issues people present in therapy, should develop resource networks for collaboration, consultation and referral of clients.

Mary A. Fukuyama and Todd D. Sevig (1999), the authors of *Integrating spirituality into multi-cultural counselling*, is an informative text, which bridges spiritual values, multicultural knowledges and counselling. The authors' exploration of spirituality from multi-cultural perspectives assisted the researcher in integrating multicultural views and spirituality in counselling. Fukuyama and Sevig succeeded in interweaving the three strands of spirituality, (multi)-culture and counselling. They achieved this by focusing on the process dimensions of spirituality, multi-culture and counselling as they interact with one another and by discussing examples of counselling spiritual issues from multi-cultural perspectives.

Kiwi Tamasese and Charles Waldegrave (1994) propose in *Just therapy* that therapy can be a vehicle for addressing some social injustices in contemporary
society. They argue that in choosing not to address these issues in therapy, therapists may be inadvertently replicating, maintaining and even furthering existing social injustices. A “Just therapy” approach takes into account the gender, cultural, social and economic contexts of the persons seeking help. It is the researcher's view that therapists have a responsibility to find appropriate ways of addressing these issues and developing approaches that are centrally concerned with the often forgotten issues of fairness and equity. Tamasese and Waldegrave (1994) advocate a form of therapy which reflects themes of liberation and leads to self-determining outcomes of resolution and hope. The author incorporated themes of liberation and resistance to oppression in this research with Afrikaans women.

Prof. J.S. Krüger (1995) extrapolates the conditionalist position of religious studies in *Along edges*. He describes the patterns and interconnectedness between diverse religions, namely the Bushman religion, Christianity and Buddhism. The conditionalist perspective promotes an inclusive consciousness and a sense of interdependence of all things. Krüger urges that a drastic religious re-think has become necessary for the current transitional South African socio-cultural situation. The conditionalist position (or radical relationality) links up with the work of William James, C.G. Jung and A.N. Whitehead. Although it seeks alliance with Buddhist philosophy, his perspective remains neutral, allowing free interplay amongst existing schools of thought (Krüger 1995:21). A conditionalist perspective became a fitting entry point for this research, as its inclusive consciousness provides a climate compatible with the postmodern spirit, social construction discourse and narrative therapy practices.

4.4.2 Feminist pastoral therapy

Feminism has been one of the most far-reaching movements of the Twentieth Century; its global influence apparent in every area of social, political and cultural life (Gamble 1999:vii). It is not a new concept that the patriarchal world
oppresses the marginalised and requires change. Women have been aware of the plight of women under patriarchy for many years. Instead of merely critiquing oppressive systems, secular and theologically trained women attempt to make pragmatic and constructive changes to the life-worlds of all women.

Western feminism is linked to and has evolved from various liberation movements, since the eighteenth century, which marks the start of the struggle for equal educational opportunities for women. Various strands of feminist discourse are intertwined in the fabric of contemporary South African women's experience, namely Afrikaans feminism, African feminism and secular feminism. The researcher paid specific attention to Afrikaans feminism and African feminism, set against the worldwide women's movement of secular feminism.

Feminists question taken-for-granted truths. Christie Cozad Neuger (2001) makes a very useful pastoral approach available for counsellors in *Counselling women: a narrative pastoral approach*. She works primarily from a Judeo-Christian perspective, but her approach can be made practical and useful for women from any of the world's religions. She offers a new feminist paradigm for a radical, inventive, empowering counselling for women. It is a short-term, contextually sensitive and learnable model of pastoral psychotherapy, which espouses four phases: coming to voice, gaining clarity, making choices and staying connected. Neuger examines the problems women bring to counselling through a narrative pastoral lens, which incorporates cultural factors, issues of power and marginalisation.

*My feminist consciousness resisted both the theological and psychological lenses that seemed to obscure and pathologize the real-life experiences of and consequences for these women who were seeking help.*

(*Neuger 2001: x*)

Her commitments to empowerment, justice, grace and interdependency are reflected in a fourfold pastoral counselling framework that informs her counselling approach. She combines her pastoral work with a narrative approach to
counselling. Narrative therapy is highly influenced by feminism and liberation theories, and reflects attentiveness to both culture and person:

It is deeply respectful, relies on a consultative rather than an expert model, and is elegant in both its simplicity and its thoroughness. It is efficient, effective, empowering, and deeply relational. The relationship of focus, however, is not that between the counsellor and counsellsee as much as it is between the counsellee and the variety of relationships that form the warp and woof of her life story. It is a theory based on hope and on the foundational reality that human beings are makers of meaning at their deepest core and that reality is constructed as we make meaning of our experience.

(Neuger 2001: x)

4.4.3 Radical feminist therapy

Bonnie Burstow’s (1992) contribution to this research is acknowledged through her work with women in contexts of violence. Her book, Radical feminist therapy, highlights the many injustices of patriarchy and its effects on women’s lives. Although the researcher does not propose to follow a radical feminist perspective, Burstow’s approach to the therapy of women in violent contexts nevertheless proved invaluable as she constantly identifies the pervasive injustice of patriarchy and its harmful effects on women.

4.4.4 African woman theologians

The writings of the African women theologians alerted the researcher to the plight of the women of Africa, where the traditional African culture and Christianity fortify a patriarchal system. “Any spirituality that does not lead to engagement in the making of peace, the crafting of non-violent responses to contemporary events and relationships is not worthy of being called a spirituality” (Njoroge & Dube 2001:66).

African women theologians have long been involved in the quest for empowerment of African women. The African women theologians encourage the women in their communities to come to voice and action, “to start walking around
and speaking" (Dube 2001:7). Their commitment to this task is exemplary. When one compares the choked voices of Afrikaans theologians regarding the suffering of ordinary Afrikaans women with the activism and commitment of the African woman theologians, one becomes aware of the enormous need to encourage the women of one’s own community to speak out and take action against the silences bind them. This research stands on the shoulders of the work the African woman theologians do for the liberation and empowerment of all women on this continent.

Quite a number of African women theologians, Oduyoye (1997) and Oduyoye and Kanyoro (1992), Dube (2001) and Njoroge (2001), are committed to raising awareness of the real effects of invisible religious and cultural discourses on the lives of African women. Most African women find themselves nameless, without professions and associated with illness. Many African women live in poverty. More often than not they are daughters to their fathers; mothers to their children; and they have male leaders in their churches and homes. Furthermore, they are left without any money in their pockets after the daily struggle for survival.

Njoroge (2001:67) uses the biblical story of Rizpah as a metaphor to illustrate the muteness and invisibility of African women. Rizpah captures the plight of African women who refuse to accept violence and death as a way of life. Njoroge (2001:67) contrasts the image of Rizpah, an invisible and voiceless concubine with the image of a defiant Rizpah in sackcloth in the presence of death:

Like Rizpah, for many decades the African woman was spoken for and commented on while she remained faceless and voiceless. She has continued to produce and nurture African offspring for her male counterpart but her humanity has never been taken into account. 

(Njoroge 2001:74).

White Afrikaans women are as silenced as their African sisters of colour. The worldwide women’s movement paved the way for women from all cultural contexts to have voice, the agency to speak out and to take action that will
change their lives. There is an urgency to advocate a spirituality of resistance to oppression and a spirituality of transformation in Africa:

*If this theology, which attempts to capture the spirit of Rizpah and the wailing women, does not reach the women, children and men in the pews, Africa will continue to destroy itself. We need to turn these tears, wailing and vigils into the prophetic voices that will name those who inflict death and destruction and profit from it. We also need to acknowledge our complicity when we watch helplessly and fail to take action against evil forces in our midst.*

*(Njoroge 2001:79)*

It is impossible to separate African spirituality from everyday African life. Kanyoro (2001:167) encourages African women to embrace an engendered communal theology. An engendered communal theology reflects on and captures the challenges African women bring to theology by examining culture through the eyes of women. Kanyoro (2001:169) addresses issues in her theological work that are African wherein they are simultaneously religious and cultural, combined with the deep-seated understanding that religious and cultural issues affect women and men in different ways. In Africa oppressive systems have to be changed within community; otherwise the validity of the changes is questioned. Kanyoro (2001:167) believes that a theology of inculturation is "not sufficient unless the cultures we reclaim are analysed and deemed worthy in terms of promoting justice and support for life and the dignity of women" (Kanyoro 2001:167). Feminist and inculturation theologies are contextual, involved in the present state of the world and adopt a hermeneutical approach to the text:

*They base their power of analysis on the people’s own named experiences. These factors are important for us as women of Africa as we begin to add our experiences to those of western feminists, African American “womanists”, Latin American “mujeristas”, as well as Asian and Latin American women’s perspectives in theology.*

*(Kanjoro 2001:167)*

Bernadette MBuy Beya (1992; 2001), a Roman Catholic nun, explores the taboo subject of African women’s sexuality. Sexuality is defined in broad terms as an expression of African women’s identity, and a means by which African women
express their communal relationships. Njorge (2001:178) says African women's relationships are at the heart of sexuality. Beya (1992:156) provides an African woman's definition of sexuality as "the ensemble of activities by which human beings seek and attain satisfaction of their sexual inclination. Our traditional behavior and customs include a whole series of sexual initiatory practices". She explores various aspects of African women's sexuality, such as marriage, fidelity, prostitution and single life. She also dares to explore whether or not women have moral agency to make safe sexual decisions and describes the moral violence\(^9\) that remain concealed from view by traditional cultural practices like female genital mutilation.

Beya's (1992; 1998) courage to delve into and divulge culturally taboo but oppressive issues were particularly encouraging in the exploration and unmasking of the harmful effects of dominant discourses of power related to Afrikaans women's identities. This study questions the construct of "the essential woman" by raising women's awareness to the existence of unique differences between women.

**4.4.5 Womanist theologies**

In their particular struggle for racial and gender justice, African American women refer to themselves as Womanists instead of feminists. They recognise how racial issues lead to life experiences that differ from the experiences of White North American women. Womanist theologians engage with the scriptures through the lens of liberation theology, affirming that God has a special interest in and care for the oppressed and marginalised. The researcher writes from the

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\(^9\) Beya (1998:63) includes under moral violence acts of societal exclusion and stigmatisation which cause serious damage to the woman because it affects her in her intimate being, destabilizes her personality, and disturbs her whole life. Patriarchal religious and societal structures, values and belief systems invisibly entrench acts of moral violence against women as taken-for-granted ways of being. Beya (60-63) and the women from the African Circle of Women Theologians base their findings on real life situations which women in contemporary society have to face.
conviction that God has a special interest in the oppressed and marginalised, a belief which might bring healing to women who are victims of oppression of any kind.

4.4.6 Afrikaans feminism

Feminist thought, writing and action are, contrary to popular belief, very familiar elements of the South African landscape. A particular Afrikaans brand of feminism has been part of the Afrikaans women’s thinking for many years.

Christina Landman (1994) broke new ground for Afrikaans women when she focused on their historical struggle against inequity during the early twentieth century. Landman (1994) infers that Johanna Brandt might have been the first Afrikaans feminist, as Brandt published The Petticoat Commando containing her war memories, her views on women and their roles in society, at the turn of the Twentieth Century. According to Landman (1994:101), Brandt also formed the “World Harmony Movement” in 1916 in Pretoria, defining it as a non-political, non-racial, and non-sectarian establishment, embracing the universal principles of the “Universal Peace Movement”. The church fathers officially ignored Brandt’s radical publications, but nevertheless saw to it that Brandt experienced the age-old chastisement of women with voice and agency. The church dismissed her husband, a minister of religion, from his office because Johanna Brandt was re-baptised sixteen years prior to the publication of her book.

The church could not silence Brandt. She published another radical book The Paraclete or Coming World Mother in 1936, which reflects a strong Kingsfordian feminist insight. Jeanette Sprong (2002:53), a contemporary feminist theologian, expressed disbelief and excitement when she discovered in

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10 It seems as if Dr. Anna Kingsford influenced Brandt’s thinking because according to Landman (1994:103) Brandt referred to the reason for the suppression of the femininity of God as related to ‘a priesthood desirous of preserving a purely Masouline Conception of the Godhead.”
Brandt an Afrikaans foremother with feminist ideas. Brandt was convinced in 1936 that God’s feminine side needs to be made known to humanity. Sprong (2002:53) found that Afrikaans women, for the most part, still follow a restricting “masculine” spirituality of their “forefathers”:

*The pain, which the suggestion that God could also be addressed as “Mother” caused one of the women in the working group for this research, is evidence that South African women have not even been exposed to any of the historical spiritual writings of their foremothers.*

Landman (1994:111) noticed another historical Afrikaans feminist in Marie du Toit. Her brother Totius, famed Afrikaans poet, advised the church against women’s suffrage. Totius headed the commission from the *Gereformeerde Kerk in Suid-Afrika* (Reformed Church in South Africa) into the suffrage of women. In 1921 Marie du Toit published a book, opposing the church’s decision based on feminist ideologies. It is the only Afrikaans book with the word *feminis* (Afrikaans for feminist) as title. Landman (1994:111) sees Marie du Toit as a lone Afrikaans woman in her pleading for women’s rights in the early Twentieth Century.

Unlike Johanna Brandt and Marie du Toit, today’s Afrikaans feminists are not alone in their struggle against gender oppression and inequity. Christina Landman, Yolanda Dreyer and theologians like Frances Klopper (2002) continue to address social injustices from an Afrikaans feminist theological perspective.

Yolanda Dreyer (1994; 1998; 1999; 2000) has championed the cause of women from a feminist practical theological point of view in her teaching and writing. Amongst other topics, she addressed sexism in the church, explored the biblical and modern egalitarian marital roles and has written about the pastoral care and counselling of women with particular emphasis on God-images and the identity of women. Her more recent work centered on feminist hermeneutics as critical theory and women’s experiences of spirituality. She also explored *Woman Created in the Image of God* in an historical investigation from Genesis through to the Middle Ages and from the Reformation through to the Twentieth Century.
These women continue to challenge the Christian church, confronting it with its patriarchal power abuses and its gender insensitivity. These women join with and encourage Christians to take responsibility for respectful relationships. They also urge women to take their rightful place in society. A new generation of South African feminist theologians like Mary Anne Plaatjies (2003) and Jeanette Sprong (2002) urge women to stand up against oppression. They are increasingly joined by male voices like those of Kotze, Myburg, Roux and their associates (2002) and others who support a feminist theological ethic for social change.

4.4.7 Narrative therapy

The theories and practices pioneered by Michael White and David Epston (1990), who co-authored *Narrative means to therapeutic ends*, profoundly influence this research, my thinking and therapeutic practice. White, Epston and Lobovits (1997) lead the way to respectful, often playful narrative practices. Groundbreaking theories sustain their practices. They proceed from the assumption that people experience problems when the stories of their lives do not sufficiently represent their lived experience. Therapy becomes a process of storying or re-storying. White and Epston (1990) base their practice on Foucault's ideas on ethics, power and knowledge and they encourage therapists to become aware of the political role that therapy can play in society.

White and Epston (1990) advocate the use of externalising conversations in therapeutic practice. Externalising conversations separate people from the problems in their lives making possible the discovery of alternative, previously marginalised and preferred stories of their lives and relationships. It becomes possible for persons to recognise the value of unique outcomes that are unique outcomes are exceptions to the problem story's version of a person's life.
discovered in therapy and to see these unique outcomes as evidence of their defiance of the problems in their lives (See Chapter 2 section 2.3.3.6). Many other therapists have since followed in White and Epstein’s footsteps, for example Tamasese and Waldegrave (1994), Freedman and Combs (1996), Monk, Winslade, Crockett and Epstein (1997), White and Hales (1997), Sax (1999), Weingarten (1998), Morgan (2000), Tamasese (2001) and Gremillion (2001).

4.4.8 Foucault and religion

Foucault intervened in religion in a somewhat fragmented manner by problematising religion in terms of its discursive history, literature, governmentality, sexuality, power and the ethics of the self. He did this as follows:

Religion for Foucault was always part of a set of force relations and discursive practices which order human life. Foucault’s work thus presents a reading of religion outside theological traditions and belief – a reading that does not position religion in some separate realm but inside a political struggle of knowledge-power. In this way Foucault provides a radical framework to question the politics of all religious and theological thinking. He brings religion back into history and back into the immanent struggle of identity and subjectivity.

(Carrette 1999:32)

According to Carrette (1999:9) Foucault’s writings on religion offer a series of critical interventions that question the conditions of religious knowledge. Foucault also possessed a non-ideological hope, a confidence that effective resistance could take place, even against the most entrenched of political or moral systems (Bernauer 1990: xvi). Suspicion aligned with his hope, and protected it from ideological fiction and revolutionary excess. Foucault expressed his view in an unpublished part of a discussion with several Americans at Berkley as follows:
Despair and hopelessness are one thing; suspicion is another. And if you are suspicious, it is because, of course, you have a certain hope. The problem is to know which kind of hope you have, and which kind of hope it is reasonable to have in order to avoid what I would call not the ‘pessimistic circle’ you speak of, but the political circle which reintroduces your hopes, and through your hopes, the things you want to avoid by these hopes.

(Foucault in Bernauer 1990: xvi)

White (2002:66) interpreted Foucault’s analysis of the technologies of modern power as an inquiry of the sort that makes possible the identification of people’s refusals of modern power. It contributes to the rich description of modes of life and thought that do not completely reproduce the sanctioned individualities of contemporary culture. It also forms a basis for the remanufacture of identities that make alternatives available to identities linked to modern rationality and the discourses of truth.

Foucault extended the platform of religious discourse by bringing it back to the historical process. Through his analysis of truth, power and the body, Foucault dislocated the subject and object of religious meaning (Carrette 1999:3). White and Epston (1990), White (1995; 2002) created new therapeutic frontiers in their application of Foucault’s analysis of modern power to the practices of narrative therapy.

This research is based on the practical application of Foucault’s critical apparatus to therapeutic practice, enabling the researcher to challenge the epistemological assumptions of religious and theological discourses of power and practices of normalisation and control. Foucault’s critical project creates the conceptual space to critique and to think differently about religion:
Foucault’s work is a critical project which strategically breaks open the hegemonic structures which have ordered Western religious thinking and subjectivity. He provides ways to allow ‘difference’ and the ‘Other’ a voice. .... What Foucault offers is a project of political disruption, not an anarchic chaos, but a ‘problematisation’ of the practices of normalization and control.

(Carrette 1999:9)

4.4.9 Derrida and deconstruction

Whenever it runs up against a limit, deconstruction presses against it. ...
Deconstruction is the relentless pursuit of the impossible.

(Caputo 1997:2)

The name of Jacques Derrida has become synonymous with deconstruction. According to Caputo (1997:1), any attempt at defining Derridian deconstruction would be contrary to the very purpose of deconstruction. Everything in deconstruction is turned towards, opening, exposure, expansion, and complexification (Derrida 1992:429), towards releasing unheard-of, undreamt-of possibilities to come:

The very meaning and mission of deconstruction is to show that things — texts, institutions, traditions, societies, beliefs and practices of whatever size and sort you need — do not have definable meanings and determinable missions, that they are always more than any mission would impose, that they exceed the boundaries they currently occupy. What is really going on in things, what is really happening, is always to come.

(Caputo 1997:1)

Derrida’s subversive reading of any text resulted in a worldwide change in the way many thinkers think. Derrida managed to turn much of Western thinking on its head, sharing the Nietzschean scepticism about philosophy in general, and about truth claims in particular. Nietzsche and Derrida both pay attention to the subversive practice of reversing one’s perspective and “write in a style that emphasises the dance of thought on the playground of knowledge – a dance that is playful, waltzing between extremes such as absolute certainty and absolute doubt” (Powell 1997:14). Derrida questions the way in which the modernistic
paradigm views the subject as the centre and origin of reality. Derrida exposes the weaknesses of Western logo-centrism, which operates from a stable centre, by calling into question of the very idea of a stable centre.

Derrida also offers a way of noticing différance, which includes not only the meaning to differ, or to be different from something else but also to defer, to delay, or to postpone until later. It is an ambiguous concept, its play hinging on at least two meanings. No meaning for différance ever arrives because it is always already suspended between two meanings, never settling into one or the other. Différence suggests that there is no stable meaning that can ground it in the present or stabilise its shape shifting, and can never be reduced to any one meaning at one time.

Différence disrupts the textual economy according to which the assumption is made that a text has a final meaning. Every possible assumption can be disrupted. Derrida subjects every final meaning to a further process of postponement of the final meaning.

Deconstruction involves a way of reading texts, which concerns itself with decentering and unmasking the problematic nature of all centres (Powell 1997:21). Derrida finds that centres tend to exclude and marginalise others, for example, in a male-dominated society, man is central and woman is the marginalised “other”. He believes that centres fix, or freeze the play of binary oppositions, in terms of which one term of the binary opposition is central and the other marginal.

Deconstruction is a way of making one aware of the centrality of central terms, and then always searching for the uncomfortable in-between spaces between the binary oppositions. Derrida is a typical in-between thinker, a thinker who reasons from the position of the in-between, in between the absolute truth and the total loss thereof. Deconstruction then, is the logical response to “the realisation that
there is no single truth, only different perspectives, each one a 'true' or valid perception of the world from that vantage point" (Parry 1991:42). The minute one slides into taking for granted a point of view, one starts assuming one knows the truth about the objective world.

White and Epston's (1990:13) interpretation of deconstruction in "a therapy of literary merit" (White & Epston 1990:17) was utilised here to subvert women's problem narratives in order to reveal hidden, internal contradictions contained within. These absent or repressed meanings were made visible through narrative therapy practices of deconstruction. The researcher found the application of Derrida's subversive ideas regarding deconstruction very exciting, as it "bends all its efforts to stretch beyond these boundaries, to transgress these confines, to interrupt and disjoin all such gathering" (Caputo 1997:2).

4.4.10 Spiritualities of the surface

Michael White (2000:132) shares the following thoughts about spirituality in On ethics and the spiritualities of the surface:

When I talk of spirituality, I am not appealing to the divine or the holy. I am not saluting human nature, whatever that might be, if it does exist at all. The notion of spirituality that I am relating to is one that makes it possible for me to see and to appreciate the visible in people's lives, not the invisible. It is a notion of spirituality that makes it possible for us to appreciate those events in people's lives that just might be, or might provide for, the basis for a knowing formation of the self according to certain ethics.

The researcher relates to the above notion of spirituality, because it is about living one's life in ways that are "other" in regard to the received modes of being. It questions the taken-for-granted and opens space for the generation of alternative ways of being. It invites the formation of new identity projects and encourages the transgression of the limits of "necessary" ways of being in the world. This notion of spirituality is about the re-invention of who we are, and functions on the level of ethical and moral struggles related to identity. It makes
spirituality practical and do-able, and because in many ways it seizes upon indeterminacy, creates spaces where hope and moral agency might reside, irrespective of a person's religious convictions.

This study wishes to make a unique contribution to the field of religious studies at the level of "spiritualities of the surface" (White 2000:132) by functioning at the moral and ethical level of human subjectivity. We illustrate that the vehicle of therapy and counselling, which is sensitive to and respectful of religious diversity, can be utilised to co-construct identities of hope moral agency with women who believe that they have failed as persons.

The notion of spirituality that I am relating to is one that assists us to attend to the material options for breaking from many of the received ways of life, to attend to those events of people's lives that provide the basis for the constitution of identities that are other than those which are given. And in this sense it is a spirituality that has to do with relating to one's material options in a way that one becomes more conscious of one's own knowing.

(White 2000:132)

4.5 The current cultural context

Violent crimes are every day occurrences in this country. Sexual crimes are commonplace. On average 149 rapes, 59 murders and 86 attempted murders are reported every day in South Africa (Beeld 2002:1). Domestic violence is more widespread and less reported on than violent and sexual crimes outside the home. The published statistics reflect the tip of the iceberg. Furthermore, it is a sad indictment of our society that women do not appear to be safe in any context, not even in their own homes, and often not even in their own company.\textsuperscript{12} South Africa also boasts the fastest spread of HIV/aids in the world. Women are particularly susceptible to the transmission of HIV/aids, purely by virtue of their physiology. Women lack equal power in their relationships with men contributing

\textsuperscript{12} Referring to practices of self injury in the form of starvation, bodily mutilation, addictions and sexual promiscuity
to their vulnerability to HIV/aids. Ironically, South Africa is also one of the most religious countries in the world.

The shift in the balance of political power affected all South Africans. White South Africans, the beneficiaries of political power during Nationalist Party rule until 1994, now find themselves increasingly at a loss of power. Full democratisation resulted in a shift in the balance of power to the majority of the South African population, stripping White South Africans of political privileges based on race. and. This shift in political power transformed the Afrikaner community into one of the many minorities in the country instead of a community who enjoyed educational and employment privileges, economic advantages and political power under Nationalist party rule.

Myburg (2000) provides some insight into the ideologies at play in the creation of identity in the Afrikaans culture. Myburg (2000:118) believes that Afrikaans society is imbued with dominant discourses, for example, individualism, capitalism, Afrikaner nationalism, sexism and racism that shape Afrikaner identity. While the South African society as a whole is readjusting itself towards full democratisation, these dominant discourses still form part of the historical make-up of Afrikaners (Myburg 2000:118).

5 Contribution to religious studies

In line with a postmodern and social constructionist position, this research does not purport to make any final remarks, or to arrive at any decisive conclusions. It does not wish to portray any religious or therapeutic perspective over another. The researcher hopes to make a contribution to the field of religious studies by unmasking religious discourses of power that constitute personal failure in the lives of Afrikaans women. It also hopes to illustrate some of the ways in which therapy can contribute to the spiritual healing of the people of this country.
6 Transparency and accountability

Meaning was constantly co-constructed through multiple reflections between the research participants and the researcher to ensure an ethic of transparency and accountability throughout the research process. All the research participants directly involved in the research received an information sheet for participants (Addendum A) and signed a copy of the consent form for participants (Addendum B). Language is regarded as a safe context for the generation of meaning and the social construction of reality. Throughout this research gender-neutral language was used.

The participants kept all the notes made during therapeutic conversations, as well as transcriptions of the conversations. The participants and I concurred about the inclusion and exclusion of parts of their narratives in this report and agreed that the participants’ own comments, words and reflections would be used verbatim in this text.

7 Chapter outline

In Chapter 1 the researcher describes the problem statement, the research questions and the research design. In this chapter the researcher reflects on the operations of modern power, the ways in which technologies of power constitute identity, and how a narrative analysis of dominant discourses could be employed in addressing the phenomenon of personal failure.

In Chapter 2 the researcher describes the horizons of meaning and the theories underpinning this research with particular reference to the religious studies perspective, social construction discourse and the application of these theories in narrative therapeutic practices.
Chapter 3 focuses on the effects of patriarchal religious discourses on Mara’s identity and the ways in which these religious discourses constituted her identity of failed personhood. Narrative therapeutic practices used in the deconstruction of her problem-saturated life story are detailed. Mara’s process of reconstructing an identity of hope and moral agency as her preferred alternative story is described through the lens of White’s (2002) *Failure Conversations Map*.

Chapter 4 centres on Grace’s narratives and experiences of the effects of mental illness on her identity as a person. This chapter describes Grace’s preferred identity of moral agency and hope. The researcher describes the narrative practices utilised to counter the problems of mental illness, self-injury and anorexia.

In Chapter 5 the researcher describes the unique outcomes of the therapy and research process, reflects on the limitations of the study and makes suggestions for further research and therapeutic practice.
Chapter 2 Horizons of meaning, contours of theory and practice

1 Working from a religious studies perspective

1.1 “Religion”

Religion (from the Latin root religare) means “to bind together or to express concern” (Fukuyama & Sevig 1999:6). In South Africa, religion and spirituality are expressed in many culturally diverse ways. For the purposes of this research religion is understood in broad, inclusive and functional terms. This inquiry was concerned with the effects of religious and cultural discourses on the lives of the research participants who found themselves trapped in identities of failed personhood.

Religion provides people with a sense of security and a spiritual home. “Religions are the great human answers which have emerged in an effort to tame the confusing, threatening aspects of life by seeing them in terms of a coherent, integrated pattern. The chaos becomes a cosmos” (Krüger 1995:56).

According to Krüger, Lubbe and Steyn (1996) religion has integrating and transcendent functions. Integration and transcendance are equally relevant to individuals and to societies. The individual’s search for personal identity is closely linked to the search for the identity of the cosmos. The comprehensive integrating role of religion helps people to make sense of their lives and the events of their lives and relationships. Religion makes possible living, feeling and thinking in a coherent manner. It invites one to be in harmony with oneself, one’s fellows and one’s natural and social environment. Religion offers a sense of
meaning and hopefulness in the face of emotional and physical suffering, generating confidence in individuals and groups. Religion makes it possible for people to transcend the ordinariness of everyday life by giving the human spirit wings. Religion is a form of boundary experience where the horizon is forever shifting farther away:

Viewed thus, religion is an extension of the normal experience of every person. It is also an extension of science and art through which we search for true knowledge and beauty. We might say that religion is the longing for absolute truth, absolute beauty and absolute goodness. Religion is art and science pushed to their limits – and beyond. In other words, religion is not confined to temples, initiation rites, holy books and the like. It is the experience of the boundary, and it may be experienced in the midst of everyday life

(Krüger et al 1996:5)

Religion provides human beings with the ability to radically transcend the limits of their everyday lives and the ability to go beyond the known to the roots of experience. When described as the two movements of comprehensive integrating and radical transcending religion makes possible the study of faith experiences of people from all religious backgrounds as well as the effects of religious discourses on their lives.

Religion may also be described as an organised system of faith, worship, cumulative traditions, and prescribed rituals (Fukuyama et al 1999:6). Religion is a culture-specific expression of spirituality as well as a trans-cultural phenomenon. Fukuyama et al (1999:7) say that while religion is one of the many ways in which culture is embodied and transmitted, it also embodies universal values that transcend cultural boundaries.

Judaism is an example of a religion that connects people trans-culturally, through its rituals, heritage and language. A 20-year-old Jewish woman in Manhattan may nevertheless have little in common culturally with a 20-year-old Jewish woman from Addis Ababa, the capital of Ethiopia (Fukayama et al 1999:7). Fukuyama (1999:8) cites Geertz, that although many world religions may have a
coherent core religious belief system, they are expressed with a variety of cultural nuances. The example of the combined religious customs from Native American traditions and Roman Catholicism in the American Southwest serves as an illustration of the above. The practical differences between the South African Afrikaans sister churches, can also serve as an example. Whereas the Nederduits Gereformeerde Kerk (Dutch Reformed Church) for example, allows women to become clergy, the Gereformeerde Kerk (Reformed Church) refuses women entrance to theological studies or leadership positions in the church on biblical grounds.

1.2 Introspection or reflexiveness

An element of the researcher's reflexive self-awareness is included in this study without the study becoming autobiographical. This study is powered by a compassionate curiosity about religion and a deep-seated interest in the effects of faith experiences on the lives of women.

My identities or different selves are socially constructed by various discourses embedded in the South African context. The discourses prescribing the ways of being an Afrikaans-speaking South African woman with a Judeo-Christian religious background influenced my education at home and at school. My journey included many of the religious and cultural assumptions of the research participants. I grew up in a conservative Afrikaans home, questioning the belief that the "received wisdom" (Doherty 1991:151) of my culture must be the only knowable truth. Despite my curiosity about other knowledges, the knowledges, myths and folk tales of the Afrikaans culture shaped my experience as "reliable knowledge" (Gergen 1991:8). Travelling alongside the research participants, as researcher, I am on a journey towards the co-construction of my own preferred identities. It is a journey on which I attempt to transcend the confinements of the religious and social discourses I am inevitably positioned within. I am present in this research in many ways: as primary author of this text, as
researcher, as deconstructive therapist\textsuperscript{13}, as Afrikaans woman, as spiritual being and as co-traveller. The history, politics, culture and climate of this country undeniably contribute to and influence the social construction of my identities.

Throughout the therapy and the writing of this research report I constantly remained aware of the unevenness in power relations between researcher and research participants. Asymmetrical power relations were constantly de-centered by approaching the participants' narratives from a position of "not-knowing" and "wanting to know more". The research participants were invited to honour their expertise and acknowledge the local knowledges of their lives. This approach encouraged the participants to embody their own experiences and knowledges and invited the researcher to remain curious and constantly informed by the women's narratives.

Corresponding to the researcher's belief in the participants' expertise on their lives, the women's diverse faith experiences were equally respected. Whilst questioning dominant discourses manifesting in essential truths experienced by the participants as harmful, the researcher utilised the pluralistic and inclusive position of religious studies as entry point for this study, as opposed to a denominational religious perspective. Furthermore, rather than being a neutral observer, we assumed that my participation as therapist would have real effects, and conversely, that this project would further inform my thinking and future actions.

We did not approach this study from a position of objectivity or subjectivity, but rather from a position of "response-ability" (Krüger 1995:81), that is, from a position of persons responding to other persons and to the world. The

\textsuperscript{13} Deconstructive therapists proceed from the position that all knowledge, including scientific knowledge, is influenced by one's perspective and that any perspective, even a scientific one, is a product of dominant cultural influences and ideologies (Powell 1997:166)
deconstruction of the effects of religious and socio-cultural discourses, which maintain and regulate the lives of women, was taken into account as part of the researcher's social and professional responsibility. The researcher is committed to humility before the facts, integrity and honesty, "a far cry from the myth that science is the work of a disembodied, unfeeling intellect" (Krüger 1995:83).

The attitude that I have presented here seeks to combine humanness with unsentimental insight into human realities, realising that religion has often masked extreme arrogance, extreme folly, and extreme injustice. Things are not always what they appear to be. In this ironic-ironic spirit religious studies has a role to play in our society, opening people's eyes to themselves and to others.

(Krüger 1995:91)

Although I could not block out my own understanding nor presume to be ideologically neutral, as researcher my prejudices and biases were assumed and made transparent. This reflexive spiral is part of the movement into religion.

1.3 Understanding from a conditionalist perspective

A successful explanation leads to understanding, while understanding leads to a better explanation. When studying faith experiences from a conditionalist perspective the following patterns are considered: intra-religious patterns, religion as an embedded value system in a wider socio-cultural context as well as inter-religious patterns.

When considering intra-religious patterns from a conditionalist perspective, the researcher reflected on the inner composition of the syndrome of religion. For example, how the telling of stories of origin and the acting out of sacred drama hang together. Each of these, doctrine, cult, and organisation are in turn a constellation of mutually conditioning factors, caught up in the processes of transformation.
A conditionalist perspective concerns itself with religion within its wider socio-cultural context and seeks to discover why religions interact with its contexts in mutual dependence and stimulation. It is impossible to isolate religion from the fabric of social life. When studying inter-religious patterns, one becomes concerned with the dynamic relationships between various religions. Modernist studies of inter-religious patterns focus on religions as totally separate entities. The approach taken in this study was inspired by postmodern ideas and social construction discourse, which is skeptical of essential truth claims.

The style of theory best suited to this inquiry into religion was an open, dynamic, anti-authoritarian, anti-dogmatic approach, with a drastic shift of focus to the spaces that exist between religions. Religious discoveries can be made in our time in the spaces between religions, as this is a landscape rich with possibilities for religious experience (Krüger 1995:27). Theories of religion do not uncover or express timeless, essential truths, but rather attempt to understand the dynamic interrelationships along the edges of religion.

1.4 Explanation

A conditionalist approach to religious studies encourages a dialogical meeting between religions, emphasising open dialectic, creative difference and challenging questions. This does not entail an epistemological relativism that “anything goes” or that everything is on the same plane, but rather emphasises the mutual opening up of as yet unrealised possibilities in conversations that might lead to greater self-awareness. Conditionalism emphasises the inter-woveness of various religions in the past, and opens up spaces for future conversations.

A pluralist conditionalist approach objects to reductionism and determinism. It applauds Gadamer’s hermeneutics of fusions of multiple religio-cultural horizons
and endorses the underlying assumptions of critical theory. Furthermore, it sympathises with the ideal of domination-free communication. From this vantage point, religious studies critiques and studies religions, and highlights strengths and weaknesses according to certain criteria: clarity, comprehensiveness, radicality and incompleteness. The integrative power of religion and theories about religion should establish relationships between things thereby constituting facts in a limited area under investigation. Religion may be required to restore to an individual a sense of inner integrity and solidarity with humanity and with nature (See Chapters 3 and 4).

The second criterion is the transcending/penetrative power of religion and theories about religion. This criterion implies that theories should pioneer new, more satisfactory ways of understanding the relationships between things. In other words, it could be expected of religion to fulfill its role of radically opening up new orientational possibilities and creating freedom. When considering intra-religious patterns, we questioned the effects of the literal interpretation of the Bible about men’s and women’s roles in relationships and its effect on the social construction of identity (See Chapter 3). Whether considering inter- or intra-religious patterns, the culturally embeddedness of religion and the social construction of truth and knowledge were always kept in mind.

1.5 Critique

Krüger et al (1995) refer to religion and spirituality’s transcendent and integrating effects on people’s lives, enabling them to live coherent lives of harmony. On the other hand, it is true that if religion and culture conspire to oppress and cage people, it should be studied and critiqued in terms of humanity. Fukayama et al (1999:80) take into consideration the many instances where people are oppressed in the name of religion.
Fukuyama et al (1999) cite the example of anti-Semitism. Anti-Semitism has its roots in the formation of the early Christian church, and in the beliefs of Martin Luther, who started the Protestant Reformation. Apartheid is a glaring example of the oppression of people in the name of religion. The Afrikaans sister churches substantiated apartheid theology as God’s will (Van Zyl Slabbert (1999:8) while religious leaders like Beyers Naude saw apartheid as an unspeakable atrocity and as the violation of human rights, validated by theology (Meiring 1999:61).

Healing occurs when the oppressor makes amends, such as when Whites work on eliminating racism (Fukuyama et al 1999:80). This process is actualised when persons with privilege become “allies” of the disenfranchised and work towards undoing the oppression. In the same manner the intention of this research was to liberate the women who were caged by religious and cultural discourses that promoted a paralysis of will, feelings of hopelessness and failure.

There are various definitions and descriptions of unhealthy spirituality. Fukuyama et al (1999:90) cite Clinebell’s description of pathogenic or unhealthy religion: growth blocking, resulting from rigidity, idolatry, authoritarianism, and practices that are life constricting or that deny reality. Fukuyama et al (1999:90) nonetheless suggest that researchers of religion should look at the outcome of religious participation before judging it to be unhealthy. The spirituality that feeds one person may be poison to another. For example, religious fundamentalism may be extremely oppressive for one person, whereas another might experience it as safe framework for life without chaos or confusion (See Chapter 3).

1.6 Constructive religious thought and mysticism

The position of constructive religious thought is part of the religious quest. This includes the philosophy of religion, a religious view of the world, and knowledge of the cosmos. Constructive religious thought and mysticism, the moment of awe
experienced in religion, is also a part of the religious quest, but falls outside the scope of this thesis.

1.7 Ethics and morality

Ultimately, the purpose of research into religious studies is the contribution to the well-being and liberation of people. Therefore it is necessary to interrogate a religious system that militates against the essence of integration and transcendence and to find alternatives to assist those who are so trapped, by co-con structing healthy alternative identities.

The ethics and morality of a conditionalist perspective has four formal characteristics. Firstly, it is a naturalistic not a super-naturalistic ethic. Secondly, it is situational and historical, without abstract, or absolute norms, respectful of the historical evolution of the moral codes and norms that evolved in different cultures. Thirdly, a religious studies ethic can distinguish right from wrong and provide moral guidance without amounting to relativism in the sense that any behaviour is as good or bad as any other. This ethic respects the delicate interdependence and inter-woveness of the world, and as such it does not assume in the abstract that there is an absolute right in opposition to an absolute wrong. It does not underscore a belief in absolute dualisms, and is critical of an absolute light-versus-darkness view of the world.

In view of the above, the ethics and morality of a religious studies perspective has three clear characteristics, each characteristic equally important and merging with the others. Firstly, there is a respect for the given concrete, secondly, the integration with widening contexts and thirdly, universal solidarity, responsiveness and compassion (Krüger 1995:135). These characteristics lead to freedom on the creative edge: freedom and creative action resulting in concrete deeds.
2 Social construction discourse

2.1 Gergen on modernist discourse

Kenneth Gergen (2002:3) suspects that either the process of modernist knowledge production is without moral posture or that its implicit morals are preposterous. He makes it clear that modernist knowledge is defined as a condition of the individual mind. In this sense, he says, modernist knowledge crowns scientific knowledge as the ultimate achievement of Western culture, with individual scientists singled out for their unique accomplishments. Yet, he continues, "the valorization of the individual mind seems detrimental to human well being, and its global diffusion a little short of corrosive" (Gergen 2002:3). Gergen (2002:3) cites many sources of discontent in the role science played in the extermination of the Jews, the eradication of Hiroshima and Nagasaki, the incineration of the Vietnamese and the global destruction of natural resources:

Although boasting knowledge free of value, modernist accounts of the world are found replete with androgynous, racist, elitist, materialist, colonialist, and individual biases. This conception of knowledge favours forms of relationship that are hierarchical, instrumental, competitive and manipulative. If we enter into a critique of longstanding modernist assumptions about self and knowledge, one crosses the threshold into space of deliberation like postmodernism, post structuralism, post–positivism and post-foundationalism. At this juncture many find enormous potential in the emerging dialogues on social constructionism. What are the premises for a social constructionist view of knowledge?

Gergen (2002:4) notes with every “advance” that rationalises the presumption of individual knowledge, humankind seems to confront a wave of rapacious repercussions – increasingly powerful weapons of destruction, environmental desecration, and human degradation among them.

Social construction discourse is critical of the assumption of traditional empirical study but not set against the battery of empirical practices or the conclusions
based on this tradition. Constructionist inquiry is indebted to an empiricist heritage. As constructionism is primarily engaged in the study of discourse, the ways in which meanings are generated, sustained or disrupted in relationships is a relevant metaphor and theory for this research.

"Words and things" is the ... ironic title of a work that modifies its own form, displaces its own data, and reveals at the end of the day, a quite different task. A task that consists not – of no longer – treating discourses as groups of signs (signifying elements referred to contents or representations) but as practices that systematically form the objects of which they speak.

(Foucault 1972:49)

Harlene Anderson (1997:40) suggests that the social construction movement in the social sciences can be traced back to the work of sociologists Berger and Luckmann (1966), and more recently associated with social science theoreticians Jerome Bruner (1986), Kenneth Gergen (1985, 1994) amongst others, each of whom offers their own interpretation. This is not surprising, as social constructionism is a form of social inquiry about differences. It concerns itself with what is it like to be a particular person living in a particular network of relationships with others, who is situated in relation to these others in different positions and at different times.

Gergen (1985:266) views social construction as discourse about the world “not as a reflection or map of the world but as an artefact of communal interchange”. From a social constructionist perspective, “reality” as perceived by people, is co-constructed, or multi-authored, in relation with others, through language. That includes ideas, thoughts, identities, relationships, and the meanings people attribute to relationships, themselves and events.
2.2 Therapy and social construction discourse

When therapists embrace a postmodern, narrative, social constructionist worldview it offers useful ideas about how power, knowledge and truth are negotiated in families and larger social groups (Freedman & Combs 1996:22). This research draws on four ideas that relate to doing therapy from a social constructionist perspective from Freedman et al (1996:22).

2.2.1 Realities are socially constructed

If realities are socially constructed, that could explain why ideas, practices, beliefs and norms come to have reality status in a given social group. All the things that constitute reality arise through social interaction over time. In other words, people together, construct their realities as they live them (Freedman et al 1996:23).

2.2.2 Realities are constituted through language

...the linguistic typifications and institutions of families ... tend to legitimate the reification of different world views
(Freedman et al 1996:23)[Authors’ emphasis]

From this perspective, language is not passive or neutral; words bring forth realities. When people share words and give legitimacy to the distinctions that those words bring forth, reality is constructed. Freedman et al (1996:29) use the concept of race as an example:

To talk about race is to legitimate race as a concept. Such legitimation tends to reify race or whatever other concepts we discuss, and we can easily forget that other concepts are equally possible and equally valid. The “logic” of language lends an air of logic to our perceptions and description of the social world, and we have been socialized so as to confuse “logical” with “real”.
A socially constructed perspective to therapy implies that the mutability of language is useful when co-constructing change. In a narrative approach to therapy, the focus is on how language constitutes the world and the beliefs people have about their life-worlds and relationships. People share their worlds in language. Narrative therapy utilises the opportunity to create space in language and to co-construct with the client "news of difference" (White & Epston 1990:61) or different ways of speaking new selves into being.

2.2.3 Realities are organised and maintained through narrative

White and Epston (1990:13) propose that persons give meaning to their lives and relationships by storying their experience and that, in interaction with others in the performance of these stories; they are active in the shaping of their lives and relationships. What are the implications for therapy? White et al (1990:14-15) put it in a few words:

If we make the general assumption that persons experience problems, for which they frequently seek therapy, when the narratives in which they are ‘storying’ their experience, and/or in which they are having their experience ‘storied’ by others, do not sufficiently represent their lived experience, and that, in these circumstances, there will be significant aspects of their lived experience that contradict these dominant narratives.

What are the implications of these assumptions that we call therapy? If we accept the assumptions made above as reasonable, then we could also assume that, when persons seek therapy, an acceptable outcome would be the identification or generation of alternative stories that enable them to perform new meanings, bringing with them desired possibilities - new meanings that person experience as more helpful, satisfying, and open-ended.

2.2.4 Essential truths are equally distrusted

A modernist worldview would expect the therapist to classify, diagnose and work towards a universally applicable interpretation. But, the narrative and social
construction worldview is a way of thinking and doing that celebrates difference and diversity. Instead of embracing the Western concept of an individualised self, with an inner essence and an outer reality, social constructionism prefers to think of persons as having many socially constructed selves, which are constructed in relationship and maintained through a process of language, in narrative.

In therapy, instead of looking for a "true" self, and attempting to fix what appears to be deficient about this "true self", narrative therapy prefers to work towards person's "preferred selves" in living out narratives that support the growth and development of these "preferred selves" (Freedman et al 1996:35):

Different selves come forth in different contexts and no one self is truer than any other. We think that people are continually constituting each other's "selves", and that there are many possible stories about myself, your-self and other people's selves.

(Freedman et al 1996:35)

2.3 A narrative approach

Instead of following the more traditional intra-psychic and psychodynamic perspectives, where the focus is on the diagnosis of pathology, this research was conducted from a contextual, interactional perspective. The development of a problem was not seen as taking place inside of persons or as pervasive to their personality. Instead, the focus of this research was on the various interactional contexts against which a person's difficulties may emerge, for example on the cultural and religious discourses of power and their effects on women's experience.

2.3.1 Re-authoring conversations: a conceptual framework

The conceptual framework for this research was adapted from the therapeutic approaches developed by White and Epston (1990). The development and consolidation of problems are understood in terms of the notion that events take
their course because they are restrained from taking alternative courses (White 1986:169). Kamsler (1992:19) states that when therapists operate from this perspective, they construct the problems people present as a consequence of the operation of restraining beliefs and assumptions about themselves and their worlds. Restraining beliefs and assumptions prohibit people from having access to alternative solutions to their difficulties, because unfitting information is screened out and not perceived.

This research utilises White and Epston's (1990) text analogy for therapy as metaphor. Problem development was regarded as taking place in language and conversation. While conducting the research, the problems the participants brought to counselling were viewed as narratives with their own history, present and future, their own life support system and their own progression and direction over time. The use of this approach created space for the research participants to discover and experience alternative stories about their lives and identities, liberating alternative identity projects with new choices and fresh opportunities, making it possible for them to exert some influence over the cultural and religious discourses that oppress and subjugate their experiences.

So many expressions of life that might represent acts of opposition to the operations of modern power, or a refusal of its requirements, that would be inconsequential within the context of a classical analysis of power, become substantial. In the context of therapeutic practice, the appreciation of the significance of these expressions of life is invigorating of therapeutic inquiry.

(White 2002:53)

2.3.2 Creating spaces in-between

The application of deconstruction of narratives in a narrative therapy context as described in this thesis released new identity projects for the research participants and provided them with opportunities to re-construct identities of
hope and moral agency. The questions that were asked in the therapy process emphasised the politics of experience, making visible the social forces that significantly shaped their lives and experiences.

*If we are restricted to a classical analysis of power, many of the social forces that are significantly shaping of people’s lives and relationships, and of our interaction with the people who consult us, remain invisible. As well as this, the range of options for action in relation to power is significantly narrowed. In the context of this classical analysis, apart from processes of appeal that are ratified in the constitutions and statutes of the institutions of our society, general social dissent, organised resistance, and heroic acts of individual protest, little is deemed relevant as effective action in relation to power. And such action is likely to have little impression on the operations of modern power, which will remain concealed, and therefore relatively unassailable.*

*White 2002:53*

### 2.4 Discourse analysis and Narrative practices

#### 2.4.1 Understanding discourse

Discourses are practices, techniques and mechanisms of power (Foucault 1973; 1979; 1980; 1984). Discourse is regarded as a means of representing experience, implying that socio-cultural and religious discourses inform the creation of and the politics of human relationships. Discourse determines what is spoken about, who speaks from where and to whom. Hare-Mustin (1994:19) describes discourse as both the medium and the product of human activities; the way a certain worldview is sustained. It is a system of statements, practices and institutional structures that share common values.

Discourses can include linguistic and non-linguistic aspects, for example, discourse can act as a medium through which speech can become known to us and it can also act as a communication medium for cultural practices. Discourses not only shape people’s ways of thinking and their production of meaning, but also constitute the nature of the body, the conscious and
unconscious mind and emotional life of the subjects which they seek to govern (Weedon 1987:108). Neither body nor thoughts nor feelings have any fixed meaning outside their discursive articulation. The way power operates in human relationships can be understood through examining dominant societal discourses.

Weingarten (2000b) describes discourse as follows: Discourse is understood as a historically, socially and institutionally specific structure of statements, terms, categories and beliefs that are embedded in relationships, texts and institutions. Discursive mechanisms of influence are often invisible. Discourse can be described as a product of social factors rather than a set of individual ideas. Furthermore, discourse reflects and constructs a specific worldview, with its dominant and subjugated discourses. Dominant discourses appear natural; in other words, whatever is not part of the discourse shapes our experience as critically as the discourse itself.

Dominant discourses are constituted by the most popular way of being. Dixon (1999:143) refers to Becker, Chasin, Chasin, Herzig and Roth in saying that dominant discourses influence which ideas, experiences and behaviours are regarded as normal. According to Madigan (1998:55), dominant discourses establish community norms that are never intended to be democratic, but set up as a means for a powerful patriarchal few to control and dictate the lives of many.

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Wherever power orients practice – and that is everywhere – there is violence. ... Hierarchy and inequality, which are so fundamental to social structures, normalize violence. Violence is what lends to culture its authoritativeness. Violence creates (and reemerges from) fear, anger and loss – what might be called the infrapolitical emotions. Violence in this perspective is the vector of cultural processes that work through the salient images, structures and engagements of everyday lives to shape local worlds. Violence thus is crucial to cultural processes.

(Kleinman 2000:238)

2.4.2 Discourse analysis

Discourse analysis involves the careful analysis of the mechanisms by which discourse is produced and maintained, that is analysis of texts, relationships and institutions to identify patterns of meaning, contradictions and inconsistencies. Discourse analysis presumes that disrupting dominant ideas is useful and that a plurality for ideas is desirable. It is an approach that identifies and names the language processes people use to shape their own and others’ understandings of personal and social phenomena. And underlying assumption of all discourse analysis is that language does not express reality, but is constitutive of it: language shapes experience.

2.4.3 Dominant stories and alternative stories

Human beings are interpreting beings, seeking out events and experiences that are meaningful. The stories we have about our lives are events that are linked in sequence across time, according to a plot (Morgan 2000:5). Discourse is generally invisible and regarded as normative. Davies (1993:153) says, "Just as we disattend the pane of glass in order to look at the view out of the window, we generally disattend discourse (it is not until the glass fractures or breaks, for example that we focus differently)". Davies (1993:153) also argues that discourses and their attendant story lines are taken up as one's own in invisible ways, in view of the fact that discourse is understood as the transparent medium
through which people see real worlds. She states that precisely because discourse is understood as transparent, then, that any text, in which discourse is mobilised, can be taken to describe a real and recognisable world.

Problem stories commonly overshadow the rest of human experiences. Once linked into a plot across time, dominant storylines have implications for the way we think about ourselves, for the choices we make and for the identities we construct for ourselves. The meanings we attribute to events and experiences are not neutral or innocent in the effects they have on our lives, and constitute and shape our lives in the present and the future. In this research the re-storying approach (White & Epston 1990) outlined above was used in various ways to re-construct, in a collaborative process, identities of preferred personhood and moral agency with the participants.

2.4.4 Decentering power

Narrative therapy follows a decentered approach to the client-therapist relationship. The decentering of power resounds in narrative therapy practices in the belief that all knowledge is influenced from one's perspective and that any perspective is the product of dominant cultural influences and ideologies. Narrative therapy approaches conversations with clients from a collaborative posture and a curiosity, which tolerates confusion, favouring the local knowledges of clients above the expert knowledges of the therapist.

White (1997:201-202) says that decentering therapeutic practices provides opportunities for therapists to exercise a commitment to identify and take responsibility for the real effects of their work on the lives and the relationships of the persons who consult them. These practices invite therapists to contribute to an acknowledgement of the power relations of everyday life that provide the context for the problems that people bring to therapy. Working from this position where power is decentered, enables therapists to contribute to an
acknowledgement of the power relations of therapy itself, and to take steps to provide opportunities for the monitoring of power relations. Therapy becomes a context in which the consciousness and the knowledges of the person seeking consultation are at its centre (See Chapters 3 and 4).

Every story is a form of censorship. Modernist ways of thinking are based on a sharp dualism where one of the poles is centralised and the other marginalised. Deconstruction uncovers exclusions and creates space for the excluded; space for the other in terms of the self.

Narrative counter-practices\(^\text{15}\) were employed in the social re-construction and co-construction of the participants' preferred selves. People live many stories simultaneously, and different stories can be told about the same events. No single story can be free of ambiguity or contradiction and no single story can encapsulate or handle all the contingencies of life (Morgan 2000:8). Furthermore, the broader social contexts of the stories by which we live our lives influence people either positively or negatively. The meanings we attribute to the events in our lives occur in a sequence over time. There is always a context forming the stories of our lives. The contexts of gender, race, class, culture, religious affiliation and sexual preference are powerful contributors to the pool of narratives by which we live. Cultural beliefs determine what constitutes a good or a bad person, a good or a bad woman (See Chapter 3), illustrating to what extent a person's story is shaped by their religious and cultural contexts.

\(^{15}\) Counter practices are therapeutic practices that resist of refuse to go along with the problem strategy.
2.4.5 From thin conclusions to thick and rich descriptions

A thin description allows little space for the complexities and contradictions of life: it allows little space for people to articulate their own particular meanings of their actions and the context within which they occurred.

(Morgan 2000:12)

Thin descriptions of personhood and identity are often generated by others and leave little room for improvement. Furthermore thin descriptions often lead to thin conclusions about people's identities, with many possible negative effects. For example, Grace's (See Chapter 4) actions were thinly described as self-inflicted, contributing to her identity as a "self-mutilator". This thin description about her identity not only had negative effects on the relationships between her and her family, but also repeatedly pressed medical and nursing staff at casualty units to treat her harshly and unsympathetically when she required medical attention (See Chapter 4).

Sometimes thin descriptions obscure broader relations of power. Mara (See Chapter 3) believed that she was a worthless and meaningless person. She said she believed that she deserved her husband's abuse because the thin conclusions about her behaviour and identity invalidated the power imbalances between them. Morgan (2000:13) says thin descriptions not only hide the tactics of power and control to which women are subjected, but also obscure any significant acts of resistance to oppressive power.

Narrative therapists work toward the co-construction of alternative, preferred life stories. Alternative, preferred life stories are not merely alternatives to problem-saturated life stories. They are the participants' preferred life narratives. Narrative therapists work towards richer and thicker descriptions of people's life experiences and the meanings they attribute to these experiences and events.
Rich descriptions involve the articulation of the fine detail of the story lines of a person's life.

2.4.6 Discovering unique outcomes

A unique outcome is a contradiction to a dominant narrative that can become a gateway to alternative knowledge and skills (Sax 1999). The research participants were invited to remember, identify and focus on existing exceptions that contradict the problem-saturated narratives' claims to their identities. These exceptions, also known as unique outcomes, were then "thickened" and strengthened to become alternative plots that enabled the research participants to embody their preferred ways of being. Alternative preferred stories were drawn forth and documented through various forms of communal acknowledgement (Sax 1999). In this research preferred narratives were frequently expressed in narrative documents, art, poetry, quilting, rituals and rites of passage.

2.4.7 Externalising conversations

Narrative therapy employs a linguistic practice called externalisation (See Table 2). Externalising conversations serve to separate the person from the problem and enables the therapist to join with the person against the problem.

Separating the problem from the person in an externalizing conversation relieves the pressure of blame and defensiveness. Instead of being defined as inherently being a problem, a ... person can now have a relationship with the externalized problem

(Freedman et al 1997: xv)

This linguistic separation between the person and the problem is of particular use when working with the constitutive effects of religious discourses on identity, as religious discourses tend to compete for primacy with other discourses in persons identity projects. In order to achieve a separation between the person and the problem, the problem is spoken about in ways that situates it outside the person
and their identity. Instead of speaking in internalising words about the person's problem, for example, referring to the person as "a depressive sort of person", or a "worrier", one would rather listen for the words the person uses to describe the problem and formulate a question accordingly. Morgan (2000:19) prides examples of externalising questions, for example, "Would you agree that Worry might be stopping you from sleeping at night? and "How has the Negative Voice tried to convince you that you can't do anything?" (Morgan 2000:19). Morgan (2000:19) further maintains that sometimes the problem can be personified and given an identity or a name (See the example of "SS" in Chapter 4).

Many problems can be externalised. Morgan (2000:20-22) notes that feelings, problems between people, cultural and social practices, other metaphors and more than one problem can be successfully externalised at a time. It is very important that the name of the problem fits the experience of the person consulting the therapist and that the person consulting the therapist is actively involved in deciding upon how the problem will be referred to. Furthermore, the name chosen should allow for the politics of experience to be examined (Morgan 2000:23). Whenever we encountered a dilemma with how to externalise a problem, the researcher discovered that asking more detailed and "smaller" questions helped to clarify the best way to refer to the problem. Externalising conversations were very helpful in establishing contexts where the person could experience herself as a separate entity from the problem and begin to take action against the problem (See Chapter 4). A thorough investigation into the problem becomes possible, while the therapist remains interested in exposing and finding out as much as possible about the problem's tricks, tactics, way of operating, intentions, strengths and weaknesses in plotting its dominant story line in a person's life (Morgan 2000:25).
### Table 2: Internalised and Externalised Conversations

<table>
<thead>
<tr>
<th>Internalised conversations</th>
<th>Externalised conversations</th>
</tr>
</thead>
<tbody>
<tr>
<td>See the person as the problem</td>
<td>See the problem as the problem</td>
</tr>
<tr>
<td>Locate problems inside the person</td>
<td>The problem is spoken of as outside of the person. This creates space for discussion about the person’s relationship with the problem</td>
</tr>
<tr>
<td>Look for what is ‘wrong’ or ‘deficient’ with individuals</td>
<td>Locate the problems in a context that is external or outside of the person and their identity</td>
</tr>
<tr>
<td>Actions seen as surface manifestations of a central core or self</td>
<td>Actions seen as events that have occurred in a sequence, across a time period according to a particular plot</td>
</tr>
<tr>
<td>Seek the opinions of others to explain behaviours or problems</td>
<td>Invite people to discern their own meaning and explanations for events</td>
</tr>
<tr>
<td>Descriptions tend to totalise the person and their identity leaving little room for other descriptions of identity</td>
<td>Allow for multiple descriptions of identity</td>
</tr>
<tr>
<td>Make invisible the social practices that promote, sustain and nurture the life of the problem</td>
<td>Make visible the social practices that promote, sustain and nurture the life of the problem</td>
</tr>
<tr>
<td>Lead to thin conclusions about life, the self, and relationships</td>
<td>Lead to rich descriptions of lives and relationships</td>
</tr>
<tr>
<td>Examine the internal influences on people who seek help</td>
<td>Examine the cultural, socio-political stories that influence the lives of people who seek help</td>
</tr>
<tr>
<td>Lead to categorisation of people in terms of how ‘different’ they are from the ‘norm’. Labels or terms are devised to describe people’s experience or problem. When people are seen as different, they often experience discrimination</td>
<td>Celebrate difference and challenge notions of ‘norms’. Embrace difference and seek to make discriminatory practices visible.</td>
</tr>
<tr>
<td>Understand problems as ‘part of people and their identity’. Conversations are therefore centered around ways of living with the effects of certain diagnoses, e.g. ‘autism’ or ‘ADD’</td>
<td>Involve consulting people about changing or re-negotiating relationships with problems.</td>
</tr>
<tr>
<td>Those outside of the influence of the problem (e.g. professionals) are seen as the experts</td>
<td>People hold expertise over their own lives and relationships</td>
</tr>
<tr>
<td>The agent of change is considered to be the strategies designed by others that will ‘fix’ the problem.</td>
<td>The agent of change is communal. Externalising conversations seek to discover what skills and knowledges are present</td>
</tr>
<tr>
<td>Language used is often “I am ...”</td>
<td>Language used is often “It is ...”</td>
</tr>
<tr>
<td>Often involve talking a lot about the problem and its details</td>
<td>Seek alternative descriptions and stories outside of the problem description</td>
</tr>
</tbody>
</table>

(Morgan 2000:29-31)
In this chapter the researcher described the horizons of meaning and the theories underpinning this research, with particular focus on a religious studies perspective, social construction discourse and the application in narrative therapeutic practices.

In Chapter 3 the researcher explores Mara's "cry of spirit" and the effects of religious wounding on her identity as a person. Mara is an Afrikaans woman who was recruited into believing that she was a failure. The researcher explored the faces and effects of religious discourses on Mara's life by utilising Foucault's ideas about the constitution as the self as a moral agent and White's *Failure Conversations Map* during therapeutic conversations.
Chapter 3 Igniting embers of preferred identity

1 Introduction

In the previous chapter the researcher discussed the postmodern theories and practices supporting this study. The purpose of this chapter is twofold: firstly to illustrate the effects of patriarchal and religious discourses of power on identity and secondly, to share with the reader a therapeutic process depicting the reconstruction of preferred alternative identities of moral agency and hope. It is not the purpose of this thesis to analyse or criticise religion, the institution of marriage or men, but merely to show that religious and patriarchal discourses of power can have harmful effects on identity.

The qualitative research design used in this study yielded a context-embedded description central to the investigation of life experience. The narrative storytelling method was best suited to this task as it clarifies experience while eliciting a near-experience description of the self as described in the research participants’ own words.

Non-structured interviews were conducted with ten Afrikaans women. The women all come from a middle-class conservative Afrikaans background. They were selected at random, and were asked to discuss the effects of religious discourses on their life experiences. Mara is one of the ten women who participated in these conversations. Mara’s description of the effects of religious power discourses on her life illustrates the effects of patriarchy on her identity as a failed person. Comments from the other participants were included to corroborate Mara’s experience.

According to Strong (2001:1419) “Mara” means to defy, to become disobedient, to be bitter; to be a rebel, to defy by one’s actions and to be changed. Mara is an
attractive, well cared for woman in her early fifties. She came for therapy after her husband filed for divorce. He insisted that the marriage was irreparably damaged and that Mara leave their communal home.

Mara has a university education but is unemployed as she spent most of her married life taking care of their children and home and later, working for her husband. She lives alone in a small rented apartment and struggles to make ends meet on a meager maintenance grant. Mara has been treated for depression for many years. The individual therapy conversations between the researcher and Mara occurred weekly for the period of a year, and continued after the divorce was finalised. Mara agreed to attend six-weekly women’s group retreats to the South African bushveld as an adjunct to her individual therapy.

2 What is identity?

2.1 Structuralist identity conclusions

Structuralist identity conclusions are based on a person’s needs, motives, attributes, traits, strengths, deficits, resources, properties, characteristics and drives. Structuralist identity conclusions are supported by much of modern psychology, psychiatry and social work, where constructions of the self are claimed as objective truths. Examples of these truth constructs are the “unconscious self”, or the “essential self”, the “fragile self” and the “empty self”. In structuralist identity conclusions there is a surface-depth distinction. This implies that the truth is inside, hidden at the core of the personality or of the self. These identity conclusions press therapists to step into expert positions and make interpretations based on evaluation and assessments, leading to interventions and treatment. As a direct result of these processes, client knowledges and experiences may be marginalised despite the good-will or good intentions of the therapist. According to Michael White (1997:121), the factuality
and expert knowledge purported by psychology are "associated with certain 'technologies' which act as vehicles for the performance, the general privileging, and the ongoing production of these knowledges". Technologies of power are informed by the modern preoccupation of self-government. These technologies of power incite persons to engage in self-surveillance and effectively recruit them into the policing of their own lives.

2.2 Post-structuralist\(^6\) identity conclusions

This research approaches the concept of identity from a poststructuralist perspective. We do not assume that people's identities are primarily stable and singular but rather that identity is socially constructed. Socially constructed identity is a matter of constant contradiction, change and ongoing struggle. It is based on the belief that identity is formed and re-formed through interpretation and experience and strongly influenced by experiences of authentication in relationship with others.

A poststructuralist position on identity takes cognizance of a person's intentions and purposes, values and beliefs, hopes, dreams and visions, and commitments to ways of living. The position of the therapist is decentered, and although still highly influential, the therapist is no longer the expert. The client's local knowledges and experiences are valued and the client is regarded as the expert of her own life. The therapist has an ethical responsibility to reduce the likelihood of reproducing dominant cultural problem-saturated processes in therapy and proceeds from a position of curiosity and respect for client knowledges.

Drewery and Winslade (1997:38) draw attention to the ways in which a person's multiple positioning in discourse contributes to the shaping of a person's selves

\(^6\) also sometimes referred to as non-structuralist
and *subjectivities*. A person can hold more than one position in the same discourse, or hold more than one position in more than one discourse at a given time. For example, a woman can be a wife and a mother at the same time in the family discourse but be a professional person in the occupational discourse.

Each of these positions in discourse brings with them a variety of expectations about how one is expected to relate to others in a socially organised interaction. A person holds different positions with varying power and authority in every discourse. The power relations into which one is called in different discourses are likely to be dissimilar. Each of these subjectivities reflects a different kind of positioning in relation to others; each subject position signals something about the individual's power relationships (Drewery et al 1997:38). It is not unusual for different positionings in discourse to conflict and collide with one another; it is often these discursive collisions that bring people to therapy.

3 Phases of patriarchal training

Neuger (2001:45-46) describes the kinds of dysfunctional beliefs that cultures teach women who they are and what positions they are supposed to hold. Paradoxical societal and religious messages offer at least two contradictory messages, which are inescapably linked together, and in their lineage, are terribly damaging. For example, "You are valuable as a woman because of your nurturing and relational capacities, but as a culture, we value independence and autonomy"; or "You are created in the image and likeness of God but God is male". The Afrikaans culture trains women to adhere to its rules of patriarchy; its training is strengthened and verified by a confessional interpretation of the Bible. Neuger (2001:97) describes a patriarchal "training process" in five phases:

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17 Drewery and Winslade (1997:38) prefer not to speak of identities but of subjectivities, because they regard the subjectivities that people live as the product of social interactions that are themselves practices of power relations.
humiliation, inculcation, retribution, conversion and conscription, which is as a result of and results in a “theology of ownership” (Neuger 2001:97). A “theology of ownership” suggests that God granted humanity domination over creation and that this domination was interpreted as ownership. The objectification of the “owned” and “the owner” imply a form of divine hierarchy that determines authority and rule:

God is at the top of this hierarchy, and men, who are closer to God than women, come next. Women follow, and children are after that. They are followed by animals and then other groups in nature. People who are different from those who are seen as the norm (and this includes a lot of people — especially people of colour, people with nonheterosexual orientations, and aged people) lose their place in the hierarchy and ten to be even more objectified and marginalized than their place would have made them. This chain of ownership and control has grounded much of the entitlement to abuse women and children in the name of discipline and order.

(Neuger 2001:97-98)

Neuger (2001:98) believes that feminist theologians demonstrate recognition of the fact that the epidemic abuse of many women and children is related to the use to which Christian theology has been put in allowing that abuse to occur:

Feminist theorists have long been aware that abused women and children frequently receive messages from their pastors, from Christian husbands and parents, and from “well-meaning” Christian neighbors that there is divine meaning in their experience of abuse, that the abuse itself is salvific or a means to deeper spirituality, that it is their place to suffer, that husbands and parents know best, that they are somehow at fault, or that it is a sign of deep Christian “charity” to be abused by a “loved one”. The stories about these kinds of messages told by battered women, incest survivors, and others are legion.

(Neuger 2001:98)

3.1 Humiliation

Society constantly humiliates women in many ways. The media often plays a large part in the perpetuation of the oppression of women. Apart from popular magazines overtly positioning women in the home, women’s humiliation takes on
a different form in the trend that re-emphasises the centrality of culturally defined femininity. Gender-specific journalism and advertising marginalise women. Pro-anorexic articles and advertisements can be found in most magazines. Furthermore, women are either portrayed as housewives or sexual objects that can be used for the pleasure of men.

The humiliation of women actually starts in the home and at school, and is strengthened by religious discourses of sinfulness and piety. No aspect of a person is separable from her interactions with other people and institutions (Moore 1995:175). Family members, teachers, and religious leaders relay social expectations of what it means to be a woman. These expectations are embodied in the organisations of social, economic, political and religious institutions, and they are supported by ideas about women's essential nature (Moore 1995:174). The South African media is frequently blatantly sexist, remaining blind to gender, whereby it supports and strengthens societal patriarchal notions.

Respectful interactions where there is mutuality encourage women to develop self-respect and self-assertion. Any form of moral violence leads women to believe that they are worthless and unable to act effectively in the world, depriving them of moral agency. Self-respect and self-assertion are at the heart of moral agency. Moral agency implies that one can take action to shape one's life, rather than having one's life shaped on your behalf by others without your consent. Moral agency includes challenging the construct of "the good woman". Incest is an example of extreme humiliation of a woman, affecting her sense of self and her potentialities. Plato was correct that the most effective way for rulers to maintain power is to persuade those they rule that the situation is natural, inevitable, and desirable.
3.2 Inculcation

In this phase of socialisation, women are taught what it means to be female. Patriarchal society defines women's roles and behaviours in very specific ways, although every woman has her own particular cultural and personal history of messages about what it is to be female. Women are taught the rules of womanhood, or what constitutes "the good" woman. Moore (1995:175) describes these subtle messages to women who try and satisfy these social and moral expectations as follows:

Paid work violates some social expectation that "good women" stay home and raise children for no salary. Some women say that their partners would not let them work outside of the home because their working made the men feel that they would be seen as inadequate providers. ... In addition, this identification of women's identity with familial relationships creates moral and emotional bonds that shackle women in destructive marriages.

Sacrificial love, passive acceptance of suffering, humility and meekness are qualities that have been defined as characteristic of "good" Christian women. Neuger (2001:99) cites Daly who says these qualities are synonymous with victim-hood and submission to male dominance and can act as justifications for the normalisation of moral violence against women. Furthermore, churches urge victims of abuse to forgive their abusers. Those who forgive their abusers are seen as more Christian, and more holy. The researcher agrees with Neuger that insisting on forgiveness of abusers is a particularly insidious form of spiritual violence, because to ask the powerless to forgive the one with power is antithetical to biblical witness (Neuger 2001:101).

In my conversations with ten secondary research participants, all Afrikaans women between the ages of twenty and seventy-five, we discovered that women know the rules of "good womanhood" by heart and that they can recite them on request. They were particularly outspoken about the characteristics of a good and a bad woman. These were some of the responses:
A good woman cares for her husband and children, is always presentable, tidy and not lazy. Her house should be clean and she should be able to do anything a woman should do. I mean she should be able to bake, cook, sew ... and she must bring up her children properly.

(Sarie aged 75)

A bad woman neglects her husband and children, and tries to wear the pants in the relationship.

(Maria aged 78)

My mother taught me that a good woman should sit with her knees together. And to speak when spoken to. Yes, I brought up my daughter to do the same.

(Anna aged 63)

I was brought up to believe that a good woman listens to her husband.

(Estelle aged 50)

My mother always said: 'A good woman does not throw her name away; you only have one name'. I always thought about womanhood like that, you know, a woman should get married, have children, keep the house tidy, you can have a profession but it really is a sideline issue. The more traditional image, you know, you have to prepare the canned beans for the winter...

(Hester aged 31)

The conservatism and piety of the Afrikaner culture further normalises preferred social behaviours of Afrikaans women, for example, "good" girls are not supposed to use alcohol or use profanities:

When we had visitors or even when we were alone, girls were never offered a drink, even when we were older. Girls were not supposed to drink. My father always had a few beers on the sly for the bigger boys, but alcohol was not permitted for girls.

(Adele aged 28)

Girls were not supposed to use or hear crude language because "decent girls did not speak like that". On social occasions like braai’s (barbecue) the girls and women were usually inside while the men spoke separately outside, because women had to be protected from the dirty jokes the men shared amongst themselves.

(Ellie aged 34)
Conversations about sex and sexuality are mostly taboo in Afrikaans homes. Many of the women still struggle to speak openly about sexuality:

I get so embarrassed when I watch a movie with my daughter who is nineteen and torrid explicit sex scenes appear. She says I am old fashioned, and I should stop carrying on like that, because my attitude tells her and her brother that sex is something dirty.

(Letitia aged 39)

When I told my mother I was pregnant, she said: “Dear God, child! Didn’t you know any better?” I really didn’t know better. We were never allowed to even think about sex in our home. I was panic-stricken. I felt so guilty. I knew it was my fault and that I had somehow done something wrong. I nearly went mad. It must have been my fault. I remember running down the road in no particular direction. I had nowhere to go.

(Mara aged 50)

The prohibitions and restrictions are extended to the ways in which women dress and behave, both in private and in public:

In our community women are not allowed to wear pants. Literally and figuratively. We are especially not allowed to go to church wearing slacks. Come to think of it, we are not allowed to wear make-up or excessive jewellery to church. Women are not allowed to voice their opinions, laugh or talk loudly, or speak out against their husbands. The men have to do any talking that needs to be done. Women in our church are not permitted to serve the church community as deacons or elders. We have to hide behind our men. They are responsible for our protection and to speak on our behalf.

(Ria aged 30)

Alet is a nursing sister with a postgraduate specialist degree in nursing. She is also the young mother of two small children. She says:
We were not allowed to wear jeans or shorts even though we were well into high school. Women who wore jeans were considered as bad as Hell’s Angels. It meant you had no morals. My granny walked around with the pillars of the church on her shoulders. She never entered a hotel, because only cheap women went to bars. She even refused to wear pyjama pants in winter because only immoral women wore pants. When she was ninety-two we convinced her to wear pyjama pants to keep warm, and then she only wore them in her bedroom. If my grandfather had been alive she would probably still have refused to wear them!

(Alet aged 29)

3.3 Retribution

The gender control program of the Afrikaans culture contains a built-in system of punishment and discipline for women who dare to break the rules. Retribution can either be very subtle or it can be overt. The sanctions women fear when breaking the rules are exclusion, derision and labelling. Susan (42) mother of two tells her story:

*My mother always told me to behave like a lady. “That’s not lady like, Susan,” she would say. We were manipulated by everything and everybody: the church, the school, the verkrampte Afrikaner ideology. You had to do what they said to fit in. If you rebelled, you were doomed, an outcast, a heretic.*

*When I was seventeen some of the boys slipped out of boarding school after church and came to our house for a swim. My mother knew what they had done, she even made us lunch. The next day at school, I was called into the headmaster’s office. He invited one of the teachers, and old woman, to act as his witness. He gave me six cuts with a cane because I ‘seduced’ the boys. Then he opened his Bible, and read me a Bible verse in which he compared me to a prostitute.*

Sanctions for breaking the rules of femaleness come from men and women alike. It takes the form of name-calling, exclusion from social activities, labelling and judgement. More unconcealed punishment and discipline from men result in

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Exremely conservative
rape and battering. Many women claim responsibility for battering because they believe they have broken the rules. The professional disciplines of psychiatry and psychology can effectively be used against women by diagnosing women who break the rules as mentally disordered (See Chapter 4).

It is ironic that when an Afrikaans speaking woman does speak publicly about spiritual-sexual politics and gender, the media and her community are quick to criticise her. This form of criticism results in a further silencing of other women (Landman 2002:6). Most of the Afrikaans-speaking people who consult with me are members of fundamentalist evangelical Christian churches. God the Father is the dominant metaphor for God; He orders divine and human relationships, emphasising male role models, male leadership and the validation of male experiences and understandings of God (Andrews & Kotze 2000:323). These male-dominated religious discourses frequently chastise, divide and put the fear of God into women who seek hope and healing. Male dominant religious discourses construct women as inherently sinful souls with evil inclinations who pose a sexual threat to men.

Landman (2001:1) investigated the ways religious discourses socially construct women’s identities in this country. According to her, South Africa is not only the country with the highest violent crime rate against women, but it is also the most religious country in the world. In the 1996 census 94% of South Africa’s inhabitants indicated that they were members of religious institutions, of which 70% were Christian.

Who, then, are the people who commit these acts of violence against women? They have to be people of religious conviction: Christians, Hindus and Muslims. They are people who, more or less frequently, visit churches, temples and mosques, where apparently religious sanction is still given to patriarchal behaviour against women. These religious discourses are apparently so strong, that they do not only condone male behaviour, but instil female acceptance.

(Landman 2001:5)
Punitive and restrictive metaphors increase particularly women's sense of sinfulness and inherent evil, prescribing the content of their self-narratives and their ways of being in the world they live in. David Epston (2001) became aware of the fact that many people are isolated, punished, stigmatised and condemned by their sense of connection to the spiritual or religious in his work against anorexia (See Chapter 4).

3.4 Conversion

During this phase of training, women learn to believe that the rules they were taught concerning ideal womanhood and the essential nature of women are true and natural. These discourses convince women that they are primarily responsible for nurturing relationships, while men and boys' violence is socially accepted as a way of addressing conflicts. The use of violence to enforce control is intrinsic to patriarchy. In conversations with Mara it became clear to the researcher how punitive spirituality and its culture of shame can restrict a woman's self-narratives, silence her "inner talk" and limit the possibilities of healing spiritual narratives, particularly in terms of her sexual identities and gender roles:

I grew up in a "hyper-Christian" home. My father held a prominent position in public office, and expected from us children to "always do the right things". My parents were members of the Dutch Reformed Church, and I always had to toe the line. I have always had this terribly curly hair. If I went for a walk, and the wind messed up my hair my mother accused me of sleeping around. I never did! Somehow I still feel guilty even though I never ever slept around.

(Mara 50)

In this country, where the legal system recognised the plight of women under patriarchy and created laws to protect women and children from domestic violence, power abuse and sexual violence, restrictive religious discourses still re-enforce female subservience. These restrictive discourses are not limited to Christianity, but appear in most of the recognised religions.
Women are oppressed and judged by men, by other women, by the religious community and by a male God. Paternalism is accepted as the norm for divine power, coupled with hegemony over other religious consciousness and its all-pervasive view of God. Women repeatedly ask where they went wrong, what they could have done better to prevent unhappiness or incidences of violence. They ask questions like “Maybe I should have given him more attention?” and “Maybe I should take into consideration that he had a terrible childhood?” and “If I kept quiet, do you think he would not have hit me?”

As a schoolgirl, Mara did not dare question her parents’ authority. She assumed that if she followed the rules, her life would be perfect. Mara learnt that if she tried hard enough, cared enough and sacrificed enough, her marriage would last until “death do them part” and that her children would be well-adjusted, clever successful and happy. She says:

\[\text{i never questioned anything; I just did what was expected of me. When I went to university, I suddenly became scared that I might die without having experienced any fun in my life. I always had to do the right thing.} \]

(Mara)

3.5 Conscription

In the conscription process, women participate in persuading other women to patriarchy’s point of view and ways of being. As the eldest daughter of three children, Mara became her sister’s social conscience. She enforced her mother’s rules and principles on her sisters, to ensure that they grow up as “decent” girls. In line with the conservative patriarchal society she grew up in, the rigid confessional theology of her upbringing and her literal interpretation of the Bible, Mara believed that was what God expected of her.
4 The faces of religious discourse

Bernauer (1990:184) describes Foucault’s work as “a voice that suffered with some of the victims, not only those of obvious captivities but also of modern liberties and their programs. It was a thought that struggled impatiently for new practices of freedom. Ultimately, it was a cry of spirit.”

Organised religion is one of the most powerful institutions in Africa (Landman 2003:5). Although numerous discourses influence and shape people’s lives and relationships with self and others, and socialise people into living in specific cultural contexts, religious discourse is one of the most powerful technologies of power in the world. Landman (2003) clearly identified four different faces of religious discourses in her inaugural lecture at the University of South Africa: power-based discourses, discourses of the body, discourses of identity and discourses of transcendence.

Unlike scientific discourse, religious discourses are beyond empirical verification. Adherents of a religion might live and perform in a technologically modern and philosophically postmodern world, while preferring their religion to remain untouched by scientific evidence (Landman 2003:5). Religious discourses become intertwined with and prescriptive of cultural and moral ways of being. Whereas healthy religious discourses play a powerful role in the liberation of the oppressed, unhealthy, restrictive religious discourses can shackle its adherents and contribute to the social construction of identities of failed personhood. Religious discourses are not innocent. They powerfully constitute people’s lives and identities. Religious discourses infiltrate political and socio-cultural discourses, prescribing behaviour and norms. Religious identity competes for primacy with a person’s other identities, for example social identity and occupational identity, and so on. In other words, religious discourses expect you to be firstly and foremost a Christian, Jew, Moslem, Buddhist or Hindu before you
are a mother, wife, or a professional. Your religious identity dictates your ways of being in all spheres of your life. This is true for most organised religions.

4.1 Power-based religious discourses

4.1.1 Religious discourse and violence

Botha (2002:44) explored the connection between religious discourse and child abuse and found that religious discourse, (which in South African refers by and large to Christian worship and Bible readings), "is part of the production of the social and symbolic worlds we live in. And if things are wrong we urgently need to also include our religious words when we critically reflect on how our worlds are made.”

Botha (2002:43-44) believes that the effects of religious discourse on different construals of identity affect the possibility for violence, the supposed needs for violence and the various practices of violence. It is in this sense that religion should be seen as involved with, if not contributory to, violence. Botha (2002:48) urges his readers to look closely at the role of patriarchal and androcentric cultural norms, which are undeniably fed by conventional and/or traditional Christianity. He suggests that religious discourses have enormous indirect effects on our society due to the androcentric, patriarchal and hierarchical nature of orthodox Christianity. Botha (2002:49) suggests that the possible role of religious convictions, especially the mystifying, confusing and contradictory elements in scriptural and other authoritative religious traditions need to be acknowledged and dealt with as there is an intense urgency facing us in this country of violence.
4.1.2 The power of the church

The Nederduits Gereformeerde Kerk and its two sister churches, the Nederduits Hervormde Kerk and the Gereformeerde Kerk exercised a powerful influence in the fields of education, politics and social customs in the Afrikaner family (Fischer 1969:352). During Nationalist party rule, an activist Calvinism aligned to a political nationalism, representing a potent force (Giliomee 2003:269). A radical protestant doctrine led Afrikaners to believe that their relationship with God was equivalent to the relationship between God and the Israelites of the Old Testament. Fischer (1969:352) confirms that the Afrikaners were convinced that they received a sign that their race was destined to survive through every misfortune when they made the covenant with God at the Battle of Blood River.

As a result of this discourse, Mara grew up believing that she was one of God's chosen people. Mara's father was a member of the Nederduits Gereformeerde Kerk and brought his children up in its doctrine. Mara respected the dominee (minister of the church) and the elders as men from God. Mara's husband became an elder while he was still a student; his eldership bestowing religious power and social status on him. Religious discourse that bestows special godly powers on a religious leader could make people vulnerable to spiritual abuse and dogmatic control. When a person believes that a religious leader is imbued with God's power to solve his or her problems; a person could become unfree to make active decisions about the future.

As a child, Mara's religious knowledge provided her with a sense of security and a firm belief in what is right and what is wrong. As a young girl it helped her to make sense of her life and relationships. During her marriage she found herself ensnared in religious discourses and practices that were foreign and frightening to her. Like many Afrikaner girls of her time, Mara grew up with a holy respect for religion, the law and for tradition. Party politics was an invisible verification of her identity: Nationalism was equated with Christianity (Myburg 2000:87). Myburg
(2000:89) described the constitutive power of religion in the Afrikaner culture concisely as follows:

*In order to ensure the survival of "civilization" at the southern tip of Africa, it was argued that this particular strain of culture should be nurtured and encouraged. Bearing in mind the equation between Israel of antiquity and "God's chosen" at the southern tip of Africa, it was obvious that religion would become a powerful tool in the ... Afrikaner culture.*

De Klerk (2000:80) describes Afrikaners a people of the church, even in the current postmodern era. Church authority is an established influence in Afrikaans culture.

**4.1.3 A man is more powerful than a woman**

Society dictates how power is distributed (Poling 1991:12). De Klerk (2000:82) describes Afrikaners as paternalistic and Old-Testament-directed. Although the postmodern view of Afrikaners recognises the diversity in the Afrikaans culture, Mara grew up in a theologically and culturally male-dominated world where women were considered subordinate to and expected to be submissive to men. Instead of experiencing religion as a way of transcending the limits of everyday life and communication with the Divine, she became a religious captive.

A married woman was expected to take responsibility for the domestic duties, the care taking of the children, and for the constant provision of emotional nurturing and support. De Klerk (2000:89) aptly describes the Afrikaner society Mara grew up in as White, Christian-National, exclusive, with yesterday's history on their shoulders; historically fiercely patriarchal and hierarchical. Male dominance was backed by theology, designed and entrenched over many years by men (Myburg 2000:91). The centrality of male dominance marginalised women's experiences and relegated them to the private sphere of the home.
Marriage and motherhood were non-negotiable for girls. The husband was the breadwinner and the wife the homemaker. A woman's place was in the home with her children.

_That was the most important thing; I had to find a husband and take care of him and the children. My mother taught me never to say anything against my husband's decisions and opinions. Whatever I say should agree with him. Otherwise she said I shouldn't say anything at all._

(Mara)

Mara tried her utmost to be a "good" woman, to live up to the societal expectations of a virtuous woman and wife. She was diligent, compassionate and self-sacrificing in her quest to be a "good" wife and mother.

4.1.4 The power of marriage

The institution of marriage is the least examined and most honoured lynchpin of the entire structure of patriarchy (Goodrich 1991:28). Hare-Mustin (1992:63) refers to Boone who said that marriage has been described as a life-long oppositional play of power masquerading as pleasure. In the Afrikaans community, many young women are still brought up to believe that their interests are secondary to the interests of men. Although Afrikaans women have many opportunities available to them in contemporary society, all possibilities, whether in education, public life, or the labour market, are designed with the needs of men in mind. By virtue of their gender and positions of power in society, men are unfettered by childcare and the demands of domestic labour.

The beliefs that marriage is mandatory and that men are more powerful than women, prohibit women from making healthy decisions about sexuality and birth control. These beliefs also increase women's vulnerability to domestic violence and HIV infection. Women find themselves in positions of inferiority and submissiveness, resulting in a paralysis of will and feelings of hopelessness and failure. The societal matrix is interwoven with patriarchal cultural discourses like
the Volksmoeder discourse and The Mother of the Nation discourse (See Chapter 3 section 4.5.2 and 4.5.3), placing women in inferior and docile positions.

4.1.5 The government gets its power from God

Despite the current separation between Church and State, the belief that the government gets its power from God, persists in society. Religious power discourses that are politically aligned undermine the believer's freedom to react against abusive political practices and social injustices, for example, the way the church used theology to justify the injustices of apartheid.

Mara grew up in a typical white, middle-class, privileged South African home. She lived in a small exclusive town for the better part of her youth. She had access to the best schools and university and qualified as a teacher. Mara's socio-cultural education was based on the principles and ideology of Afrikaner Christian-nationalism. The origins of Christian-national principles as they were implemented in South Africa can be traced to theories, attitudes and interpretations of Calvinism (Myburg 2000:87). Abraham Kuyper and Groen van Pinsterer were Dutch theologians whose names are linked to this particular interpretation of Calvinist theory. Particularly Kuyper's principle of sphere sovereignty in combination with other factors like political and economic will, played a key role in the development of the grand scheme of apartheid (Myburg 2000:87).

The history of South Africa shaped Mara's life. Socio-political discourses intertwined with religious discourses prescribed South African ways of being for all. When Mara was born, the Nationalists had been in power for four years. By 1950 they had introduced the Population Registration Act, which required every South African to be racially classified. In the same year, the Mixed Marriages Act
extended the ban on interracial marriages to include marriages between white and coloured people. The Immorality Act of 1927, which criminalised interracial extra-marital affairs, was extended to include coloured people as well. The Group Areas Act was extended to include coloured, Indian and black South Africans. In this time, the Reservation of Separate Amenities Act stipulated that “whites” and “non-whites”\(^{19}\) would in future be legally separated from one another, instead of as previously, merely by convention, on sports grounds, beaches, ticket offices and public conveniences. At this time signs appeared on park benches, public transport and other public amenities marked “whites only”, making it a legal offence for a person of colour to make use of.

Hendrik Verwoerd was elected as Prime Minister of South Africa in 1958. Verwoerd was an unabashed advocate of apartheid and once he had taken over as Prime Minister, the tempo of apartheid speeded up, despite opposition inside and outside the country. Because of the pervasive effects of the socio-political and religious discourses of the country, Mara was born into a racially segregated, patriarchal and puritanical world with clearly demarcated divisions between racial and social groups, between men and women, between the powerful and the powerless.

When 20 000 black South Africans rioted against Verwoerd’s government on the 21\(^{st}\) March 1960 in Sharpeville, Mara was a little girl of eight. The subsequent State of Emergency that was declared had no effect on her life, as she was living a privileged and protected life in a small town far away from the riots in the townships. Mara was fourteen years old when Verwoerd was assassinated. She recalls her father’s distress at his death. Her father was in mourning and he insisted they attend the funeral as a family. Verwoerd was buried on Mara’s fourteenth birthday.

\(^{19}\) Non-White is one of the terms used to describe people of colour in the apartheid era, and is not used here as a racist term, but merely reflecting the language of the time.
But as a beneficiary of apartheid and a child of racial and social privilege, the political turbulence in the country did not influence her daily life. She went on to university after high school and married "the man of her dreams" after completing her studies. How can one explain Mara's political naïveté, despite the chaotic times the country experienced? The researcher cannot help but wonder whether her political naïveté was largely due to the effects of patriarchy, where women were not invited or expected to have political opinions but were rather expected to see to home and hearth?

4.2 Truth and power

The church, state, family and education prescribed what truth is, and Mara's husband, as head of their household, enforced it. The truth-as-power discourse had far-reaching effects on her life, particularly in terms of her spirituality:

_We went to many different churches. The children and I had no say. If he wanted to go to a new church, we had to go too. We had to become members. We had to be baptised every time. My husband was always very involved in church. I remember sitting in the mother's room, holding one of my babies, watching him through the one-way glass, looking so smart in his black suit. I remember feeling worthless, stupid, and good-for-nothing while he looked so important and so holy._

(Mara)

The belief that their money belongs to the church made her husband vulnerable to financial exploitation. His church leadership positions pressed him to set an example to the rest of the congregation by donating large amounts of money to the church.

The religious truth discourse that God heals the faithful added to Mara's feelings of worthlessness, because despite her best intentions and her deepest prayers, she struggled with depression. Furthermore, she never "received the gifts of the Spirit". She could not speak in tongues or achieve the spiritual "highs" that were
common in the charismatic church. She interpreted her lack of visible spirituality as a deficit on her part, proof that she was not faithful or spiritual enough. No matter how hard she tried, it convinced her that she is a sinner. The discourse is related to religious performance and deprived her of moral agency to deal with her problems in a humane and spiritual manner.

One of the potentially most damaging religious power discourses is that illness has a supernatural and demonic cause. Shortly after Mara’s husband joined a charismatic church, he became convinced that she was being oppressed by a “spirit of heaviness” or depression. He told her that the Lord promised in His Word that if she calls on His name, she will be delivered. She was told that she had a “familiar spirit”, an evil power that attaches itself to members of a family, moving down from one generation to the next (Prince 1998:32). Mara was devastated. She called on Jesus to deliver her, but the depression remained a problem. There was no change in her condition despite her prayers so her husband concluded that she was not “saved enough”. She believed that if she was not self-controlled and vigilant, she will fail to recognise the demons, that they will invade her and destroy her:

_Do you have any idea what it feels like when you are told that you are full of demons? He said I passed my demons on to him during sex. If it had been an infection, I could have found and antibiotic to cure it, but demons? How do you get rid of them? I felt filthy. And terrified. He secretly placed a cross under my mattress to get rid of these demons. I only discovered this later._

_I just cried and cried and cried. I wanted to die. I took an overdose of tablets, but I didn’t die. I jumped out of a window but did not even break my little toe, let alone die. He had me admitted to a psychiatric ward where they treated me for depression. I felt so desperate. I was officially the crazy one. Nobody knew about the things he did to me. And even if I told them they would not believe me. I was crazy, remember, so who would believe me?_

_(Mara)_

Religious discourses are regarded as the truth because “the Bible tells us so”. The literal interpretation of the Bible left Mara guilt-ridden and silenced. She felt
as if she was in constant danger of committing a sin. She carried a heavy burden as a failed person. She felt that she was such a failure that not even God could heal her. She interpreted biblical warnings for Christians to be on guard against the attacks of Satan, resulting in more self-control and vigilance. She believed she had to resist demonic pressures by taking an active stand against them, but found that nothing she did made any difference. She felt responsible for “opening herself up” to deceiving spirits and that somehow she departed from her faith because of it.

The therapy and research process encouraged a position of response-ability, which invited Mara to reflect on her lived experiences and the effects of these religious discourses on her life. A position of response-ability coupled with the decentring of power in the therapeutic relationship gently drew Mara’s attention to her power as a woman created in the image of God.

4.3 Religious body discourses

Landman (2002a:5) believes that South Africa’s woman-friendly constitution precludes women from becoming “suffering bodies”. However, fundamentalist religious power discourses focus on the liberation of the soul, placing restraints on particularly the female body. Religious body discourses such as “the soul is saved; the body must be disciplined” (Landman 2003:8), and the belief that a woman’s body is dangerous, a temptation that should be controlled by church, dogma, discipline and men, rob women of personal freedom and moral agency.

Religious body-discourses have a negative effect on mental and physical health particularly when they are combined with a very strong Western cultural myth of the “body beautiful”. These body-discourses press women to starve, cut, mutilate and discipline their bodies to fit into prescribed shapes and sizes. It presses women to take up as little physical space in the world as possible and to make unhealthy decisions about their bodies. These religious and cultural discourses
women to take up as little physical space in the world as possible and to make unhealthy decisions about their bodies. These religious and cultural discourses that encourage the disciplining of women’s bodies promote anorexia nervosa/bulimia, suicide attempts, self-mutilating behaviours, and practices of self-harm. Under self-harm we include addictions and unsafe sexual practices as this is an era where HIV/aids are one of the biggest health problems in the world.

The religious taboos surrounding sexuality further silenced Mara and deprived her from fully embodying her sexuality. The contradictions between the prescriptive social and religious discourses confused her and made her feel bad about her sexuality. Mara tells the following story:

*On my very first night at university a man exposed himself to me. He came up to me and “flashed”. I had never seen a naked man before. I was terrified. I felt so guilty. Why did he choose me? I believed that there must have been something wrong with me. When he picked on me he confirmed that I was worthless and bad.*

(Mara)

When one considers the effects of religious discourses on Mara’s life from a conditionalist point of view, it becomes clear that the intra-religious patterns that prescribed her ways of being were embedded in the value system of the wider socio-cultural context. It is impossible to isolate religion as a separate institution from the fabric of her social life. The religious taboos that deprived her from embracing womanhood and her sexuality were firmly rooted in the society she was a part of. Fear of retribution and exclusion made it very difficult for her to refuse its norms and values or to step outside of the cultural context.

**4.4 Religious discourses of transcendence and explanation**

When studying religion from a conditionalist perspective, one is encouraged to enter into inter- and intra-religious dialogue in order to recognise the inter-woveness of various past religions and to open up spaces for religious conversations for the future. Mara could not meet her husband on a dialogical
people have experiences that differed from everyday experiences, for example, the gift of tongues and healing. Mara struggled even to lift her hands in praise of God in church. She tried to live by God’s Word, to praise him, to come under discipline, and to mix with the right people. But she was not filled with the Holy Spirit as promised, despite five baptisms and repeated repentance. She constantly experienced a spiritual logjam.

Mara could not meet the demands of the religious discourses of transcendence. These discourses distorted her natural propensity for the connection with God, encouraged her to seek an escape from the real world and to constantly police her actions, emotions and thoughts.

The belief that “religion is worship” (Landman 2003), is a discourse that convinced her husband that life issues could be changed through worship, dancing or praying. Mara’s religious upbringing was very conservative and she found it hard to participate in expressive religious practices. Her religious upbringing was very conservative; she was raised to go to church, to keep quiet and maintain a respectful decorum in church. She found the spiritual practices of the charismatic churches very foreign and unfamiliar. These feelings served as further proof that she was too sinful to be a happy and successful person. These discourses convinced her that she was a sinner en route to hell. The discourse “religion is emotion” (Landman 2003) also falls into this category. It lures the believer into a world where she or he finds relief through irrational expressions. These irrational expressions never brought Mara any relief. She could not participate in them and struggled to understand their importance. She felt like a worthless outsider, and coupled with the prescriptions of compulsory piety, she became more convinced that she would burn in hell for any acts of disobedience.

Mara constantly searched for meaning and understanding. She could not comprehend why her marriage failed, because she tried her best to what was expected of her. She took full responsibility for its failure, convinced that even
Mara constantly searched for meaning and understanding. She could not comprehend why her marriage failed, because she tried her best to what was expected of her. She took full responsibility for its failure, convinced that even her husband’s physical and emotional abuse of her was her own doing. Her upbringing and beliefs pressed her to accept responsibility for his battering, to forgive him and to apologise to him. Religious discourses often recruit women into accepting the blame when they are in fact blameless. 

4.5 Religious discourses of identity and otherness

The fourth group of religious discourses deal with the belief that a person’s religious identity should govern all your other identities (Landman 2003:8).

South Africans today have to shift between identities. Whether you live in a township or in suburbia, you will have to survive within a modernist global economy, a pre-modernist religious identity, an outdated but persistent cultural identity, and a liberal constitution.

It is a prerequisite of religious fundamentalism that belief must rule all the aspects of one’s life. This means that adherents of a religion must submit all their other identities to their religious identity:

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20 Another tragic example of a woman accepting blame when she is innocent can be found in Heather’s story. Heather is a fifteen-year-old teenager. She was brutally gang raped by armed burglars while her family were restrained from protecting her. She made sense of the rape firstly as God’s predestined will for her life and secondly as punishment for her sins. On further inquiry, it became apparent that she believed that she was raped because she was disobedient to her parents. Despite being very angry with the men who raped her, Heather said it was her Christian duty to forgive them. She believed that God would have prevented the rape if she only had been better behaved.
these religious beliefs strengthened her husband and validated his controlling behaviour of Mara and the children. Whereas her husband felt spiritually nourished by religion, religious discourses chastised and controlled Mara. When a fundamentalist approach to religion is coupled with historical socio-cultural discourses like the volksmoeder discourse, the mother of the nation discourse and patriarchal discourses, it can have disastrous effects on women.

4.5.2 The volksmoeder discourse

The volksmoeder discourse, an example of a historical socio-cultural discourse, became a nationalist gender discourse in the Afrikaner community in the period after 1918. Giliomee (2003:376) says the social position of Afrikaner women experienced a major change when the Nationalists came to power in 1948. Afrikaner women were remarkably independent with a strong position in the pre-industrial family and agrarian household, and rallied their husbands and sons to resist British domination. When the National Party came to power, Afrikaans women on the whole appeared to abandon all political activism (Giliomee 2003:376).

Increasingly Afrikaner women became full-time wives and mothers, staying at home and employing a servant (Giliomee 2003:376). The volksmoeder discourse relegated women to the private realm of the home, conferring onto them the roles of bride, wife and mother. In the volksmoeder discourse mothering was essentially connected to womanhood; to be a woman meant to be a mother (Kruger 1991:202). Women as mothers are still seen as a natural reflection of reality and it is seldom questioned.

This discourse is still effective in contemporary Afrikaans community, although Afrikaans women are more independent and better educated than their foremothers. In the volksmoeder discourse mothering was not only related to bearing and rearing of children, but one of its central concepts called up a whole
set of other closely linked notions while excluding a range of other discourses. Kruger (1991:205) postulates that the concept of mothering in the volksmoeder discourse was not only associated with the functions of bearing, nurturing, caring for and educating children, it also invoked concepts like home, household and husband. In other words, it focused women’s attentions on marriage and the nuclear family, while excluding their action or work in the public sphere. It also implied a certain ethnic identity and set up ethnic boundaries for Afrikaans women. Mothering was the first central concept in the volksmoeder discourse, followed by the second concept of nation or volk. Today’s Afrikaans women are still socialised into getting married, having babies and becoming mothers.

Giliomee (2003:376) says Afrikaner women were politically conservative and participated minimally in the public agitation for the franchise of women: “They resigned themselves to the judgement of men, who deemed competition for positions on public bodies (except for women’s organisations) not suitable roles for women”. Women held no positions in the Dutch Reformed Church, which increasingly influenced the Afrikaans community. The church encouraged the volksmoeder discourse, urged women to see their main role as “anchor of their family whose place was in the home” (Giliomee 2003:376).

4.5.3 Mother of the nation

In the black South African communities there is another, also nationalist, woman’s discourse, namely the mother of the nation. The most important difference between these two discourses is the fact that within the volksmoeder discourse of Afrikaner nationalists, appeals to motherhood were coached in racially inclusive terms, whereas in the African National Congress’s mother of the nation discourse, there were no ethnic boundaries. The latter discourse therefore made a notion of a common sisterhood possible, whereas the volksmoeder discourse excluded those women who did not have the correct ethnic credentials. Different from the volksmoeder discourse, the mother of the nation discourse
regarded motherhood as dynamic and activist (Kruger 1991:339) where as in the volksmoeder discourse the focus was on women’s suffering and sacrifice.

5 Rekindling hope through moral agency

Because it is the purpose of religious studies research to make a difference to the everyday lives of people, the wellbeing and liberation of people, the researcher believes that it is moral and right to interrogate a system that militates against the essence of integration and transcendence and to find alternatives that might assist those who are trapped and subjugated by oppressive religious and cultural discourses of power (See Chapter 2 section 1.7).

5.1 The constitution of the self as a moral agent

The narrative approach to therapy proceeds from a poststructuralist position, inviting people to take occupancy of their lives as moral agents. Moral agency, as described by Njambura Njoroge (2001), empowers people to liberate themselves from being the objects of morality, and to establish themselves as voicing agents, re-languaging their sexual identities and their place in society. The concept of moral agency opposes that of moral violence. Societal exclusion and stigmatisation are included under acts of moral violence (Beya 1998:63).

White (2003:www.narrativeapproaches.com) believes that some appreciation of the processes of the manufacture of identity could be very helpful in the formation of therapeutic inquiries that promote possibilities for the remanufacture of identity:
The concept of *moral agency* opposes that of *moral violence*. Societal exclusion and stigmatisation are included under acts of moral violence (Beya 1998:63).

White (2003:www.narrativeapproaches.com) believes that some appreciation of the processes of the manufacture of identity could be very helpful in the formation of therapeutic inquiries that promote possibilities for the remanufacture of identity:

> It is possible to engage with the sense of personal failure in a way that provides for a reading of this as a refusal of modern power. In the shadows of personal failure, other knowledges of life and practices of living can be identified and more richly appreciated. This can provide a foundation for people to more significantly pursue identity projects that do not so completely reproduce the favoured individualities of contemporary culture.

*This takes us to considerations about the production of life itself, about the manufacture of identity, about the fabrication of the human subject. I believe that some appreciation of the processes of the manufacture of identity to be very helpful in the formation of a therapeutic inquiry that sponsors possibilities for the remanufacture of identity.*

*(White Workshop notes 2003)*

It is in the context of the growth of the phenomenon of personal failure that White (2002; 2003) referred to the work of Michel Foucault. Foucault's (1994) study of ethics emphasised the constitution of the self as a moral agent. Foucault concluded that, through different eras, four aspects are identifiable in the constitution of self as a moral agent, namely "ethical substance", "mode of subjectification", "asceticism", and "telos".

### 5.1.1 Ethical substance

White (2002:53) explains that ethical substance refers to the aspects of life that are considered of primary relevance to ethical judgement. Ethical substance refers to whatever it is about our lives that people are responsible to manage well. That which is regarded as the "ethical substance" changes over time. The
5.1.2 Mode of subjectification

The second aspect of the constitution of the self as a moral agent is the "mode of subjectification". This is concerned with the ways in which people are encouraged or required to recognise their moral obligations in regard to the management of the relevant ethical substances. The mode of subjectification relates to the value system one uses against which to measure ethical actions. Different groups of people at different times in history used different modes of subjectification. The ancient Greeks believed that aesthetic values led them to appreciate the obligations that must be observed in the pursuit of pleasure, while the early Christians believed that they had to be guided by divine law to know how to manage desire.

In the modern era there seems to have been a shift away from moral to normative obligations. The modern mode of subjectification seems to be principally through the discourses of truth that are associated with socially constructed norms. These discourses of truth are expressed in "rational" rule, "natural" law, and "personal rights", inviting people to recognise their normative obligations, and not necessarily their moral obligations. The discourses of truth press people to understand identity as a fixed internalised entity. In contemporary times people have become preoccupied with the truth of who they are and with the belief that knowledge of this truth would make them virtuous and ensure the living of an ethical life.

Religious discourses of identity can be used to illustrate this point. For example, a person born into a certain religion has her identity as a person prescribed by her religious beliefs. Religious identity achieves primacy over all her other identities. In line with societal norms, she would then be expected to behave in a specifically exemplary and honourable ways. A Christian woman would for example, be expected to remain sexually pure, honest, virtuous and compassionate. Moreover, she would expect the same behaviour from herself.
Should she fail to behave according to the religious prescriptions for her identity, she leaves herself open to societal as well as to self-judgement.

5.1.3 Asceticism

The third aspect of the constitution of self as a moral agent is what Foucault referred to as “asceticism”. He gave this term a broad definition by saying that asceticism is about lifestyle. Asceticism is about the self- and relationship-forming activities that one engages in when observing the obligations of being an ethical subject in the pursuit of an ethical existence. Asceticism implies a life of self-discipline, sobriety, moderation, self-denial and abstinence from pleasure.

The self- and relationship-forming activities emphasised by Foucault were what he called the “techniques of life” and the “techniques of the self”. In other words, the techniques that one uses in order to recognise oneself as an ethical subject. These techniques of life and of the self include all of those self- and relationship-forming activities that one might engage in to moderate one’s pleasures, decipher and to modulate one’s desires, be true to one’s feelings, liberate one’s desires, cultivate one’s properties, capitalise on one’s resources, satisfy one’s need, express one’s attributes, realise one’s potential, reveal one’s motives, and so on (White 2002:55).

5.1.4 Telos

The fourth aspect of the constitution of self as a moral agent is “telos”. Telos relates to how a person wants to behave in moral ways, how a person’s behaviour generates feelings of normative worth, and to the kind of identity that person aspires to have.
5.2 Co-constructing an identity of moral agency

In the following section the researcher illustrates how a narrative therapeutic inquiry into Mara’s problem-saturated story of personal failure liberated spaces for her preferred identities. This process of therapy-as-research was not confined to one procedure, or one set of guidelines. Instead we preferred to follow feminist descriptions of the use of multiple methods to generate information:

Feminist descriptions of multi-method research express the commitment to thoroughness, the desire to be open-ended, and to take risks. Multiple methods enable feminist researchers to link past and present, “data gathering” and action, and individual behaviour with social frameworks. In addition, feminist researchers use multiple methods because of changes that occur to them and others in a project.

(Reinhartz 1992:197)

The two primary methods used in this part of the research were weekly individual conversations with Mara extending over the period of one year, combined with a series of weekend retreats as group therapy.

5.2.1 Mapping the history of failure

5.2.1.1 Exploring personal failure

During individual conversations, Mara and I explored the phenomenon of personal failure as it manifested in her life. Whilst White (2002:58) presented the Failure Conversations Map in eight distinct stages, he made it very clear that in the actual practice of this inquiry there might be considerable blurring of these stages. In this study, we rarely followed from one to the next inquiry in a linear fashion. Every stage of this guide was utilised in this process, but Mara did not regard every inquiry as equally important. We spent more time on certain inquiries than on others. At no time was this map used in a prescriptive manner.
or as a recipe for "moral agency and hope". The different kinds of inquiries were used as guides to direct us in the co-construction of Mara's preferred identities.

5.2.1.2 The history of failure

Mara's biggest problem at the commencement of the therapy was that her husband wanted a divorce. They had been married for thirty years, and even though she suffered physical, emotional, economic and spiritual abuse, she found it terribly difficult to separate from him. The divorce made her feel like a "total failure".

The conflict in their marriage contributed to her feelings of failure. Whenever something negative happened to one of their children, he blamed her and she blamed herself. This is one of the ways women-as-mothers are marginalised.

It is precisely in the context of unrealistic demands placed on contemporary mothers that marginalization of mothers and their mothering practices takes place. Marginalization is the social phenomenon of being diminished and devalued in comparison to others, or of having ones ideas, feelings, practices, or actions rendered less valid or useful in relation to a dominant ideal.

Weingarten (1998:7)

5.2.2 Failure in relation to experience

Mara described her experience of failure in relation to her life experience. Mara said she grew up feeling worthless and responsible for everybody's happiness. She described herself as a koek\textsuperscript{21} at school, a girl who never put a foot wrong. She said she was the eldest daughter of three, and her parents always expected her to set an example to her sisters. When she compared herself to her friends, she said she felt ugly and plain:

\textsuperscript{21} Afrikaans slang for a very conservative girl who is not popular with the boys
My adolescent years were dreadful. Terrible. I thought I was the most retarded and hideous girl in town. Nothing happened to me but all my friends had boobs and periods. I was just tall and flat-chested. I felt ugly.

This inquiry included questions that intended to explore the times when she believed that she had failed to meet her own and others' expectations of her, and to discover what it was that convinced her that she was inadequate, insufficient, incompetent and useless. For example, "you said that you had reached the conclusion that you are a failure and that you have no right to be alive. Could you explain to me what it is that you feel that you have failed to achieve?" and "Somehow I get the sense that you feel as if you are at the wrong end of everything? Would you agree that it seems that instead of a happy marriage you are in the process of getting divorced; instead of feeling good about yourself, you feel you are a failure, instead of being part of a couple you find yourself alone? Is that how you would describe it? Where do you think these ideas that you are not good enough originated?"

These inquiries encouraged Mara to explore her childhood and her youth, her relationship with her husband and her role as the eldest daughter in the family. She described her childhood and her youth, and said she felt that as the eldest daughter in her family, she always had to compensate for her sisters' misdemeanours. Both her sisters' marriages had ended in divorce, and she did not want to follow the same pattern.

She said she felt inadequate as a married woman. She could not please her husband perfectly all the time. This lead to an inquiry as to where she got the notion from that she was responsible for their marital happiness and why it was necessary for her to constantly please him. Mara said she learnt how to be a wife and mother from her mother and her friends, but found it very difficult to meet all the expectations she had of herself.
The intense competition between her woman friends to be the prettiest, the sexiest, the thinnest, the best wife and mother and to have the most important or influential husband, compounded her feelings of failure. Mara’s husband frequently criticised her appearance, her behaviour and her performance as a wife and as a mother. His personal criticisms of her hurt her and compounded her feelings of worthlessness and failure. He was constantly critical and unsupportive. When she went into labour with their first baby, her husband warned her “not to make a scene in labour ward or embarrass him” and went to work. She walked to hospital on her own.

Mara recalled many instances when her husband hit her. He became abusive when she questioned him or disagreed with him in any way. He accused her of “not listening” to him and being disobedient. His abuse further convinced her of her inadequacy and uselessness.

Mara’s husband moved from one church to the next. As head of the household he expected Mara and the children to follow his example. Mara said sometimes the changes from one religious group to the next were so sudden that she was still getting used to the rules in one church when he had already moved onto another with its own culture and practices. Not being able to “keep up” with him spiritually also made her feel stupid and worthless.

5.2.3 Mara’s responses to failure

Mara’s responses to the sense of failure that she experienced were diverse and exacting. She initiated countless efforts and strategies in her efforts to address those failures and inadequacies. This included efforts to meet religious and cultural expectations, norms and standards. White (2002:58) says that people usually provide an account of a range of operations, processes, programs, methods, procedures, measures, regimens and treatments that they had employed in the disciplining of their selves and their relationships.
When asked how she responded to feelings of failure, Mara said she just tried harder and harder to do what was expected of her in every sphere of her life. She related it back to her days as an athlete, where she became practice-oriented and performance driven. Athletics taught her that she had to practice harder in order to achieve better results. As a result, Mara repented stronger, she prayed more, tried harder, and became more and more virtuous and pious.

Mara learnt to cook and sew and decorate her home. She focused her energies on her husband and family. She tried to be the best wife and mother that she could be. She worked in her husband’s business without remuneration for many years. She became as religious as she could be by submitting to the norms of every church. She worked with homeless children as part of a church outreach program and taught previously disadvantaged and underprivileged women to sew. She tried her best to be “saved enough” and “holy enough”. In this process she was baptised five times, once even in the swimming pool. She said she prayed and prayed and just worked harder at making herself more acceptable to herself, her husband, their community and to God.

As time progressed Depression increased its hold on her life. She attempted suicide. She went to counsellors, psychiatrists and psychologists to try and find out how she could become a better person. She was hospitalised and medicated. She gave herself a pretty hard time for the better part of her life, insisting that the next time she would do better. Somehow, she never felt that she made the grade. She said it all seemed fruitless because despite all her efforts she could not save her marriage.

5.2.4 Unique outcomes: Refusals and resistances

As explained in Chapter 2 (See sections 2.3.3.6 and 3.2.3), unique outcomes are sought in narrative practices, to contradict the dominant discourse in a person’s life. When eliciting unique outcomes, questions are asked to elicit potential life
experiences that are contradictory of the dominant story of failure. According to White (2002:58) unique outcomes might be evident in people's expressions of a degree of acceptance of aspects of the state of affairs of their lives that do not fit with these expectations, norms and standards.

Unique outcomes can also become visible in actions that constitute some form of refusal, or a sense of not being wholly available to, or a questioning of societal expectations, norms and standards. Through the discovery of refusals and resistances Mara started to unearth her lived experience. Her refusals and resistances to prescribed norms became entry points to the co-construction of her preferred identity as they enabled her to see that she had always shown a sense of resistance to normalising judgment on many occasions.

5.2.4.1 Resistances to modern power

Mara recalled a time when she was at school. Xenophobia prevented her father from permitting his daughters to date boys from other religious denominations. A Protestant definitely did not date a Catholic. It just was not done. Despite his strong feelings, Mara remembered that she dated a Catholic boy a few times, as well as an English-speaking Baptist boy. Her father was furious when he found out and forbade her to ever see them again. He accused her of bringing shame upon the family. Mara was flabbergasted by his reaction and still cannot understand why her father made such a fuss. This led to an inquiry about what this experience said about her as a person. It made Mara aware of the fact that she did not share her father's narrow mindedness, that superficial differences between people never concerned her and that she was able to make up her own mind about matters. When we explored what it said about her ethics and identity that she has always been resistant to xenophobia and accepting of diversity, she recognised herself as a woman who values inclusion and compassion. She said she learnt these values form her late grandmother and that she would have been proud of Mara.
5.2.4.2 Refusals of modern power

When Mara and her husband were dating, he usually took her to church. Mara remembers that instead of wearing a “decent” dress, stockings, shoes and a hat, she arrived at church in a daring miniskirt and knee-high white boots. This was an important event for Mara and therefore we discussed the occasion at length. Mara recalled feeling attractive, and amused at a very conservative congregation’s reaction. She found her boyfriend’s reaction very funny because he was neatly dressed, “so prim and proper in his conservative dark suit” while she felt that she looked young and alive. She remembered thinking that she would have preferred it if he took her to a move on a Saturday night instead of to church on a Sunday and that was why she decided to dress the way she did. This incident became a “red-letter day’ for her, marking one of her many refusals to allow society to prescribe for her what to wear or how to behave:

I remember I wore the most outrageous mini skirt to church. I had nice legs. If I wore a long dress, it would have a huge slit to show as much leg as I could. With long white boots. And I had my hair cut in a zooty style, a style nobody else had. Now I know that I refused to conform to society’s rules. I’ve never thought about it like that. If you look at it this way, every time I had to approach the pulpit to take communion, I was making a political statement without even realising it! My white boots spoke on my behalf!

Once they were married, her husband expected her to accompany him to social events and church functions. Mara disliked these functions. She found the people and the occasions pretentious and extremely boring. She recalled attending a very posh ladies’ tea at her husband’s insistence. Her husband insisted on her attendance but Mara really did not want to go. When he threatened her with violence, she agreed to comply with his demand. However, she refused to change her clothes. Her husband was horrified. She accompanied him to this tea wearing her shorts, a T-shirt and running shoes. During our conversations, Mara started discovering her longstanding sense of moral agency despite the constant risk of physical and verbal abuse.
Mara said she always managed to turn difficult circumstances into something positive for herself and others:

When my husband had a change of religious spirit, he expected me to feel the same. He forced me to agree with him. I went along because I had to, but I met many wonderful people at the different churches. He always became a leader but I made wonderful friends. I became involved in so many charities. Yes, I did touch people's lives. I felt useful and worthwhile when I could do something for somebody else. I fed the hungry and the homeless in the streets. I meant something to those people; I meant something to them as me.

Remembering these acts of resistance brought her recollection of many other instances of refusal to adhere to the prescriptions of dominant discourses of power. Gradually, Mara started talking about herself in a new way. Instead of seeing herself as a subservient, dominated and abused; as a woman who always did what she was told, her belief in herself as a moral agent grew.

5.2.5 Discovering foundations for action

During the rest of Mara's individual therapy conversations, we explored the foundations that underlay her refusals and resistances to normative societal expectations and behavioural regimens. White (2002:59) says these kinds of inquiries make it possible for people to distinguish their personal feats that have provided the basis for these achievements.

Mara's use of colour as protest and voice is particularly memorable. Mara loves the colour purple. It reminds her of her beloved late grandmother's unconditional love. She started wearing purple in honour of her grandmother. She dressed her children in purple and even once painted the outside of her house purple. The colour purple speaks on her behalf when she is silenced and represents her voice and ability to survive hardship (See Chapter 5 section 3.1).
5.2.6 Opposing operations of modern power

The deconstruction of religious and social discourses of power that were prescriptive of societal norms, combined with an analysis of how discourses became technologies of modern power, enabled Mara to re-language her self-narratives. In our conversations Mara identified her opposition to the religious and social discourses that overpowered her. She also identified the ethical foundation of her resistance to social injustice as justice and integrity.

5.2.7 Ethical substance

Foucault: The first aspect answers the question: Which is the aspect or the part of myself or my behaviour which is concerned with moral conduct? ...
Question: But, roughly, for the Christians it was desire, for Kant it was intentions, and for us now it’s feelings?
Foucault: Well, you can say something like that. It’s not always the same part of ourselves, or of our behaviour, which is relevant for ethical judgement. That’s the aspect I call ethical substance.
(Foucault 1994a:263)

Justice and integrity are Mara’s bottom-line considerations. As part of living a life of justice and integrity, Mara instilled these values in her children’s lives. She encouraged them to speak out against injustice and to always act with integrity, and led by example. Mara recalled the time when her teenage daughter became pregnant. She took active steps to ensure that her daughter was physically and emotionally safe, while her husband was outraged at the teenager’s “immorality” and insisted she get married to save the family name.

Mara realised that justice and integrity is the ethical substance of her life, and that as a wife and mother, she managed this well. She also believed that as a Christina woman she was responsible for kindness, compassion, and forgiveness. Mara said these values contributed to her discomfort with their frequent changes in church membership. Her husband would join a church,
donate large amounts of money to the church, become an elder and acquire status in the church organisation. Sooner or later he would become involved in a theological dispute with the church leaders resulting in their leaving the congregation. The basis of Mara's faith system is to love one's neighbours; not "keeping up with the Joneses". Furthermore, Mara struggled to adjust to some of the practices common to charismatic and evangelical messianic churches. Their religious practices included the celebration of Jewish holidays and following a Jewish lifestyle. This affected her role as home maker, because she had to learn how to keep milk and meat products apart when preparing meals. She got into trouble when she bought products that contain pork and Christmas became a day of conflict in their home. Mara said she just wanted a "normal" life. The obligation to espouse Old Testament practices confused her and contributed to her feelings of failure and depression.

Mara said she never stopped trusting or believing in God. She clung to a deep inner relationship with God throughout her marriage.

5.2.8 Mode of subjectification

The second aspect is what I call the mode of subjectification (mode d'assujettissement), that is, the way in which people are invited or incited to recognise their moral obligations. Is it, for instance, divine law that has been revealed in text? Is it natural law, a cosmological order, in each case the same for every living being? Is it rational rule? Is it the attempt to give your existence the most beautiful form possible?

(Foucault 1994:264)

Religious discourses of power pressed Mara to evaluate herself constantly, contributing to her feelings of worthlessness. It made her monitor her own behaviour, because she so badly wanted to be regarded as a person of worth. She said she was preoccupied with doing her best to be "good-enough" and conscientiously applied herself to the "truth" in an attempt at becoming worthwhile and virtuous.
I inquired from Mara whether she managed to step aside from all the efforts she previously made to police her life, and if so, how she accomplished this. Mara said that she did not realise before that she stood up for the things she felt strongly about. She said she taught her children to speak out and make sure that they are heard. Recognising this teaching was proof to her that she managed the ethical substance of her life well. Mara admitted that it was hard to step away from watching her every step. She started engaging in a process of positive self-talk, stopping herself when negative thoughts and feelings of failure tried to get the better of her. She expressed herself through painting and sewing, particularly through quilting.

5.2.9 Asceticism

_The third one is: What are the means by which we can change ourselves in order to become ethical subjects? ... What are we to do, either to moderate our acts, or to decipher what we are, or to eradicate our desires, or to use our sexual desire in order to obtain certain aims such as having children, and so on — all this elaboration of ourselves in order to behave ethically. ... That’s the third aspect, which I call the self-forming activity — asceticism in a very broad sense._

(Foucault 1994a:265)

The self-forming activities Mara engaged in were connected to what her culture and context considered relevant as ethical. Mara had learnt her life style from her parents, her church and her school. The prohibitions taught by her conservative background prevented her from doing many things she might have liked to do in her pursuit of living an ethical life. Mara wanted to be happy, kind, creative and free-spirited, but the conflicting religious and cultural discourses of power constrained her, succeeding making her feel guilty. They encouraged her to renounce herself, while the popular idea of modern identity encouraged her to discover and develop her self. Mara said she struggled to be true to her feelings, or liberate her desires, because ultimately she believed that she was too sinful and evil.
Mara’s social life was policed by competition, secrecy, perfection and “what will the neighbours say”. Her husband’s social status and his involvement in church leadership imposed many restrictions on Mara’s behaviour. The expectations of an elder’s wife compounded the restrictions on her life, as she was expected to set an example to the rest of the congregation.

Mara recalled an occasion when her husband battered her during a disagreement. He angrily left her at home and went to the church to counsel couples in conflict. When she had the courage, she told a group of women from the church about her husband’s violent outbursts, but nobody believed her. When she was admitted to a psychiatric hospital shortly thereafter, Mara felt everybody had proof that she was “crazy”.

5.2.10 Telos

*The fourth aspect is: Which is the kind of being to which we aspire when we behave in a moral way? For instance, shall we become pure, or immortal, or free, or masters of ourselves, and so on? So, that’s what I call telos.*

(Foucault 1994a:265)

Mara’s end goal for her life is happiness, interrelationship and interdependence. Mara wants to be a wife and mother. She wants to be a married woman in a secure relationship who is appreciated by those she loves.

5.3 *Taalbos*\(^{22}\) retreats: women in the wilderness

Mara’s story entered the public realm when we invited a group of women to go to a bushveld retreat every six weeks for the period of a year. These retreats not

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\(^{22}\) *Taalbos* is the name of an uncultivated farm in the bushveld.
only provided the women with new friends who had similar interests and shared experiences but became a mutual community of concern for all involved.

A mere two hours' drive from where we all live, we discovered an unspoilt retreat called Taibos. Taibos is situated in the shade of the Waterberg north of Bela Bela in the Northern Province. The developer took care to preserve the tambotie, red ivory and thorn trees, preventing unnecessary disruption of the natural bushveld beauty and tranquillity. Taibos has a scent of stories. The fading San art in the caves bear witness to ancient inhabitants. Storytelling around the fire seemed to be the most natural thing in the world to do. We felt like a colony of women in a strange land (Scheepers 1995).

During the day we spent hours, walking in the bent way rural African women do in search of dry wood for the fire. We were intimately connected and dependent on nature. Our friendly chatter, the warning call of the hoep-hoep, the cry of the fish eagle and the incessant frog serenade sang a bushveld rhapsody. Baker (2000:321) had similar experiences with women in the American wilderness:

We spoke of the joys of being seven women ages fourteen to forty, confronting the challenges of canoeing and camping in a wilderness with no phones, no motors, and no men. ... We spoke of the wholeness — body, mind, spirit— which emerged as we communed with God in God's creation, surrounded by sisters who were always there to help when the mud grew too deep or the canoes became too heavy.

5.3.1 Rites of passage and rituals

When an old status no longer fits, people move from one status to another through rites of passage. The Taibos retreats became rites of passage. We moved from the profane to the sacred, from real time to story time. Ritual calls together the shades and spectres in people's lives, sorts them out, puts them to rest (Estes 1996:197). An old, worn suspension bridge spanned the river, connecting the isolated bush camp with rest of the retreat. Crossing the bridge,
which looked more dilapidated and dangerous each time, signified our crossing from real time to story time. The bridge croaked and protested, grinning toothlessly under our feet. Apparently with a life of its own, it matched our every step with a whimper or a grunt. On safely reaching the other side, we deposited all our worries at the foot of a large rock.

5.3.2 The fire circle

A campfire is central to living in the bush. It is functional and representative of hope and positive energy. The fire-circle resembled a shrine. It was not far away from the rest of the camp. The stones demarcating the fire circle marked it as a sacred place, reminiscent one of the most ancient forms of man-made sanctuary (Eliade 1958 (1997):370). The stony fire-circle became the centre of our activities. It represented our solidarity as a group while at the same time celebrating our individual differences. It was around this campfire that we honoured newly discovered narratives, celebrated new narratives and wept about communal and individual losses.

The fire burnt throughout our stay. It directed our activities, provided us with warmth, with coals for cooking, and at night served as the “therapy room” where we shared our stories. There we spoke as only women who are alone in the company of women can speak. Musimbi Kanyoro (2002:4) experienced something similar in her research with rural Bware women:

Casually, without anyone eliciting the information, in the safety of a home with ears to listen that were not those of church leaders, the women spoke about their lives, telling life stories that revealed their marginalization by our socio-cultural systems and by the Church.

The sacred became apparent in stones and trees, the magnificence of the moon’s reflection on the water at night and in the development of the trusting and compassionate relationships between the women in the group, in our laughter, our stories and our tears.
5.3.3 Outsider witness group

At night, while preparing our main meal, we shared our stories around the fire. One woman became the storyteller, while the rest formed an outsider witness group\textsuperscript{23} who listened and responded from the wealth of their own experiences. As therapist-researcher, I guided the conversations according to narrative therapy practices. We used the telling of stories as a way of re-authoring lives, bringing about agency and voice.

The audience were encouraged to take an affirmative and affiliative stance and to have “relentless optimism” (Freedman & Combs 1996:172). This attitude is central to working in the context of communities of concern. I suggested the following three primary tasks to orient the members of the reflecting audience: that the “listeners” or members of the outsider witness team acquaint themselves with the storyteller, support the development of a new narrative and to facilitate deconstruction of problems saturated descriptions (Freedman et al 1996:173). The reflective conversations became transformative experiences for all of us.

An outsider witness group engages in a definitional ceremony with four distinct stages. The storyteller and I sat on one side of the campfire, while the “listeners” sat in a semi-circle on the other side of the fire circle. The campfire provided a natural separation between storytellers and listeners. The separation created by the fire is valuable as Morgan (2000:122) believes it is more beneficial and more ceremonial if there is no interaction or dialogue during the first three stages.

In the first part of the ceremony the storyteller and I (as story facilitator) engaged in a conversation while the outsider witness group witnessed and listened to what we were saying. In the second part of the process, the outsider witness group re-

\textsuperscript{23} The women who became the outsider witnesses to Mara’s journey away from identities of failed personhood and hopelessness were formed with White’s (1995) notion of “nurturing teams” that served as a counterweight to the abuse that had been at work in her life (Freedmen & Combs, 1996:245)
tell and discuss the story they just heard. They talk amongst themselves, while the storyteller listened to their reflections. They were encouraged to ask questions of one another, while the storyteller listened quietly to their reflections. These re-telling conversations contributed to a rich description of the conversations between the storyteller and the facilitator. The members of the outsider witness group asked one another are questions about what caught their attention in the story, they commented on events that made them curious and expressed curiosity about parts of the story they did not understand very well. Outsider witnesses can only wonder and speculate about the story they heard, and all speculations are done with hesitancy and respect; outsider witnesses never presume to know what is “right” for the person telling the story.

In the third part of the process the storyteller has the opportunity to comment of the re-tellings of the outsider-witness group, to ask whether there was anything in their comments that interested her, and speak about the experience of listening to the outsider group in general.

This process was very beneficial to Mara, who felt that she had the last say about her story and it gave her an opportunity to explain the things the group did not understand. It also made it possible for her to give an account of her overall experience of this type of group conversation.

In the last part of the process the group and the storyteller joined together in reflecting on all three parts of the process. This made the conversations transparent, in line with the ethics of a narrative approach. The content of an interview of the details of the life of a person was only discussed in the person’s presence.

Being away from our everyday living environments (plus the fun and adventure of being in a primitive setting in the bushveld) provided all the participants with some distance from the normal ups and downs and stresses of life, crystallising
problems and inviting stories to drift to the surface. The trust that developed between the women encouraged them to invest their life stories with one another. They often shared stories never told before. In releasing untold stories, they were “heard to speech” by the sheer presence of safe space (Baker 2000:327).

Most of the women present recognised that they also suffered from identities of failed personhood and had endured feelings of hopelessness at some time of their lives. The tranquillity and simplicity of the environment magnified the effects of the technologies of modern power in contemporary life. The process of witnessing and being witnesses to one another’s stories24 around the campfire ignited embers of untold stories and encouraged the public and voluntary sharing of experiences to an audience of compassionate women.

5.3.4 Storytelling

Storytelling is central to narrative practices, as well as to South African campfire experiences. The best stories are told when sitting in the wild around the fire. The Taalbos stories were not limited to real life stories. There are many different stories by which we live our lives, including stories about the past, the present and the future (Morgan 2000:8). In a narrative approach to therapy every story is valid.

Mara chose to tell her life story in the form of a fairy tale. We treated her fairy tale with the same respect and validity as other real-life stories. In fairy tales, the eldest daughter, also often known as the eldest princess, is usually doomed to fail at her quest. Mara has two younger sisters, placing her in the position of the "eldest princess":

24 All the women had the opportunity to tell their stories around the campfire; but due to the time constraints imposed by the thesis only Mara’s story was fully told in this text.
The story of the Eldest Daughter

Once upon a time, the town clerk and his wife lived in a town where an evil sorcerer reigned. On the day the town clerk's wife gave birth to their eldest daughter, the evil sorcerer breathed his most poisonous mist into the air. The newborn took her first breath in this mist and his spell was cast: her will was paralysed for twenty-eight years. There was a wise woman who lived in the woods. The wise woman knew the heart of the wicked sorcerer, and gave the newborn baby three gifts: a jade ring, a crystal pendant and three glass pebbles in a little velvet bag. The eldest daughter treasured her three gifts and grew up into a polite young woman who always did what was expected of her. The evil sorcerer saw how beautiful the eldest daughter had become, and decided to marry her. He disguised himself as a wealthy king, and asked for her hand in marriage. On her wedding day, the jade ring glistened and slipped off her finger. When she bent down to retrieve it, she heard a soft woman's voice: "Your ring gives you the gift of ancient wisdom." In an instant, the wind howled, warning her not to marry the king. But he was so handsome, and so clever, and so pious, she thought: 'I must be imagining things!' and she agreed to marry him. The wicked sorcerer took her to a small room at the top of the castle. When she gave birth to her first daughter, she felt frightened and alone. She cried and cried. One tear ran down the crystal pendant around her neck, immediately filling the room with rainbows. Then she recognised a voice in the wind: "Your crystal carries with it the blessing of the colour purple. Bless your children with it." The eldest daughter had three children and she always dressed them in shades of purple, devoting her time to teach them her hidden wisdoms. As the years went by, the evil spell wore thin, and her will started to come alive. She tried to get away from the wicked sorcerer, but he recaptured her every time. His empty promises of love and kindness pierced her heart. On the eldest daughter's fiftieth birthday, the wise woman who lives in the woods appeared to her. "The time has come for you to use your precious gifts." The wind suddenly howled around the castle, breaking the silence of the evil sorcerer's spell, releasing the eldest daughter's
paralysed will. She looked at the sorcerer and saw only an old, wizened man. The sorcerer realised that his power over the eldest daughter had worn off and he chased her out of the castle. But she said: "I have lived here with you for twenty eight years. I have cried more tears than can fill an ocean. You have pierced my heart, yet it did not kill me. Give me some time to prepare before we part." She retired to the small room where he had kept her and called to the wind: "I am so scared to be alone. Please help me decide what to do and I will pay you with my last gift." The wind wanted no payment; only that she remembers that the wind has always been her companion. Holding fast onto her glass beads in the little velvet bag, the wind playing with her hair, she confidently set out on her journey.

Listening to The Story of the Eldest Daughter was a moving experience. Often the initial moments after the storyteller finished speaking were filled with an awkward silence. It sometimes took a few minutes to move from the immediacy of our own feelings to the ability to formulate speech around them. I warned the group ahead of time that this may happen, and that they should not feel the need to jump in and fill the silence, as this can be a vulnerable moment for the storyteller, who perhaps has just shared the intimate moments of her life.

The women’s reflections on her fairy tale encouraged Mara to re-invest in her God-given creativity and her gifts. The women reflected on her story as a caring audience, and their reflections helped Mara differentiate between her husband’s conditional love and her children’s unconditional love. Their reflections helped her to gain clarity about what love should be like for her.

The idea to form a group context in which other women acted as an audience to Mara’s discoveries of alternative selves originated with the reading of White and Epston (1990) and Freedman et al (1996). White (1995) had the notion of "nurturing teams" that can serve as a counter weight to abusive practices that have been at work in persons’ lives. Freedman et al (1996:248) maintain that if a
problem is affecting one person in particular, it is obvious how those in a reflecting position can serve as an audience. They suggest that if one could structure conversations so that one person talks, while others listen to and reflect on the story being told, it maximises the possibility that each will serve as a witness or audience to the others. Women's relationships with women are resources of power that cannot be underestimated or over emphasised (Goodrich 1991).

5.3.5 Girlfriend theology

Baker (2000:320) also brought young women's development as feminist thinkers and theologians into focus by developing the idea of Girlfriend Theology. Baker invited young and older women on camping trips during which the girls engaged with the older women in "God-talk" across religious borders. She used Girlfriend Theology not as a new set of ideas, but as a process of bringing to voice the "God-talk" that emerges when adolescent girls and adult women "meet at the crossroads" to share everyday experiences (Baker 2000:323).

Mara's identity of failed personhood made it very difficult for her to speak of her gifts and talents. From the women's reflections she started learning new ways of speaking about herself. Slowly and deliberately she experimented with new words, undermining the thin, problem-saturated story lines of failure and hopelessness that robbed her of her preferred realities.

For example, Mara always believed that she was not mechanically minded. On one of our retreats, while everybody else had gone for a walk, Mara and Ann remained in the camp. Ann accidentally locked herself out of her bungalow. Mara did not think twice but cleverly picked the lock with a knife and retrieved Ann's keys. This small, apparently insignificant incident reminded her of all the maintenance tasks she had ever performed without any help from anyone, re-authoring her belief in herself as a capable woman who is actually, very
mechanically minded. One of the steps in the work of gaining clarity is that of re-imagining:

I have become convinced that imagination is one of the most important and effective resources for helping women gain clarity and imagine new directions and choices. For our purposes, I am defining the image as the internal experience that integrates perception, feeling, and meaning into a new whole. The use of imagination unleashes the creative, integrative power within each person to find out what symbols open her up to more meaningful connection with God, with self, and with creation.

(Neuger 2001:144-145)

The support from the women helped Mara to understand that being a divorced woman does not constitute personal failure. During the individual and group therapy sessions Mara became aware of the operations of modern power and the effects they were having on her life. Despite the powerful demands of dominant discourses, Mara started re-authoring her alternative life story, and performing meaning around the exceptions to the dominant taken-for-granted religious truths in her life.

5.4 Piecing together a life of her own choosing

Mara suffered emotionally after her divorce, but despite intense emotional pain and acute recurring experiences of rejection, she took definite actions to make a life of her own choosing. When she moved out of their communal home, she rented a small, manageable town house. She found it liberating to decorate her new home on her own, according to her taste without having to worry about anybody else’s opinion. She particularly enjoyed unpacking her collection of fairies. Her husband ridiculed her interest in fantasy and fairies, and became furious when she played “fairy-games” with her grand daughter. He said she used fairies as an escape from reality and felt that it bordered on mental illness and idol worship.
5.4.1 A re-covery quilt

Mara's late friend taught her how to make a quilt. Mara has become a gifted and published quilt artist. Mara re-discovered scraps of material that she collected during her thirty years of marriage. These scraps of cloth were fashioned into her "re-covery" quilt.

She started with a small purple square in the centre. Her grandmother had given her that fabric. She fashioned shapes from her and her girls' dresses, old curtains, an old pillow, even a diamond cut from one of her father's ties. There were patches of cloth that her friend had given her before she died. She lovingly included a remnant of her late friend's scarf in the quilt.

Mara described the making of her "re-covery" quilt as a long journey down memory lane. On this journey she retraced the steps of her life, from her childhood to the present. Each scrap of material represents specific incidences, people and experiences. Mara said she felt she to work through her life piece-by-piece, patch-by-patch, to make sense of it in some way. When the quilt was completed, she edged it in bright, new material. She said it helped her to piece her past life experiences together in order to prepare herself for a future without a husband, without her home, without security. She says: "That quilt will make no sense to you. But I understand the story behind every scrap of material in it".

5.4.2 Resistance quilts

Mara refers to her handwork as "resistance quilts". Quilting blankets represent her resistance to the suffering of underprivileged women under apartheid, her resistance to the oppression of women under patriarchy and provides a way for her to correct the imbalances of power in the lives of her own and other women's lives.
5.5 Mara’s new self-narratives and God-talk

Mara is in the process manufacturing her identity as a single woman who is able to live alone, outside of marriage, who can make a valuable contribution not only to her own family but also to those who are less privileged. She is content with her spirituality and her relationship with God. She says she sees God in nature and in her children and in the healing dimension of her work, in the “spiritualities of the surface”.

Mara says she feels resurrected as a woman of worth, who was created in the image of a benevolent God. Despite the effects of religious power discourses Mara maintained a strong personal relationship with God. She always felt God’s presence, even though there were times when she was confused and scared. And angry. There were times when she raged at God. Her ex-husband’s emphasis on religion confused her about the “right” way of being in relationship with God. For the moment she has decided not to return to any form of organised religion. However, she feels intimately connected to God and humanity and knows that God recognises her value as a woman. Mara’s theological assertions echo Baker’s (2000:327) seven theological assertions (See Chapter 3 section 5.3.1.4):

- God is mysteriously omnipresent, but not magically omnipotent. Although we cannot explain it, God is at work within human tragedies to create healing potential. God may not fix things, but either does God abandon us.
- God feels our pain and cries with us.
- We have direct access to God through our bodies.
- Our lives are like “Fifth gospels”. Our life stories are sacred texts, in which God continues to reveal God’s self.
- We go to church to "share God not find God". Religious institutions affirm our hunches about God, but do not usually introduce us to God for the first time.
- God is most fully alive (incarnated) in us when our eyes are open to the pain of others.
- Church, at its best is a community of compassion, a resource in our healing, and a potential agent of change in the world.

Mara learnt to speak a new identity into being. She developed new self-narratives of hope and moral agency and created her own religious narrative, which is filled with new ways of relating to God. Her religious narrative is no longer filled with the anguish of religious wounding, but with promises of God as her Co-traveller. Her identity is no longer one of failed personhood, but one of hope. She has made new friends and enjoys a full social life. She still lives alone but has a naughty basset hound as her loyal and devoted companion.

In this chapter the researcher analysed and deconstructed the effects of patriarchal religious discourses on Mara's identity and the ways in which these religious discourses constituted her identity of failed personhood. In this chapter the researcher illustrated the use of narrative practices, particularly the use of White's *Failure Conversations Map* as guide to re-authoring conversations used in therapy to re-construct her identity as a woman of worth with moral agency. The researcher described an alternative community of concerned women who journeyed together to the South African bush where they were able to engage in reflections and God-talk that assisted Mara in her new ways of being a woman of worth.

Despite her successes and her new hopes for the future, there were still times when Mara mourns her lost marriage and misses her ex-husband. She is slowly adjusting to living on her own, and although it is not always easy, she feels stronger than she felt when she originally came for therapy.
In Chapter 4 the reader will meet Grace, a young Afrikaans woman who has been struggling with the effects and the stigma of mental illness, "anorexia" and self-harm for seventeen years. We invite the reader to join us on her therapeutic journey, which was full of twists and turns, towards her re-construction of an identity of hope and moral agency.
Chapter 4 Living with fire

1 Introduction

As discussed in the previous three chapters, Foucault put considerable effort into tracing the history of the development of modern power. When one works from a conditionalist perspective of religious studies, which is characterised by a respect for the given concrete, the integration with widening contexts and universal solidarity, response-ability and compassion, the exploration of modern power and its subjugating effects on women's lives becomes pertinent to this research. White (2002) emphasises that although the operations of modern power are derived through the uptake of self- and relationship-forming practices first developed at the local level of culture, the professional disciplines play a key role in the further development of the technologies of modern power. In this chapter we closely considered the ways in which psychiatric knowledges created Grace's identity of failed personhood. White (2002) extrapolates this concept as follows:

Foucault considered the power relations associated with normalising judgement to be disciplinary in two senses. In the first sense, rather than being a mechanism of repression and oppression, these power relations engage people in the fashioning of their own lives and in the fabrication of their own identities according to norms that have been constructed through the history of the modern "disciplines". In the second sense, rather than being prohibitive and restrictive, these modern power relations engage people in the fashioning of their own lives through the "disciplines" of the self.\textsuperscript{25}

In Chapter 3 the researcher described the ways in which religious discourses and technologies of modern power contributed to the constitution of Mara's identity of failed personhood, and how a narrative approach to therapy assisted her in

\textsuperscript{25} Because of this constitutive nature of modern power, it is often characterised as being positive in its effects (in contrast to traditional power which acts to negate through prohibition, oppression, and coercion). This characterisation of modern power as 'positive' is not a value judgement.
exploring and re-discovering her preferred identities of hope and moral agency. In this chapter the researcher explores the ways in which the professional discourses of therapy and psychiatry, as technologies of modern power, recruited Grace into resigning herself to an identity of failure. The researcher recounts Grace’s experiences with the modernist, internalising discourses of psychiatry and psychology in their treatment of anorexia nervosa and self-injury. Grace shares her experiences with the professional disciplines and how these disciplines contributed to the constitution of her identity as a failure because she was a “mental patient”. Grace’s active participation is honoured in the writing of this chapter. Her reflections, experiences, comments, poetry and art enrich and illustrate her journey. This chapter also illustrates the effects radical anti-anorexic practices and externalising conversations had on Grace’s preferred identity as a person. The research and therapy processes extended over the period of three years.

Grace deliberately selected her pseudonym because of its meaning. According to Strong (2001: 2618) Grace means favour; charm; grace is the moral quality of kindness, displaying a favourable disposition; to be in a state of favour.

Grace is a thirty four year old Afrikaans woman. Grace and Pieter26 have been married for sixteen years, and they have two adolescent children. They live on a smallholding outside the city. Grace and Pieter both grew up in Afrikaans homes, attending Afrikaans schools and churches, but they decided very early on in their relationship to develop a family culture of their own. Their children both attend English-medium schools, and are equally comfortable in both Afrikaans and English.

Grace is the eldest of two children. She was born in the hey-day of apartheid and as a White Afrikaans girl, enjoyed many privileges that were denied her

26 Pieter is the pseudonym used for Grace’s husband in order to protect his identity
peers of colour. Although Grace is almost twenty years younger than Mara, the political backdrop of the country still has profound effects on her life. Unlike Mara, Grace questioned everything she did not agree with or understand. She strongly disapproved of racial discrimination but felt powerless to change the segregated world she was born into. Although she questioned injustices, both at home and in society, but she often felt that nobody took her seriously because she was female. Grace eventually used her body to express her anger and discontent with the world.

Her father is a military man with strong ideas about right and wrong. Her mother is a teacher with a post-graduate qualification in languages. Grace says her growing up appeared "perfectly normal" on the surface, but her father was very rigid and prescriptive, a real "man's man" inclined to excessive alcohol abuse and violence directed at her mother. As head of the household, her father made all the family rules. Grace, her brother and mother had to adhere to his rules or else suffer his rage and abuse. These rules included expectations that children excel at school, attend Sunday school and church every Sunday and that they live a "decent and respectable" life. Grace's rebellion was fuelled during her adolescence, when she became aware of her father's double standards: one set for adults and another for children. For example, he was allowed to drink alcohol because he was an adult and could physically and verbally abuse her mother, but she was not allowed to ever make a mistake or misbehave because she was a child. Both her parents expected her to get top grades at school and be obedient at home. Grace grew up, angry and fearful of her father's drinking and verbal abuse, even though she loves both her parents dearly.

Grace is highly intelligent and could not make sense of the contradictions that ruled her life. Her teenage rebellion took the form of willful starvation, recognised as anorexia nervosa. Grace has been struggling ever since then to free herself from mental illness. It has been approximately seventeen years.
Pieter is a young, successful businessman. He is a free thinker, an adventurous person who loves nature, mountain climbing and traveling. He is a loving life partner for Grace and a caring father for their children. As the primary breadwinner with a demanding career, the responsibility for the running of their home and the upbringing of their children fell largely on Grace’s shoulders. Pieter turned his back of the Christianity of his youth and formulated a set of spiritual beliefs for him, borrowing from paganism and the Eastern religions and philosophies. Grace had no fixed spiritual beliefs, so at the start of their relationship she accepted his spirituality as her own.

2 The gaze of mental illness

2.1 Anorexia nervosa

In Kaplan and Sadock’s *Synopsis of Psychiatry* anorexia nervosa is described as follows:

> in the fourth edition of *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV 1994)* anorexia nervosa is characterised as a disorder in which people refuse to maintain a minimally normal weight, intensely fear gaining weight, and significantly misinterpret their body and its shape.

*(Kaplan & Sadock 1998:720)*

People suffering from anorexia nervosa have high rates of comorbid major depressive disorders: major depressive disorder or dysthymic disorder has been reported in up to 50 percent of patients with anorexia nervosa (Kaplan & Sadock 1998:723).

2.2 A psychiatric perspective on deliberate self harm

Favazza (1989:113) describes deliberate self-harm or self-mutilation, as the deliberate destruction or alteration of the body tissue without conscious suicidal intent. Deliberate self-harm occurs in a variety of psychiatric disorders. He says
major self-mutilation includes eye enucleation and amputation of limbs and genitals. Minor self-mutilation includes self-cutting and self-biting. Favazza explored patients' explanations for self-mutilation, and found that religious or sexual themes were often provided as reasons for self-injury. He also claims that even though no one approach adequately solves the riddle of such behaviors, habitual self-mutilation may best be seen as a purposeful if morbid, act of self-help (Favazza 1989:113).

2.2.1 Lay and professional attitudes strengthen self-injury

Despite the prevalence of self-mutilation, attempts to understand it have been hampered by negative social attitudes:

Laymen usually perceive self-mutilation to be repulsive and purposeless, while mental health professionals often focus on their own feelings of helplessness and of being "torn apart" or "emotionally blackmailed" by patients who deliberately harm themselves. Patients in need of medical attention may "confess" to a suicide attempt because they have learned that physicians and nurses confronted with self-mutilation may act in an angry and inappropriate manner. For example, sutures may be applied without an anesthetic.

(Favazza 1989:137)

Grace's experiences with medical professionals confirm Favazza's findings.

Grace says:

The medical profession repeatedly strengthened my feelings of failed personhood. After one self-destructive episode I was admitted to a hospital in Benoni where while he was suturing my wounds, the doctor kept telling me what a bad person I was to have done this to myself. It felt as if he attacked me violently and aggressively, pulling at my skin when he sutured me. He sentenced me for crimes against humanity and put me on massive doses of anti-convulsants. The side effects were dreadful. When I complained he refused to treat me again.

2.2.2 Religious reasons for self-injury

Religion has a comprehensive, integrating role, which helps people to make sense of their lives and the events of their lives and relationships. When religious
reasons are given for self-injury, this phenomenon should be critiqued, as religion should offer a sense of meaning in the face of hopelessness and emotional and physical suffering, instead of becoming an accomplice to human acts of deliberate self-destruction.

Favazza (1989:138) mentions some of the religious themes that patients offered as reasons for major and minor self-mutilating behaviours. He says these explanations reflect aspects ranging from biblical influence, to identification with Christ, to the influence of demons.

*The advice offered in Mark 9:47-48 and Matthew 5:28-29 directs Christians to tear out an offending eye and to cut off and offending hand since losing part of one’s body is better than being cast whole into hell. Adherence to this advice is the most common explanation offered by persons who enucleate their eyes. The prototypical enucleator is a psychotically depressed male prisoner with a Bible in his cell.*

(Favazza 1989:138)

Grace understood Favazza as follows:

*He is right. I tried to cut off my breasts and the ugly parts of my thighs. I also starved my body to punish me for my sins and to control my sexuality.*

Favazza (1989:138) cites a report about deliberate hand amputation. Although rare, there was a report about a young man diagnosed with schizophrenia who discussed Matthew’s advice in a Bible group, following which he tried to saw off his hand. He finally shot off his hand and repeatedly requested surgical amputation.

*Another portentous passage is Matthew 19:12, which states, “there be eunuchs which have made themselves eunuchs for the kingdom of heaven’s sake”. A middle-aged man with a history of recurrent major depression treated with electro convulsive treatment brooded for weeks on that Biblical passage before cutting off both testicles.*

(Favazza 1989:138)

Favazza (1989) cites “identification with Christ and His suffering” as a reason given for major deliberate self-injury. Grace agreed. She said she identified with
Christ's suffering and felt compelled to strike two large nails through her feet. She explained that she used acts of self-harm as a way of voicing her feelings of despair and failure, because nobody seemed to hear her pain and suffering when she simply spoke about her feelings. Mental illness was proof to her of her inherent sinfulness and self-injury became a way of atoning for her sins.

Favazza (1989:138) cites the story of a 48-year-old widow who accused herself of being a great sinner. Because Christ shed His blood, she believed that she also had to shed her blood to achieve sainthood. She removed both her eyes and requested that her physician amputate both her legs. Sinfulness is given as a reason for self-mutilation. Favazza (1989) found that patients experience the need to perform acts of self-harm as an atonement for their sins, as part of purification rituals and as punishment for sin (Favazza 1989:138).

Heavenly commands are sometimes cited as reasons for self-injury. People self-mutilate in response to a spoken command or vision of God or a godly agent. Other reasons given for self-injury are the influence of demons. Favazza (1989:138) says some patients explain their self-mutilation as the result of demonic possession or trickery. He cites the example of an eighteen-year-old man who mutilated himself during an adverse reaction to LSD. The youth stated: “My mind was so weak because of the LSD that the devil possessed me. Now I've got the devil out of my mind since I plucked my right eye out” (Favazza 1989:1328).

Favazza (1989:138) also cites other religious reasons given for self-mutilation, namely a patient who saw self-castration as a mission for God, another person who believed it was a free-will offering to God, and yet another who believed it was a repetition of behaviour from a previous incarnation as a member of a mystical Russian sect of eunuchs.
2.2.3 Sexual themes as reasons for self-injury

Sexual themes, for example a man’s desire to be a female, a control measure of hyper-sexuality, repudiation of one’s sexual organs or an obsession with amputation also transpired from Favazza’s research. Grace frequently used self-injury as a way of controlling her sexuality.

Van Schalkwyk (2002:135-161) explores the history of Christian patriarchy, misogyny and devaluation of the female body. She reclaims the female body as sacred. In the ancient goddess traditions the female body was regarded as powerful, sacred and fruitful, in sharp contrast with the ways in which contemporary women feel about their bodies. She says that sexism and misogyny goes back to the patriarchal need to control women’s bodies and sexuality. Patriarchal control of the female body is an invisible discourse, manifesting in the lives of Grace and others as self-injury and self-starvation.

2.2.4 Self-injury associated with psychopathology

The explanations patients provide for minor to mild self-mutilation reflect a range of psychopathological beliefs associated with a broad variety of conditions such as personality disorders, eating disorders and factitious disorders (Favazza 1989:138-139). In his study patients describe tension release and a return to reality as results of self-injury. They describe moderate and mild self-harm as ways of establishing control and of ensuring security and uniqueness. Other reasons given were the desire to influence others, possibly in an attempt at punishing a loved one or a family member for a transgression. Negative self-perceptions, the relief of pressure from multiple personalities and a way of venting anger and relief from alienation were also offered as explanations for self-harm. Some patients reported an irresistible urge to self-mutilate. Grace said she completely understands Favazza’s findings as they are similar to her own reasons for cutting and starving herself.
Favazza (1989) explores biological and psychodynamic theories to explain the behaviour of people who self-mutilate, and a claim that knowledge of the biological causes of self-mutilation is the weakest link in professional understanding of the problem. Favazza (1987:191) acknowledges that “self-mutilation is not alien to the human condition; rather it is culturally and psychologically embedded in the profound, elemental experiences of healing, religion and social amity”. He says self-injury could share the same purpose as culturally sanctioned and deviant behaviour, namely “to correct or prevent a pathological, destabilizing condition that threatens the community, the individual, or both” (Favazza 1987:191). He concludes that “self-mutilation can thus be seen as an ancient and widespread, albeit morbid, form of self-help behaviour inherent in the repertoire of human activity” (Favazza 1989:142) and that the “pathological acts of troubled adolescents may thus be primitive, morbid attempts to overcome seemingly unsolvable problems” (Favazza 1989:143).

Grace struggled with self-mutilation in many forms, particularly cutting and starvation. She describes her experience as follows:

I used the weight of the psychiatric labels to punish myself because I believed that I was a bad person who had no right to live. Anorexia was the furnace in which I could incinerate myself. But no matter how hard I tried, I couldn’t kill myself. I fed the fire so that I could burn out completely, but every time I arose from the ashes like a phoenix. I became addicted to the magic of recovery and hope, trust and regaining trust. For ten long years it worked in three to four monthly cycles of self-destruction, burnout, resurrection, and recovery before I would burn out again and be hospitalised.

Medical research shows that deliberate self-harm is a serious clinical problem, resulting in suicide in 4% of persons who self-injure (Bennewith, Stocks, Gunnell, Peters, Evans & Sharp 2002:1254). However, evidence on how best to manage persons who self-injure is seriously lacking. These researchers developed guidelines for general practitioners in primary care on the prevention and intervention in persons who deliberately harm themselves, but found a lack of
benefit from the intervention evaluated in this trial, leaving the question open of the most effective management of persons with self-harm in general practice.

3 A Radical feminist therapy approach to self-injury

Radical feminist Burstow (1992:187) sees self-mutilation in a totally different light. She believes that women have the right to do with their bodies as they wish: to cut them, destroy and mutilate them, as long as the decision to do so is their own. Burstow also believes that expertise does not reside in patriarchal psychiatry, but she warns therapists that “because self-danger is used as an excuse to intrude on women in this intrusive society, it is absolutely critical that we do not invent danger where little or none exists” (Burstow 1992:188).

Burstow (1992:188) continues:

> Whether they are in danger or not, and however upsetting the wounds are to us, it is not our place to interfere with their choices. The bottom line is that however much we may want something better for these clients, WOMEN HAVE AN ABSOLUTE RIGHT TO DO WHAT THEY WANT WITH THEIR BODIES. They have a right to nurture and starve that body; and although we may and should invite something else, we need to respect that right. The history of sexism is the history of other people – generally males – taking charge of women’s bodies. People have already interfered profoundly with these women’s bodies. They do not need interference or pressure from us.

The radical feminist point of view is valid but the level of distress caused by self-destructive behaviour experienced by Grace, led me to believe her when she said that she wanted something else for her life: a life without the threat of self-injury. However, society trains women to hurt themselves:
Even passive acceptance helps. Simply by not being shocked, not bong alarmist, and not pathologizing, we are sending out the message that we are not going to freak out and that she is okay. Further help comes from making these messages more explicit. It is easier for the client to accept herself and trust us if we make it clear that we accept and respect her just as she is. Let her know that many women self-mutilate, that she is not doing anything awful. Point out that we all hurt ourselves in one way or other, that as women we are trained to hurt ourselves. Make it clear that you understand that self-mutilation is a way of coping that has served her well and that you have no intention of robbing her of it.

(Burstow 1992:191)

Grace endorses the fact that suffering for beauty is an accepted practice in our society because women are taught to believe in the beauty myth. The beauty myth encourages women to engage in painful beauty practices, like waxing, dieting, extreme exercise, wearing uncomfortable clothing and unhealthy shoes. Grace found the researcher’s respectful approach to self-injury very helpful, especially when the cultural discourses that promote self-injury were discussed with her family members. Useful knowledge from this perspective was that even when Grace injured herself, her choice to do so was respected. Not acting alarmed or disgusted at the sight of her injuries, went a long way towards gaining her trust and respecting her as a person.

This was contrary to Grace’s previous therapeutic experiences where the sight of blood sent her family members and health care workers scurrying to save and to gain control of her life, whilst punishing and or scolding her in the process. The researcher combined the insights gained from a radical feminist approach to self-injury, and a narrative approach rooted in a religious studies perspective to guide the therapeutic conversations with Grace.
4 Illness as narrative surrender

Psychiatric diagnosis provides for an exemption that is permissible through illness, instead of assisting people to “find alternative sites” in this culture in which they can succeed in breaking from dominant ways of being and thinking (White 1995:118). Frank (1997:5) also claims that the modern experience of illness begins when popular experience is overtaken by technical expertise, including complex organisations of treatment. He says that the medical narrative, or story of illness, trumps all other stories in the modern period. According to Frank (1997:5), Parsons made the observation in 1950 that one of the core social expectations of being sick is surrendering oneself to the care of a medical expert:

I understand this obligation of seeing medical care as a narrative surrender and mark it as the central moment in modernist illness experience. The ill person not only agrees to follow physical regimens that are prescribed; she also agrees, tacitly but with no less implication, to tell her story in medical terms. “How are you?” now requires that personal feeling be contextualised within a second hand medical report. The physician now becomes the spokesperson for the disease, and ill person’s stories come to depend heavily on the repetition of what the physician has said.

Frank (1997:6) believes that if the modern experience of illness begins when the medical experts assert their authority as scientists by imposing specialised language on their persons, the postmodern divide is crossed when ill people recognise that more is involved in their experiences than the medical story can tell. In my experiences I tried everything in my power to prevent narrative surrender but rather to privilege Grace’s voice. In this chapter her voice is amplified and honoured wherever possible.
5 Grace’s curriculum vitae of mental illness

White and Epston (1990:66) cite Foucault that Western society has increasingly relied on the practices of objectification of persons and their bodies to improve and extend social control. They believe that the modern history of the objectification of persons and their bodies coincides with the proliferation of what Foucault (1965) refers to as “dividing practices” and the practices of “scientific classification” (White & Epston 1990:66). These practices are specifying of the identity of persons. These specifications have serious implications for people’s lives, as illustrated by Grace’s narrative.

Dominant expert discourses of psychiatry refused her right to introspection and reflexive self-awareness. Apart from having her identity socially constructed by the religious and social discourses that are active in the Afrikaans women’s culture, Grace carried the added weight of a seventeen-year-long history of mental illness, which co-prescribed her identity as a sick person. Shortly after completing school, despite anorexia and psychosis, Grace met Pieter and fell pregnant:

I was very ill before I met Pieter. I overdosed and cut myself repeatedly. He did not realise how ill I was, but I was as mad as a hatter. He just thought I was a really intense person! When I fell pregnant, the doctors told me that I was too mentally ill and could not bring up a child. They insisted that I have a legal abortion based on my history of mental illness. Pieter and I decided to take responsibility for the baby, refused the termination of pregnancy and got married.

I decided to “pull myself together” and become a wife for Pieter and a mother for Anne. Marriage and motherhood constituted my identity. There was no sign of anorexia. I bought into the social expectations of the identity of a wife and mother.
It was like putting a lid on a volcano.

Trying to fit into society and living a normal life, being a wife and mother legitimised my right to exist in society, from which mental illness deprived me. I subconsciously sculpted my identity to legitimise my participation in life as a normal person. I put myself under pressure to prove that I was not crazy. I was scared that I would somehow be exposed as a lunatic, as a crazy, evil, sick person.

I even baked my own bread.

I looked around me and saw what other happily married women were doing and I copied them. I did whatever I thought Pieter expected of me as a wife, mother, partner and lover. I managed to be the perfect person for seven years. I had to drive so many ideas and emotions that I became physically ill with chronic fatigue syndrome, hepatitis and glandular fever.

As can be seen from the above, societal discourses competed with psychiatric discourses for Grace’s identity. Grace was determined to make a success of motherhood, wife- hood and personhood. She succeeded in living a so-called normal life for seven years, but the colonising effects of psychiatric discourses and the stigma of mental illness never ceased to torment her. She was constantly aware of the pervasive “gaze” of mental illness, which pressed her to relentlessly evaluate her thoughts and actions.

5.1 Identity and practices of self and relationship

For seventeen years, Grace spent the better part of every year as an inpatient in a mental hospital. Countless psychiatrists and psychologists treated her. Each psychiatrist and psychologist added another diagnosis to her growing curriculum vitae of mental illness. A neurologist diagnosed temporal lobe epilepsy as the cause of her problems, and prescribed large dosages of anti-convulsant medication, in combination with other psychotropic drugs. The psychotropic medication had unpleasant side effects, resulting in Grace’s repeated refusal to comply with the doctors’ prescriptions. Feelings of hopelessness frequently
overwhelmed her, resulting in episodes of acute self-injury and consequent re-admission to hospital.

Grace said that in her career as a mental patient, she deliberately constituted her identity according to the multi-axial classification scheme of the DSM-IV (1994)\textsuperscript{27}:

*When they told me I was a manic-depressive, I assumed the identity of a crazy artist; I call it my Van Gogh project. That meant that my mental illness was *all in the name of good art*. At this time, I was able to write and paint with abandon; psychosis was my ticket to ride, to be an individual. It was dramatic, exciting, but the catch was that I had to deliver brilliant art all the time. You see if I could prove that I was highly talented and gifted, people did not judge me as crazy. That was a time when I was convinced of the tragic script of my life. I had to create efficient proof of my brilliance so that when I wipe out, everybody would be very sad.*

*Psychiatrists labeled me with probably every personality disorder in the book. When you have a personality disorder it means you are unfixable. I have been diagnosed as being a person with dependent, histrionic, narcissistic and borderline personality disorders. I have also been treated for bipolar disorder, schizoaffective disorder, various psychotic and mood disorders; you name it. My latest diagnosis is "psychotic mood disorder not otherwise specified".*

*I believe that although they saved my life many times, the psychiatric system supported and aggravated my condition. I have had sleep therapy and electro-convulsive therapy. I remember it was winter. The shock therapy did not help me; in fact I totally lost it. When I woke up after the anesthetic I remember cutting the ECG stickers off my chest and breasts. I saw the medical interventions as proof of my suffering and as punishment for my evil nature. It confirmed how bad I was. Let's face it: they had to shock me to try and make me a better person! They had to incinerate my brain because I was such a failure as a person!*

\textsuperscript{27}Axis I consists of all clinical syndromes and other conditions that may be a focus of clinical attention. Axis II consists of personality disorders, mental retardation and defense mechanisms. Axis III consists of any general medical conditions and Axis IV refers to psychosocial and environmental problems, for example divorce or loss of a loved one that might be relevant to the illness. Axis V relates to the global assessment of functioning exhibited by the patient during the interview, using a rating scale with a continuum from 1 (inferior functioning) to 100 (superior functioning).
A patient is pretty helpless. I always had a feeling of despair. They told me I was unfixable, irreparably damaged. They told me I would never be able to escape from this hell of incapability, dysfunctionality; that I was a lost case. I had no say; they “had it under control”. What was important was that I “behave” myself and drink my medication. I am blacklisted at the private psychiatric clinics; they refuse to treat me again. Their failure to cure me was proof to me that I was evil and irreparably damaged.

5.2 An identity of failed personhood

In the years of psychiatric treatment Grace described above, the nature of the psychiatric discourses privileged a particular process of naming, rendering irrelevant and disqualifying Grace’s knowledges in the process. Every psychiatrist tried to help her, but because their expert scientific knowledge left no room for her own knowledges and alternative ways of being, the effects of their diagnostic and treatment practices marginalised Grace’s voice and strengthened her identity as a failure. She resisted their treatment and subjugating practices with unbridled devotion, resulting in certification and expulsion from hospital care:

Their control over me fuelled my committed and devoted mission to expose the sick power games they play in psychiatry. I devoted my career as a psychiatric patient to proving to the doctors and nurses that they were really not as sane as they pretended to be, but that they were, like everybody else, on a continuum between illness and health. I searched for their Achilles heels and purposely pushed those buttons. That made them angry. When they were angry they’d certify me and send me to Weskoppies. They all gave up on me in the end.

Mental illness deprives you of the right to make your own decisions. They have a hierarchical power system in which they can certify you, lock you up in isolation or put you in a chemical strait jacket. Their power goes nowhere and their power is everywhere. It makes you start watching your step and watching yourself.

White and Epston (1990:24) assert that when conditions are established for a person to experience ongoing evaluation according to particular institutionalised “norms”, when these conditions cannot be escaped, and when persons can be isolated in their experience of such conditions, they will become their own
guardians. In these circumstances, persons perpetually evaluate their own
behaviour and engage in operations to forge themselves as "docile bodies". Anorexia nervosa and bulimia may well reflect the pinnacle of achievement of this
form of power (White & Epston 1990:24). The following pen sketch by Grace
illustrates her experience of an identity of failure:

6 A social constructionist view of Anorexia

Postmodernism, feminism and social constructionism have lead to a
reconsideration of structuralist and functionalist traditions. In a postmodern telos,
the client is the expert of her life. The client lives in relationships with other
people, has her own local knowledges that provide her with the expertise over her own life, and can participate as equal partner in her healing.

Gremillion (1992:www.narrativeapproaches.com) suggests that the traditional psychiatric approach and many family therapies replicate the conditions of anorexia for women. In effect, further self-domination is not only encouraged, it is insisted upon through acts of power used to control the person. These acts of power, Gremillion suggests, are justified by the person's "underlying weakness". Dependency and marginalisation can occur through practices of pathological classification, long-term hospitalisation, medication, funding shortages and messages of hopelessness, dysfunction and blame (Epston 1998:139). Epston cites Mac Sween who says dominant psychological and psychiatric conceptualisations of anorexia nervosa often define it as a personal and internal maladjustment, rendering the sufferers passive recipients of care. Kraner and Ingram (1998:91) feel that this view focuses on food and weight gain as primary goals for intervention. The researcher found the latter to be true. In a case study cited in Kaplan and Sadock (1998:723) they describe a woman’s treatment program as follows:

When Peggy was first evaluated for admission to an inpatient eating disorder program, she was a 20-year-old woman who had difficulty in supporting her 5-foot 3-inch frame with a weight of only 67 pounds. ... She was admitted to a medial unit, treated for peptic ulcer disease, and discharged, only to be readmitted 3 months thereafter to a psychiatric unit of a general hospital. During that 8-week hospitalisation, she went from 84 pounds to 100 pounds.

Psychiatric discourse recognises the biological, social, psychological and psychodynamic factors in the etiology of anorexia nervosa and acknowledges the fact that persons with anorexia nervosa find support for their practices in society’s emphasis on thinness and exercise (Kaplan & Sadock 1998:721). On the other hand, therapists who work from a social constructionist point of view are less concerned with issues of etiology and describe the experience of anorexia as more relevantly located in the social domain of interaction, where food and
weight are imbued with meanings about control, personal agency and tension. Kraner and Ingram (1998:91) say: “It is our view that anorexia sits at the intersection between the physical body and how that body is perceived and experienced”.

McLean and Bridget in *Chorus of voices* (2000: 275) refer to Bordo who says that in the medical model, the danger is that the individual becomes a passive object who is subjected to having the “cause” of their disorder discovered and their symptoms interpreted by a professional who has gathered expertise in “unlocking the secrets of the disordered body”. The medical establishment minimise the social construction of eating disorders. McLean and Bridget (2000:276) declare that the social constructionist view of eating disorders casts doubts on anorexia as psychopathology, and rather attends to the role culture, gender and social factors play. From a social construction point of view these are not individual factors but dominant cultural discourses.

Gremillion (2001:135) used an anthropological feminist approach in her studies of anorexia nervosa and found that this approach encourages questions about why eating disorders occur only in particular places, particularly in developed countries where there is an abundance of food. She says that the refusal of food needs to be seen against a historical and cultural context:

... It does seem likely that anorexia, whomever it affects, articulates certain culturally dominant ideals of “success”. My sense is that people struggling with anorexia have adopted and ethic of hard work and perseverance in their lives, and are really trying to build very powerful, good strong lives within certain parameters of contemporary Western culture. People struggling with anorexia have been caught up in ideas that are not of their own making, ideas that tend to be relatively individualistic, and that involve constantly comparing oneself to other people.

Gremillion (2001:143) found that anorexia depends upon very particular ideas about the self and the body, which are tied up with culturally and historically specific discourses of gender and individualism. That is why it did not surprise
her to find that anorexia does not occur as often in communities with a more collective consciousness and where bodily experiences are not objectified and reduced to “things”.

Foucault (1977) suggested that through a technology of normalising judgement, power plays a significant role in the control of people’s lives and bodies. Gremillion (2001:149) says that if we regard anorexia and eating disorders from an individualistic standpoint, and invite young women’s lives to be pathologised, anorexia will continue to be seen as just another individual disorder. However, if we consider anorexia and eating issues to be “warning signals about the hazards of consumer culture, of the hazards of individualism, and of the hazards of a global economy in which certain groups enjoy abundance and other groups are marginalised, the hazards of the resourcing logic that we are applying to our bodies and our lives on the planet, then perhaps there will be the potential for dramatic social change...” (Gremillion 2001:149). The researcher agrees with her that questioning the consumer culture and its effects on women’s bodies would be beneficial in preventing the occurrence and spread of anorexia.

6.1 Narrative reflections on Anorexia and Self-injury

6.1.1 Deconstructing discourses of pathology

Grace was diagnosed with anorexia nervosa as an adolescent. She was admitted to a state mental hospital for treatment and received behavior therapy, psychotherapy and nutritional therapy. Although these treatment regimens saved her life, she believed that they contributed to her perception of herself as a “faulty person”, giving birth to seventeen years in which she was both a victim and perpetrator of self-destructive behaviour. The treatment she received from most doctors and nurses in the psychiatric system confirmed that she was an “evil person who deserved to suffer”. Grace explains how she experienced “being mentally ill”:
This admission was a nightmare experience. It formed my identity as a sick person. They put me in this place with these really crazy people. Being with those people told me that I belonged there, that I was as mad as a hatter, a lost case. It was the shock of my life. I identified with the patients and I started believing that I was just like them. I started believing that I will be as crazy as they were when I turn forty, that there was no hope for me. I started developing fears for my future. The dark story of my hopelessness and evil started here. I blamed myself for the anorexia; despite the fact that anorexia was an act of resistance against the chaos I was experiencing at home. My parents blamed me and accused me of upsetting a perfectly wonderful family life, and I took the blame.

White (1995:112-113) says that due to the extraordinary investment in the development of discourses of pathology, therapists have a vast array of ways of speaking with and interacting with people at their disposal that reproduce the subject/object dualism pervasive in structuring of relations in Western culture. He also says that the success of these discourses of pathology is beyond question, and that the hegemony of pathologising professional discourses represents one of the truly great marginalisations of contemporary culture:

> These ways of speaking and interacting with people puts them on the other side of knowledge, on the outside. These ways of speaking and acting make it possible for mental health professionals to construct people as objects of psychiatric knowledge, to contribute to a sense of identity which has “otherness” as it central feature.

(White 1995:112-113)

The pathologising discourses of psychiatry and psychology not only convinced Grace of her otherness, but also of her failure as a person. The illness labels did however undermine her self-accusations and attributions of personal inadequacy to a certain extent. She continued to consult with psychiatrists and psychologists in an ever-increasing struggle to find healing. The diagnosis of and medication for mental illness relieved some of the societal expectations she would have had to meet if she had not been ill. Although White (1995:118) believes that there are arguments for the use of psychiatric labels, he does not doubt that the outcomes of the use of these diagnoses reflect what is accepted as being a “real” person in our culture:
... in order for people to break from these self-accusations and attributions of personal inadequacy, from the stress that is informed by the expectations about what it means to be a real person in our culture, and from the experiences of guilt that we have discussed, they must step into a site of "illness". Illness is a site of culture, one that is structured, one that brings with it particular modes of life and thought. (White 1995:118)

Grace agrees:

I researched all the diagnoses they gave me, because if something was wrong, I wanted to know how to fix it. I felt like a horrible, hysterical, over-the-top hopeless case. Nobody believed me that I wanted to be well. The doctors used to tell me to take my medication and live with it. That meant there was nothing they could do for me. I also always felt that they were not giving me all the information, as if they kept some coveted information for themselves. It felt as if they did not offer me any way to change; they were not prepared to partner with me to change; it felt unsolvable. It felt as if that was who I was and that I had to accept it as such.

Grace identified fully with mental illness and as a result, mental illness constituted her identity as a defective person.

6.1.2 Separating the person from the problem

Grace and I agreed to externalise the problems in her life, based on the framework of therapy described by David Epston and Michael White (Epston 1989, Epston et al 1992; Epston & White 1992, White 1989, White & Epston 1990). David Epston explains his commitment to this approach as follows:

Since 1986, I have become passionately committed to better understand and assist those persons oppressed by so-called anorexia/bulimia. What prompted me, amongst other concerns, was my dawning realization of the ways in which the objectifying practices of weighing, assessing, and measuring of women associated with the discourse of psychology and psychiatry could very well co-produce what is referred to as anorexia/bulimia in those very persons oppressed by anorexia/bulimia. (Epston, Morris & Maisel 1998:149-150)

These authors described some steps therapists could take in the process of getting people free from the grips of anorexia/bulimia (1998:150-161). They
suggest the use of externalising conversations to create a linguistic space for persons to engage in their own assessment and evaluation of anorexia's "rules of the concentration camp". Externalising conversations generate knowledges of the practices of self and relationship anorexia requires, for example, exile and isolation, self-surveillance, self-hatred, self-punishment/torture/execution etc. (Epston et al 1998:151).

Grace externalised her main problem as "SS", or Self-Starvation and Self-sacrifice. Externalising the problem as "SS" undermined the guilt she felt and made it possible for her to put the blame on "SS", challenging totalising descriptions of her as having the identity of a "self-mutilator" and an "anorexic". It also provided Grace with a context in which she could recall her current and historical acts of resistance to "SS’s" dictatorship in her life. In this research, these acts of resistances were recalled, explored in detail and celebrated as victories over the totalising effects of Self-starvation and its ally, Self-harm.

6.1.3 Exposing "SS"

Grace and I agreed never again refer to her in psychiatric terms, for example, as an anorexic, or as a depressive or as a self-mutilator. Practices of externalisation separated the problem from her as a person and enabled us to join against "SS" as a team. At the start of the therapy Grace externalised Self-Destruction as the main problem in her life. Self-Destruction referred to practices of cutting, overdosing, and over-working as well as to practices of starvation and bingeing.

In the linguistic space created by externalising "SS", Grace and I explored the invisible cultural discourses that strengthened and maintained Self-Sacrifice or Self-Starvation. It was in this space that we dared to say "anorexia" out loud and expose a list of its tricks and lies in Grace’s life. In this document Grace started calling anorexia "SS", which is short for Self-Starvation and for Self-Sacrifice:
Listing Anorexia’s Tricks and Lies

“SS” rubs my nose in the past. “SS” maintains a running cycle of despair, depression and anxiety set in motion by the trauma of self destructive behaviour.

“SS” tells me: "See, you cannot trust yourself to take part. Life is too much, too overwhelming. You are too fragile, too weak". It also says: "You have to control the outcome and have guarantees. If you cut yourself you will bleed, and people will pay attention."

Destructive behaviour promises a sure way to control the outcome of my actions and have guaranteed tragic results. “SS” tells me: “You have to control the outcomes” but I have chosen to live with uncertainty even if it tells me “You cannot live with the uncertainty of calculated risks”, “You cannot trust yourself and your decisions even if they look right, they could just be part of the reconstruction phase of building up — to be followed by destruction. You are rigged to be destroyed”

"You have to fear your tendency to self destruct, it is part of who you are and you can’t let go of it". You have lost so much already; too much. You are an invalid, a loser, incapable of participation".

"Disempowerment, immobilisation by means of panic and anxiety and loss of self confidence is your lot." “SS” convinces me to believe that "I cannot bear the anxiety I have to self destruct. I cannot bear the despair. I have to express it physically through physical harm by showing blood or emaciation".

"Life is meaningless, it’s too late, and I’ve had too much loss. There is so much suffering in the world and I cannot help anyone". "You are a bad, evil person. You do not deserve to participate because of your horrible choices and behaviour".

"Temporal lobe epilepsy disables you - you will never take part ok". My biggest victory was that I was able to do two reflexology treatments while I had symptoms of temporal lobe epilepsy and proved to myself that I am able to participate; I can work and contribute to their budget and help other people despite the symptoms.

“SS” convinced me to believe that: "I’m feeling out of control, I feel as if I’m intruding into other people’s space if I’m not very thin."

Grace’s List of Anorexia’s Tricks and Lies formed the subject of many therapeutic conversations. This document made it possible for us to explore some of the invisible normative messages of her upbringing that she disagreed with. Many of
these discourses corresponded with Neuger's (2001) research on the contradictory messages of patriarchy (See Chapter 3.3).

Grace found that apart from being isolated by the patriarchal discourses that put a premium on independence and individuality, her history of mental illness incited her to police herself and to make sure that her behaviour was "perfectly normal" all the time. The discourses that portray women as weak and dependent on male protection constantly compromised her yearning for "normality". These beliefs imposed preconceived identities of the ideal wife and mother on her, pressing her to perform at her optimum at all times. Despite these normative societal expectations Grace nevertheless "knew in her bones" that she is a powerful woman and that "SS" could use her "woman-power" against her to harm her relationships with her life partner and her children.

6.1.4 Deconstructing patriarchal religious power discourses

Within the Christian discourse, words carry enormous power and can entrap and control those who become entangled in them. Words are used within a cultural system to legitimise power and normalise relations of inequality (Bowie 1988:56-58). Patriarchal religious power discourses restricted Grace's preferred ways of expressing her spirituality. For example, when Grace was still in primary school, she wanted to join a church of her own choice. Her father forbade it. He insisted that as long as she lived under his roof, she had to attend the Dutch Reformed Church. His control of her spiritual preferences confused her because she never saw her father as a particularly religious or God-fearing man. Furthermore, although the church upholds the principles of justice, it prefers women to remain silent and submissive, whilst frequently disbelieving women who report abuse. Grace felt that the church did nothing to protect her mother from her father's drunken rages and abuse, and could not understand why she could not develop a spirituality of her own choice.
When Grace married Pieter, fear that he might reject her convinced her to accept his belief system:

*Pieter is a naturalist and a pagan scientist who loves mountains. I suppressed my own spirituality to make sure that he did not reject me. To be honest, I was so confused I did not know what my own belief system was.*

(Grace)

Grace’s spirituality was adversely affected by the scientific psychiatric perspective on mental illness, which regards many supernatural events as pathology and by her need to please Pieter by adhering to his spiritual beliefs. Whenever Grace had visions or heard voices, whether they were hostile or friendly, her doctors and her husband immediately assumed that she was psychotic. Grace did not find all the voices and visions troubling but the dominant psychiatric and scientific discourses immediately marginalised all her spiritual experiences as pathological.

In African traditional healing visions and voices are forms of connectedness with the divine and are sought after and embraced. Traditional healers believe in their ancestral spirits who function in this world much like guardian angels (Campbell 1998:38). Campbell (1998:78) gives a description of "sangoma" sickness:

*Early in 1978, out of the blue, I became very, very ill. I was experiencing the “sangoma sickness”. My ancestors were trying to get me to accept this calling to traditional medicine. I refused. I consulted a variety of medical specialists but found no relief. Finally a visit to an old man in the town of Hershel in the former Transkei homeland brought me relief. I had seen this exact man in a vision and was told he would be my teacher. I trained under this man, this healer. I became his thwasa (in Zulu) or mokoma (in Setswana).*

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26 Sangoma is a witch doctor or traditional healer
To qualify as a traditional healer under this master healer, the old man required me to experience and understand visions. Visions were already coming fast and steadily to me, especially in the first five months. While in training, the visions accelerated my learning and within two years, I was an inyanga, a sangoma.

The African traditional approach to voices and visions made sense to Grace. She chose to be guided by traditional African knowledges and to combine it with the teachings of Reiki and reflexology as a way of embodying her spirituality. The literature regarding on the “Companions on a Journey” project in Dulwich Newsletter (1997) also contributed to her ability to learn to differentiate between negative, harmful and hostile voices, and the gentle caring and loving voices she believed were from angels. “Companions on a journey” is an exploration of an alternative community mental health project informed by narrative ways of working. In this project the participants were invited to explore the ways the stories of their lives shaped their lives. Everyday actions of resistance were honoured, new stories documented through community involvement, the use of rituals, the naming of injustice and the exploration of power relations. This project questioned the dominant culture and acknowledged the political nature of the project.

Grace found it affirming to “keep” her gentle voices as guides and spiritual companions without being considered “totally psychotic”. Although this is an uncommon alternative spiritual site for a White Afrikaans woman, it is a site that offered her spiritual strength to fight for an identity of moral agency and hope. The study of the phenomenon of failed personhood from a conditionalist approach emphasises how important it is not to separate religious discourses from the wider socio-cultural contexts of life. She did not find healing in the patriarchal religious power discourses that dominated Grace’s upbringing, nor in Pieter’s alternative religious discourses. Grace had to discover her own spiritual home in the spaces between religion and culture.
6.1.5 Grace's Core Credo

Grace focused on clarifying her personal spiritual truths. In this process, described as a "scary exercise", she compiled a logical, analytical "Current Spiritual Credo (under Construction)" in which she determined which ideas, emotions and feelings were no longer of value, so they can be filtered out to make way for the new:

*I have filtered 1000s of pages I have read and written, 1000s of observations and conversations and experiences... to pour clear water into the following vessel of words:

*I believe there is only one God: the God of Love, God of All that Is and Is Not.

All Beings remain equally loved parts of God.

On earth we experience Oneness in Love through also experiencing the opposite: fear, darkness, and division.

We can Trust the Voice of Love... in the teachings of Jesus and other Love teachers; in Ourselves; in Others; and in the Flow of the All.

When I stand my ground to go beyond fear, I swallow the above words. They become part of my whole body. So when I open my mouth, I voice more clearly.

(Grace)

Grace found hope and moral agency in her ability to co-construct her preferred spirituality and belief system. The following drawing is a self-portrait by Grace depicting her strength as a woman who has an identity of moral agency and hope:
6.1.6 Wrestling with Perfectionism

Some socio-religious discourses convince women that they embody moral and spiritual purity in their endurance, steadfastness, and lack of self-interest as woman and mother (Neuger 2001). These discourses forced Grace to strive for perfection in the running of her home, the upbringing of her children, and her partnership with Pieter; in fact, it ruled her whole life. She felt that she had to be an available, patient and supportive nurturer of her family at all times. She could not allow herself to slip-up with anything or ever lose her temper. If she did anything that was short of perfect she felt worthless. Imperfection became proof of her essentially evil nature, resulting in serious self-harm. In the following letter I purposely did not correct any spelling mistakes or typing errors, because the errors represent her resistance to Perfectionism. This letter was written during her training as a Reiki practitioner and reflexologist. Her course required of her to write a thesis as part of the qualification as traditional healer.
Subject: we have won this round
Date: Tue, 15 May 2001 13:03:50 +0200
From: Grace
To: Jo Viljoen

PLEASE RESPOND BECAUSE I NEED THE CONFIRMATION!!!!!!!

WAR DOES NOT DETERMINE WHO IS RIGHT BUT WHO IS LEFT — CONFUCIUS

Dear David, Jo, Pieter & everybody else who wants to read about this victory

Perfection had been using my thesis to TRY AND LURE me back into anorexia/bulimia/threatening self-harm. It turned my thesis into a monster, a nightmare of demands to do it perfectly and brilliantly despite being unwell and burnt out. I was temporarily driven back into the “SS” concentration camp. I have chosen to turn around the thesis into an act of protest against Perfectionism. An act of living the waterway and being in the present moment. I allow myself to lie down when I am having a bad seizure. To quote from the introduction to my thesis under construction: “I am indeed using the regular practice of Rei-flexology to turn the writing of this thesis into a very courageous act of INPERFECTION (VERY VERY DIFFICULT FOR ME AS TECHICAL AND CREATIVE WRITER AND AS MEMBER OF THIS SOCIETY). Rei-flexology is an act and manifestation of imperfection. I am choosing not to fine-tune/distil/perfect/trim the contents and just to let it flow. Please celebrate every imperfection of this piece of work with me”.

My list of victories

Last night I had a whole plate full of food. In the last week I attended two socials with highbrow socialites and not once felt inferior. Last night I did not force myself to exercise and am choosing to restart exercising as soon as blackouts stop. I allowed myself some energy therapy for the first time in three months; had music therapy with Chris Tokalon yesterday. Amazing results. I silenced “SS” to contact my doctor and adjust my medication appropriately. I am so excited because I have secured a work contract at Dr L where I will be treating her staff on site with Rei-flexology during June. Lekker ne! (Roughly translated as “Cool bananas!” Good, eh?).

I can choose to eat and not to starve my body of nutrition. I have the right to eat. I have the right to forget about self-harm and focus imperfectly on self-care. So there “SS”!!!!!!! Another one bites the dust!!!!!! And just to keep me focused, with my imperfect thesis: “The less effort and the more powerful you will be (Bruce Lee)”

(This letter was written during a therapy session with Jo)
Grace speaks as follows of her experiences with Perfectionism:

I was driven by Perfectionism. I had to be the perfect wife and mother and constantly worked at being perfect. On the surface I looked perfect, but under the surface I was struggling and angry. Eventually the demands became too much for me and the volcano erupted. That was exactly ten years ago. One day somebody made a comment about my weight at work. I was furious. I stopped eating. I worked 24 hours a day. I stopped sleeping. All I did was work. You see, I believed that the only telltale outward sign that I was not perfect was that I was over weight. I believed that if I lost weight everything would be fine.

To complicate matters, during that period of my life I had a brief affair with a woman. This transgression convinced me that I was a bad person and that I needed to annihilate my femininity. This committed me totally to self-destruction and devoted my time to protecting my husband and children from my inherent evil. I wanted to die. It was a systematically planned process to destroy myself; to kill the fire in my body and my mind and my spirit.

I became a phoenix; a person who tragically but heroically struggles but miraculously recovers from mental illness. Over the years I learnt how to make miraculous recoveries after burning out, by putting together the "perfect personality " . For example, I’d come home from mental hospital and be the perfect mother, wife and employee.

If I was not perfect, it was a sign to me that I was really evil, and needed to be removed from society. My art therapist was a psychoanalyst. She was convinced that I was a danger to my children and had to be removed from them. She said Pieter and I were “co-dependent”, that I played the victim and that he played the role of the rescuer. Those beliefs made me feel like an even bigger failure.

“SS” SPECIALISES IN HALF TRUTHS TO CONFUSE ME. I then ask myself what is the real, full truth based on self-love? Then I choose to replace the false notion/trick/lie and I choose to let go of it and embrace the loving truth.”

I had a huge victory over “SS”. People do not act before they see blood or emaciation. The blood usually has to flow first before anyone listens. They think I have cried wolf for too many years. This happened to my Uncle Jan as well, and he eventually wiped out. I had symptoms for two days. I was overwhelmed and felt I disintegrated. It was severe, acute, but I did not give in to “SS”. I did nothing Self Destructive. I did this with self-care. I phoned you, Jo, and you came around. I verbalised despair instead of forcing them to take care of me. My loved ones showed their concern and took my cries for help seriously.
Our efforts gradually revealed society's allegiance to an anorexic lifestyle that lay behind every act of self-destruction Grace had ever committed. The first step in getting free from anorexia or bulimia begins when a person becomes more fully aware of the physical, emotional, spiritual and relationship cost of an allegiance to an anorexic/bulimic lifestyle (Epston 1998:150).

6.1.7 Understanding the Anti-anorexia/bulimia League

The Anti-anorexia/bulimia League, archived by David Epston, became an extremely important resource for Grace. David Epston (2001) explains how the League came about:

Bob Dylan sang something to the effect -- "If you are going to live outside the law, you had better know what the law is!" The philosopher, Michel Foucault, advised the documentation, authentication and circulation of "alternative knowledges" if they were to do what he proposed was their work -- that of critique. I have always kept this in mind. Anti-anorexic documentation has taken many forms and the "itineraries" of their circulation have become international, now being carried by fax and e-mail. Perhaps the five boxes currently stored in my garage will soon move to some hypertext or electronic home. To be sure, I'll still keep my boxes of archives as back-up.

(Epston 2001)
(www.narrativeapproaches.com)

David Epston chose the term "archives" because an archive, according to the Concise Oxford Dictionary, "is a place where public records are held". In the early days, the archive operated in a very simple way -- he xeroxed copies of archival material and mailed them on request. These archives have been both a resource to and exemplary tales of a "counter-practice" commonly known as Anti-anorexia/Anti-bulimia.

Many of the first generation of League membership bitterly complained that the various professional literatures concerning anorexia/bulimia either dismayed them or made them actively ill. The more autobiographical genre of the "I am an anorexic" type seemed to offer readers little chance for escape. More than anything else, it remains a literature of despair.
From 1992 on, many League members had been urging me to compile the archives and make them available by way of a book. As such, this would have required the format of an encyclopaedia and I doubt if any publisher would have considered that a viable proposal. I could not imagine my way out of this until I hit upon the idea of a conventional book (well, not really that conventional) that could be read for itself at the same time as serving as an orientation for a more complete archives, lodged on a web-site. Hypertext space is far more generous and less costly that textual (book) space. Otherwise, I should have been required to reduce say 5,000 pages down to 200 pages and no matter how hard I tried, it was an utter impossibility. The integrity of the archives had to be maintained at all costs rather than an "anti-anorexic" book of greatest hits.

I envision such an archives of resistance to be both a resource and a platform for anti-anorexic developments that are as yet currently unimaginable to me. I hope too that it will be the means to a movement that will operate both underground and above ground conscientiously object to, resist and finally repudiate anorexia and bulimia.

(Epston 2001)

www.narrativeapproaches.com

All the contributors to the Archives of the Anti-anorexia/Anti-bulimia League are bound together by this website in a "community of concern" of archival knowledge that provides a place to speak from and retreat to.

Such records of resistance tell too of the horrors and inhumanity of anorexia/bulimia, and lifts those up who have suffered and are suffering so that we can witness their testimonies, keep their legacies alive and most importantly pay them our respects.

(Epston 2001)

www.narrativeapproaches.com

Once provided with the means to speak against anorexia/bulimia, almost to a person, aged 12 years of age and over, everyone has railed against many of the "psychological" and "psychiatric" constructions of them as "anorexics" or "bulimics". The "stories" from the insiders are incomparable to the stories written about them by outsiders. Why is it that insiders regularly refer to anorexia as either a grotesque manifestation of evil or the devil when such terms have otherwise been consigned to the dictionaries of the histories of words?
These documents can take many forms as you will see but what is common to them all is their manner of speaking - Anti-anorexia - an anti-language, a radical form of an externalizing conversation.

(Epston 2001)
(www.narrativeapproaches.com)

The purpose of the League is to traverse the questionable ideological and fiscal gaps that lie within the traditional treatment terrain of mental health. The League promotes the idea of interdependence and a collective consciousness. Its playing field is two-fold: firstly preventive education through a call for professional and community responsibility and secondly an alternative and unconventional support system for those women caught between hospitals and community psychiatry (Epston 1998:138).

Anti-anorexia differs from most modernist treatments of anorexia. Zimmerman and Dickerson (1996:407-422) suggest that most modern treatments of anorexia seem to play into anorexia's hands. Any treatment based on the notion of individual or family pathology supports the construct that the person is the problem. Zimmerman et al (1996:407) further claim that many therapists inadvertently recreate the conditions that support anorexia, by using the tactics that anorexia itself employs. These tactics include hospitalisation, resulting in the isolation of person, ongoing evaluations (of the person and of weight), the removal of the person's entitlement to her own experiencing (for example by suggesting she no longer knows what is going on).

According to Epston (2001) Anti-anorexia is strengthened by “community”, which, of itself, contradicts anorexia's solitary confinements. Furthermore, Anti-anorexia is a site of resistance to the oppression of the force, which is anorexia. Anti-anorexia's counter-force comes from a moral vantage point, resisting the so-called “truths”, “norms” and “reason” of anorexia:
Anti-anorexia can be contacted merely by attempting to break free of the “concentration camp” of Anorexia. Immediately you know that it is no summer camp. When you hit the barbed wire, you then know that anorexia is not your “nature” but your imprisonment, with your execution as your only departure. Anorexia tries to camouflage this with the same slogan that derided the inmates of Auschwitz (ARBEIT MACHT FREI= Work/Perfection Will Set You Free!)

(Epston 2001)
(www.narrativeapproaches.com)

6.2 The virtual response team

Towards the end of 2000 Self-Sacrifice took possession of Grace. Her family and I became afraid that she might kill herself. In a desperate attempt at learning more about Anti-anorexia and new ways in which I could support Grace’s determination to live a life of her own choosing, Grace gave me permission to contact the Anti-anorexia League by electronic mail. David Epston replied to my letter. This was the start of a three-way therapeutic exchange that continued for a year. He referred Grace and me to an article by Lane, Epston and Winter (2001). This paper tells the story of a therapist, Lane, who was “stuck, overwhelmed and isolated by a problem that seemed to defy therapeutic techniques and skills and personal commitment and determination”. Instead of giving up, she reached out to her support network and because no alternative seemed available at the time, this reaching out took place by fax. However, what started out as a choice of last resort revealed a range of therapeutic possibilities that Grace, David and I were able to extend via electronic mail.

It was a tremendous privilege and a great relief for both Grace and me to be in contact with David Epston, a radical Anti-anorexia activist. Although the bulk of the responsibility for the therapy lay with me, David Epston proved to be a wonderful mentor as he joined therapeutic conversations via electronic mail. His "electronic" voice became an integral part of our therapy-talk and often times he guided us out of desperate waters. The following letter from David Epston spells
out the risks and ways of working that we embarked upon as Grace's virtual response team. Grace and I corresponded with one another between therapy sessions by e-mail. We usually wrote in either Afrikaans or English, as we are both comfortable in either one of these languages. During our electronic conversations with David Epston, we only wrote in English to accommodate his understanding of our communications:

Date: Dec 15th 2000

Dear Jo:

Jo, I want you to know that we are all in this together and I am including Grace, Pieter, etc. I know you wouldn't have contacted me if it wasn't possibly Grace's "final fight for her life"; I am really happy to join you and admittedly there are "risks" but those "risks" are nothing by comparison to not doing everything possible at this time. I would ask that you discuss a "there is no such thing as a mistake" policy with Grace and Pieter - let's replace that with "a golden opportunity to know each other so much better" policy. I would ask that you send Grace and Pieter copies of letters on the understanding that they are complex and will take some time in conversation to "see" them through to answers, which quite likely will engender more questions.

Can you discuss this with Grace so that she is aware that these "letters" are merely the means to further conversation(s), ones that I can share in? I would not be surprised, as has been the case so, you, Grace and Pieter may have conversations of your own that you might wish me to join in. If so, I can't wait! If there is anyone who made a mistake, it is me! I got into a "rush", thinking I would be away for 5 weeks, thinking that I had to initiate sufficient "conversations" to keep you "busy" in the meantime. As I mentioned, that is no longer the case as I will be back at my computer a week over my holidays and can keep in touch with you and Grace.

Jo, I have no doubt you will no more than justice to these "questions". As for "methodology", I would like to think you and Grace will work out something that suits you both. But here are some suggestions- you could send the letter to Grace for her to "just go over it out of interest" and when you meet you could agree to either work through them systematically or alternatively just attend to whatever catches Grace's fancy (or indeed yours) e.g. "Grace, I found this question extremely thought-provoking ... read it ... that it ring a bell for you? What is critical is that you provide me with "verbatim" responses, indicating as much as possible, what question Grace is replying to? e.g. "Both Grace and I found this question ... very provocative. My reason for that was...; Grace was surprised when I told her told as she... But what she had to say - ... I wouldn't have been
able to predict. We went on in our conversation from there and this is our joint summary of that...

Jo, as we go along, feel free to ask any questions, knowing that there aren’t any real answers but only inventions.

I invite you to share in these inventions. Remember, we are in “terra incognita”, the land beyond the known. I suspect you and Grace will find your own ways through “terra incognita” and I would ask that you keep me informed of any of your ways, as your ways will most likely be the most opportune, the most salient and the most opposite.

Jo, the best way to approach this approach is with daring.

Best wishes,

David

In order to share with the reader the spirit of collaboration and the practice of radical externalising conversations between David Epston, Grace and myself, I am including an excerpt from one of the e-mail conversations between us. Grace wrote the letter and sent it to me, I forwarded it to David Epston, and he replied to me. Grace and I then re-read his reflections and discussed his thoughts and comments in the safety of our therapeutic relationship. The speed and accessibility of electronic mail matched the urgency of some of our communications, connecting the three of us within the hour or the day:

Subject: Re: [Fwd: Response please: struggling]
Date: Fri, 20 Apr 2001 19:01:03 -0700
From: David Epston
To: Jo Viljoen

Grace: Dear Jo, David, Pieter, and myself (= my formidable response team)
Let me now once again stand on the truths and my right to self-construct with you as witnesses.

David: Grace, I get great satisfaction witnessing your testimonies

29 David refers to David Epston, co-founder of the narrative approach to therapy
Grace: As I have said before: no amount of "resistance-writing" (!!) that I did in my diaries in the past ever had as much power as the writings we have been sharing.

David: Sometime I would like to understand why these writings should be so empowering to you right now?

Grace: "SS" cannot convince me that these Resistance Documents are "just my self-centered little scribbings".

David: Grace, does that have anything to do with the fact that the documents are being reviewed and considered by us as well as by "SS"?

Grace: I go back to our communications and stand on them when under attack from "SS". I thank all three of you for your ongoing response and guidance and confirmation of the truth.

David: You are more than welcome!

Grace: David and Jo, thanks especially for your ongoing prompt, thorough responses and [never ending :)J health-provoking questions and "homework", Pieter, thanks especially for your unwavering belief in me and the sweet little vase of flowers and gourmet meal yesterday evening when you saw that I was struggling. To my children: Thanks for giving me hugs when you can see that I'm struggling. Thanks for insisting that I spend fun, relaxed time with you.

David: Does "SS" wilt in the face of your children's love, affection and appreciation of you? Does that have anything to do with the innocence of the young and the unaffected way in which they seek pleasure and engage the world with such unabashed joy and make no apologies for that?

Grace: Thanks ahead for bearing with this long letter and sharing with me the long slow miracle of recovery from Anorexia and Self-Destruction.

David: I keep remembering my Latin teacher, Miss McGregor, quoting Julius Caesar — "make haste slowly", which at the time seemed like an unsolvable conundrum but no longer having seen how "SS" hurry people and oversubscribe their time so they race against the clock as if their life is running ahead of them, always out of their grasp like their "forward" shadow.

Grace: I am struggling. My eating behaviour is slightly buggered: I now have this repeating pattern of bingeing at night about once a week, only after taking Stilnox (sleeping tablet) and no vomiting. This seems to be the only time I do not have full command of my choices and "SS" seizes the opportunity.

David: Have you ever known "SS" to not kick you when you are down?
Grace: Initially I did not get too upset about this and decided that it was no good to be perfectionistic about eating perfectly right. But now it is clear that "SS" is using this to erode my strength. It upsets and seems to scare Pieter, which alienates me even more from him. Panic and lies: "you are already self-destructing...bad person...can just as well give up totally to self destruction and eating disorder...bad person...deserve to suffer, etc."

David: Usual, well-known anorexic trash-talk!!! The same all over the globe!

Grace: So, I am choosing ...

David: Grace, I notice that you are doing a lot more choosing now than you used to. Before did "SS" try to convince you that you were the chosen one in order to conceal the fact that it was dictating your life?

Grace: ... now to take a lot of time out from work and other responsibilities for a few days, to rest and relax and recover.

David: What wonderful words!!!

Grace: And to identify "the problems" and find solutions; to identify the "SS" lies (that tell me "you are the problem") – and replace them with the truth. To take stock of how things are going, which changes I can make to facilitate healing and keep my strength up. But a foul combination of "SS" and my low resources is making it near impossible for me to do the above.

I also want to make sure I implement a more balanced approach in general. I am still working too hard. Giving too much importance to work, my responsibilities, and heavy issues. I'm always either busy or thinking/worrying about what I should be busy with even in my dreams at night.

David: Let me know when you have your first relaxation dream! I am sure that will be a red letter day, much like the experience of language learner dreaming in her second language for the first time and then knowing that she is now a "speaker" not a translator.

Grace: I am not having enough fun/relaxation/family time. Becoming alienated/introverted. Becoming more and more exhausted, anxious, depressed, starting to despair. This is an old "workaholic" pattern of attaching too much value to active participation. "SS" has always thrived on this pattern.

David: Grace, I am hoping that nothing will delight you, and those who love you and care about you, more than watching you as you learn such refreshing ways of being, not only in your life but in the lives of others. Can you report on any small,
seemingly trivial joys or delights you are now experiencing, even if not on a regular basis yet?

6.3 Mapping and tracking the successes of her life story

Language is a very central part of those activities that define and construct persons. White and Epston (1990:188) recognise that modern documents have an elevated status as is reflected in the increasing need to rely upon documents for a variety of decisions about the worth of a person. Documentation plays an important role in the professional disciplines. White and Epston (1990:188) note that the subject of most professional documents is a person who submits to, or has been submitted for, evaluation, while the "author of the document is a person skilled in the rhetoric pertaining to a specific domain of expert knowledge". The author as expert has a myriad of terms and definitions at his or her disposal, which are regarded as the property of his/her domain of expertise.

Professional documents have a life independent of their authors and subjects (Epston 1990:118). Documents are shaped by rhetoric and this rhetoric serves to establish, in the reader, a certain impression of the character and the moral qualities of the writer in a given situation:

Thus, documents are a vehicle for the presentation and display of the author's worth according to moral criteria that have been established in a particular discipline. And so doing, such documents shape the author's life as they do the subject's.

(White & Epston 1990:189)

In Grace's long and illustrious career as a mental patient, she has been described and re-described by the professional disciplines of psychiatry and psychology, and these descriptions of her constituted her identity as a person with a deficit, a person with permanent pathology and a poor prognosis.
6.4 Alternative practices of documentation

White and Epston (1990:190) contrast alternative practices of documentation with the documentation or filing system used in the professional disciplines. They suggest that narrative therapists use alternative forms of documentation to encourage a wide readership and are associated with "rituals of inclusion", as opposed to documents that permit only a narrow readership of professional experts. Alternative documents like awards, certificates and letters extend the therapeutic conversations and become useful counter-practices in therapy. One such document was Grace’s “Bill of Rights”:

6.4.1 Bill of rights

It is my right to cope in real life

It is my right to use my gifts, resources and support system to cope

It is my right to take part in the projects I choose

It is my right to have a certain measure of success

It is my right to feel uncertain/confused/stressed when a lot of things are changing and I am facing a lot of challenges

It is also my right to relax and

It is my right to trust that I will cope with life's challenges - maybe not perfectly, but well enough

It is my right to fail at certain tasks or projects and still be ok with myself and know that I can never fail as a person in this life.

It is my right to become ill sometimes
It is my right to take responsibility for balance when I am ill but not to take the blame

It is my right to resist Self-starvation

It is my right to feel and have and struggle with anxiety/TLE/depression and not pretend it is all-OK

It is my right to make a choice at this age (33) to go in a totally different direction with my life and not to reverse back to self-starvation but to choose to stay on the road of life

It is my right to make mistakes in this fight against Self-starvation

It is my right to have small relapses/slips back to self-starvation but to choose not to punish myself by slipping further. (This work carried me through the night).

It is my right to choose to forgive myself and engage with life and self care.

It is my right to forgive myself

I have the right to let go of and expose perfectionism and self-starvation's lies in all my chosen participation

I have the right to believe that all the challenges are part of my life lessons and that I have the strength to bear all those lessons however difficult and painful and learn from them. I have the right to engage this strength.

I have the right to fight for my life in the real world

I have the right to expose the lies of self-starvation

I have repeatedly recovered and engaged my strength and ability to fight for my life

It is my right to ask God to bless my participation and to believe that it will be so
It is my right to be in the moment and to let go of the past and future
It is my right to be a good mother and a good partner, but imperfect
It is my right to mourn the sadness and misery of the human existence
It is my right to express this sadness and mourning in healthy ways, i.e. writing, drawing, talking, singing, crying. This is a form of righting the injustices of anorexia.
It is my right to celebrate and enjoy the wonder of human existence, the love, the Joy, the beauty.
It is my right to use my sense of humour to cope with life.
It is my right to suffer sometimes and to thrive sometimes
It is my right to get regular exercise when I can and want to
It is my right to be a coach potato when I'm dilapidated/tired.
It is my right to feel sick and angry about the discrepancies in society

Grace, 21/02/2001

I encouraged Grace to use her art, poetry and writing as alternatives to self-injury and as counter-voicing strategies of her experiences with anorexia. I include her written dismissal of Anorexia here as an example of her resistance writing.

6.4.2. Letter of dismissal

To the no-longer-dear negative sabotaging voices

I'm ready now to no longer give you airtime. I choose to give the airtime in my mind and spirit and body to the truth about my life, my potential, strength, and wholeness.
I reclaim my freedom to take part in all I choose for my life, without the burden of listening to you and bargaining with you for every positive move I want to make. I choose to dismiss you on the grounds that:

Ever since I was 10 you insidiously attempted to destroy my life by convincing me that your lies were the truth. These are the biggest illusions and lies you sold to me as the truth were the following:

That Life was overwhelming; too much for me, and that the only solutions were illness, self-destructive behaviour, disintegration, and mental illness. You convinced me that if my creative products were not perfect, I had to abort them, that I was unworthy of love from God, others, and myself that I was an outsider. You promised me that Self-destructive behaviour and remaining constantly wounded would keep me immune from getting hurt in life, and that it was dangerous to be healthy, strong and empowered. You lied when you said that to assert my own individuality was disrespectful and hurtful to others.

I carried guilt for making mistakes out of ignorance and unawareness. You made me earn my right to exist and participate in life by performing brilliantly and perfectly in all respects.

You convinced me that illness was my fault and punishable, that self-destructive solutions were good for me and my loved ones, that self-forgiveness was impossible because my sins were too great, too dark, too deep, too horrible and that I was intrinsically a bad person.

I had to prove that I deserved help and support and love by being acutely ill. You forced me to live out the above lies; to actualise them in reality, by incessantly brainwashing me, demanding these results from me, despite the hurtful and painful effects on my life and my world.

This unfair contribution has become totally unacceptable. Seeing as we both know that these ideas are false, it makes you guilty of deceit, abuse, betrayal, and violence and deserving of immediate dismissal from my life. You tried to steal my birthright to be happy and whole.

You have become redundant, seeing as you have no other function or use besides keeping me from taking part in life as a healthy person. You only served to isolate me from my life's tasks, my loved ones and myself.

You trapped me in a network of false accusations and linked unrealistic demands. There is no job left for you to do in my mind, spirit or body.

You enlisted a series of dark allies to carry out your devious, sabotaging plan.
These included:

Fear, depression, paralysis of my will, overdrive mode with resulting burn out, various eating disorders, compulsive obsessive behaviour, self-mutilation, offensive and disruptive behaviour, mental illness, disintegration of my self, hallucinations, rages and anger, self-doubt and doubt in God's guidance, distrust of others' love and good intentions, isolation, guilt, anxiety, habitual negative emotions that became addictive, seizures, driven-ness, hypersensitivity, and performance anxiety.

As you know, I have chosen to stop believing you and chosen to use this energy to believe in the truth. Now I am not even interested in hearing you at all, not even in the background. I am not interested in negotiating and bargaining with you any more. I now choose to channel my life energy into listening to and telling the truth of love, light and healing.

I will not allow you to waste the time, and energy I now choose to spend on nurturing and holding my loved ones and myself.

These are the truths about my life and me:

I am a strong, brave, empowered woman
I empower others by being me
I trust myself
I have strong trust connection with God
I am committed to myself and my loved ones
I can accommodate others without self sacrifice
I am realistic
I forgive others and myself continuously.
I take responsibility for my mistakes but I feel OK about my past, present and future mistakes
I have fun being human
I now tackle problems one hour at a time
I can focus on the truth
I can let go of what I don't need
I can recover quickly from illness; I'm resilient and can negotiate the rapids of life without jumping off the raft.
I can create and set safe boundaries.
I am committed to change and growth, continuously.
I can contain myself during highs and lows and seizures.
I am consistent and persistent
My commitments are now a motivation for me to stay well
I can pace myself, self-care never mind what the conditions
I know when to ask for help and support and I do this trustingly
I can assert my ideas and needs respectfully—whether ill or healthy
I trust in God's guidance, which liberates me to rest and play
This path of healing and positive break through's has been possible because
I refused to listen to you any longer. And I refuse to listen to you now, or in
future.

Goodbye. Good riddance.

Grace

Witness: Jo Viljoen

Witness: Pieter Muller

6.4.3 Resistance poetry

Grace’s poetry is evidence of her coming to voice through our therapeutic
journey. Grace has a remarkable poetic talent. Although Afrikaans is her mother
tongue, Grace is fully bilingual and prefers to write her poetry in English.³⁰

From the carcass of the Beast: SEVEN POEMS (by Grace April 2001)

Let our souls soak
in the honey
of the stories
we bring forth
from the carcass
of the beast as riddles:

Prayer
dead flowers
just fall
fearlessly
will you teach me
to just let go
knowing of

³⁰ Grace’s poetry “From the Carcass of the Beast” are featured on Epston’s Anti-anorexia/Bulimia League website as
Anti-anorexic counter-documents see www.narrativeapproaches.com
the compost
I must be
for next time’s me
To eat or be eaten
some days ago
this well-known shadow
started licking at my skin
soon eating tiny bites
to challenge and
excite me for the fight:
now greedy gashes
and delighted horror
at the painful mess
my fleshy strength
goes lost as
it eats more
and I eat
less and
less
just
waiting
wishing
for that moment when
my healthy hungriness exceeds
the dark one’s needs
so I can say ‘now go away
again you’ve lost the fight!’
and I’ll be generous again
and take brave bites of light
Resurrection
and now
after many days
she sees
she's strong alone
and none of them
are looking now
but One who nods
for her to go
she tears
herself loose
bleeding freely
from the nails
they all had hammered
in together
then
climbs
off
the
cross
calling over her shoulder
as she strides away
for her family to rise

BreakFast

let me
trust my self
now
as I trust
each mouthful
of this
warm oatmeal
to be
simply sweet and good
Being
just the delight
in my pen that is scratching
as dark ink is drying
in writing
To hold or let go

When I picked this daisy
from the compost heap
she was dying
crisp and dry
as this page on which
my fingers start a story
holding her
hoping for life
I see she has been left
a blunt stump
in the place of roots
further up the thin stem
I feel the pale green
she is holding onto
in her leaves
her head is turned away
her petals saturated grey
dust where I touch a
smell of earthy decay
my fingers stiffen at a cobweb
deserted
I let her go
she falls
face turned up
to show the live yellow
of many little pointed
seeds —
stories just dry
enough to fly
Declaration
I am the warrior
who fought for death
to bring in life
I'm well and fired up to tell
fierce stories peacefully
I'm strong enough
to stand in night
awake enough to bear
the child that came
from loving darkness:
Light

Grace’s poems depict the centrality of her role in the specification of her own identity. Her poetry made her conscious of her participation in the constitution of her own life, leading to a profound sense of personal responsibility, as well as, a sense of possessing the capacity to intervene in the shaping of her life and relationships. Grace says:

Stories are like seeds. I need to trust to let some parts of my story go, to sow them freely like seeds, so they can settle in the fertile ground of other people’s life stories. There the seeds can germinate and grow into healthy plants, feeding on the compost of anorexia.
This is self-nourishment, livening up, preparing for life and the next season. New life sprouts forth in the form of new living segments of the universe and myself; we are all one, all part of one another, part of the universe. My seed-stories can fly and plant seeds in the life stories of others.

(Grace)

6.4.4 Art and therapy

There were times when Grace felt her art expressed her emotions and direction in life better than her words alone. We incorporated her art as part of the therapy, enabling us to “see” and share her experiences more fully. During our conversations she added prose to her paintings. She agreed that I might include some examples of this practice to illustrate how she used it art and reflection as practices of resistance to anorexia.
Anti-anorexia is like weeding the soil of the mind; it is an ongoing process, it is a lifelong process. The more fertile the soil of the soul, spirit and mind the more weeds there seem to be. The weed metaphor describes Perfectionism. The weed of perfectionism should be plucked out by its roots: it does not help to treat the symptoms only.

Society will have to face the ways in which it fertilizes the roots of Perfectionism, e.g. by prescribing that our value as human beings has to be earned through performance. Anorexia/bulimia leads to institutionalised treatment, and sometimes the symptoms disappear, but the roots remain firmly embedded in the fibre of society.

The third eye in the painting is the symbol for insight/vision. This is an important trick: nobody can pluck the root out for you because nobody else has access. You have the vision to see the truth, to cut through the crap. It is incredibly difficult because Anorexia/Bulimia is a manifestation of the way in which Perfectionism emotionally, spiritually and physically starves us. Society refuses to see this and individuals end up being labelled and institutionalised.

If you drink the water of Perfection to earn your self-value you will remain thirsty and dry. If you drink the water of truth, the fact that you have consistent value, that God is within and can choose to believe it, you can stop struggling desperately to meet up to society’s demands and your own internalised societal norms. Children are able to pluck out the weeds, but somewhere along the line they also choose to betray their truths to fit in with the rest.

(Grace)

Mask is an African tribal expression of the paradox of joy and sorrow. I was inspired by Kahlil Gibran’s writings on Joy and Sorrow:” The depth of my joy/happiness is the measure of my sadness.”

The mask depicts the existence of a simultaneous duality. The one side is affirming and speaks of Life, Love and Light, while the other side belongs to Self-
starvation and anorexia. Self-starvation and Anorexia want me to close my
eyes to life and dis-affirms my right to live as I choose. The third eye symbolizes
INSIGHT: It means I am able to see beyond the duality and to accept MY truth as
MY RIGHT to live. The truth is that Self-starvation feeds on half-truths and poorly
disguised lies. I can accept the truth "The truth will set me free (like prune juice!)"

The truth is I am scared of going home from the clinic, so Self-starvation
convinces me that if I eat the way it wants me to, the voices and images will
remain alive... Bulimia wants me to eat and eat and eat, as overeating is a
gateway to the symptoms of illness, e.g. self-harm and voices. Anorexia/Bulimia
isolates me from my loved ones and chains me in fear of perfection...the nurses
will not understand this and inject me with more sedatives, resulting in a longer
hospital stay. Anorexia wants me to miss my work opportunities and become an
invalid.

I REFUSE TO COMPLY WITH YOU, ANOREXIA/BULIMIA/SELF
STARVATION/SELF HARM

Perfectionism expects me to participate 100% once I am home, BUT I won’t:

I choose to accept my current reality: I will not be able to drive my car for a while
and I will accept challenges at my own pace because I will still be slightly affected
by the long acting medications I have received in the clinic. I will take my time.

The bulb is Grace's metaphor for hope. She says, hope of a new life is
represented in the bulb:

I root myself to the earth, just as the bulb will. I use this as a logo for my work: I
believe in holding a safe space for both partners and in sharing energy as the
way to grow. The bulb is the antithesis to Self Starvation: it represents life at its
core. Holding a bulb symbolizes the possibility of believing that when you invest
in something you can expect a wonderful return.
Planting a bulb promises the growth of a beautiful plant; it speaks of patience and resilience, faith and vision, and hope.

I have the guts to hold a bulb because it is fragile and symbolizes growth, health and life. I have the guts to hold on to the possibility of growth, life and healing. The holder becomes part of the bulb; becomes rooted. THE LEAF GROWING OUT OF THE BULB IS A STRONG INDICATOR THAT THIS BULB IS GOING TO MAKE IT! It also represents the flame of light and hope, like holding a candle.

(Grace)

The incorporation of a wider readership and the recruitment of an audience contribute not just to the survival and consolidation of new meanings, but also to a revision of the pre-existing meanings (White & Epston 1990:191). Grace’s images, poetry and messages Grace were so actively Anti-anorexic; I asked her permission to show David Epston what she had produced. In collaboration with the Webmaster of the www.narrativeapproaches.com website, Dean Lobovits, Grace’s resistance art was published in the archives of the Anti-anorexia/Anti-bulimia League.

6.5 Self-value as resistance strategy

Listening deconstructively results in the development of “openings” in conversations that allow people to think more directly about their life experiences. I became curious about the effects Grace was having on the life of “SS”, and asked her questions like: “Can you remember a time when “SS” tried to get an upper hand and you succeeded in resisting its influence?” I was as surprised as she was when she started telling me about the successes in her life. Anorexia had deceived Grace into believing the problem-saturated part of her story for so many years, that she delighted in recalling the successes of her life. She remembered years in which she had no problem with “SS”, as well as ways in which she was determined to overcome its effect on her life.

In response to my question: If you were to track the successes and victories of your life story, what would you be able to document? She produced the following
documents and letters revealing her sheer guts and determination to live a life of her own choosing:

**Self-Value**

I choose to value myself. And I choose to value the important contributions I have made in this life: My successful participation, repeatedly standing up after a fall and reclaiming my life, and repeatedly fighting against self-destruction, physical and mental illness for my right to participate in my life. Repeatedly dealing with the challenges of life including “SS” and mental illness.

I coped well with a horrid home situation until I was 16. Despite severe depression at 10 I continued to take part, and have a good childhood. I was strong and supportive of my parents.

I worked hard and consistently and enthusiastically at school. I participated in school & friendships passionately. I survived and recovered from C’s abuse as far as I could. I managed to deal with my father’s abuse and mood swings and drinking and carry on with my life. Same goes for my mother’s severe swings and nervous breakdowns. I managed to start individuating and finding my own identity.

I had the guts to challenge my parents and stand up for my own belief system. I had the guts to explore and find my own belief system.

I carried on taking part and coping during years of depression from ages 14-16. I chose to fight against anorexia (ages 16-17) and bulimia to go into therapy to ask for help, guidance, against my parents’ will.

I told my story creatively in writing and won a national award when I was 17.

I overcame a serious heart problem by choosing to start eating again (aged 16). I recovered well enough to continue taking part in school until standard 9 (17) I had the guts to go to technical college to complete matric. I went to evening classes consistently despite severe eating disorder and side effects of heavy medication. I completed matric with two distinctions. I chose to trust and believe that I would achieve this impossible goal.

In December 1986 I realised Pieter was my soul mate and WENT FOR IT. In 1987 I fought to recover from severe breakdown but lost my first year at university. I became pregnant with Anne. I chose to take responsibility and see it through with Pieter. I coped very well with marriage, pregnancy, and I coped very well with my baby. I was very well. I was stable, healthy, breastfeeding and nurturing. I became a counsellor at the breastfeeding association. I went into art as big business. I made gorgeous bags. When I started work I coped very well despite extreme sexual harassment, work pressure and unfair labour practices. I
coped, I was assertive and I worked well, consistently for 2-3 years. I chose to resign with high integrity; chose to resign with flair in reaction to my bosses' abusive attitude.

I coped well with my next pregnancy (coped well with occasional moods, TLE & Chronic fatigue syndrome). I had the guts to go to America with two babies and be passionate about my travels.

I had the guts to defy society by being a "big woman". I recovered from a severe breakdown due to Anorexia in 1993. I recovered and returned to work and was able to take part in life again. I coped well with a very sick system and stress.

I repeatedly fought back after severe breakdowns to restart work. I completed various training courses successfully. And I have the awards to prove it.

I learnt to be on my own and to be OK by myself. I chose to re-engage with my relationships and responsibilities.

I had the guts to explore alternative ways of being. I have a writing talent and I am a very productive and creative writer.

I consistently, actively give spiritually. I am always determined, hopeful. Pieter and the kids are my first priority. I am passionate to always choose for light, for healing, for love. (Despite the onslaught of Self Starvation.) I have not given up and I have grown stronger, wiser, and gentler more loving, less judgemental.

I am growing my [spiritual] spine slowly, with commitment, integrity, and closure. I am choosing to quit "climbing out" (into psychosis) but to remain in the "ordinary life" and to actively resist "SS". I have been doing it since December 2000.

I plan to question the lies of "SS" and society and to challenge them. I am choosing now to work again in a healthy, appropriate, balanced way. I am embracing reflexology and living my dream of being a healing facilitator. I have the guts to take part without any guarantees (in work especially). I am accepting a life condition without accepting the INVALID label.

I am driving my children around all the time, running the home; supervising workers. I am Self-motivated: I get up every day and do my work by myself.

I have kept my sense of humour through it all. Listened to Good Counsel and stayed connected to God. I am progressively breaking free from the clutches of "SS". My determination is working.

For every single breakdown/illness/ "SS" disaster, there has been an amazing, miraculous determined RECOVERY and reconstruction process. I got up and
fought for my life again every time. Here I am now, the result of these successes.

I am ready to embrace light and shadow and resist the darkness. I am stronger than I have ever been.

(Grace)

6.6 Re-visiting old documents

Re-visiting older documents frequently proved very useful:

Subject: about: "success story of my life."
Date: Wed, 25 Apr 2001 18:52:28 +0200
From: Grace
To: Jo Viljoen

Jo and David and Pieter

I wrote this e-mail concerning the "success story of my life" ages ago.

During my childhood I started carrying with me a DARK LIFE STORY of loss, suffering, illness, tragedy and self-destruction. This weighed me down, sapped me of life energy, and made it very difficult to love myself and therefore to love others. Self-destruction (SD) became an overpowering force that repeatedly hampered my brave moves towards "Self-construction" (SC). Working in narrative therapy with you has opened the possibility of going back and retelling my life story with focus on victories, successes, life, love and light. I chose to do this.

Self-destruction used my past DARK LIFE STORY to keep me in bondage with despair, guilt and inferiority. Now I am retelling my story using TRUTH this time. My story turns out to be a balance of dark and light (yes, the tragedies/disasters/Self-destruction were as real as the victories/recoveries/SC). But the fact is that after everything I am now alive and well and once again able to take part in a life of self-construction as a mother, wife, partner and contributor in society. Living with the dark story has brought me gifts such as spiritual growth, knowledge, insight, humility, and a non-judgemental attitude. The truth is that all in all my story is a life story of love/light/life.

Never mind what my future holds, the balance between light/dark will always be tipped in favour of light. Why? It started with the miracle of my birth in Light Love and Life.
The story up to here at age 33 is an irrevocable story of Light Love Life that will stand in eternity. I have consistently returned to CHOOSING light. Not hanging around, waiting for it to happen, but choosing it actively. All my life (in light and dark) I have been ready to die a death of peace and oneness with God/the Universe. Now, without the weapon of my dark life story, i.e. Self Destruction, Self Starvation and Anorexia have been severely weakened and dis-empowered. And at last I have a solid foundation for my journey of SELF-CONSTRUCTION.

David Epston's replies were so richly described that Grace and I often returned to the same letter in consecutive therapeutic conversations. We were able to speed up time by e-mail but were in full control of slowing down time when we needed to discuss his thoughts with one another. His letters taught both Grace and me how to put anti-anorexia into practice:

**Dear Jo and Grace**

Grace, it looks like our e-mails crossed as I left for overseas on the 20th March. I trust you got mine informing you that I would be away until the 9th. However, I just called in to check my e-mail today (Sunday) and read yours with great interest. I can certainly understand what you mean by "I am struggling against one of the biggest "SS" tricks". I found your account inspiring both in its moral purpose and in its steadfastness. I was so relieved to read (and re-read) your NOTE- "I DO NOT HAVE TO BE IN PERFECT CONTROL ALL THE TIME". Grace, if you still subscribed to such a "curse", I really would be concerned for your future.

Thanks for your instructions on how Jo and I can give the "best anti-anorexic and "anti-"SS" support" to you. Grace, please take all the time you need to do whatever is best for you! I am wondering if I have got way behind you (and Jo) in responding rapidly. I want you to know that in doing so, I am not implying that you should reply accordingly. I have always wished merely to communicate to you both that I am "with" you and be what you refer to as a witness.

By the way, I was really taken by your quote- "where two or more are gathered in the name of Truth, Truth will stand". Also, I endorse with all my being your "standing up for my own and other humans" rights to SELFCONSTRUCT and certainly concur with you that it "is the absolute antithesis to "SS".

Grace, if I had any wish right now, it would be that you revel in what you are referring to as "NEW STUFF". Grace, once again thanks so much for advising me to "slow down". I will gladly take your advice here and I do so with great joy and anticipation. If you in any way feel under any obligation(s) that has never been my intention. I would relish you doing whatever suits your purposes, whatever they might be. That is all I would hope for- that you suit yourself in
whatever way(s) you might go about that. There are always these matters that must be made explicit in such “meetings” that we are conducting by e-mail and I am so relieved by your advice and commentary.

Grace, I suspect that when you are “having fun” as you put it, that will be the best antidote for “SS”. I very much appreciated your comments: “fighting and yielding are both useful”. I found it wonderful news when you told me of Pieter’s comments of moving “into a whole new way of living” and your assertion: “I can now deal with stresses and challenges that I was totally incapable of handling for many years…”

Thank you so much for this document, which greeted me and despite my jetlag has cheered me up beyond belief. Given that it has been on my computer for so long, I wanted to respond immediately to it at the same time as indicating to you that it is so wonderful for all of us to know that now is the time “to make haste slowly” (Julius Caesar).

Yours for self-construction,

David

6.7 Reiki and reflexology

Grace’s resistance to anorexia did not only manifest in her art and language, but also in her career decisions. Mental illness and anorexia robbed her of an income and a job. Grace embarked on a course in Reiki and reflexology. This course challenged her to learn the practical skills associated with Reiki reflexology, but also confronted her with her fear of writing. In order to qualify as a reflexologist, Grace had to write a thesis. The writing process terrified her because Perfectionism and Anorexia consumed her during previous writing projects.

I include an excerpt from her thesis to indicate what this journey was like for her:

I really enjoyed writing this document throughout the past year. I suggest dressing in pyjamas for much of the reading and I advise regular naps. I definitely suggest regular water breaks — drinking water and being in water. I will gladly provide aromatherapy oils (specially mixed by Janet Viseé) for baths and footbaths.
Instead of being consumed by Perfectionism, Grace completed her thesis successfully. She says:

I thank All who collaborated in this thesis by sharing journeys of Transformation with me. You may recognize your voices. If I did not quote you directly, it probably means you are mastering the art of Saying Less and Being More.

This thesis-story has become:
Part of the ongoing process of re-writing and re-imaging my life story and my reality, to become who I want to be. I thank you, Keith for providing this challenge.

A liberating manifesto of ‘impurfectionism’ (a favourite word for Jo Viljoen and David Epston.) I consciously and bravely forego fine-tuning, distilling, trimming or ‘perfecting’ this writing. Get ready for a long colloquial chat.

A clarification of what I believe… liberating me to write and practice joyfully and fearlessly.

6.8 A roller coaster ride to self-construction

Grace’s journey was by no means an easy ride; it was more like being on a roller coaster ride or like White river rafting over rapids at times:

Subject: more SELF-CONSTRUCTION
Date: Fri, 20 Apr 2001 23:10:00 +0200
From: Grace
To: Jo Viljoen

Hi!

Let me start by thanking Jo for e-mail and phone support, Pieter for in the flesh support and David for the volumes of excellent replies. David I’ll give you the good old “considered response” during the weekend.

In the meantime, celebrate today’s victory with me:
I got up ready to "climb out" of life and give over. Last night I had another episode of "Having to take Stilnox and bingeing" (despite all the resistance writing and support). And then, for the first time since January, "SS" nearly convinced me to cut myself and/or overdose. But I did not. I went to sleep.

Also, this morning I did not try to "protect" Pieter or myself by denying the mess... I spoke to him, did not allow "SS" to alienate me. But I was in bad shape. "SS" tried to convince me that I was "completely broken" and it was "all over". I decided to ignore "SS" and continue to take part in the day as well as possible. I allowed myself to ask for Jo's phone support, despite "SS" lies about "having to be perfectly independent". Jo gave excellent phone support. We even "deconstructed" the bread I'd binged on to mere crumbs...and all was well. I hung on and took part (shakily).

 Until late afternoon: I had (another) work disappointment. A BIG one this time. One of my most important clients (with a lot of corporate contacts) backed out, because she was "too busy for the next two months", which in reflexology terms kind of means: end of connection. Well, I thought I was losing it. "SS" was convincing me that this was a total catastrophe. I felt as though I was totally disintegrating. But I refused to despair. I just kept floating through the panic/disintegration, hoping, trusting. And an hour or two later I was OK again. I had the whole thing in perspective just by waiting and relaxing without frantic, "obsessive" figuring or writing...well, only 2 pages, OK. So there. One more for self-construction!

Grace

6.9 Non-violent resistance

David Epston's e-mail support was invaluable when anorexia threatened to engulf her and shrivel my therapeutic attempts at resistance. While Grace was writing her reflexology thesis, she worked day and night. Anorexia held the deadline for hand-in of the thesis like a carrot to lure her into its clutches. She stopped eating. She became desperate and one night she drove large nails through her feet. She was admitted first to a general hospital and then to a psychiatric clinic. The following letters passed between us at this time:
June 7th 2001

Dear David and Jo

This time I don't take the blame/mourning/anger/loss for cutting feet and starving on me. I know myself, love myself, and grant myself a happy light life which means as well participating in my healing practice. But "SS" (self-starvation) is still dying even though it still presently manifests in my body. It still wants to turn my life into a tragic mess - steal it away like it manages to do across so many cultures.

This time I only take responsibility for my actions, but I refuse to turn the blame or anger on myself. I know I am OK; I know I have been fighting all my life for my life despite "SS" and that this resistance movement is my right. I embrace my OK-ness and self-love. I'll just humour "SS" (self-starvation) for as long as it insists on sticking around. But I know the more I actively live without harm and starvation, the sooner "SS" (self-starvation) will die. And TLE (temporal lobe epilepsy)? It's OK! It's no excuse anymore for self-destructive behaviour or insanity. I am strong enough to live with it as well as possible.

"Defeat" is victory now - "SS" (self-starvation) is showing its last death gurgles (directly translated) in the face of my joyful, empowered participation and wellness - my abathandazi (traditional healer) ways of being. No miracle recovery is required. I can just be who I am and go with what I've got. That's all, and be a "wounded healer".

I want to choose now to believe in the drip and nourishment; this is part of who I am and where I'm at.

Grace31

Dear Grace

It was good to hear your voice this morning and to be able to share your determined choice to break the status epilepticus by adhering to your medical treatment.

What would you say if I called your decision to look to your health a "non-violent

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31 These letters were featured on the Archives for Anti-anorexia/Anti-bulimia under the pseudonym Johanna
resistance to anorexia"? Could we consider your decision to ignore anorexia's demands to be a form of political non-cooperation, almost like a boycott? Do you remember how the White shopkeepers used to panic when the black consumers staged a boycott and chose to buy their goods from alternative outlets? Could we call your decision to "book myself off sick" and postpone your appointments until you are feeling stronger an anti-anorexic boycott against anorexia? Could you share with me how you came to make this decision? Did your decision come to you suddenly, or was it slowly birthed and bathed in the realisation that you are entitled to moral justice? That when you are ill you are entitled to choose to rest and recover? Or would you use other words to describe the process of your choosing and decision making?

In an article on resistance movements and theories, the author claimed that non-violent resisters bring more serious sanctions to bear when they resort to social, economic and political non-cooperation. Could we describe your refusal to cooperate with anorexia and self-starvation as a form of non-compliance with anorexia's unjust prescriptions for your life? Would you agree that even though you are primarily involved in a struggle for your own independence from anorexia, that your efforts also form part of the collective struggle against anorexia's tyranny, that seizes control over hundreds of thousands of women in contemporary society?

Could we therefore consider your choice for rest and recovery as both a personal and political action in the face of anorexia's violence against you in particular and women in general? Could we further consider it as a professional action of resistance that will serve to preserve your integrity and reputation as a healer? I wonder if you would agree that your decision for rest and recovery constitutes one of the steps on your journey from anorexia and self-starvation's slavery to your freedom from slavery?

I salute some of the different ways I can quickly recall in which you have recently actively resisted anorexia in non-violent ways:

choosing to receive IV treatment in hospital
choosing to rest and resist anorexia in hospital by accepting medical care
choosing to receive intravenous nutrients
choosing to eat for nutrition
choosing to draw instead of cutting
choosing to phone Dr S,
choosing to adhere to his new prescription
choosing to ignore the dust in the house and to rather focus on your own
recovery first
choosing to move your work assignments on another week
.........would you like to extend the list yourself?????????
Victory is yours!
Yours forever Anti-anorexia
Jo Viljoen

(www.narrativeapproaches.com)

Through it all, David Epston never wavered in his support and his belief that she is going to make it, even though there were times when I was very concerned for her life. I received the following desperate letter from Grace one evening after the previous incident (spelling left as it she wrote it):

But no casalaty mesares amf no hospiaiatization. Not sure how muchc and what/interactions but I beliedve it ismjustneno8ghnto fuvk my thesis progress up for another dayso. I refuse the go through thr punishmn/judgement/shame of the anti-OD procedures. I will be OK we all kno the "gate keepers" will not allow me to gohome. But maybe it is my pathWHO. I'mhave had so much TOOMUCH LOS II os no use. It is just poisonng, prosecutor, doing dowelnd>standing upform my rigths. And also punishment for thecutting I still see blood oosig frm my ceilings anD blbk figures ANFBFIELD OFMDAISIES. nEED TO PAIT. no NREE TO COMPLTR /ERITR THESIE AND ss KNOE THIS EIL KILL HI/HRT IF I> DO HET MY QUQLIFICATION JO. Time to give up

The spelling errors and tone of this email led me to suspect that she had taken an overdose of medication. I drove to her house where I found her in a state of
desperation. I stayed with her until she felt better. I followed the visit up with
the following e-mail:

Date: Sun, 20 May 2001 20:44:19 +0200
Subject: We will never give up

Dear Grace

I am truly sorry that you are suffering but I am very grateful that you were ready
to survive when I left your house. I am still there for you. I will be there for you
even if you chase me away. Even if I am not there with you now, I want you to
know that I am spiritually close. I am enraged at anorexia for making your
present moment so painful, and I am strengthening my resolve and determination
to stand by your side. I hope you sleep well tonight. Love to the kids.

Yours forever anti-anorexically

Jo

David Epston, Grace and I were in almost daily contact during such times of
crisis. This concerted collaborative effort paid off for Grace:

From: Grace
To: Jo Viljoen

Jo and David, I feel that we are communicating well and that our
"experimental virtual response team approach" WORKS exceptionally well.
What do you think??
xxxGrace.

6.10 Laughter, the best medicine

Grace's sharp mind and innovative use of language was a constant delight.
Mental illness could not quench her sense of humour:
Dear David
Grace has decided to focus on the 5 "R"s:
Rest, reading, righting, responsibility, resistance
Jo

David Epston replied:

Dear Jo and Grace:

I just found your 5 R’s a hoot, especially after I found myself blinking in a moment’s confusion about your proposal for “righting”. After I got over my hooting, I just wondered if you intended this as a neologism (I looked this word up in the dictionary and I am sure it is the first time in my life I have used it myself) or was it a product of sheer invention on your part.

I am wondering if we can use “righting”- a cross between writing and righting wrongs and injustices as an important term on the website. What do you think about-anti-anorexic “rightings” rather than anti-anorexic writings? David.

No matter what hardship Grace suffered, her sharp sense of humour remained intact. Her sense of the absurd often saved the day, and deserves to be mentioned in this study as sparkling moments in the face of overwhelming distress. Grace balanced the morbidity of mental illness and self-injury with her laughter and her determination to take her life back from mental illness in all its forms. True to her self, Grace found an excerpt from a book, to describe, in a tongue-in-cheek way, how she feels about fundamentalism in any form:

Date: Thu, 24 May 2001 08:51:48 +0200

The Five Fundamentals of FUNdamentalism

1. Life Is a Joke

But God Is Laughing With Us, Not At Us. God is tuned to the Comedy Channel, and we are His Funniest Home Videos. ... And we have free choice. We get to choose whether or not we laugh. While we FUNdamentalists are ardently pro-laugh, we are pro-choice as well. We honor every human being’s right to not be amused. But I figure, why resist a Farce that is greater than any of us? If life is a sitcom, might as well sit calm and enjoy it.
2. Fun Is Fundamental.

FUNdamentalists believe that life is fundamentally fun -- that underneath all the stress, distress and negativity, there is a deep well of joy. Each time laughter bubbles up from that well, we experience deep wellness. A fool-y-aware person need only look in the mirror to begin laughing. So play to God daily. Surrender to the Farce, and smile ... you’re on Candid Karma.

3. A Laugh Track Has Been Provided.

The FUNdamentalist scriptures tell us that on the Eighth Day, God saw the world was funny and created Laughter. And since we were humoring Him, He decided to humor us. So He provided a laugh track so we could laugh along. But when things get serious, we lose track of the laugh track. Fortunately, the best way to overcome gravity is with levity. We can use the levitational pull to help us rise above whatever is bringing us down -- and help us get back on track.

4. We Are Put In The Material World To Get More Material.

Spirit is immaterial, so it must materialize to experience anything. Without material existence, there would be nothing to laugh about and no one to do the laughing. We have been given the human jestive system to turn the material of life into laughter. When we laugh, God laughs. And when we laugh with God, we are using the spiritual to heal the material. To be happy in life, you must be able to take a joke. And if you can leave a few as well, all the better.

5. Non-judgment Day Is At Hand!

When a majority of human beings would rather laugh than condemn, we will have an uncritical mass, and this will usher in Nonjudgment Day. On Nonjudgment Day, we will all win beauty contests. Lawyers will disappear, and all our trials will be over. On this glorious day when enlightening strikes, our clown chakras will open, we will become fool-y-realized, and we will finally get the joke. The world will stop -- and everyone will get off.

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7 Psychiatry as resource

Grace’s new psychiatrist is interested and skilled in neurology and psychiatry. Moreover, he was prepared to treat her despite her previous psychiatric history.
She said he treated her "like a person who has a brain in my head". This doctor offered to partner her on her journey to a whole life. He did not use his power and authority to control her and she felt that she could trust him. Together they worked out a medication program without unnecessary sedation. That he considered her capable enough to manage her own medication at home gave her a feeling of self-worth and self-respect. This psychiatrist encouraged her to take responsibility for her medication. This process worked very well, and is still a very effective way of approaching her treatment.

*My current psychiatrist refuses to play power games. He said he does not want that kind of power. He does not want to be the expert of my life; he wants to bring his psychiatric expertise into partnership with my expertise as a person.*

(Grace)

The psychiatrist was unconvinced that temporal lobe epilepsy lay at the root of Grace's problems, but suspected some form of underlying neurological or organic cause. He referred Grace to a neurologist for assessment, who found no evidence of temporal lobe epilepsy but suggested that the years of self-starvation and massive repeated overdoses of medication might have caused some neurological damage. His findings encouraged Grace to eat balanced meals and engage in a process of self-care and healing. Grace was relieved to hear that she did not have temporal lobe epilepsy. She said she knew all along that the anti-convulsant medications she was instructed to take in the past did contribute to her well-being. The only difference was that her doctors never believed her and refused to continue treating her if she complained about the medications' efficacy and side effects.

### 8 Spirituality as resource

During her Anti-anorexia campaign and her training as a reflexologist, Grace also started re-affirming her own spirituality:
Subject: RE: floating
Date: Wed, 12 Sep 2001 10:34:13 +0200
From: Grace

No Jo, anorexia will never again drown me in my own creativity. I might swallow some water, but I am winning. See latest excerpts from my thesis as confirmation of the above.

A light journey of faith, feet and flow...

In which I share the first flowing of my adventures as apprentice energy worker – using the “tool” of Rei-flexology. Because Rei-flexology is a spiritual, traditional healing process, this document is based on my current personal belief system and understanding of “God” and spirituality.

I believe that our sole (soul) purpose in this human life is not to “learn” (as we term it), but to re-member what we already know: We Are One with the Divine All, the Source, the Creator. Therefore life is not a process of discovery, but a process of creation. Faith is choosing to trust the (life) process, even if we lack information and cannot understand it. I simply choose to believe:

The All (God) Is Love. Therefore, ultimately, Love is All there Is Godly Love is Energy of commitment to facilitate wellness and growth. The All (God) Is also the absence of love: fear and darkness (experiences such as hate, evil and tragedy.)

I simply choose to trust: We have been created in Love and are still creating in Love. The creation of fear and darkness empowers us to truly experience Divine Love and Light. The ultimate “outcome” of creation is set: we remain One in Love. The All “conspires” to facilitate growth towards Our ultimate One-ness in Love. We can trust the Flow of the All.

If we choose to, a Rei-flexology session can be an activity “of no consequence” for both partners: expecting no “results”. This circumvents the clever mind. We are re-minded to flow with our inner nature and with the natural laws operating around us and in us.

Trust and a commitment to Love give us the courage to go beyond the pressures and expectations of society. I see the “light touch” approach of Rei-flexology as a manifestation of working with the natural flow of things. It is about “trying softer” instead of harder. The more “medicinal” touch could sometimes be a manifestation of society’s driven attitude.
We can choose “running back to the past to work out how to run even better in the future”. Or we can rest in the peace of the present moment: where God resides.

Reflexology became not only a career opportunity, but also a physical enactment of her spirituality. Grace discovered that even when she felt awful, she was still able to practice. Psychosis and anorexia could not stop her. Completing the reflexology thesis as part requirement for her course enabled her to register as a traditional healer and obtain a practice number from the traditional healer’s board. This is a huge achievement as it is the first qualification she managed to obtain since she left school.

9 Looking back on this road less traveled

Grace is 34 years old now; she has been married to Pieter for fifteen years and is the mother of two adolescent children. She is an intelligent woman with a razor sharp wit, a talented artist, poet and author. She practices Reiki and reflexology; she is registered as a traditional healer who specialises in hand-delivered relaxation in the corporate world. She successfully manages and markets her business.

At the time of writing, Grace has been out of psychiatric hospital for eight months. She calls it her all time record. We still meet at least once a month to talk about the problems she is facing in her life. But somehow, these problems are associated with the stresses and strains of so-called “normal” suburban living, for example her concerns about her adolescent children, concerns about her ageing parents and financial stress. “SS” still tries to interfere in her life from time to time, particularly when she is under pressure, but she has at the time of writing not been victim to its malice for eight months. We felt it appropriate to tend this chapter with her words:

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32 Hand-delivered relaxation is a technique Grace developed for reflexology in the corporate world
During the last 18 years of my life I have experienced repeated bouts of acute mental illness and dedicated self-destruction. I refuse to accept that “the condition is beyond healing” and that I can “simply be supported symptomatically for the rest of my struggle.” No. I have also experienced a tremendous amount of dedicated growth and healing and healthy, loving, creative participation in life. My many loved ones confirm this. I believe that I am called to receive Fire as a Gift, and no longer as a Curse. I am living with my fire.

During a reflecting conversation between Grace and myself on 7th June 2003, Grace shared one of her latest victories with me. She said she managed to stand up to the headmaster of her daughter’s school to defend her role as a parent who is able to give her daughter a stable home environment. She said she was able to deflect his fiery criticism of her parenting back to him without doing him or herself any harm. This is a very big break through for Grace who refuses to be stigmatised or marginalised because of her history with mental illness. The headmaster questioned her ability to decide on her daughter’s school of choice, and Grace said she felt that her daughter is a partner in the decision making of her own life, even though her daughter is fifteen years old. Grace feels that for the first time in her life she was able to say that she is a good parent for her children and she is prepared to take on an authority figure like the headmaster without fear or self-injury.

In this chapter we told Grace’s story of subjugation by psychiatric discourses and the ways in which these discourses contributed to the constitution of her identity of failed personhood. In this chapter the researcher illustrates narrative practices used against problems like mental illness, self-injury and anorexia. These practices include radical externalising conversations, dialogical writings, letters, documents of resistance as well as resistance art and poetry as practices that complemented and enriched the therapeutic journey. We also describe the co-construction of the Virtual response team, Grace’s electronic community of concern as well as the role the Virtual Response Team played in her journey towards a healthy life and participation in her own life.
10 Post script

This chapter would not be complete without comment from David Epston:

Subject: Re: Grace and virtual therapy process
Date: Tue, 11 Jun 2002 10:05:11 -0700
From: David Epston

Dear Jo

Nice to see your name come up on my incoming mail.
See below.
David

From: Jo Viljoen
To: David Epston
Subject: GRACE AND VIRTUAL THERAPY PROCESS
Date: Mon, Jun 10, 2002, 2:26 AM

Jo: Dear David

How are you? I hope this letter finds you well and happy; we have not
spoken for so long. Grace send her regards, she is really doing remarkably well.
She says she feels all the work the three of us did together via e-mail is
helpful to her still every day...

David: I am very touched by that...

Jo: ...and showing long-term success results.

David: So wonderful ... No one I can think of better deserves a “good life” than
Grace. In a world with so little justice, it is very reassuring to learn that she can
now do justice to her life.

I think the Grace-Jo-David conversations has much to offer the “field” in terms of
the conflation of training/consultation/supervision into a single “practice”. Jo and
Grace, I would like you both to know that our “correspondence” was to my
knowledge novel (at least for me). I have continued with it, although not with
such “clinical focus” but have exploited the same aspects of e-mailed
“conversations” – the spontaneity, the capacity to circulate correspondence as it
comes in, etc. And we believe it is producing something quite extraordinary and
scintillating, at least in terms of anti-anorexic practice. In fact, Rick and I used this
process to write the last few chapters of the book, which now goes by the title "Biting the hand that starves you: resisting anorexia/bulimia".

In saying all this I would not have been able to proceed as I did without the "Grace-Jo-David" conversations that was the precedent for what we are referring to in Chloe’s and Victoria’s texts.

There are some interesting questions – what does it mean for a conversation to retain its spontaneity and freshness at the same time as allowing time and consideration for reflection? And at times to “see” your very considerations in the text before your eyes, sometimes within the hour or the day?

(Letter abbreviated)

The researcher now invites the reader to look back on the narratives of the previous chapters, and to join the researcher and the participants in the discovery of the unique outcomes of this research project in Chapter 5.
Chapter 5 Resistance narratives and sparkling moments

Unique outcomes, (also called sparkling moments), are exceptions to the problem story’s version of a person’s life. The concept of sparkling moments are based on Michael White and David Epston’s belief that the narratives people construct about their lives do not encompass the full richness of their lived experience, despite the real effects that they have on people’s lives.

Monk (1997:14) explains it as follows:

A problem narrative emphasizes certain experiences at the expense of others so that the coherence of the story can be maintained. The ignored lived experiences go unstoried, the events unnoticed. They are never recounted or even understood. Aware of this tendency, the counselor stays alert to the mention of such events, which are often spoken of in little asides or hidden in throwaway lines.

Although the Mara and Grace’s narratives featured the themes of failed personhood and feelings of hopelessness, there were undisputed lived experiences that countered the dominant problem-saturated stories of failure. In therapy, these alternatives to the problem and preferred lived experiences were developed into more favoured stories of resistance, hope and moral agency.

1 A spirit of collaboration

Gergen (2000) says if words are to be meaningful, they must be born within relationship:

Not mine, not yours, but ours...and not ours alone...all playing the game of language together but without an ultimate referee, generating endless variations on themes that are themselves transposed by the variations. I make no sense without you, nor you without me...
The spirit of collaboration pervaded the generation of meaning during this therapy and research process. It involved not only collaboration between researcher and research participant, therapist and client, but also collaboration between bodies of knowledge of religious studies, feminism and a narrative approach to therapy. A therapeutic "not-knowing" position fuelled the spirit of collaboration, enabling the co-construction of the re-descriptions of the participant’s preferred identities. Monk et al (1997:25) contrast the normative knowing stance with a narrative way of working, which invites the counsellor to take up an investigative, exploratory, archaeological position. In this study I worked from a position of seeking understanding of the participants’ experience. Prediction, certainty and expert interpretation found no place in this study. Right the way through the therapeutic conversations alternatives to the problem-saturated stories that maintained identities of failure in the participants were deliberately sought. Any fragments of experience that were contrary to the dominant story of failed personhood and hopelessness were identified and utilised in the co-construction of alternative preferred identity descriptions.

2 Understanding unique outcomes

As described above, unique outcomes or sparkling moments, represent life experiences that stand outside or contradict the dominant problem story. Unique outcomes represent a slight loosening of the hold the old problem story has on the person. Throughout our conversations, the researcher as therapist purposely listened for times when the problem of failed personhood and feelings of hopelessness had less or no influence on the lives of the research participants. These moments of contradiction or exception represented entry points to the construction of alternative, stories that people prefer to live their lives by.

Inquiries into unique outcomes enable people to identify their resistances and refusals of modern power and contribute to the rich description of ways of life and thinking that do not replicate the sanctioned individualities of contemporary
culture. "These inquiries also provide a basis for the remanufacture of identities that provide an alternative to those identities linked to modern rationality and the discourses of truth, and that provide the foundation for the modern phenomenon of personal failure" (White 2002:57). Mara and Grace co-authored powerful resistance narratives about their lives and identities, based on exceptions to the dominant problem-saturated stories.

3 Mara's Resistance narratives

3.1 The power of the colour purple

In the course of this research, Mara came to understand that the colour purple represents her muted voice (See Chapter 3 section 5.2.5). She made a discovery about her use of the colour purple as voice. She said she has done this as long as she can remember. Purple speaks on her behalf as a form of resistance to normalising judgement and is a visible expression of her creativity. The discovery that she used the colour purple as resistance strategy against religious and patriarchal oppression came as a revelation to her. She was always under the impression that her use of purple was proof of her otherness and inability to conform to societal expectations (See Chapter 3 section 5.2.5).

To Mara, purple represents unconditional love and womanly strength. That is why she dressed her children in something purple every day when they were younger. It appears that as adults, Mara's children have incorporated the colour purple into their wardrobes, and wear it as proof of their mother's love and strength. When Mara traced the history of the colour purple in her life she learnt that purple was the heartbeat of Mara's preferred ways of being a liberated, creative and free woman. The colour purple now symbolises her ability to speak her mind and to make a life for herself outside of an oppressive marriage. Mara sees moral agency represented in shades of purple.
3.2 Using underground power

Instead of pathologising her refusals to fit into an oppressive system, Mara started to language a new self-narrative. Burstow (1992:18) says that women’s vision may be seen as an act of resistance in its own right: “Seeing out of our own eyes is itself disobeying the patriarchy”. Women resist concretely through their actions. Burstow (1992:18) gives a wonderful description of the acts of resistance that women can take. She cites the example of the woman who refused to clean the house and just sat there, unhappy and unable to do anything as an act of resistance:

*In the past psychiatry would have said she is having a nervous breakdown. Today it would say that she is “chronically depressed”. These “diagnoses” are not so much wrong as horrendously limited. She is clearly “sick to death” of the endless repetitive chores that befall her as a woman. She is fundamentally exhausted, worn out, bored; she “cannot take it anymore”, and her being is rebelling.*

* (Burstow 1992:18)

Burstow (1992:18) goes on to say that when women take action they are aware that they are resisting on some level: "Feeling powerless in a situation in which they clearly do not have equal power and in which power exists over them, they use indirect means. They access underground power. What we have here is nothing less than the strength of the survivor”.

Mara’s use of purple is an excellent example of the use of underground power, particularly as her children continue with the legacy of purple as a representation of “woman power”. Any form of resistance prepares women for more decisive stands in the future. In therapy we celebrated Mara’s purple house, and her refusal to dress according to socially prescribed norms to church as a young woman (See Chapter 3 section 5.2.4.2). She recalled what she felt like when she went to the pulpit to receive communion dressed in an outrageous mini skirt and white boots, and she was thrilled to think of that day as a day of resistance to oppression. She also recalled the incident when she attended a smart tea party
in her sportswear (See Chapter 3 section 5.2.4.2) and added it to her list of resistance actions.

Mara realised that she it was her determination to protect her children from harm that drove her to teach them to stand up for what they believe in and to speak out against injustice. When she explored that theme, she realised that she must have known injustice to be able to teach her children about justice and morality. Despite the injustice of an abusive marital relationship with its powerlessness and wounding, Mara always managed to reclaim her sense of moral agency by taking action against all forms of moral violence.

3.2.1 Women and fire stories

The trips to the *bushveld* with a group of women reaffirmed Mara’s sense of self-value and worth (See Chapter 3 section 5.3). Burstow (1992:19) says: “If woman’s vision – all women’s vision – is the guide to concrete resistance, woman-woman relating is at once an act of resistance and the space in which woman’s vision and action flourishes”.

The *Taaibos* retreats created a sense of community for all seven women, who were living socially isolated lives driven by the discourse of rugged individualism. The campfire thawed the women’s stories, inviting them to share painful life experiences that had been shut away for years. The fire circle became a unique African therapy room, a dusty, dark circle glowing with a timeless presence. Ben Okri (1996:26) says Africa breathes stories. He says in Africa everything is story, everything is a repository of stories.

While the fire smouldered and the rest of the campsite was cloaked in the soft flush of the moon, we were reminded of our unity with God’s magnificent creation. The flames told their own stories in the background, crackling shadows
against the darkened trees. The trees formed a protective dome, nurturing new narratives:

*In Africa things are stories, they store stories, and they yield stories at the right moment of dreaming, when we are open to the secret side of objects and moods.*  

*(Okri 1996:26)*

The women shared their deepest memories, laughed and cried together. Burstow (1992:19) says in all of this we were engaging in the pivotal act of resistance, because we were disobeying the patriarchal “prime directive” to be a body-for-men. We ignored “the patriarchal order to disperse” (Burstow 1992:19) despite complaints from our male partners (who frequently resisted our camping trips because they were excluded from them). We demonstrated our independence from men by choosing to be together, thereby affirming the connection inherent in being women. The *Taalbos* retreats created room for women’s vision, feminist analysis, action and God-talk from a woman’s perspective.

### 3.2.2 Mara’s new God-talk

The *Taalbos* retreats complemented and augmented Mara’s individual therapy conversations regarding God’s role in her life. Her husband’s religious search for meaning frightened her and contributed to her feelings of failure (See Chapter 3 section 4.2). While on retreat, sitting around the fire, the group of women deconstructed the two-tiered worldview of an overpowering God up above reigning over a world filled with sinners down below. On mild moonlit nights it became natural to question the human ability to precisely define God. Baker (2000:321) expresses a similar experience as follows:

*That night I was reminded–nestled in the comfort of my woman friends and the wideness of God’s creation–of the ever-changing yet constant nature of the moon. It became for me a symbol of my Creator–always changing face, always revealing a new aspect, but always present.*
Mara developed a new relationship with God in the company of her woman-friends. Despite the religious wounding of her upbringing and marriage, she experienced a profoundly intimate relationship with God. She said she re-connected with God her Divine fellow traveller. Mara had no desire to discuss the gender of God. She felt it was irrelevant. Mara was content to see God as a caring, loving friend who guided her way. Baker (2000:321) said, similarly:

That night in the moon’s full glow, my tent mates and I were telling new stories, but speaking in old language. We were joining our voices with the chorus of women that began long ago. Joining this chorus is the beginning of a process I call “Girlfriend Theology”.

3.2.3. Fairy tales as resistance narrative

It is through the fictions and stories we tell ourselves and others that we live the life, hide from it, harmonise it, canalise it, have a relationship with it, shape it, accept it, are broken by it, redeem it, or flow with the life.

(Okri 1996:24)

The Western fairy tale presents a world of transformation (Haarhoff 1998:79) where the action takes place in a road, a forest or a palace. The characters are from a remote yet symbolic world. Magic happens in fairy tales. Nearly all cultures throughout the world tell fairy tales and folk tales that mirror their society. Fairy tales have their own distinctive literary style: the use of extremes, precision, flatness, externalisation, one-dimensionality, and inclusiveness. The fairy tale creates a story telling context for externalising and personifying problems, practices that are central to the art of narrative therapy. According to Epston (1998:215) the creation of a context that encourages new narratives of contrary experience is crucial to the emergence of enriched narratives and the new thinking and behaviour that they generate.

As women’s fantasies are generally trivialised by patriarchy, the women celebrated Mara’s use of fairy tale in the storytelling circles. Haarhoff (1998:77)
cites Deena Metzger: “Whenever we hear the words ‘Once upon a time’ something profound happens inside us. We settle down. We give the speaker our attention … We anticipate a discovery, or revelation that will alter everything”.

3.2.4 Quilting as acts of resistance

In this research the participants and the researcher risked raising their experimental voices, beyond the boundaries of traditional “scientific” writing. We tried to do this in creative ways while still honouring the stories of therapy, research, and the literature.

Mara makes story quilts as a hobby (See Chapter 3 section 5.4.1). I agree with Okri (1996:23) when he says, "when we started telling stories we gave our lives a new dimension: the dimension of meaning – apprehension – comprehension. Only those who have lived, suffered, thought deeply, loved profoundly, known joy and the tragic penumbra of things tell truly wonderful stories."

Mara says:

You don’t just sit down and sew a quilt. Quilting softens and smoothes the rough edges of my pain. There is a story, sometimes more than one story in every quilt.

Mara’s used her hobby to augment her therapy and to aid her in her reconstruction of a preferred identity. Quilting causes one to sort out scraps of material, to match colours and contrasts. She said narrative therapy and quilting helped her to organise her fears and priorities in a physical, visible activity. Quilting still helps Mara to tell her stories in her own way, to document her life experiences in fabric through colour, shape and texture. Her blankets are warm, practical and beautiful. If you look closely, you will notice a scrap of purple in every quilt. Koch (2002:7) says, "each patch is one square of the hundreds needed to complete the lappieskombes [blanket made from scraps] of
remembrance." Okri (1996:3) says in *Birds of Heaven*: "We began before words, and we will end beyond them".

Okri (1996:17) warns that to poison a nation, all one has to do is to poison its stories, because a demoralised nation tells demoralised stories to itself. Furthermore, he says stories are ubiquitous as water or air, but also as essential. Everybody is touched by the silent presence of stories. A people are as healthy and confident as the stories they tell themselves; sick storytellers can make their nations sick; and sick nations make for sick storytellers (Okri 1996:18). If stories are the secret reservoir of values, if we change the stories individuals or nations live by and tell themselves, we change the individuals and nations:

> Nations and peoples are largely the stories they feed themselves. If they tell themselves stories that are lies, they will suffer the future consequences of those lies. If they tell themselves stories that face their own truths, they will free their histories for future flowerings.  
> (Okri 1996:21)

### 4 Grace's alternative story

#### 4.1 Undermining psychiatric expert knowledges

Grace refused to accept that mental illness had rendered her "unfixable". She researched her diagnoses in order to gain a better understanding of her problems, asking questions of psychiatrists in informed medical language. Furthermore, she refused to submit to psychiatric expert knowledges (See Chapter 4) and vowed to expose their injustices and power abuses. She was not an "easy patient", frequently complaining about debilitating side-effects of medication and injustices experienced in the psychiatric system. She was labeled as "uncooperative" and became unpopular with the medical and nursing staff. However, Grace wanted to regain control over her life. Although her psychiatrists gave up on her one after the other, Grace refused to give up on herself. She remained an active participant in her own healing.
4.2 Resistance documents: Art, poetry and writing

Grace found it extremely useful to be able to tell her stories through the medium of art and poetry. She often used her art in therapy, always as magnifying glass to help me to "see" and her to richly describe her experiences. Grace started calling her work "resistance art". Grace also said the act of writing poetry seemed to make her declaration of intent to resist anorexia's onslaughts more meaningful and real. Grace composed her brilliant poems outside of sessions and incorporated them in her therapy. Grace also delighted in printing out quotes from well-known people and pasting them onto her walls (and mine as well) for example "The game's not over until I win" – (Les Brown) as landmarks and sign posts for her journey. Grace's art, poetry and writing represent new forms of action in her life. Her art and poetry extends the research beyond the boundaries of this thesis.

4.2.1 Alternative writing practices

The Grace-Jo-David discussions via electronic mail played a significant part in the therapeutic processes of this part of the research journey. These communications contributed to a more intimate relationship and a better understanding of the problems and the steps of resistance Grace took every along the way to her preferred lifestyle. The e-mail communications further decentered power inequalities between Grace and me, and enhanced the experience of collaboration and joint discovery of new possibilities for her life and relationships.

4.2.2 Joining together in resistance

The importance of respectful practices which honour a person's local knowledges underlined the united efforts of the researcher and the participants in our resistance to the problems of failed personhood and hopelessness. We learnt the
value of practices of celebration and joy. Grace and I celebrated every
victory she had over “SS” by documenting her successes and resistances. The
Archives of anorexia/bulimia feature Grace’s resistance art and poetry on their
website,(www.narrativeapproaches.com) as counter-documents33. The Archives
make it possible for her journey of self-construction to touch the lives of many
others.

During this research everybody concerned learnt how words constitute reality.
We also learnt the value of compassionate care. The use of externalising
conversations enabled us to unite against problems and create support networks.
These collective practices dislodged the discourses of rugged individualism and
the isolation of a patriarchal culture that imposes identities of failed personhood
on women. We also learnt to “spy” on problems to discern the tactics, strategies
and plans of action failed personhood had in store for both Mara and Grace. We
became adept at deception/counter-deception to try and devise counter-
strategies to failed personhood and anorexia.

It is the researcher’s firm conviction that the documentation of alternative
knowledges matched Grace’s need to write her feelings down. Her diligent
documentation of her journey made it possible for her to use writing as a
therapeutic activity, and to return to her writings at a later stage. It made it
possible for her to analyse her issues with “life, love and the universe”.
Therapeutic documentation records the clients’ expressed preferences,
knowledges and commitments so they are available for people to access at any
time. Electronic mail facilities were put to therapeutic use and not only made it
possible for Grace and me to correspond almost daily but to include David
Epston from New Zealand as a member of Grace’s Virtual Response Team (See
Chapter 4). We used the modern computer technology extensively whenever
required. There were times when we used our session time together to formulate

33 A counter-document describes the counter-plot or the alternative story
a letter or a document to celebrate a victory Grace had over Anorexia/Self-Destruction/Self-Starvation/Self-sacrifice or to reflect on the therapy and send our reflections to David Epston for his input.

5 Reflecting on the research

This study makes a contribution on the level of practical spirituality, on the level of ethics and morality. Through the use of a feminist, narrative and poststructuralist inquiry set in a religious studies context the participants were able to re-imagine themselves as worthwhile people with moral agency and hope. The participants developed alternative religious languages, which shaped the confusing, threatening aspects of their lives into coherent patterns. Furthermore, through the development of alternative communities of care, the participants resisted the silencing discourses of rugged individualism and patriarchy that contribute to and maintain failed identity (See Chapter 3 and Chapter 4).

5.1 Reflecting through a religious studies lens

The notion of spiritualities of the surface enabled the researcher as therapist to "see and appreciate the visible in people's live, not the invisible" (White 2000:132), to appreciate events in the lives of others that could provide a basis for a "knowing formation of the self according to certain ethics" (White 2000:132).

Throughout this study the participants and I consciously implemented Fukuyama & Sevig's (1999:6) meaning of religion, namely that religion means to bind together and to express concern. Thinking about religion in this way contributed to the healing of religious wounding, the development of alternative care communities, and the development of new personal and religious narratives.
5.1.1 Revisiting Mara and Grace's narratives

In Chapter 3 Mara and I analysed the ways in which the operations of modern power utilised religious discourse to recruit her into accepting that she had failed as a person. Chapter 4 documents Grace's journey towards a life of her own choosing. The development of modern power is deeply rooted in modern systems of social control (White 2002). The results of this research are in agreement with White's (2002:70) proposal that some investigation of the lapses and omissions that provide people with avenues to personal failure can lead to the identification of people's refusal of the requirements of modern power. In line with this thinking, the research participants and researcher discerned their other, previously marginalised knowledges of life and skills: "knowledges of life and skills of living that do not directly reproduce those associated with the requirements of modern power" (White 2002:70).

The practical application of the practices and principles of religious studies and a narrative approach to therapy invited the participants to excavate and richly describe their alternative ways of being and to co-construct identities of moral agency and hope. In many instances the research participants and I entered terra incognita\(^{34}\) despite all the research in religious studies, family therapy and narrative therapy that preceded this study. There were times when we made practices up as we went along, guided by our principles, beliefs, ethics and morality.

Another very valuable narrative assumption is that religious and therapeutic power needs to be de-centered and that the client must be the expert of her own life. Illness has come to feel different during the last twenty years. Today the sum of those differences can be labelled postmodernism, but this research

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\(^{34}\) Guided by the principles and practices religious studies and narrative therapy, there were times when we had to "make things up as we went along" for example the creation of a community of concern in the bushveld and the creation of a virtual response team with David Epstein.
makes no attempt to describe postmodernism. The utility of that term lies only in thick descriptions of the feel of the differences (Frank 1997:4) Mara and Grace experienced as a result of this therapy-as-research.

5.1.2 The wounded storyteller

Mara and Grace's own words are represented in this research in an attempt at shifting the dominant cultural conceptions about mental illness from passivity to activity. Their words and experiences shift the emphasis from professional expertise to the validation of local knowledges and insider accounts. The reader "hears" Mara and Grace audibly throughout this research document. Mara and Grace not only recovered the ability to speak out, but became witnesses to the conditions that rob women of voice and agency. When any one person recovers her voice, many people begin to speak through that story (Frank 1997: xii-xiii). Whereas Frank (1997:xii-xiii) calls wounded storytelling an ethical act, the researcher dares to further extend the narratives of wounded storytellers as political acts of resistance:

The figure of the wounded storyteller is ancient …

In wounded storytelling the physical act becomes the ethical act. Kierkegaard wrote of the ethical person as editor of his life: to tell one's life is to assume responsibility for that life. This responsibility expands. In stories, the teller not only recovers her voice, she becomes a witness to the conditions that rob others of their voices. When any one person recovers her voice, many people begin to speak through that story.

Frank (1997: xii-xiii)

5.1.3 Working without the mantle of truth

The research participants were encouraged to approach the problems in their lives with an attitude of response-ability and to collaborate as equal partners at all times. We agreed to work without the "mantle of truth":
Problems tend to be taken very seriously. Suffering is magnified when the problem implies something negative about a child or family’s identity, describing it as inadequate, helpless, bad or intentionally negligent.

(Freeman, Epton & Lobovits 1997:47)

Mara, Grace and I are able to look back on the events that shaped the research, and to agree that working without the “mantle of truth” of the religion and psychiatry aided their healing.

5.1.4 Exposing the tyrannies of truth regimes

Kollar (1997:21) believes that while the church needs to maintain a friendly working relationship with the world of mental health, pastoral counsellors should take back the role of counselling within the local church. However, the researcher is of the opinion that if pastoral counsellors follow a modernist approach to counselling based on the medical model of pathology and deficiency, they run the risk of perpetuating the problems people experience and duplicating the technologies of modern power that engender identities of failed personhood in their adherents. Kollar (1997:25) cites C.S. Lewis:

Of all the tyrannies a tyranny sincerely exercised for the good of its victims may be the most oppressive.

A modernist approach to religion and mental illness has made an extra ordinary investment in the development of the discourses of sin and pathology, “providing therapists with a vast array of ways of speaking with and interacting with people that reproduce the subject/object dualism that is so pervasive in the structuring of relations in our culture” (White 1995:113). People go to professionals who interpret their pains as symptoms, using a specialised language that is unfamiliar and overwhelming. Modernist discourses of pathology and the classification of mental disorders result in the self-presentation of mental health professionals (White 1995:113) as the experts who demonstrate skill in working with people according to the classification of the DSM-IV (1994).
This classification provides career and economic opportunities for mental health care professionals and provides them access to institutional power and economic success. These ways of speaking with and acting towards people seeking help establish claims to objective reality, thus avoiding the real effects of, or the consequences of, these ways of speaking about and acting toward the people that consult them. It also provides identities of deficiency, passivity and pathology to persons who seek help. Traditional psychotherapy fosters a feeling of duality: the "us" and "them" of modernism. Once again I refer to White (1995:115) in this regard, who says that the "mantle of truth", enables professional mental health care providers, to deny accountability in their own complicity of these ways of thinking and retaining their monopoly on power.

On the other hand pathologising discourses have been very successful (White 1995:116). They provide people with a sense of comfort that problems can be defined as aberrations, and that they can ignore the extent to which problems are the outcome of certain practices of relationship and practices of the self, many of which are actually informed by the modern notions of "individualism". Furthermore, problems mired in the structures of inequality of our culture, particularly those pertaining to gender, class, race, age, and economics, which are the products of our collective ways of thought, are not taken into account but the problem is located inside the person seeking help.

5.1.5 Discoveries along the edges

The telling of stories and acting out of sacred drama hang together. When exploring intra-religious and inter-religious patterns the participants and I ventured to the dynamic relationship between religions. Along the edges of religion new religious discoveries were made: new religious narratives, new ways of relating to the sacred, to self and to others.
As therapist-researcher, I found Foucault's accounts of the constitution of the self as a moral agent very valuable in my work with both Mara and Grace. Although Foucault never wrote about the effects of religious power discourses or the problem of anorexia/bulimia and self-harm, his analysis of the operations of disciplinary power helped us comprehend what otherwise seems so inexplicable: how something so obviously treacherous from the outside could be so invisible to those in its grip (Epston 2001). Looking at the effects of religious discourses and problems like anorexia and self-injury as a form of disciplinary power helped us to seek alternatives to the profoundly unhelpful conclusions that women who are exploited by religious power discourses, anorexia and self-harm must desire the devastation that has been wrought by it to their selves and their relationships (Epston 2001).

Mara, Grace and I believe that their therapy-as-research journeys generated practices that were very useful to all concerned. We believe that these practices could be of use to others, who like Mara and Grace, experience “the chill of personal inadequacy, the anguish of personal insufficiently, and the hopelessness and desolation associated with the spectre of personal failure” (White 2002:70).

5.2 Religion, therapy and power

The irony associated with this therapy-as-research lies therein that people with identities of failed personhood seek help from the same “human science” professions that are said to play a central role in the development of the phenomenon of personal failure. “The modern disciplines, including psychology, social work and medicine/psychiatry, have been instrumental in the production of the ideals and the technology of normalising judgement that is substantially of “human science” (White 2002:70). I would like to add the religious practices and teachings of particularly the evangelical and fundamentalist Christian churches to White’s list of modern disciplines. Like White (2002:70) “I believe that we have a
particular responsibility to further our understandings of the operations of modern power, and to develop therapeutic practices that will expand possibilities for the identification, the acknowledgement, and for the rich description of self-and relationship-forming activities that are non-normative." This refers to what Foucault calls the "regime of truth". The church has a particular responsibility to become aware of its power, to refute religious discourses that advance technologies of modern power and entrench identities of failed personhood and hopelessness in its adherents.

In the therapeutic context, awareness of the technologies of modern power and its effects on Mara and Grace made it possible for them to explore and accept alternative experiences of identity. This was achieved through painstakingly deconstructing the socio-cultural and religious discourses that dominated their lives and relationships and a meticulous process of re-construction of their preferred ways of being.

This process restored to the participants their individual sense of inner integrity and solidarity with humanity and nature as well as the transcending penetrative power of religion. The process of therapy-as-research pioneered new and more satisfactory practices that helped the participants understand the effects of the technologies of modern power on their lives and relationships by radically opening new linguistic spaces in therapeutic conversations.

When critiquing religion, one should always bear in mind that when judging the outcome of religion it is important to remember that what is good for one person is not necessarily good for the next. For example religious fundamentalism served a purpose in Mara's husband's life, but its effects on her were devastating and alienating. Although at the outset of this research the intention was to function at the level of ethics and morality, and not at the level of mysticism and the development of religious thought, both participants developed new ways of
relating to the Divine and co-constructed new rites and rituals for their spiritual practices.

At the level of ethics and morality, this research highlights the value of incorporating spirituality, spiritual issues and religious discourse in therapeutic conversations when people bring their spiritual problems to therapy. Spirituality is irretrievably intertwined with the discourses that shape all of our lives, our identities and our relationships, and cannot be ignored or treated as an issue separate from daily life or from the problems experienced in daily life.

5.3 Rekindling hope

The purpose of this research was to firstly rekindle embers of hope, moral agency and preferred identities in two women who believed that they had failed at personhood. Religious power discourses infiltrate societal discourses and deprive women living in patriarchal cultures from moral agency. In fact, religious power discourses cloak moral violence of the worst kind, obscuring these acts from view.

In the process of deconstructing religious power discourses and exposing acts of violence against women, patriarchal religious discourses that control and prescribe the bodies of women also came under scrutiny. Both Mara and Grace were affected by prescriptive body discourses and both of them, in their own ways, refused its control over their lives. Mara resisted religious body discourses in covert ways, for example though her use of the colour purple as a resistance strategy, and Grace fought anorexia and self-harm head-on in many different ways to re-claim her body and her health.

In the re-authoring process, Mara languaged new self-narratives and re-described her relationship to God. She not only re-formulated her own
spirituality, but put into action her newfound skills to empower disadvantaged women. Grace formulated new self-narratives in which she incorporated her own belief system. She can now accommodate her own understanding of God who does not deny her voices or her visions. She is also inventing new ways of living a spiritual life instead of a life of self-harm, and is purposely reaching out to others in need of healing with her reflexology and Reiki practice.

Mara and Grace embrace religious discourses of transcendence in ways they feel comfortable with. Mara periodically returns to Taalbos to connect with nature and to experience the power of God’s creation. Returning to the bush earths her and reminds her of her preferred identity: that of a creative, wildish creature, a “woman who could run with the wolves” (Estes 1996). Grace, on the other hand, transcends the suffering of this world with practices of Reiki, reflexology, drumming, writing, poetry and art.

Both women express hope for their futures, even though the future is unknown and fraught with all kinds of turbulences, particularly in a country such as ours. Mara and Grace now experience themselves as strong powerful women, who are able to reach out to a support network when times are tough, and are able to share their joys and their sorrows with a community of concerned others. These women have moral agency in a world of moral violence.

6 Suggestions for future research

Great leaders understand the power of the stories they project to their people. They understand that stories can change an age, turn an era around. Without fighting, stories have won over more people than all the great wars put together.

(Okri 1996: 18-20)

The phenomenon of failure is growing exponentially in our society. This research has given the reader a view of the effects of religious power and expert
psychiatric discourses on the lives of two Afrikaans women. It illustrates some of the ways in which a narrative therapy approach steeped in a religious studies ethic empowered the participants to re-construct and embody identities of moral agency and hope. The problem of failed personhood as a result of religious power discourses is not limited to Afrikaans women from Christian backgrounds, but is a universal problem of patriarchy affecting women of all ages, socio-cultural and religious contexts. Research should be conducted across all socio-cultural and religious divides to assist women in the co-construction of identities of hope and moral agency. The practices that were developed in this research could be very useful in schools, churches, and government departments as well as in the corporate world. It is the opinion of the researcher and the research participants that a contribution could be made to the realisation of the healing needed in this country.

Africa has an overabundance of stories. An overabundance of stories is pollution, a sort of chaos (Okri 1996). A land with too many stories is a land that doesn't necessarily learn from its stories (Okri 1996); perhaps it should trade some of its stories for clarity. In this research two women traded their problem-saturated stories for clarity. They turned stories sodden with personal failure into celebrations of their own knowledges, skills and talents. In a land like ours, which is beginning to define itself, they succeeded in creating identities of hope and moral agency from the chaos of defeat and failure. If suffering breeds stories, then transformation of suffering into a higher order and beauty and functionality breathes tranquility (Okri: 1996).

Stories do not belong to eternity. They belong to time. And out of time they grow. And it is through lives that we touch the bedrock of suffering and the fire of the soul; it is through lives, and in time, that stories - re-lived and re-dreamed - become timeless.

Okri (1996:23)
Works consulted


[www.narrativeapproaches.com](http://www.narrativeapproaches.com).


Addendum A: Participant Information sheet

Dear ..............................................

Thank you for your interest in this study. Please read the information sheet with care before you decide on participation in this study. If you should decide to become a participant of this research, please read the attached consent form. If you should decide not to participate in this study, I want to thank you for considering the project and want to assure you that therapy will continue as planned.

Aim of the study

This research is undertaken as fulfilment of the requirements for the Doctorate in Literature and Philosophy in religious studies. The aims of the research project are as follows:

With this research I want to explore the ways in which taken-for-granted-truths about religion, culture and the professional disciplines constitute the identities of Afrikaans women. I want to pay particular attention to the ways in which women come to believe that they had failed as persons and hope to contribute with this research to finding new ways for women to describe their identities. The intention of this research is for both the researcher (therapist) and the participants (clients) of the research to benefit from this process of therapy.

What will research participants be asked to do?

Should you decide to participate in this study, you will be asked to give written consent that the information shared in therapeutic conversations with the therapist-researcher be used in the research project. You will be asked to participate in the therapeutic conversations as well as in the reading of and reflections on the summary of the research project, where you will be asked to make comments or corrections and to provide feedback regarding the written text of the thesis. In this you will be regarded as a co-researcher in this project.

The therapy sessions will continue until you feel that the problems you are struggling with are satisfactorily resolved, irrespective of the research project’s
completion. Once you have terminated the therapy, you will be invited to conduct a follow-up session three months afterwards. This follow-up session will enable us to reflect whether you experienced the therapy as useful or not. It will also be an opportunity for us to reflect on your participation in the research project.

The information shared during our therapeutic conversations will be used as data in this research. I will take notes during the therapy sessions for this purpose, and you are welcome to contribute any notes or documents of your own for the purposes of data collection, for example art or poetry etc. that you might want included in the project. Your comments, corrections and reflections on the final research report will be included in the final text.

You will be asked to select a pseudonym of your choice for the protection of your identity as the results of the research might be published. You are also welcome to request a copy of the notes that I make, of the transcriptions of our conversations and of the documents that we generate in the therapy for the purposes of this research.

All project records will be kept for the required three-year period after which they will be destroyed.

Should you have any more questions about the researcher or the project, you are welcome to contact my supervisor or me at any time.

Jo Viljoen
8 Sabre Road
Pierre van Ryneveld 0045
012-6622111

or

Prof. C. Landman
UNISA
Pretoria
012-4293111
Addendum B: Participant Consent form

I, ______________________________________________

I have read and I understand the information sheet concerning the research project. I understand that I am free to request any further information at any time, and that I have the right to withdraw from this project whenever I wish to do so without any disadvantage to myself.

My participation in this project is entirely voluntary. I understand that my personal information will be used as data for this project but that my identity will be protected by a pseudonym. I have selected a pseudonym for the purposes of this research. I also understand that I will not receive any payment or compensation for my participation in this project and I am aware that all information supplied by me will remain confidential at all times, during and on completion of the project.

I am herewith willing to participate in this research project.

Signature of participant: __________________________________________

Signature of researcher: __________________________________________

Date: ______________________